NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Report of the Chief Executive
Presented by	Aaron Cummins, Chief Executive Officer
Author	Neil Greaves, Director of Public and External Affairs
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 the ICB strategy and collaboration with other ICBs on a CEO Delivery Compact.

It brings to the attention of the board an update on ICB boundaries, operating model implementation and the launch of the annual NHS Staff Survey.

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 ICB 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 – 5 November 2026

Report of the Chief Executive

Introduction

1.1 The second half of 2026/27 provides an exciting opportunity for our ICB to move forward in a positive way as an organisation with a clearer sense of purpose, positive developments in our strategy and commissioning approaches and with a clear focus delivering improvements in performance and our financial plans. It is also the period where we need to balance the grip of our in-year delivery plans 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 I also want to acknowledge that as I write this report, we are coming to the end of Black History Month, a time to celebrate, recognise and reflect on the history, achievements, experiences, and contributions of Black people across the UK. This year's theme, "Honouring Our Communities," invited us to recognise the people whose everyday contributions shape, support and sustain Black communities. It is important for us as an ICB in a number of ways. Firstly, and most importantly, the impact of our organisation moving forward needs to address the stark health inequalities we know exist in our communities. Moving forward it is increasingly important we understand, involve and empower our communities in ways which improve access and health outcomes. We can only do this in collaboration with our partners and communities – something which is clearly important to our strategy moving forwards.

1.3 Additionally, understanding the experiences of our staff is important to build the culture and providing support which helps us to achieve as an organisation. I would like to thank Olamide Adelusi, chair of our ICB staff Race Equality Network, and its members, and the work they are supporting to ensure staff voices are heard and acted on within the organisation.

1.4 In early October I also joined colleagues from University Hospitals of Morecambe Bay NHS Foundation Trust, Team Barrow and University of Cumbria on a visit to BAE Systems in Barrow-in-Furness. I want to thank colleagues from BAE for showcasing their impressive Submarines Academy for Skills and Knowledge and the largest shipyard in the UK and discussions about collaborations, partnerships and supporting communities in Barrow-in-Furness and the surrounding area.

2 ICB boundary update

2.1 On 6 October, I received correspondence from NHS England about changes to boundaries for Lancashire and South Cumbria ICB. This reiterated the Government's vision for devolution, outlined in *Rewiring the State* Cabinet

statement, and the requirement for ICBs to align with strategic authority footprints by the end of this Parliament.

2.2 NHS England set out that rather than risk costly and disruptive further changes, the timeframe for decisions on future ICB footprints has been extended and these are now expected to be taken by September 2027, for implementation on 1 April 2028. This will deliver full alignment between ICBs and strategic authorities.

2.3 There are three changes to existing ICB boundaries nationally to be made on 1 April 2027 and one of these is an area in Lancashire and South Cumbria:

- *An area of North Yorkshire adjacent to Lancashire, including Ingleton and Bentham, currently within NHS Lancashire and South Cumbria ICB, will transfer to NHS Humber and North Yorkshire ICB.*

2.4 We are connecting with local partners, including Western Dales PCN and Bentham Medical Practice, and colleagues from NHS Humber and North Yorkshire ICB to ensure any change is well planned and any risks to patient safety or flows to NHS services are well managed for our communities.

3 ICB CEO Delivery Compact

3.1 Over the past couple of weeks, I have been working closely with Jan Thomas, NHS England Executive Director for System Development and Chief Executive of NHS Central East ICB, and ICB chief executives from across the country to develop a shared commitment between ICBs to work collectively where this will deliver greater impact, consistency or value than individual systems acting independently. I am pleased that this work has seen NHS Lancashire and South Cumbria be a signatory of a national ICB CEO Delivery Compact.

3.2 It is not intended to replace local plans, commissioning strategies or statutory responsibilities. The Compact seeks to strengthen strategic commissioning by supporting the direction set through the 10-Year Health Plan and the shifts from hospital to community, treatment to prevention and analogue to digital, with neighbourhood health identified as a defining principle. It provides a framework for collective action to strengthen strategic commissioning and accelerate delivery. It focuses on prevention, population health management, earlier intervention and integrated care closer to home, while promoting consistent pathways, reduced unwarranted variation and improved value and productivity.

3.3 The Compact complements the ICBs strategic commissioning ambitions commissioning strategies and statutory responsibilities rather than replacing them. Expected benefits include better access, quality and outcomes, reduced inequalities, more effective use of NHS resources, and stronger management of clinical and financial risks.

3.4 This work will form an important part of the development of our ICB strategy, target operating model and commissioning intentions moving forward.

4 Implementing the ICB operating model

4.1 Since the last board meeting there has been significant progress in the implementation of our operating model for the ICB, with many posts in the new structure being secured and suitable alternative opportunities sought to reduce the impact of compulsory redundancy. We continue to support those who are going through the process in a fair and transparent way. We are committed to providing wellbeing support in place for our staff during this period.

4.2 A series of Launch Events will provide an opportunity for all staff in the ICB to come together, reconnect and hear about the future direction of the organisation, how we will work together and what this means for them and their team. We are positive that these events, in late November and early December, will be an opportunity to create connection between colleagues, build understanding of our future direction and support our organisation development. We have put in place a series of launch events at the end of November to bring our staff together

4.3 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. They have been actively involved in our Filling of Posts processes since September and are making a positive contribution to the launch events.

5 Refreshing the ICB strategy

5.1 I previously described the work to develop the ICB strategy and target operating model, building on partnership engagement which commenced in July. I would like to thank partners, stakeholders and members of the public who have contributed to this work.

5.2 To date, we have heard from more than 1,200 people in addition to workshops and discussions with staff and partners. Nearly 70% of these are from members of the public with the rest being made up of staff, partner organisations and voluntary, community, faith and social enterprise sector partners who represent some of our most vulnerable and marginalised groups in our communities. This work will feature in our upcoming Board discussions over the coming months.

6 Executive Committee Business

6.1 The Executive committee has met seven times since my previous report in mid-September, and a significant proportion of the committee's time has shifted from the reconfiguration of the ICB and moved towards delivery of our performance and financial improvement plans.

6.2 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.

7 Annual NHS Staff survey

7.1 On 5 October we wrote to our staff in the ICB to encourage them to share their views as part of the annual NHS Staff Survey. We have heard from them how important it is to have the opportunity to share their views. Listening to the experience of our staff is the right thing to do and I am proud to support it.

7.2 This year's survey comes at an important point in our journey as an organisation. The results will help create an important baseline for our newly configured organisation. They will give us a clear picture of how colleagues feel as we establish our new operating model and strengthen our role as a strategic commissioner.

7.3 The feedback will help us shape the culture, leadership, support and development needed to build a successful organisation for the future. We are committed to supporting colleagues through this change and developing the skills, confidence and capabilities needed to succeed as a strategic commissioning organisation.

7.4 The survey closes at the end of November with results shared in early 2026. We continue to listen and respond to staff through our regular staff engagement, leadership and organisation development programmes.

8. In the news

8.1 Dame Patricia Hewitt, a national leader in health and care reform, visited Lancashire and South Cumbria in October to hear from the teams involved in the WorkWell, Connect to Work and Fit Note Reform Pilot projects, and attend the Get Lancashire Working Big Conversation alongside local authority colleagues and stakeholders. During the two-day visit, Dame Patricia, who served as Health Secretary from 2005 to 2007, met frontline teams, partners and people with lived experience from Preston WorkWell, a network of voluntary-sector organisations helping people remain in or return to good work. She was joined by Lily Howells, Fit Note policy lead at the Joint Work and Health Directorate, and Conor Jackson, work and health lead at NHS Alliance. Read more here.

8.2 In October we launched a public consultation to hear people's views on proposals for improvements to vascular services in Lancashire and South Cumbria. The eight-week consultation welcomes feedback from local people and patients up until Friday 27 November. A programme of outreach and engagement opportunities have been put in place to ensure we hear views from those most likely to be impacted by the proposals. Read more about this here.

9. Recommendations

9.1 The Board is requested to:

- Note the contents of the report
- Note the decisions and work of the Executive Committee.

Aaron Cummins
23 October 2026