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, 17 September 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
	Tracey Bleakley	Non-Executive Member
	Steve Spill	Non-Executive Member
	Jane O'Brien	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Aaron Cummins	Chief Executive
	Mark Bakewell	Chief Finance Officer
	Craig Harris	Chief Commissioning Officer
	Jane Scattergood	Interim Chief Nurse
	Andy Knox	Co-Medical Director
	Alex Heritage	Chief Strategy and Planning Officer
	Neil Jack	Partner Member – Local Authorities
	Silas Nicholls	Partner Member – Trust/Foundation Trust – Acute and Community Services
	Tracy Hopkins	Partner Member – Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
	Dr Julie Colclough	Partner Member – Primary Care
	Gareth Thomas	Partner Member – Trust/Foundation Trust – Mental Health
In attendance	Debbie Herring	Interim Chief People Officer
	Debra Atkinson	Company Secretary/Director of Corporate Business
	Neil Greaves	Director of Communications and Engagement
	Louise Bache (for reference 100/26)	Chief Executive - Heartbeat
	Sandra Lishman	Committee and Governance Officer

Ref	Item
96/26	**Welcome and Introductions** The Chair welcomed those present and members of the public observing the meeting in person and via the live stream.

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	The Chair noted the ongoing organisational transition associated with implementation of the Model Integrated Care Board and the required cost reduction programme. Acknowledging the uncertainty this continued to present for some staff, the Chair thanked colleagues for their professionalism and commitment throughout the process. It was noted that the organisation was entering the next phase of implementation, with a continued focus on place-based working, partnership working, neighbourhoods, pathways and population outcomes. The Chair advised that a question had been received from a member of the public relating to All Age Continuing Care (AACC). As the issue had also been raised through committee escalation reports, the Board would consider matters relating to All Age Continuing Care (AACC) as part of its discussion of the Board Assurance Framework item. A separate response addressing some specific concerns raised would also be provided outside the meeting. The Chair welcomed Tracey Bleakley to her first public Board meeting as a Non-Executive Member and Chair of the ICB Commissioning Committee. A welcome was also extended to Evelyn Asante-Mensah, newly appointed Deputy ICB Chair, Non-Executive Member and Chair of the ICB Transition and Change Committee, who was unable to attend today's meeting. The Chair noted that these appointments further strengthened the Board's non-executive membership.
97/26	**<u>Apologies for Absence/Quoracy of Meeting</u>** Apologies for absence had been received from Evelyn Asante-Mensah, Deputy Chair/Non-Executive Member, Steve Igoe, Non-Executive Member, Gareth Thomas, Partner Member – Trust/Foundation Trust – Mental Health, and Cath Whalley, Partner Member – Local Authorities. **RESOLVED: The ICB Board noted the apologies and confirmed that the meeting was quorate**.
98/26	**<u>Declarations of Interest</u>** **Board Register of Interests -** Noted. S Nicholls declared a conflict of interest in item 109/26 Service reconfiguration: Pre-consultation business case – vascular, arising from his role of Chief Executive of Lancashire Teaching Hospitals NHS Foundation Trust, which manages the Royal Preston Hospital. The declaration was recorded on the ICB Register of Interests. Having considered the nature of the interest, the Chair agreed that S Nicholls would remain for discussion and noted his position. **RESOLVED: That other than the above declaration, there were no further declarations of interest raised. Should any other conflicts arise during the meeting, the Chair should be advised accordingly.**
99/26	**a) <u>Minutes of the ICB Board Meeting Held on 9 July 2026, Matters Arising and Action Log</u>** **RESOLVED: That the minutes of the meeting held on 9 July 2026 be approved as a correct record.** **<u>Action Log</u>** ***Reference 22 – Finance performance*** – Additional detail requested had been

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	incorporated into the report presented to the meeting. Members agreed to close the action. All other open actions were not yet due. **RESOLVED: That the action log be updated accordingly.**
100/26	**<u>Community Experience Briefing – Community Partners to Support People Living with Heart, Lung and Vascular Conditions</u>** A Knox introduced Louise Bache, Chief Executive of Heartbeat, a Lancashire-based charity supporting people living with cardiac, vascular and pulmonary conditions through prevention, rehabilitation and wellbeing programmes. L Bache delivered a presentation outlining Heartbeat's work across Lancashire. Operating from its base in Preston and community venues throughout the county, the charity supported more than 1,000 people each week through clinically supervised rehabilitation, exercise programmes, education, nutrition and wellbeing support. Referrals were received from acute, community and primary care services, as well as through self-referral routes. The Board heard how specialist staff undertook clinical assessments and exercise testing to develop personalised programmes for people recovering from, or living with, cardiovascular, pulmonary and vascular conditions. Examples were provided of the positive impact of the service in improving mobility, independence and quality of life. In discussion, members recognised the significant contribution of the voluntary, community, faith and social enterprise sector in supporting prevention, rehabilitation and population health outcomes. The importance of community-based rehabilitation in helping people maintain independence, supporting recovery and reducing the risk of deterioration was highlighted. The Board noted the strong alignment between Heartbeat's work and the ICB's priorities for prevention, neighbourhood health and place-based working. Members also recognised the relevance of community-based rehabilitation to the later discussion on vascular service reconfiguration. In response to questions, L Bache advised that the charity currently had capacity to support additional referrals and operated without a waiting list, although significant unmet need remained across the region. It was noted that Heartbeat was not a commissioned service and relied on charitable fundraising and donations to sustain its work. The Board thanked L Bache for the presentation and welcomed the opportunity to strengthen partnership working with voluntary, community, faith and social enterprise organisations in support of prevention, rehabilitation and neighbourhood health objectives. **RESOLVED: That the ICB Board noted the presentation and discussion.** ***L Bache left the meeting.***
101/26	**<u>Chair's Report</u>** The Chair introduced the report and advised that it stood as read. She reported that arrangements for the new Board and committee structure were nearing completion following extensive consideration of organisation's governance arrangements. The Board noted that committee effectiveness would continue to be monitored as the organisational change programme progressed and the operating model became embedded, with further refinements made as required.

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	No questions were raised. **RESOLVED: That the ICB Board note the report.**
102/26	**<u>Report of the Chief Executive</u>** A Cummins presented the report and thanked colleagues across the ICB and wider health and care system for their continued commitment, resilience and leadership during a period of significant organisational change. He recognised the efforts being made across partner organisations to maintain service delivery whilst preparing for future arrangements. It was noted that, as the organisational change programme progressed, increasing focus would be given to the future vision for the organisation, the development of new teams and operating models, and the ICB's evolving role as a strategic commissioner. A Cummins highlighted the permanent appointment of Andy Knox and Andy Curran as joint Chief Medical Officers, following a period in interim roles. Their combined experience across acute care, population health and general practice was recognised as a significant strength for the organisation's clinical leadership. A Cummins also thanked Jane Scattergood for her contribution as Interim Chief Nurse and advised that recruitment to the permanent Chief Nurse post would commence shortly. Despite the focus on organisational change, it was noted that the ICB remained committed to delivering its objectives for the year, including commissioning high-quality services that improved access and outcomes for local communities. Following the first five months of the financial year, the system was experiencing pressures in relation to both financial performance and delivery of operational plans, which in some areas were reflected in increased waiting times and delays in access to services. The Board heard that a renewed emphasis had been placed on recovery planning, supported by strengthened oversight and assurance arrangements. Confidence was expressed that the necessary improvements could be delivered, with oversight through the Finance and Contracting Committee supporting accountability and performance management during Quarter 3. An update was also provided on national and regional developments relating to boundary changes and local government reorganisation. The Board noted that consultation on proposed boundary changes affecting Cumbria and the North East had concluded and that a formal response from NHS England was awaited. Once received, the implications and any recommended actions would be reported through the Board's public decision-making process. The Board further noted the Government's announcement regarding a pause to aspects of local government reorganisation pending legal challenges, although local authority partners continued planning activity. In response to a question from T Bleakley regarding the future of the WorkWell pilot, A Cummins reported that the programme had delivered positive outcomes and that discussions were taking place nationally regarding opportunities to expand its scope and capacity. Assurance was provided that WorkWell would become part of the system's ongoing partnership work. The Board also heard that the programme would be showcased through a forthcoming regional event and that discussions were continuing regarding its contribution to wider health, wellbeing, employment and economic outcomes. The Board noted the update, including the continued focus on organisational resilience, recovery planning, leadership development and partnership working across the system.

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	RESOLVED: That the ICB Board note the report.
103/26	**Board Assurance Framework** D Atkinson presented the Board Assurance Framework (BAF), highlighting that it comprised seven principal risks linked to delivery of the ICB's strategic objectives, each supported by mitigation plans, executive ownership and oversight through the Board's committee structure. Members were advised that the refreshed BAF had been aligned to the ICB's five strategic objectives and reflected developments since May 2026, including progress in strategic commissioning, organisational transition, performance reporting and the ongoing strategy refresh. The Board noted that financial sustainability remained the highest-scoring strategic risk and that the risk had been reframed to reflect both delivery of the 2026/27 financial plan and longer-term financial resilience. Updates were also received regarding development of the Office of Pan-ICB Commissioning, neighbourhood health, place-based partnerships and implementation of the NHS Quality Strategy. During discussion, members highlighted the importance of ensuring that the ICB's strategic refresh and neighbourhood health approach continued to address deprivation and health inequalities. The significance of the ICB's role as an anchor institution, employer and commissioner in supporting wider socioeconomic outcomes was recognised. Members also considered whether immediate financial and operational pressures could divert focus from longer-term transformation and sought assurance that future operating model risks were being appropriately considered. D Atkinson advised that work was underway to review the wider risk landscape and ensure governance and assurance arrangements supported consideration of both in-year risks and longer-term risks relating to the role of the ICB as a strategic commissioner, improving population health outcomes and reducing inequalities. Members welcomed this approach as part of the ongoing strategy refresh. The Chair referred to concerns previously escalated through committees regarding operational pressures within the All Age Continuing Care (AACC) service and noted that a public question had been received regarding assurance over the quality, consistency and compliance of children and young people's continuing care assessments. The Board received assurance that scrutiny through the Quality and Outcomes Committee, Finance and Contracting Committee and Transition and Change Committee remained robust. Members noted that a comprehensive quality assurance framework was in place, supported by audit, peer review, consistency checking and consideration of intelligence from complaints, appeals, disputes, executive escalations and family feedback. Independent assurance had also been provided through NHS England appeal outcomes. A written response to the specific question would be provided outside the meeting. In concluding the discussion, the Board stressed the importance of responding promptly and compassionately whenever concerns were raised and to ensure that complaints were seen as an opportunity to learn and improve. Members received assurance that strategic risks continued to be actively monitored and managed through established governance arrangements and noted the ongoing development of the BAF. **RESOLVED: That the Board:** • **Note the contents of the report** • **Approve the recommendation for BAF-003 to extend the target risk score date to 31 March 2027 aligned to the ICB's transition to the new**

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	target operating model, and wider external workforce transition programmes • **Note that the target risk scores for BAF-004 have been framed around the delivery of the financial plan 2026/27 and establishing a recurrent, sustainable financial position over the medium term** • **Approve the recommendation for BAF-006 to reduce the target risk score from "12" to "8" and extend the target risk date to 30 June 2027 to enable mitigating actions to be implemented** • **Approve the recommendation for BAF-007 to extend the target risk date to 31 March 2027 aligned to delivery of strategic commissioning plans and intentions; support the alignment of this risk to the Commissioning Committee** • **Note those risks held on the Operational Risk Register (corporate oversight) which are held at a score of "20" or above.**
104/26	**<u>Quality and Outcomes Committee Escalation and Assurance Report – 12 August 2026</u>** J Colclough presented a briefing of the matters considered by the Quality and Outcomes Committee at its meeting on 12 August 2026. She advised that there were no issues requiring escalation to the Board as an alert and highlighted the following matters. **Advise: Quality strategy for NHS-funded care in England** The new Quality Strategy was considered by the committee. It was intended to incorporate the strategy's principles into existing quality and performance arrangements. **Advise: Development of the performance report** The committee supported the proposed developments to the performance report, which were expected to strengthen the presentation and scrutiny of outcomes and performance information. **Advise: Publication of Baroness Amos' independent investigation into maternity and neonatal services in England** The committee had considered the findings of Baroness Amos' independent investigation and received assurance that the organisation was meeting the requirements as set out in the report. **Advise: Impact of the Supreme Court Judgement on Deprivation of Liberty and Court of Protection organisational arrangements** The committee had reviewed the impact of changes to the deprivation of liberty and Court of Protection arrangements. Whilst revised operational arrangements were expected to have a positive effect on waiting times, the committee had recognised the need to maintain oversight of any quality and assurance implications arising from a potentially different cohort of individuals being affected by the new arrangements. **Advise: Medicines optimisation and safety** Concerns had been identified in relation to a small number of fragile services and services supporting relatively low patient numbers, where available information did not always provide sufficient assurance regarding service quality and delivery. The committee had received assurance that actions and improvement plans were in place to address the issues identified and would continue to monitor progress. **Assure: 2025-26 safeguarding executive summary annual report safeguarding strategic plan 2024-27 progress update** Assurance had been received regarding the discharge of the organisation's statutory

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	safeguarding functions. **Assure: Provider annual quality accounts 2026/26** The committee had received assurance regarding its oversight of provider quality accounts. **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.**
105/26	**<u>Finance and Contracting Committee Escalation and Assurance Reports – 23 July 2026 and 26 August 2026</u>** D Corcoran presented the report, which summarised the principal matters considered at the Finance and Contracting Committee meetings held on 23 July and 26 August 2026. The following key matters were highlighted. **Alert: Financial performance** The committee remained concerned regarding delivery of the ICB's financial plan. Whilst a break-even position had been reported at month 4, achievement of the forecast year-end position remained dependent upon delivery of significant Quarter 3 and Quarter 4 mitigations and waste reduction measures. The committee had noted substantial residual financial risk and ongoing pressures associated with autism and attention deficit hyperactivity disorder services, prescribing expenditure, continuing healthcare and provider activity delivery. Members had sought further assurance regarding the credibility and deliverability of recovery plans and the assumptions underpinning the forecast year-end position. With a focus on value for money, the committee had previously requested enhanced reporting to provide greater clarity regarding how resources were being utilised, the outcomes being delivered and opportunities to improve efficiency. Members welcomed improvements in financial reporting, which were supporting more detailed scrutiny and oversight. **Alert: All Age Continuing Care (AACC)** The committee had received an in-depth report on the financial and operational performance of AACC. Significant pressures had been identified, including sickness absence of 13% within the team and a growing number of overdue reviews, which increased operational, quality and financial risks. The committee had agreed that the position should remain under close review, with relevant assurance escalated to the Board. **Alert: Deconstruction of block contracts** Progress was noted regarding deconstructing block contracts to improve understanding of how funding allocated to acute providers was being utilised and to identify opportunities to increase flexibility in support of the ICB's commissioning priorities. The committee recognised that the work remained at an early stage and would require continued scrutiny. **Assure: Contracting and contract monitoring** The committee received assurance that contractual arrangements were in place and that strengthened contract monitoring arrangements had improved oversight of provider delivery and performance. **Assure: High-cost packages of care** Assurance had been received regarding high-cost packages of care, with continued monitoring of eligility and activity relating to packages exceeding £310,000.

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	During discussion, the Board requested that financial and activity recovery plans be subject to detailed scrutiny through the Finance and Contracting Committee before presentation to the Board. Members also requested that future escalation reports more clearly demonstrate committee challenge, actions requested and delivery timescales. **Action: S Igoe / M Bakewell (Action log)** It was noted that the next reporting cycle would include substantive consideration of the forecast year-end financial and performance positions, including constitutional standards and associated recovery actions. **RESOLVED: That the 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.**
106/26	**<u>Finance Performance Report – Month 4 2026/27</u>** M Bakewell presented the month 4 financial position, reporting a balanced position year-to-date, whilst noting that significant financial risks and operational pressures remained. The Board noted emerging prescribing pressures arising from national and international supply challenges, which had increased costs in some areas, and the continued uncertainty associated with NHS contract performance, prescribing trends and the financial implications of organisational change. Members were advised that greater clarity was expected through the month 5 and month 6 reporting cycles and would inform the Quarter 2 review of the forecast outturn position. It was reported that delivery of the waste reduction programme (WRP) was ahead of plan at month 4 and that work was underway to review delivery trajectories, particularly in relation to schemes rated red or amber. The Board noted that the forecast remained dependent on successful delivery of a significant proportion of planned mitigations during Quarters 3 and 4. A programme of executive-led review had been established to provide additional scrutiny of high-risk areas and identify further opportunities to reduce expenditure and improve financial performance. Members noted that further work was also being undertaken to better understand expenditure patterns, historical trends and the distribution of resources across services, including prevention and voluntary sector provision. This would support both the current financial recovery programme and longer-term financial planning, as well as strengthening the ICB's strategic commissioning approach. The Board discussed the importance of understanding the sustainability of savings delivered during the year, as reliance on non-recurrent measures would increase future financial challenge in subsequent years. It was also noted that performance against the Better Payment Practice Code had declined due to staffing changes and ongoing ledger issues, with actions underway to improve processes, increase automation and strengthen performance. In response to questions, members noted that some WRP schemes had been delivered ahead of schedule and were expected to provide greater full-year benefits, whilst alternative measures continued to be developed where planned schemes had not progressed as anticipated. It was reported that the planned full-year WRP benefit of £127m remained

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	achievable, with additional opportunities expected to come forward through the extended programme. The Board emphasised the importance of developing a clearer understanding of how resources were utilised across the system and ensuring that investment decisions were aligned to population need, quality and outcomes. Members also highlighted the need for a whole-system approach to financial planning and decision-making, recognising that actions taken by one organisation could have implications elsewhere within the system. Support was expressed for moving towards a longer-term approach to financial planning to inform future decisions relating to revenue, capital, digital investment and strategic commissioning priorities. In concluding the discussion, the Chair highlighted the importance of ensuring that resources were directed appropriately and used effectively to secure the best possible outcomes for local communities. **RESOLVED: That the ICB Board:** • **Note the reporting position as at month 4 (July 2026) in respect of the year to date position** • **Note the relevant risks and issues as described with the report in respect of the ICB outturn position, including assessment of risk adjusted position and other issues as identified (including finalisation of contract values and local authority discussions regarding Transforming Care and Learning Disability Pooled Fund arrangements).**
107/26	**<u>Performance Report</u>** A Heritage presented the performance report, which provided an update on performance against key indicators and outlined progress in developing an integrated, outcomes-focused performance framework aligned to the needs of the Lancashire and South Cumbria population. Members noted that the report aligned with the Board Assurance Framework and assurance provided through the Quality and Outcomes Committee. The Board heard that the revised reporting framework had been streamlined to focus on key performance areas and included comparative information against North West and England averages where available. Community-level reporting had been introduced using historical Clinical Commissioning Group footprints, enabling greater understanding of variation between local populations and supporting future assessment of performance and outcomes at community level. Members noted the increased emphasis on population health outcomes, the ICB's unifying goals and reducing health inequalities. Whilst outcomes had improved in a number of areas, the report also highlighted areas requiring further attention. Performance against constitutional standards remained mixed, with continuing pressures in elective and planned care, particularly within gynaecology, trauma and orthopaedics, gastroenterology and cardiology, for which improvement plans were in place. Diagnostic performance remained positive, whilst cancer performance was below plan and would be considered through a dedicated deep dive at a future Board meeting. The Board welcomed the improvement in the quality and presentation of the report and recognised its importance in supporting the ICB's strategic commissioning role. Members considered whether patient experience was sufficiently reflected within the framework and agreed that further work should be undertaken to strengthen its inclusion within future reports.

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	Action: A Heritage (Action log) In response to questions regarding data quality, the Board was advised that future reports would include a dedicated section setting out data quality considerations and distinguishing validated data from areas where issues remained. Members noted that national changes to commissioning data arrangements could present future risks which would continue to be monitored through the appropriate committee governance arrangements. Members noted that the report would increasingly support understanding of population need, commissioning priorities and longer-term health outcomes. Whilst the current framework remained largely retrospective, future development would include forward projections, enabling consideration of future demand, population trends and health outcomes over longer timescales. The Board welcomed the inclusion of community-level analysis and deprivation measures and emphasised the importance of understanding inequalities both between and within communities. Members also highlighted the value of incorporating wider intelligence, including Joint Strategic Needs Assessments, local authority priorities, public health insight and healthcare demand modelling, to strengthen the link between population need, commissioning decisions and neighbourhood health services. The Board welcomed the progress made and noted the potential value of the completed performance framework in supporting strategic decision-making and improving outcomes for local communities. **RESOLVED: That the ICB Board:** • **Note the latest performance achievement and on-going actions against key performance indicators.** • **Note the process in place to develop the performance report and provide feedback on the new visualisation components.**
108/26	**<u>Overview of ICB Winter Planning 2026/27</u>** C Harris presented an update on the development of the 2026/27 Winter Plan and associated Board Assurance Statement process. Members noted that winter planning was coordinated through the Urgent and Emergency Care Delivery Boards, informed by provider improvement plans and contributions from relevant ICB teams. Whilst the ICB was not responsible for approving individual provider plans, it maintained oversight through a system-wide assurance process to ensure that individual plans aligned to a coherent and deliverable system position. The Board was advised that a draft board assurance statement had been submitted to NHS England and had received a partial assurance rating. This reflected the fact that formal Board scrutiny and approval had not yet taken place and that one provider plan required further development before full system assurance could be achieved. Members were advised that this did not represent a significant concern regarding delivery but highlighted specific areas where further assurance and refinement were required prior to final submission. Work was underway with the provider concerned to address the outstanding issues and strengthen the overall system position. A regional assurance exercise would also be undertaken to stress-test the plans and identify any remaining gaps before final submission in October 2026. The Board heard that the assurance process had been strengthened following learning from previous years. Evidence from urgent and emergency care, community services, quality, vaccination programmes, emergency preparedness and system coordination activity had been reviewed and incorporated into planning. Members noted that assurance gaps identified

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	through previous winter planning exercises had been specifically reviewed and addressed, including the alignment of provider plans, strengthening of governance arrangements and ensuring that learning from previous winter performance and incidents was reflected within current plans. Arrangements were also in place to incorporate findings from regional assurance reviews into subsequent iterations of the winter plan. It was recognised that development of the winter plan required an ongoing balance between quality, operational resilience and financial considerations. During discussion, members observed that the report represented a combination of operational and assurance requirements. Whilst acknowledging that aspects of winter planning appeared operational in nature, members emphasised that the Board's primary role was to assure itself of the robustness of the planning, governance and risk management arrangements underpinning winter preparedness. The Chair advised that the detailed board assurance statements would be presented at the October meeting and stressed that Board assurance would be derived from the operational rigour and evidence supporting the submission. Members sought assurance that lessons from previous winters had been systematically evaluated and incorporated into the current plans. C Harris confirmed that a comprehensive review had been undertaken, including consideration of capacity investment schemes, service performance, vaccination programmes and learning arising from incidents. This work had informed both the assurance framework and development of the current winter plan. The Board also discussed how learning from winter planning and wider operational pressures could inform the ICB's longer-term strategic commissioning role. Members noted that intelligence gained through operational planning could support future service redesign, prevention initiatives and demand management. Examples included work relating to frailty pathways, reducing avoidable urgent care attendance and improving vaccination uptake. It was acknowledged that, whilst winter planning could appear operational, it remained an important element of the ICB's statutory responsibilities through its role in system coordination and emergency preparedness. The Board noted examples where learning from operational programmes had informed wider strategic developments, including innovative approaches to vaccination delivery for young children and improvement work with care homes to strengthen outbreak management through enhanced diagnostic processes. Members heard that these initiatives had improved operational resilience whilst also generating evidence to support wider population health and prevention strategies. The discussion also considered workforce vaccination uptake. Members highlighted the importance of ensuring NHS and social care staff were adequately protected during winter periods to maintain service delivery. The Board was advised that NHS England funding remained available to support vaccination programmes for frontline NHS staff and that activity was also being extended to social care and domiciliary care providers. Improvement trajectories had been exceeded in the previous year and further work was underway, in collaboration with public health colleagues, to increase uptake, although vaccine hesitancy remained a challenge in some areas. In concluding the discussion, the Board recognised that winter planning represented an important operational responsibility of the ICB that sat alongside its broader strategic commissioning function. Members noted that the process generated valuable intelligence, learning and insight which could inform future commissioning intentions, service transformation and prevention activity. The Board noted the progress made to date and looked forward to receiving the final winter plan and board assurance statement at its October meeting.

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	RESOLVED: That the ICB Board: • **Note the contents of the report** • **Note the arrangements for finalising the Winter Plan submission and Board Assurance Statements** • **Agreed to receive a further report at its October meeting presenting the finalised Winter Plan and Board Assurance Statements for approval.**
109/26	**<u>Service Reconfiguration: Pre-Consultation Business Case – Vascular</u>** C Harris presented the Pre-Consultation Business Case (PCBC) for the proposed reconfiguration of vascular services and outlined the recommendation to proceed to formal public consultation. The Board heard that the proposal formed part of the ICB's strategic commissioning responsibilities and represented the culmination of several years of work to develop a clinically sustainable and nationally compliant vascular service model. The proposal sought to establish a single vascular network across Lancashire and South Cumbria, including services provided to the Wigan population, in line with NHS England service specifications and national clinical standards. Members noted that the business case had been independently reviewed and endorsed through local and national assurance processes, including consideration by the North West Clinical Senate and completion of NHS England Stage Two Assurance. The proposal had been developed in response to increasing demand associated with cardiovascular disease, diabetes, frailty and multiple long-term conditions, with demand expected to continue to grow over the coming decade. The Board noted that current arrangements faced a number of challenges, including activity levels below national minimum standards for some specialist procedures, limitations in hybrid theatre provision, difficulties meeting national operational standards and workforce fragility. The proposed model would establish a single arterial centre at Royal Preston Hospital, supported by a unified consultant workforce and guaranteed access to hybrid theatre facilities, whilst retaining outpatient, diagnostic and follow-up services across the network. The anticipated benefits included improved clinical sustainability, compliance with national standards, reduced unwarranted variation, greater equity of access and a more resilient workforce model. Members noted that the required capital investment was already included within existing capital programmes. The Board further noted that stakeholder engagement undertaken since 2018 had informed both the development of the business case and the proposed consultation approach. At the invitation of the Chair, T Bleakley, Chair of the Commissioning Committee, summarised the scrutiny undertaken by the committee. The Board heard that the committee had reviewed the business case in detail and received assurance regarding compliance with national guidance, continued engagement with Health Overview and Scrutiny Committees, and consideration of the population served by the proposed model. Members noted that the Commissioning Committee had concluded that the revised business case was significantly stronger than previous iterations and was supported by a robust clinical, workforce, operational and financial evidence base. Feedback from the Clinical Senate had described the case as detailed and evidence-based, whilst recommending that consultation materials be refined to improve accessibility for the public. Assurance was provided that this feedback had been incorporated. The Board heard that the impact on patients, carers and families had been carefully

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	considered. Whilst engagement had identified concerns regarding travel, visiting arrangements and parking, these related primarily to carers and relatives rather than the proposed clinical model. Assurance was provided that patients would be repatriated to local services as soon as clinically appropriate following treatment, helping to minimise disruption and support recovery closer to home. In endorsing the recommendation, members acknowledged the significant development work undertaken over a number of years and recognised that changes in the evidence base, national guidance and system collaboration had strengthened the case for change. Having considered the outcome of the assurance processes, the scrutiny undertaken by the Commissioning Committee and the evidence presented within the PCBC, the Board agreed that the proposal should progress to formal public consultation. Members considered that the case for change was compelling and that consultation would provide an important opportunity to obtain further feedback from patients, stakeholders and the public before any final decision was taken. **RESOLVED: That the ICB Board:** • **Approve the Pre-Consultation Business Case for vascular reconfiguration** • **Approve progression to an eight-week formal public consultation commencing in October 2026** • **Note that the outcomes of the consultation, together with any recommended next steps, would be presented to a future Board meeting for consideration and decision.**
110/26	**<u>Commissioning Committee Escalation and Assurance Report – 22 July 2026 and 19 August 2026</u>** T Bleakley presented the Commissioning Committee's escalation and assurance report and advised that no matters required escalation to the Board from meetings held since the previous Board meeting. In relation to the meeting held on 22 July 2026, the committee had received an update on data, intelligence and performance risk. Members noted that data quality, consistency and availability remained recurring concerns across a range of reports and assurance processes. The committee challenged whether the information available was sufficiently complete, reliable and consistent to support effective performance oversight and strategic commissioning decisions. Members also sought clarity regarding the controls in place to identify and manage data quality issues, the extent of known gaps and the associated risks to decision-making. Whilst recognising the opportunities presented by improved access to data and analytical capability, the committee requested a detailed deep dive to provide greater assurance regarding data governance and accountability arrangements, the completeness, accuracy and timeliness of information, known gaps and their impact, and the mitigating actions, responsible leads and delivery timescales. The committee also requested that the review clarify how progress would be monitored and reported through the appropriate governance arrangements. Reporting on the meeting held on 19 August 2026, T Bleakley advised that members had considered the relationship between the emerging strategy, Target Operating Model and transition plan. The committee challenged the ambitious delivery timetable and sought assurance that the three programmes were aligned, appropriately resourced and supported by realistic implementation arrangements. Ongoing limitations relating to data integration and analytical capability were also considered.

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	Members highlighted the need to improve how information from different sources was brought together to provide a comprehensive understanding of population need, service performance and outcomes. The committee requested that future reporting set out how identified data and analytical gaps would be addressed, including the incorporation of new sources of data and evidence, and demonstrate how improved intelligence would inform priorities, commissioning decisions and the assessment of outcomes. The committee received assurance that the future operating model would be underpinned by robust data, clear outcome measures and a strong focus on reducing health inequalities and improving equity of access. Members emphasised that this assurance would need to be supported by clear evidence of progress, defined responsibilities and transparent reporting against agreed actions. The committee also considered the organisation's approach to working with people and communities and commended the breadth of engagement activity undertaken. Progress in ensuring that engagement findings informed organisational thinking, decision-making and service development was welcomed, with members emphasising the importance of demonstrating how feedback had influenced decisions and outcomes. **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 held on 22 April and 20 May 2026.**
111/26	**<u>Audit Committee Escalation and Assurance Report – 15 July 2026</u>** S Spill presented the committee's escalation and assurance report arising from its meeting on 15 July 2026. He noted that the meeting had taken place early in the committee's annual cycle, following the extraordinary June meeting at which the Annual Report and Accounts, risk management arrangements, and reports from internal and external auditors had been reviewed and approved. Those matters had previously been reported to the Board. The Board was advised that the Audit Committee had identified no matters requiring formal escalation. Under matters for advice, members noted the Internal Audit Progress Report, which confirmed that nine audit recommendations remained outstanding. Whilst recognising the progress made since the previous report, the committee had sought assurance that the remaining actions would be delivered within agreed timescales and had requested continued monitoring to ensure that implementation momentum was maintained. The committee had also considered the report on losses and special payments. Members noted an increase in the use of single tender waivers and urgent direct awards and sought assurance regarding the underlying causes, associated risks and controls in place. The committee was advised that the position largely reflected organisational change activity and resulting capacity pressures affecting procurement processes. Whilst recognising the exceptional circumstances, members emphasised the importance of minimising reliance on such arrangements wherever possible and ensuring that appropriate governance and transparency were maintained. Ongoing oversight of the matter had been referred to the Commissioning Committee.

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	By way of assurance, the committee noted that the internal auditors, MIAA, had achieved the highest available accreditation rating, with only a small number of low-level actions identified through the assessment process. Members welcomed this as further assurance regarding the quality, effectiveness and independence of the internal audit service. **RESOLVED: That the ICB Board:** • **Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed** • **Note the ratified minutes of the committee meeting held on 18 March 2026.**
112/26	**<u>Northwest Specialised Joint Committee Escalation and Assurance Report – 2 July 2026</u>** S Spill presented the committee's escalation and assurance report arising from its meeting held on 2 July 2026. He reminded members that the committee was a joint committee of three Integrated Care Boards, providing oversight of specialised services commissioned across the North West. The Board noted that the committee had reported six alert matters. These related to ongoing performance concerns affecting cardiac surgery waiting lists at Blackpool Teaching Hospitals; spinal surgery waiting times at Northern Care Alliance; capacity pressures within complex gynaecology and endometriosis services; national concerns regarding renal dialysis capacity, where demand continued to outstrip existing provision; risks arising from the ongoing neonatal service review following publication of the Ockenden and Amos reports; and workforce fragility within paediatric rheumatology services at East Lancashire Hospitals following clinician departures. Members were advised that these issues had previously been identified through NHS England specialised commissioning assurance processes and were being actively managed through provider, regional and system governance arrangements. Mitigating actions were in place across all areas, with NHS England specialised commissioning teams working alongside providers and system partners to support improvement and reduce risk. The Board noted that accelerated action was being taken in some areas, including specialist cardiac services, where options to address service pressures were being actively explored. The Board further noted that renal dialysis quality concerns at Northern Care Alliance were being managed through established quality oversight arrangements. Members also heard that strengthened governance arrangements had been introduced for spinal surgery services, including enhanced multidisciplinary team and mortality review processes in response to quality concerns and patient safety findings identified through retrospective case reviews. Collaborative quality governance arrangements between NHS England, Integrated Care Boards and providers continued to provide oversight of specialised commissioning quality concerns. During discussion, members highlighted the importance of maintaining a population-focused perspective when considering specialised commissioning issues. C Harris noted that pressures within specialist cardiac surgery services affected the same population experiencing long waits for cardiology services and emphasised the importance of understanding the cumulative impact on patients across the wider pathway of care. In response, S Spill advised that a North West-wide support process was in place to assist Blackpool Teaching Hospitals in addressing the identified challenges, with organisations across the region working collaboratively to support service improvement and maintain resilience.

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	RESOLVED: That the ICB Board note the Alert, Advise and Assure committee report and approve any recommendations as listed.
113/26	**Report concerning matters considered in Private Board meetings** D Atkinson presented a report summarising matters considered at the private Board meetings held on 9 July 2026 and 30 July 2026. Members noted that the principal matters considered in private included updates on the ICB staff consultation process and the Board's response to NHS England's consultation on proposed ICB boundary changes. The Board further noted that the meeting held on 30 July 2026 had received an update on local government reorganisation, on which a separate update had been presented earlier in the meeting. Members also noted that the Board had approved the outcome of the staff consultation process and the associated organisational arrangements. **RESOLVED: That the ICB Board note the contents of the report.**
114/26	**Any Other Business** **RESOLVED: That there were no items of any other business.**
115/26	**Items for the Risk Register** **RESOLVED: That there were no items to be included on the ICB Risk Register.**
116/26	**Closing Remarks** The Chair thanked members and contributors for their participation and reflected positively on the quality of discussion throughout the meeting. Particular note was made of the increasingly strategic nature of Board discussions, including consideration of issues arising from reports traditionally regarded as operational in focus. The Chair also recognised the contribution that high-quality reporting and analysis made to effective Board scrutiny, assurance and decision-making.
117/26	**Date, Time and Venue of Next Meeting** The next meeting to be held in public would be held on Thursday, 5 November 2026, 1 pm - 4 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).

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