



**Lancashire and  
South Cumbria**  
Integrated Care Board

# Lancashire and South Cumbria Integrated Care System

Our NHS Joint Forward Plan  
for 2023 onwards

[www.lancashireandsouthcumbria.icb.nhs.uk](http://www.lancashireandsouthcumbria.icb.nhs.uk)

Draft

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## 1. Foreword

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is responsible for developing a joint forward plan for the NHS over the next five years. The ICB forms part of the Integrated Care System across Lancashire and South Cumbria, the formal partnership of organisations working together to improve the health and wellbeing of our population.

Our plan describes how the NHS will meet the health needs of our population by working jointly with partners on prevention and by working with all organisations within the NHS family to transform the way healthcare services are provided.

**Our plan has been developed at a time of enormous challenges for health and care services.** The demands and expectations on services are ever-increasing alongside significant financial and workforce constraints.

We know we have faced many of these challenges for some time and we acknowledge we cannot solve them without changing the way we work as a health and care system. **We are clear on the ‘what’ and the ‘why’ but up until now we have not grasped the ‘how’.** We are ready to take action and work very differently.

There are significant health and well-being issues within Lancashire and South Cumbria and the COVID-19 pandemic has made these worse, with health inequalities widening in some areas. The cost-of-living crisis is expected to worsen the position further still.

The pressures we face are not unique to us, but their impact on our communities is affected by our local demographics. Almost a third of our residents are living in some of the most deprived areas of England, with poor health outcomes and widening inequalities. There are significant differences in the number of years people can expect to live a healthy life across our area. We know many people in Lancashire and South Cumbria (LSC) could be living longer, healthier, happier lives than they currently do.

We need to work with partners and local communities to prevent people from becoming ill in the first place by tackling the wider determinants of health (the diverse range of social, economic and environmental factors which impact on people's health) and supporting people to make positive health and well-being choices while also improving access to health and care services.

The establishment of our Integrated Care Board is an opportunity to make a real difference to the health and lives of the people who live here and the quality of care in Lancashire and South Cumbria. This Joint Forward Plan outlines, at a high level, how we will work alongside our providers and other partners to meet the challenges set out above. It builds upon existing system strategies and activity that is already under way and provides an overarching narrative about what it is we are all trying to change and improve together.

We have developed an integrated care strategy with our partners in local government, the voluntary, community, faith, and social enterprise sector and local people. The strategy details a joined-up work programme across the whole life course of our population to

improve prevention and integrate health and social care. It will drive integrated working at system, place, and neighbourhood, to improve the health and well-being of our population. This Joint Forward Plan responds to the commitments made by the NHS within this strategy.

Our system finance colleagues are developing a financial framework for the next three years that sets out the context for the difficult decisions we will need to make under harsher financial conditions, including the establishment of our formal recovery and transformation programme. This joint Forward Plan describes our financial framework and how it will influence our work over the coming years.

Fundamental to the delivery of the Joint Forward Plan will be our four places and the development of our place integration deal. This emerging deal sets out a clear vision and ambition for the places, as a key driving force in ensuring our residents have healthy communities, high-quality services and a health and care service that works for them.

Our communities will be at the centre of everything we do. With our partners we have agreed on how we will work with people and communities to listen, involve and co-produce our plans together. This will help to develop ways of working that focus on local people and their lived experience, putting our population's needs at the heart of all we do. Listening to communities, members of the public and partners has already contributed to the shaping of this plan. It is clear from this engagement that local communities also want to see action that improves services, reduces health inequalities and improves access by listening to communities and the experiences of our residents.

Together, we will achieve our vision of longer and healthier lives for our population across Lancashire and South Cumbria.



**Kevin Lavery**  
Chief executive of NHS Lancashire and  
South Cumbria Integrated Care Board



**David Flory CBE**  
Chair of NHS Lancashire and South  
Cumbria Integrated Care Board

## 2. Introduction

When the NHS was established in 1948 it mainly focused on treating single conditions or illnesses. Since then, the health and care needs of our populations - and their demands and expectations of the NHS - have changed.

More people than ever are living longer with multiple, complex, long-term conditions and often need support from many different services, sectors and professionals. Unfortunately, people often receive care from different services that are not as joined-up as they could be and are not always centered around their needs. This is not a good use of vital NHS time and resources and can mean patients have a poorer experience of health and care, take longer to recover from illness or injury and have to 'tell their story' to lots of different teams.

In the past, while there have been connections between the organisations that have a role in health and well-being, often they have not formally worked in a joined-up or integrated way. This is because many organisations were encouraged to compete for resources, rather than collaborate.

The Health and Care Act 2022 marks a change from this competitive way of working. It sets out in law that the NHS must work in an integrated way with other organisations and partners.

Integrated care systems (ICSs) are geographically-based partnerships that bring together providers and commissioners of NHS services with local government and other local partners to plan, coordinate and commission health and care services.

Integrated care boards (ICBs) are tasked with improving the health and well-being of the whole population by harnessing the knowledge, skills and talents of all partner organisations within the ICS.

Together, all the partners in the ICS are responsible for improving outcomes, tackling inequalities, improving productivity and helping the NHS support broader social and economic development. This new structure expects and encourages collaboration at every level.

The Health and Care Act offers an opportunity for partners across Lancashire and South Cumbria to understand the important contribution each organisation makes to people's health and well-being and therefore how creating shared plans and forging new relationships will really benefit our population.

We intend to connect services across councils, the NHS, voluntary, community, faith, and social enterprise (VCFSE) organisations and beyond, to provide seamless and integrated services for our population, the majority of which will be planned and delivered within our places.

This Joint Forward Plan for the NHS includes joint working between health and social care and within the NHS family of providers, including hospitals, primary care, community, mental health, and acute providers.

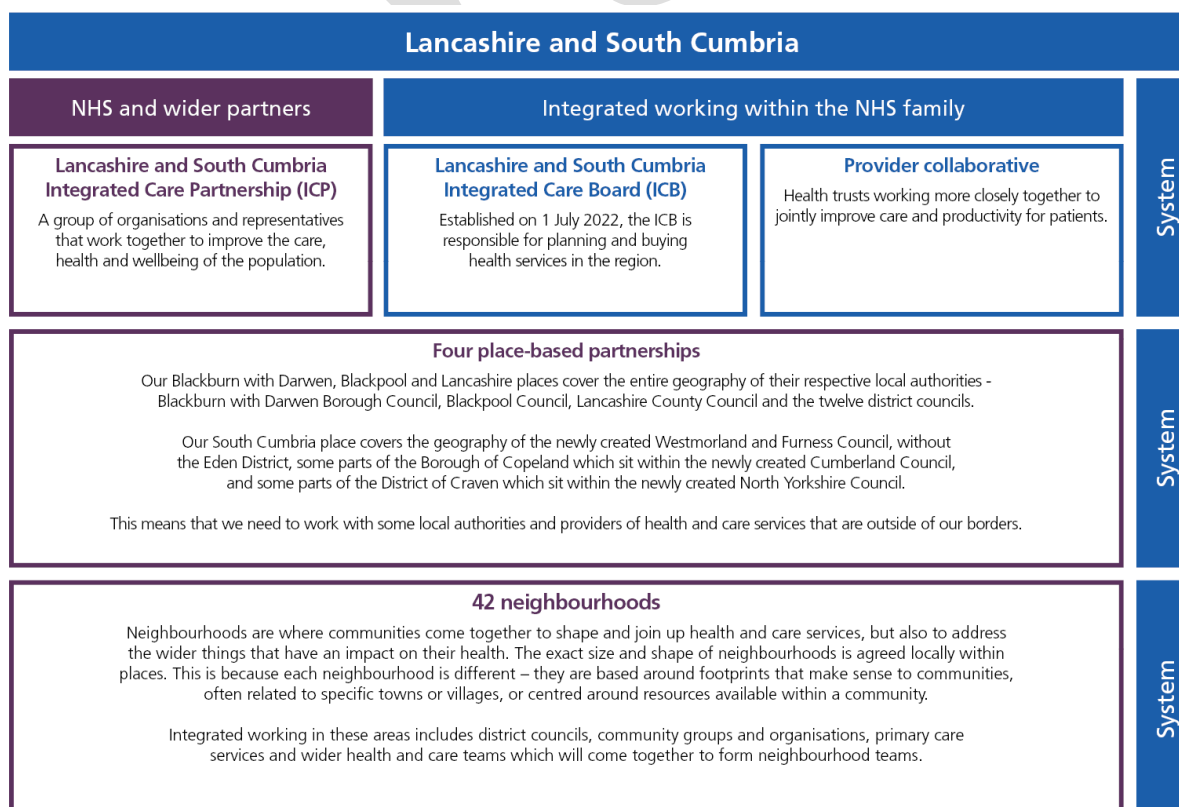
## A new way of working

To deliver improved health and well-being for our population by working in an integrated way we need to have the right structures in place to support and drive change. This means we must work in different ways at three levels - across the Lancashire and South Cumbria system, within our four 'places' and at neighbourhood level – to organise and deliver services at the most appropriate level and closest to the residents we serve.

Our places and neighbourhoods put our residents, their families, their carers and wider communities at the centre of our integrated working. Most people's day-to-day care and support needs will be planned and delivered within a place and its neighbourhoods.

- **System:** Integrated working across Lancashire and South Cumbria.
- **Places:** Integrated working in the areas covered by our four place-based partnerships, covering Lancashire, Blackburn with Darwen, Blackpool and South Cumbria.
- **Neighbourhoods:** Integrated working in the areas covered by our 42 primary care networks and local neighbourhood teams.

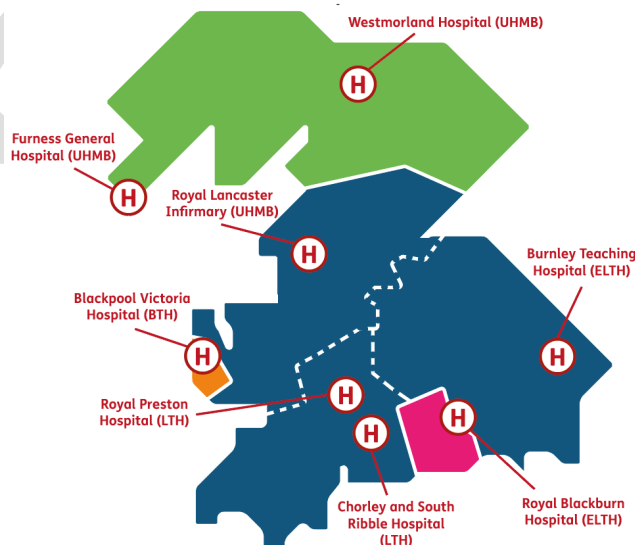
## Components of the Lancashire and South Cumbria Integrated Care System



## The structure of the ICS

The Integrated Care System in Lancashire and South Cumbria was established under the Health and Care Act 2022 with statutory powers and responsibilities and is made up of two formal parts:

- **The Lancashire and South Cumbria Integrated Care Board (ICB)** is the statutory body responsible for commissioning (planning and buying) NHS services for the 1.8 million people living in Lancashire and South Cumbria. The ICB must work in partnership with local authorities and wider organisations and integrate services wherever possible to deliver the greatest possible improvement in health and well-being. Members of the ICB board include representatives from NHS providers, primary medical services and local authorities.
- **The Lancashire and South Cumbria Integrated Care Partnership (ICP)** is a statutory committee formed jointly between the NHS ICB and all upper-tier local authorities in Lancashire and South Cumbria (councils with responsibility for children's and adult social care and public health). The ICP brings together partners that have a role in improving the health and well-being of the population, with membership determined locally. The ICP is responsible for producing an Integrated Care Strategy which details how the local health and well-being needs of the population will be met.
- **The Provider Collaborative** sees five acute, mental health and community providers in Lancashire and South Lancashire working together as one. They are:
  - Blackpool Teaching Hospitals NHS Foundation Trust (BTH)
  - East Lancashire Hospitals NHS Trust (ELHT)
  - Lancashire and South Cumbria NHS Foundation Trust (LSCFT)
  - Lancashire Teaching Hospitals NHS Foundation Trust (LTH)
  - University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB)



Our provider collaborative will be the engine room for improving sustainability and transforming the delivery of acute care across the system.

- **The Recovery and transformation group** is made up of system partners and led by the ICB. The purpose of the group is to have collective organisational oversight of recovery and to deliver an assurance role to the ICB board. The Group will also be responsible for supporting the delivery of system-wide transformation programmes, seeking to accelerate the delivery of system change to improve sustainability, patient care and outcomes.



## Our system

### LOCAL AUTHORITIES

Six upper-tier local authorities:

Lancashire County Council, North Yorkshire Council (unitary), Cumberland Council (unitary), Westmorland and Furness Council (unitary), Blackpool Council (unitary), Blackburn with Darwen Council (unitary).  
Twelve district councils

**Lancashire:** Preston City Council, Chorley Council, South Ribble Borough Council, Fylde Council, Wyre Council, West Lancashire Borough Council, Lancaster City Council, Burnley Borough Council, Hyndburn Borough Council, Pendle Borough Council, Ribble Valley Borough Council, Rossendale Borough Council.

### NHS

**Provider collaborative** - All five of the trusts below work together as part of the provider collaborative.

Four acute / community service providers:

Blackpool Teaching Hospitals NHS Foundation Trust (acute and community services), East Lancashire Hospitals NHS Trust (acute and community services), Lancashire Teaching Hospitals NHS Foundation Trust (acute services), University Hospitals of Morecambe Bay NHS Foundation Trust (acute and community services).

One mental health/community provider:

Lancashire and South Cumbria NHS Foundation Trust

One ambulance service provider:

North West Ambulance Service NHS Trust (NWAS).

Primary care:

42 primary care networks (PCN) covering 198 GP practices.

### VCFSE

There are thousands of **voluntary, community, faith and social enterprise (VCFSE) sector** organisations and groups in Lancashire and South Cumbria. Partnerships of VCFSE organisations are in place connected through a leadership group called the VCFSE Alliance. A partnership agreement is in place between the ICB and the VCFSE sector.

### WIDER ORGANISATIONS

Four local independent organisations that champion the views of patients and service users

**Healthwatch:** Blackburn with Darwen, Blackpool, Cumbria, and Lancashire. All four Healthwatch organisations work collaboratively as Healthwatch Together

Other partners:

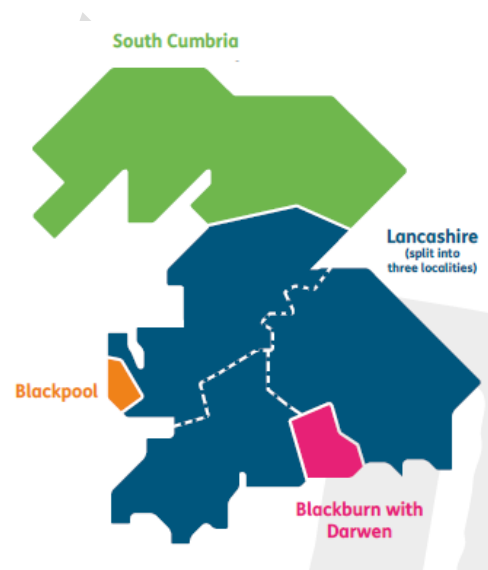
This includes our local universities, colleges, police, fire and rescue services and wider industry.

## Our places

There are four places within the Lancashire and South Cumbria Integrated Care System: South Cumbria, Lancashire, Blackpool and Blackburn with Darwen. We are forming place-based partnerships in each of these places. These are collaborations of health, local authority, VCFSE organisations, independent sector providers and the wider community, working in a joined-up way and taking collective responsibility for planning and delivering services. By working in partnership and with local communities, organisations can better address the biggest and most challenging issues that affect people's health and well-being.

Our places will be the engine room for driving delivery of the Integrated Care Strategy.

- **South Cumbria** has a resident population of around 311,000 people.
  - A mixture of coastal and rural areas, with some wealthy and some disadvantaged communities.
  - The area stretches from Barrow-in-Furness - a busy shipbuilding town and port and Millom on the west coast, through South Lakeland with its rural, land-based and thriving visitor economy, across to the area around Bentham in North Yorkshire.
  - This is England's most sparsely populated local authority area, which makes it hard to deliver services and to provide public transport and transport connections.
- **Lancashire** has a resident population of around 1.2 million people.
  - It is a varied place from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the countryside of the Ribble Valley and Forest of Bowland.
  - A combination of urban areas including Preston and Lancaster, former textile towns such as Burnley, coastal resorts, and market towns.
  - A mixture of wealthy and disadvantaged communities. In the more rural areas, poverty and social exclusion happen alongside people living in luxury. Large areas of deprivation can be found in East Lancashire, Morecambe, Skelmersdale and Preston.
- **Blackpool** has a resident population of around 153,000 people.
  - An urban coastal area, with a thriving tourist economy and a strong sense of community.
  - With high levels of deprivation and a transient population, Blackpool residents have some of the most complex health needs in the country.
- **Blackburn with Darwen** has a resident population of around 163,000 people.
  - A semi-rural borough with urban areas around the towns of Blackburn and Darwen, and several small rural villages and hamlets.
  - A multicultural borough, the area is home to many people with diverse ethnicities and identities.



### 3. Scope and development of our Joint Forward Plan

This Joint Forward Plan for 2023 onwards outlines how the Lancashire and South Cumbria ICB will work with NHS providers of care, local government, VCFSE organisations and other partners to deliver our mission.

#### Our mission

We are committed to improving the health and well-being of the 1.8 million people of Lancashire and South Cumbria, by working collaboratively with partners to:

Reduce health inequalities	Secure better health and care outcomes	Provide the best care at the right time, to enable people to live healthy and fulfilling lives.
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We will deliver our mission by taking targeted action with partners across the four priority aims for integrated care systems.

#### Our four pillars

<b>Tackling inequalities</b> in outcomes, experience, and access	<b>Improving outcomes</b> in population health and healthcare	Enhancing productivity and value for money	Helping the NHS to support broader social and economic development
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We will also consider the effects of all our decisions on the three triple aims of integrated care systems, as outlined below:

The health and well-being of our population (including inequalities)	<b>The quality of services provided</b> (including inequalities in benefits from those services)	The sustainable and efficient use of resources
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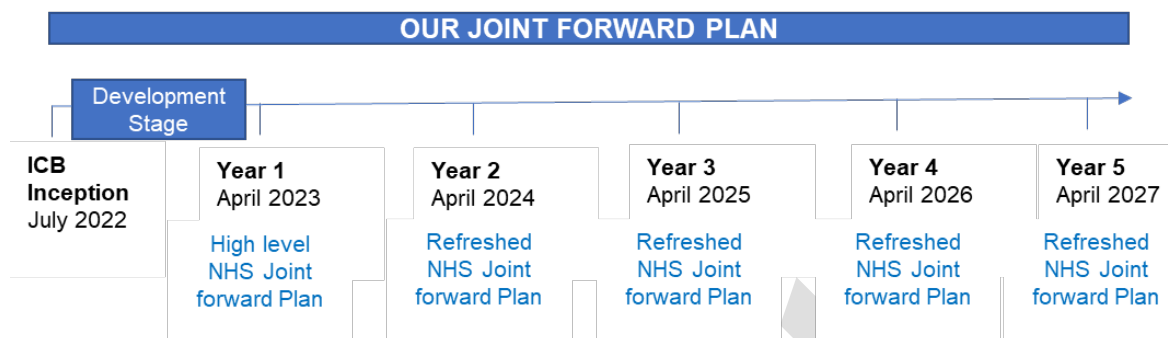
The ICB will always take account of contributions towards the triple aim within its decision-making and evaluation processes.

The NHS services that the ICB is responsible for are shown in the table below.

In scope				Out of scope
Primary care <i>including general practice, dentistry, optometry, and community pharmacy</i>	Community care	Acute care	Mental health and learning disability services	Specialised commissioned services (Currently commissioned by NHS England)
Our services cover all the healthcare needs of our population, from cradle to grave. Our valued service providers include the NHS, the independent sector and the voluntary sector.				

Specialised commissioned services may be impacted by decisions taken by the ICB - where necessary, due consideration and involvement of these services will take place.

## Our development journey



This first ICB Joint Forward Plan is intentionally high level because the ICB is a newly-formed organisation and so many of our plans, priorities and relationships are continuing to be developed. This plan sets out our intended vision, strategy and priorities for action. Working as a system provides a huge opportunity to work differently to tackle the urgent challenges we face. However, this will also be a significant programme of change.

This final draft of the Joint Forward Plan includes a summary of our statutory responsibilities, how we intend to deliver them and how this is reflected in our plans. This summary is available on the [ICB website](#)<sup>1</sup>.

We will work through the detail and consult with our partners, our workforce and our population to ensure our plans, infrastructure, systems and processes are sustainable and provide the right foundations for integrated working.

This document builds on existing strategies and plans and sets out our aspiration to engage with our partners, staff, and population to refresh and further develop this plan for 2024/25 and beyond. We have taken account of expert advice from our local authority public health colleagues on population need captured within joint strategic needs assessments, the prevention, diagnosis, or treatment of illness and the protection or improvement of public health. We have sought advice informally and through formal governance arrangements with our local health and wellbeing boards. We have ensured our Joint Forward Plan reflects the health and well-being strategies that those health and wellbeing boards have developed and are committed to ongoing alignment of priorities across those plans.

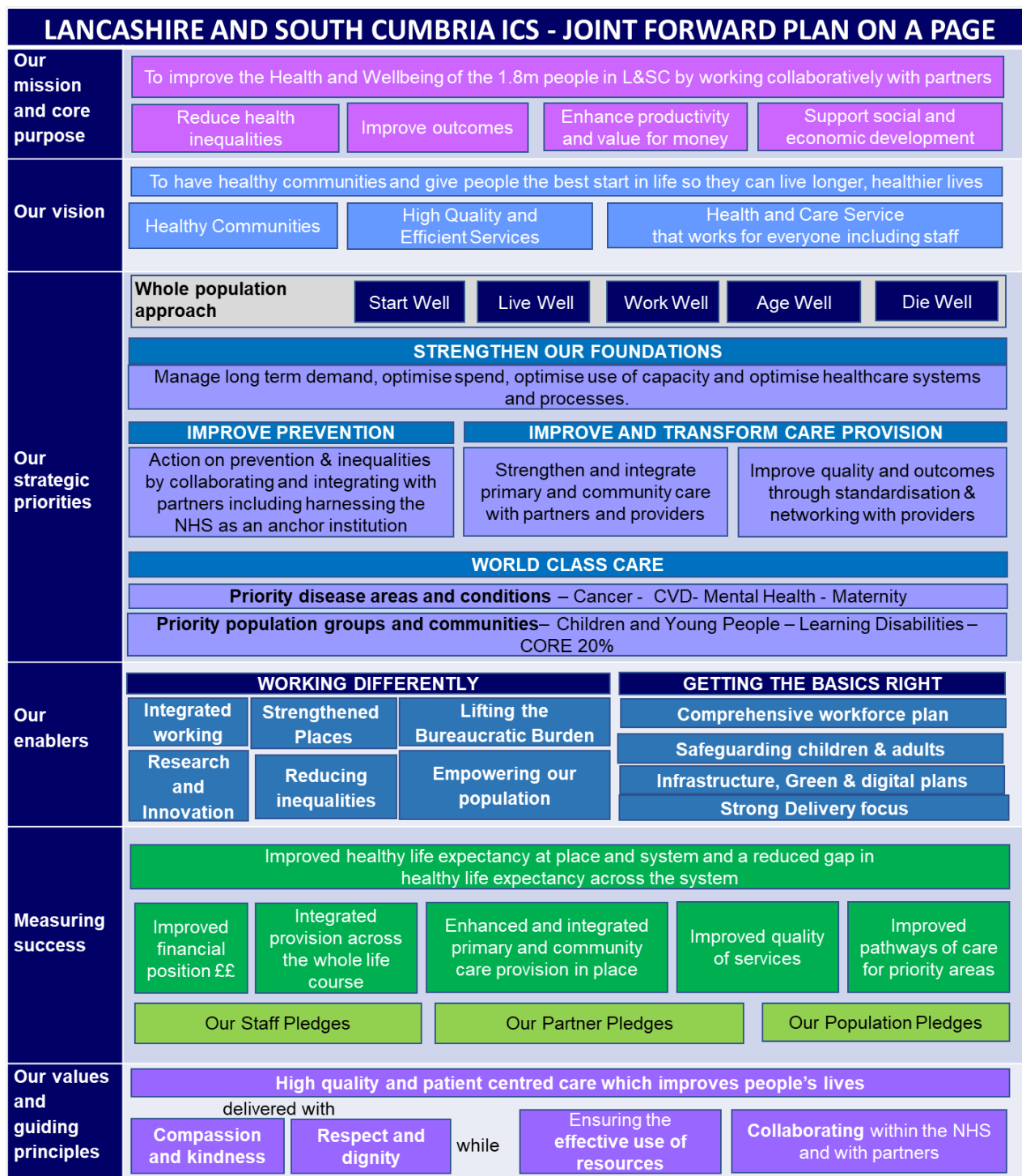
In particular, this plan should be read alongside our [Integrated Care Strategy](#)<sup>2</sup> which has been developed through our Integrated Care Partnership and proposes how the ICB will work with local authorities and other partners to meet the health and well-being needs of our population.

<sup>1</sup> <https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/forward-plan>

<sup>2</sup> <https://lscintegratedcare.co.uk/our-work/our-strategy>

## 4. Our Joint Forward Plan on a page

The diagram below summarises the Joint Forward Plan for improving the health and well-being of the people of Lancashire and South Cumbria.



## 5. Our current challenges

There is a mismatch between the demand for healthcare in Lancashire and South Cumbria and the available capacity – and this gap is widening over time. It impacts on our population, our patients, our staff and our finances. As demand grows, so do waiting times for care. It also creates additional pressure on our valued workforce. As a system we are spending more money on health and care services than we receive in income and this situation has got significantly worse since the COVID-19 pandemic.

In the financial year 2019/20, five of the six hospital trusts were overspending. During the pandemic, funding was provided to cover all the costs in the system but this masked the true underlying position that has not been addressed. The clinical commissioning groups had deficits that were being covered each year through non-recurrent means. The system financial risk is significant but we know what the underlying causes are and how we need to tackle them.

The financial challenges are merely the symptom. We must take urgent action to improve the long-term sustainability of the Lancashire and South Cumbria health system by managing increasing demand on our services and transforming the way we use services, staff, and buildings to provide services.

Factors driving an increase in demand	Factors limiting our capacity
<p><b>More people living with diseases</b> (the disease burden)</p> <ul style="list-style-type: none"> <li>• High levels of deprivation, unhealthy lifestyle choices and variability in community resources and access to care, is affecting people’s health.</li> <li>• There are significant differences in life expectancy and healthy life expectancy between communities.</li> <li>• More people than ever are living with more serious, long-term conditions. This is often also linked to deprivation.</li> </ul> <p><b>A population with varied levels of engagement with their health and well-being</b></p> <ul style="list-style-type: none"> <li>• There are varied levels of understanding in how to maximise positive health and wellbeing.</li> <li>• Advancements in health innovation are creating increasing demand for services.</li> <li>• People have become used to accessing healthcare on demand.</li> </ul>	<p><b>Workforce gaps</b></p> <ul style="list-style-type: none"> <li>• Hospital workforce gaps mean we are spending more on agency staff.</li> <li>• There are gaps in the primary and community care workforce which reduce our ability to support patients outside of hospital.</li> <li>• Increasing numbers of people are choosing to leave the healthcare workforce.</li> <li>• Some staff are feeling exhausted and low, particularly after the COVID-19 pandemic.</li> </ul> <p><b>Quality of physical infrastructure</b></p> <ul style="list-style-type: none"> <li>• There are issues with the quality of our physical buildings.</li> </ul> <p><b>Inconsistent quality and outcomes</b></p> <ul style="list-style-type: none"> <li>• There are differences in the quality of care across our system.</li> </ul> <p><b>The delivery model</b></p> <ul style="list-style-type: none"> <li>• Focused on hospitals</li> <li>• There are barriers which impact upon providers working together, and the NHS working with its partners.</li> </ul>

To ensure that our strategic priorities over the next ten years are the correct ones, it is critical that we have a detailed understanding of all the issues that are driving our financial position and how the issues are interconnected.

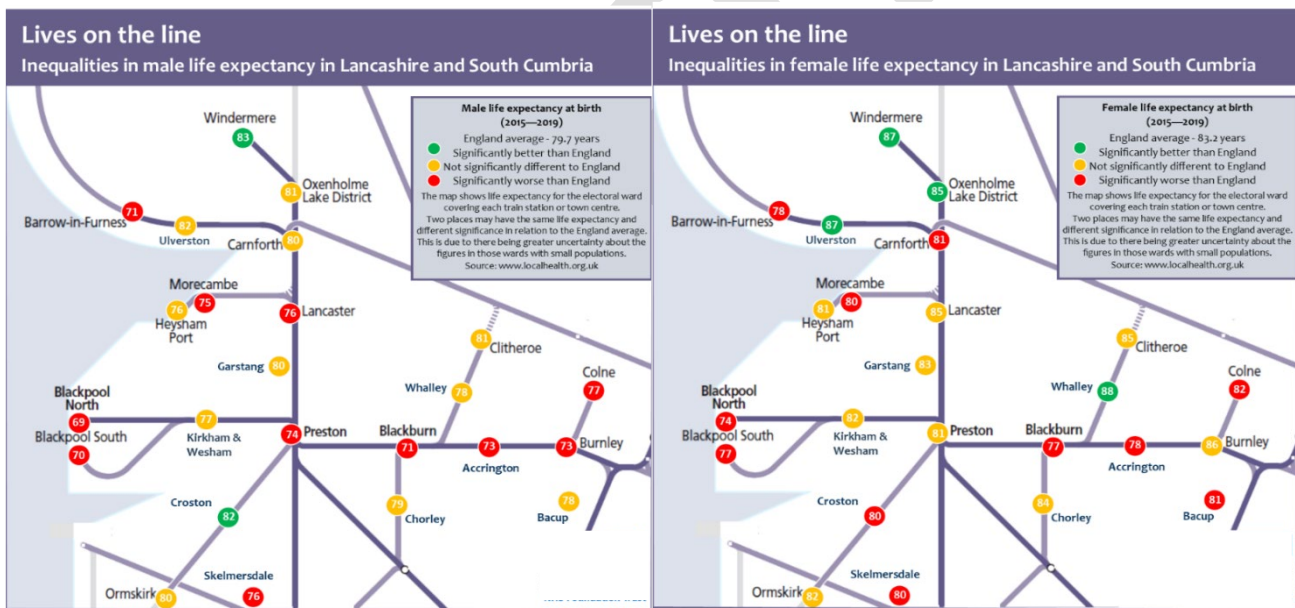


## Increasing demand

Some 1.8 million people are registered with Lancashire and South Cumbria GP practices and this number is expected to rise to 2.05 million by 2033. The health and well-being of our population is variable, depending on the neighbourhood and place in which people live. We have a significant number of people living with complex long-term diseases (sometimes called the disease burden) and the demand for healthcare is rapidly increasing. This is being driven by deprivation and unhealthy lifestyle choices but is also affected by ways of working that often see the NHS largely working separately from the other organisations which support health and well-being.

## Life expectancy

Life expectancy in Lancashire and South Cumbria is lower than the national average – by almost a decade in some areas. There is also a large variation in the number of years people can expect to live a healthy life. Babies born in this area today have a healthy life expectancy that is lower than the expected state pension age of 68. In some areas, healthy life expectancy is as low as 46.5 years, although this varies significantly across our communities. The health of our communities also varies significantly.



Driven by

## Disease burden

The main causes of the lower healthy life expectancy in Lancashire and South Cumbria are cancer, conditions relating to the heart and lungs, mental health and conditions relating to the brain and nervous system. Around 21,000 people in the area have five or more long-term health conditions. The number of people living with common mental health disorders is higher than the rate across England. In addition, nine per cent of our population are from ethnically diverse backgrounds. Ethnicity can affect people's health differently, for example statistics show that people with a South Asian heritage are more likely to develop heart disease at a younger age and have a higher risk of stroke than the general population.



## Lifestyle choices

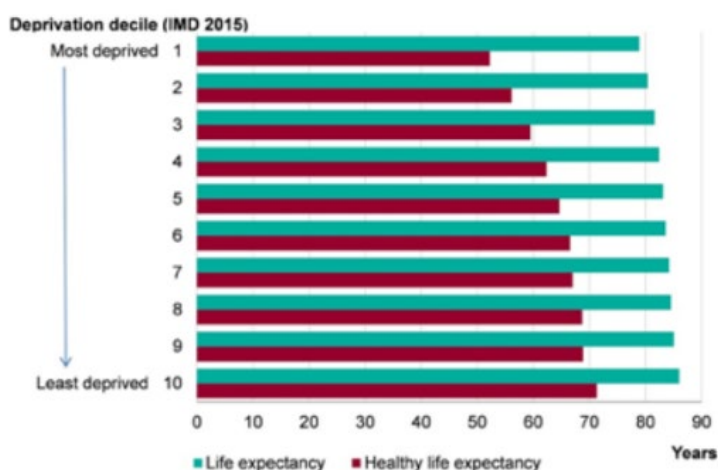
One of the biggest factors that affect people's healthy life expectancy is their lifestyle choices. Around 40 per cent of ill health is seen in people who smoke, do little physical activity, are obese or abuse substances such as drugs and alcohol. In Lancashire and South Cumbria, 18.5 per cent of adults smoke, compared with the national average for England of 17.2 per cent. Plus, only around a fifth of adults do the recommended levels of physical activity. These statistics vary markedly by place and neighbourhood.



## Demographics and deprivation

The healthy life expectancy across Lancashire and South Cumbria is affected by the levels of deprivation and poverty within our communities. Factors such as housing, the quality of the living environment, levels of education, crime, digital exclusion and employment all have an impact on health. The level of deprivation in an area is measured by the Index of Multiple Deprivation (IMD).

The effect of deprivation on health is shown very powerfully on this chart. At the top of the chart is IMD decile one, representing the most deprived areas in England, and it shows the healthy life expectancy is only around 50 years, whereas those in the least deprived areas or IMD decile 10, can expect to live in good health until they are over 70. This is important because almost a third of people in Lancashire and South Cumbria live in some of the most deprived areas of England.





The table below shows the levels of deprivation across the wider Lancashire area, including Blackpool and Blackburn with Darwen. The decile shows the level of deprivation in each area, with a lower decile indicating higher deprivation; Blackpool, Blackburn, Hyndburn, and Burnley are all within decile one. The percentile shows their relative position, with Blackpool being the most deprived area within decile one, at 1.2 per cent. Within Lancashire there are four areas within decile one, and a further two areas within deciles two and three.

Area	2015		2019		2015 to 2019	
	Percentile	Decile	Percentile	Decile	Change in percentile	Change in decile
Burnley	5.2%	1	3.5%	1	↓ -1.7%	→ 0
Chorley	57.1%	6	60.6%	7	↑ 3.5%	↑ 1
Fylde	66.9%	7	62.5%	7	↓ -4.4%	→ 0
Hyndburn	8.6%	1	5.7%	1	↓ -2.9%	→ 0
Lancaster	38.3%	4	35.3%	4	↓ -3.0%	→ 0
Pendle	12.9%	2	11.4%	2	↓ -1.5%	→ 0
Preston	22.1%	3	14.5%	2	↓ -7.6%	↓ -1
Ribble Valley	89.0%	9	89.0%	9	→ 0.0%	→ 0
Rossendale	30.1%	4	28.7%	3	↓ -1.4%	↓ -1
South Ribble	71.8%	8	66.2%	7	↓ -5.5%	↓ -1
West Lancashire	50.3%	6	56.2%	6	↑ 5.8%	→ 0
Wyre	51.2%	6	46.4%	5	↓ -4.9%	↓ -1
Blackburn with Darwen	7.4%	1	4.4%	1	↓ -2.9%	→ 0
Blackpool	1.2%	1	0.3%	1	↓ -0.9%	→ 0

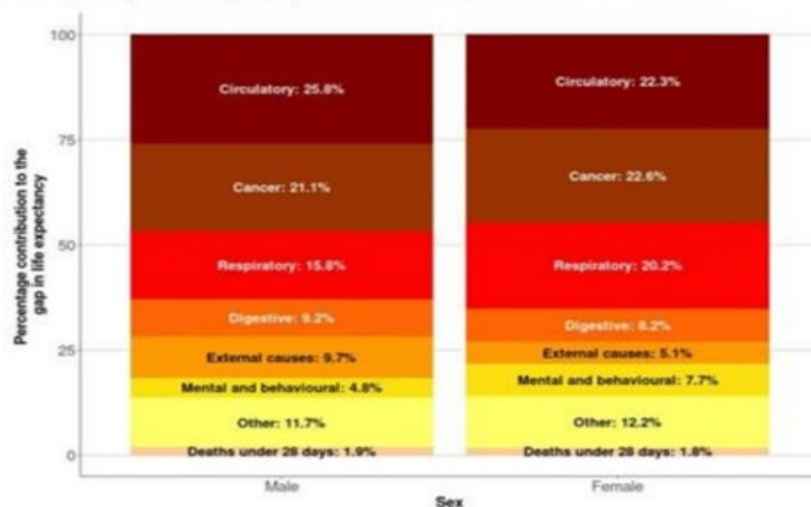
Our areas of significant deprivation include wards within Blackpool, Blackburn with Darwen, Burnley, Hyndburn and Barrow. It is a real concern that 11 of the 14 areas in Lancashire became more deprived between 2015 and 2019. At ward level, 17 (or six per cent) of the wards in the Lancashire area are in the one per cent most deprived of all the 7,408 wards in England. These include six wards in Blackpool, eight in East Lancashire and one each in Preston, Lancaster and Wyre.

The level of deprivation can have a real, daily impact on people's lives and their ability to feed their families, heat their homes and support their children. The percentage of children living in poverty across Lancashire and South Cumbria ranges from a low of 12 per cent to a high of 38 per cent, compared with the national average of 30 per cent. Our health inequalities were starkly exposed during the COVID-19 pandemic. People from our deprived communities had a higher-than-average likelihood of being admitted to hospital with the disease. A significant proportion of children in these communities experience poor living conditions which can affect their development, readiness for school and their future life chances. This can also have long-term impacts on their health and well-being and leave them more likely to need healthcare in future.

The diseases that contribute to the gap in life expectancy between the most and least deprived areas across England is shown in the chart.

Circulatory diseases (ones that affect the heart and circulation, such as stroke), cancer and respiratory conditions that affect the lungs and breathing all play a significant role for both men and women.

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of England, by broad cause of death, 2015-17



### Rising numbers of older people

In Lancashire and South Cumbria, we have more people aged over 50 than the national average. This increases the demand for healthcare in the area. There is also expected to be an increase in the number of people aged 85 and older which will further increase pressure on services.

### Children in care and care leavers

Lancashire and South Cumbria has a higher-than-average number of children in care (CIC) and care leavers (CL) within our population and this is increasing. This cohort of children and young adults experience greater health inequalities and overall poorer outcomes than their peers which can have a lifelong impact. They have poorer educational outcomes, higher rates of special educational needs, higher rates of emotional and mental health problems and when they leave care they experience higher rates of homelessness and unemployment when compared to their peers who are not looked after.

### Carers

Carers are everyday unseen heroes who support family members, friends and neighbours with their additional day-to-day needs. They play a hugely valuable and vital role in the lives of the people they care for and their contribution supports our health and care system.

They play a major role in the care of people with long-term conditions and can help prevent unnecessary stays in hospital. With increasingly limited resources and difficulties in recruiting staff it is often family and friends who step in to bridge the gap. Therefore, carers must be known to and supported by the health and care system. There are approximately 175,000 unpaid carers in Lancashire and South Cumbria according to the 2021 Census and Carers UK estimates the true number may be double that. Our carers range from children aged five to elderly people. As the proportion of older people and the number of people living with long-term conditions grows, the impact on carers will increase further.

There are approximately 63,000 people across Lancashire and South Cumbria who provide more than 50 hours of unpaid care a week. Caring can take a heavy toll on individuals, affecting their physical and mental health, yet many carers are not registered with a local authority or GP practice and miss out on vital help and support.

### Our operating model

The NHS has played an important role in primary prevention but there is an opportunity to extend this further and fully harness the benefits of integration by working more closely with the significant range of partner organisations that support the determinants of health. While the NHS and local authorities have collaborated on joint health and well-being strategies, more could be done to formally integrate approaches, teams and pathways.



The table on the next page highlights the range of organisations involved in supporting our population’s health and wellbeing and the role of the NHS. It illustrates very powerfully the huge potential benefit for our population of the NHS working in an integrated way with partners at system, place and neighbourhood.

Health and well-being roles						
Organisation		Determinants of health	Health education	Social care	Healthcare	Well-being
<b>Council</b> <i>Provision varies depending on whether the council is upper tier* or district level.</i>		Education * Employment Housing Family Support Environment	Disease prevention *	Social Care*		Libraries * Physical environment Culture Creativity
<b>NHS</b>		Anchor institutions  Greener NHS	Prevention NHS Awareness Campaigns Making every contact count		Care provision	
<b>VCFSE</b>	Charities Faith sector Community groups	Support services				Services
	Social enterprises	Supporting business Childcare Education Community Environment		Services	Services	Sports and leisure
<b>Private/independent sector</b>		Services		Care provision	Care provision	Provision

## Capacity issues

The quality and outcomes of our healthcare in Lancashire and South Cumbria is affected by workforce availability, the size and quality of our buildings and spaces, our underpinning system and processes around care and our operating model. The amount of care we can provide is limited by the capacity we have available and our capacity is reduced by gaps in our workforce, the quality of our estate and our historic operating model which has not enabled us to share limited resources across our providers. Poor quality also increases costs. Where patients wait longer, their conditions deteriorate and are more expensive to treat; where there are inconsistent care processes and blockages, there are more errors and wastage; and where there are gaps in highly skilled clinicians, very expensive agency staff must be sought.

## The quality of our care

The quality of care can be measured via access and waiting times, care processes, patient safety and patient experience. The overall quality of our main providers is assessed by two bodies, the Care Quality Commission (CQC) and NHS England & NHS Improvement via the Single Oversight Framework (SOF).

CQC Rating		
Safe	Effective	Caring
	Well-led	Use of resources
Single Oversight Framework Rating		
Prevention of ill-health	Quality of Care	Local priorities
Use of resources	People	Leadership

The quality of care at the main providers in Lancashire and South Cumbria is shown in the table, highlighting significant room for improvement. The standard of care people receive in our area varies depending on where they live. Four of our five hospital trusts are rated as 'requires improvement', while one – East Lancashire Teaching Hospitals NHS Foundation Trust – is rated as 'good'. This difference in standards also has an impact on our health inequalities.

Trust	CQC rating	Single Oversight Framework
North West Ambulance Service (NWAS)	Good	2 Plans in place to meet the challenges
East Lancashire Hospital Trust (ELHT)	Good	2 Plans in place to meet the challenges
Blackpool Teaching Hospital (BTH)	Requires improvement	3 Significant support required
Lancashire and South Cumbria Foundation Trust (LSCFT)	Requires improvement	3 Significant support required
Lancashire Teaching Hospital NHS Foundation Trust (LTH)	Requires improvement	3 Significant support required
University Hospitals Morecambe Bay (UHMB)	Requires improvement	4 In actual or suspected breach of licence

The table below outlines the rating for each provider against the key domains within the CQC assessment. While all the providers offer a caring environment for our population, urgent action is needed to ensure improvements are secured in the other domains.

CQC Ratings						
Trust	Safe	Effective	Caring	Responsive	Well-Led	Use of resources
NWAS 2020	Good	Good	Good	Good	Good	-
ELHT 2019	Good	Good	Good	Requires improvement	Good	Good
BTH 2022	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
LSCFT 2019	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	-
LTH 2019	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
UHMB 2021	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Waiting times for planned care have increased markedly over the past two years due to the cessation of routine surgery during COVID-19. The demand and waiting times for urgent care have also increased, and the patients presenting have greater acuity. Alongside this, our care processes and clinical pathways vary by geographical area, due to the level of available workforce in each location and the quality of the estate; all of this has a consequential impact on patient safety and experience. The historic operating model of the NHS which has encouraged providers to work in competition and isolation rather than working collaboratively to share scarce resources has been a huge barrier to improving quality. These are challenges shared across the country.





Driven by

## Workforce

A significant factor which impacts the quality of our care is the availability, capacity and productivity of the workforce, and we have significant gaps within our hospitals which are also predicted to rise. Across Lancashire and South Cumbria, NHS hospitals employ around 40,000 people. We have higher vacancy rates than the national average, at nine per cent compared with 6.9 per cent across England and some of the highest levels of sickness absence in England. Furthermore, more than 20 per cent of our staff, approximately 8,000 people, are over the age of 55 and will therefore retire in the not-too-distant future. Alongside this, our ability to recruit is impacted by the condition of our infrastructure and the reputation and quality of our services. The consequence is a high level of agency staff usage, which comes at a considerable financial cost to the system and impacts the quality of care. The workforce gaps are shared by hospitals across the country which means hospital trusts often compete for the same staff. We face significant problems with recruiting the people we need and retaining them.

Our primary care workforce also faces significant challenges, with the number of GPs falling and half of the current GP workforce expected to have retired within the next two decades. The number of GPs reduced by 5.2 per cent from September 2019 to September 2022 and a quarter of the general practice workforce is aged 55 and older with a similar proportion aged 45 to 54.

The long-term sustainability of health and care is also dependent on having the right digital and data foundations in place to allow successful digitally-enabled transformation across our systems. Currently, 70 per cent of national digital transformation projects fall short of their objectives. Skilled digital, data, technology and clinical informatics talent within our system are therefore needed to implement, optimise and embed technologies for the benefit of our patients, citizens and the wider workforce.



Driven by

## Estates

Our health estate needs both significant investment and radical reimagining if we are to deliver quality care and improved health outcomes for the future.

The condition of our hospital estate has a marked impact on the quality of care we can provide and also impacts our ability to recruit and limits our ability to transform care.

Our capital allocation is being spent on maintaining our ageing estate and equipment rather than on innovative transformation projects. All our hospitals were built many years ago,

developed for far fewer patients and to meet historical care standards. This impacts on overcrowding and creates risks around infection and patient experience.

Royal Lancaster Infirmary's emergency department sees 50 per cent more patients than it was designed for, while Furness General Hospital sees 44 per cent more patients. The rate of bed occupancy recommended by the National Institute for Care Excellence (NICE) is 85 per cent and across north and central Lancashire, 95 per cent of beds are occupied. This impacts the frequency of elective surgery being cancelled and contributes to the stress levels within our workforce.

Patients have a poorer experience of care than elsewhere due to limited facilities such as single rooms and the number of toilets and showers. This also increases the risk of infections spreading. Standards of care for mental illness across emergency departments are also not good enough because of a lack of space.



## Operating model

The cultural and legislative landscape of the NHS has been underpinned for more than 30 years by competition within an 'internal market' rather than collaboration. While initially competition drove productivity gains and innovation, more recently it has been recognised nationally that the market model has created waste and inefficiency. Despite the challenges around workforce being shared across Lancashire and South Cumbria, the legislative framework has actively discouraged working collaboratively and this has been a huge barrier to improving quality and has contributed to a significant cost burden for providers. This has proved very expensive and has adversely affected quality across Lancashire and South Cumbria and starved services of much-needed investment. Only in recent years have hospitals started to collaborate across geographical areas to address these issues, establishing regional centres of excellence and working together rather than against each other.

The long-term sustainability of the system depends on reducing the reliance on delivering healthcare within hospitals, which consumes a significant amount of our healthcare spend. While providing economies of scale, acute hospital care is still expensive and we have patients being cared for in a hospital setting because there is no other local community alternative. This is not an optimum model of care delivery either in terms of achieving best outcomes or securing value for money from the Lancashire and South Cumbria healthcare pound. Critical to increasing sustainability will be strengthening primary and community care while also integrating the provision of primary and community care with social care, wider local authority services and the VCFSE sector across our places and through integrated neighbourhood teams, harnessing the use of digital technology.

However, this will not be easy.



Primary and community care and partners in the VCFSE sector are struggling under the strain of the ever-increasing demand for care, while also experiencing capacity challenges including significant workforce gaps and estates issues. These issues are impacted by a lack of integrated work with partners to support prevention upstream, which is driving demand for primary and community care through an ever-increasing burden of disease, alongside our population having low levels of engagement in managing their health and well-being.

We have significant pressures across our primary care and community health estate. While there has been some past localised investment, there is still a huge geographical disparity in the quality of community estate which impacts the ability to deliver quality care locally. In addition, we are not always sufficiently connected with partners across places and neighbourhoods in a way that enables us to maximise the value of the collective public sector land and estate (and wider infrastructure).

### **Digital, data and technology**

The maturity of our digital infrastructure, data and technology is variable across Lancashire and South Cumbria. One of our trusts recently went live with an electronic patient record system while another still relies on paper-based processes. Good progress has been made in the development of a Lancashire and South Cumbria shared care record, but data flows and access from out-of-hospital settings need to be developed further.

The use of data is largely fragmented and is predominantly used for retrospective performance reporting rather than supporting predictive analytics and insights leading to early intervention and action. A key priority for action to support this analysis is to improve the recording of ethnicity across all organisations across Lancashire and South Cumbria.

Through the capture and sharing of data, we are then able to support population health management which plays a crucial role in reducing health inequalities and there are already some innovative tools used within Lancashire and South Cumbria that start to gain insight into our populations. By harnessing the power of data analytics and insights we gain a deeper understanding of the complex factors that contribute to disparities in health outcomes among our different populations.

Furthermore, data enables us to collaborate among our partner organisations and as we further develop our capabilities by integrating health data with socioeconomic data we gain a more detailed understanding of the wider determinants of health effecting our population, leading to better data-driven decision-making across Lancashire and South Cumbria and enabling us to become a learning health system driving improvement across our system.

There are also some good examples of the usage of innovative technology to support care for our population but there are opportunities to scale these across Lancashire and South Cumbria such as remote monitoring, tele-care, technology-enabled virtual wards and patient-initiated follow-ups. However, digital poverty and lack of digital skills means many digital patient- or citizen-facing initiatives will still be unavailable to some of our most vulnerable people. While digital exclusion has reduced since the pandemic, 27 per cent of the

population are still considered to have the lowest level of digital capability. Digital exclusion is a significant factor in health inequality and inequity.

Digital infrastructure and data provide significant opportunities for supporting improvements in the outcomes of our population’s health and in tackling inequalities, experience and access and in supporting our system in effectively safeguarding children at risk of abuse or neglect. It can also play a pivotal role in increasing productivity and supporting financial sustainability.

## System finances

As a result of the demand and capacity drivers discussed above, as a system we are spending more money on health and care services than we receive in income. For the Lancashire and South Cumbria ICS to be in an underlying financial breakeven position by 2026/27, we have three years to make significant improvements and efficiencies in the way that we deliver services, while also tackling all of the demand and capacity issues. In addition, for each of those years, the system needs to plan for break-even in-year using non-recurrent options across the resources available.

## The implications

In conclusion, the analysis of our current issues tells us that, to improve the health and well-being of our population and to reduce the inequalities, we need to:

Where our Joint Forward Plan needs to focus	
<b>1</b>	<p><b>Ensure we are spending our £4billion of healthcare resources wisely by exploring opportunities to work differently, reduce costs and ensure sustainability</b></p> <ul style="list-style-type: none"> <li>• <i>Explore opportunities to reduce costs and increase value for money across the NHS by working differently including moving care closer to people’s homes where possible.</i></li> <li>• Explore opportunities to share resources across the NHS family.</li> <li>• <i>Reduce long-term healthcare demand</i> by supporting people to stay well for as long as possible, reducing the pressure on the healthcare system (as below).</li> <li>• Optimise the quality of care across Lancashire and South Cumbria. This will also reduce costs (as below).</li> <li>• Reduce variation in the quality, consistency, and processes for care, as variation can create additional demands for care such as re-admissions.</li> </ul>
<b>2</b>	<p><b>Reduce and manage the unsustainably increasing demand for care</b> <b>Take action on prevention and address inequalities</b></p> <ul style="list-style-type: none"> <li>• Provide targeted support for communities and demographics with the greatest health issues by undertaking targeted action at system, place, and neighbourhood level.</li> <li>• Take joined-up action with partners on the social determinants of health such as unpaid care.</li> <li>• Support our population to make healthy lifestyle choices by offering NHS support services and connecting them to the wider service offers from our partners.</li> <li>• Screen our population for diseases and intervene early to keep people well for as long as possible.</li> <li>• Empower our population to actively manage their health and well-being, including support to access digital tools and applications.</li> </ul>

### Where our Joint Forward Plan needs to focus

- Work with our population to understand the drivers of their health choices and coproduce the development of any solutions.

#### **Proactive disease management**

- Implement evidence-based standardised care pathways for our most significant disease areas, population groups and communities.

#### **Integration**

- Support the health needs of our ageing population and those with long-term conditions by working in partnership.
- Integrate teams across the NHS and wider partners at neighbourhood, place and system level to support all-age population needs.

### **Improve the quality of care and clinical outcomes**

#### **Work collaboratively across providers to:**

- Address the workforce gaps.
- Improve the quality of the hospital estate.
- Improve access to care.
- Standardise care and clinical pathways.
- Deliver world-class pathways for priority disease areas, conditions, population groups and communities.

3

Draft

## 6. Our future vision

The Lancashire and South Cumbria Integrated Care System’s long-term vision for our population is outlined below, together with our long-term aims. Our vision can only be achieved by working in partnership with all the organisations that contribute to the health and well-being of our population. These include upper and lower-tier local authorities, the NHS, the VCFSE sector, our universities and local people and communities. This vision is about health and well-being in its widest sense. This requires the NHS and all its partners to work very differently from how they have in the past.

<b>Our vision</b>	<p>We want our population to live longer and healthier lives which will be enabled by:</p> <ul style="list-style-type: none"> <li>• Healthy communities.</li> <li>• High-quality and efficient services.</li> <li>• Health and care services that are centred around the needs of our communities and offer high-quality employment opportunities for our workforce.</li> </ul>
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Together we will measure our long-term success over the next seven to 10 years by our ability to increase the healthy life expectancy of our population. We will track this across the system and within each of our places and communities to ensure inequalities are reduced.

<b>NHS values</b>	<p>We are committed to the NHS values, delivering high-quality, patient-centred care which improves people’s lives with compassion, humanity, kindness, respect and dignity. We will make the most efficient and effective use of the healthcare resources across Lancashire and South Cumbria.</p>
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### Our pledges

Our pledges to our population		
<b>1</b>	You will have healthy communities	You will <i>be supported to keep well both physically and mentally</i> by health and well-being services that are connected across organisations and at system, place and neighbourhood level. Your communities and places will be valued for what makes them unique. A commitment to deliver improvements.
<b>2</b>	You will have high-quality and efficient services	<p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Have access to high-quality and patient-centred services.</i> We will ensure our providers work collaboratively to share their resources and expertise, offering access to the care that gives the best outcomes for patients.</li> <li>• Have access to joined up and coordinated services and support, which is easier to navigate and access.</li> <li>• Be treated with compassion, humanity, kindness, respect and dignity in accordance with the NHS values.</li> </ul>
<b>3</b>	A health and care service that works for you	You will be provided with opportunities to make choices about your healthcare and have greater opportunities to design and coproduce local services to ensure they meet your needs. You will be well informed and involved in decisions. Your experiences of health and care will be valued and listened to.

### Our pledges to our partners

<p>We will work together in partnership</p>	<ul style="list-style-type: none"> <li>• We will work collaboratively with you at every level of the system and coproduce our plans.</li> <li>• We are committed to widening our understanding of the role and hugely valuable contribution of all our partners in health and well-being to ensure the programmes of work we jointly develop can meet the challenges our population faces and we can collectively make the biggest difference to the health and well-being of our population.</li> <li>• We are committed to developing a sense of 'esprit de corps' across our system. A shared spirit of comradeship, enthusiasm and devotion to a very important cause.</li> </ul>
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### Our pledges to our staff

<p>You will have access to more opportunities and more support for your health and well-being</p>	<p>We aspire to be a system that people want to work for. We want to attract and keep the best people to create high-performing teams with a strong, collaborative, can-do culture. We intend to work together with you to ensure we can build and strengthen our workforce. We welcome your suggestions and ideas as we recognise that the last few years have taken a heavy toll on our hugely valuable workforce.</p> <ul style="list-style-type: none"> <li>• You will have access to a wider range of job opportunities and routes for development as we develop new roles across our system.</li> <li>• You will have the opportunity to share your expertise and make a difference across a wider geographical area.</li> <li>• You will be supported via digital tools to focus more time on patient care and less time on unnecessary bureaucracy.</li> <li>• You will be offered more flexible working opportunities where possible to enable you to balance your work and home life.</li> <li>• You will be provided with more added value health and well-being support including assistance with financial issues and mental health.</li> <li>• You will be treated with compassion, humanity, kindness, respect and dignity, in accordance with the NHS values.</li> </ul>
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## The importance of partnership working

Our work to support local people to live longer and healthier lives will rely on strong relationships between the NHS and all our partners which impact upon health and well-being.

The Lancashire and South Cumbria Integrated Care Partnership has developed an ambitious vision. It will work to harness the collective knowledge, skills and talents of partners to improve our population's health, wealth and happiness. The Partnership has already agreed outline priorities for collective action to enable our population to start well, live well, work well, age well and die well, as detailed in the Integrated Care Strategy. This joint programme of work has built upon a review of health equalities by the Health Equity

Commission and the joint strategic needs assessments (JSNAs) for each of the places across the system: Lancashire, South Cumbria, Blackpool and Blackburn with Darwen.

Our emerging place integration deal sets out how we will enable our four place-based partnerships to have the best, most effective arrangements to support the implementation of the Integrated Care Strategy. Over time this will pave the way for further innovations in integrated working with local government and wider partners in place to deliver our agreed actions.

## Engagement on our plans

This initial ICB Joint Forward Plan is high level and recognises we are on a developmental journey. It builds upon previous strategies and plans which are, in turn, built upon engagement with our partners and our population.

Most recently we have engaged with partners and with targeted sections of our population in the development of our 2023 Integrated Care Partnership Strategy, with support from local Healthwatch and VCSFE organisations.

Before this, as part of the development of our system response to the national 10-year long-term plan in 2020, we engaged with our partners and some of our local communities. This engagement revealed more work was needed on health inequalities, access to care, the quality of care and sustainability. All these elements are integral to our Joint Forward Plan and form part of our strategic priorities.

Although our current plan is fully aligned with the 2019-2029 long-term plan, much has changed in the health and care sector since COVID-19. The challenges our system faces are now greater with more significant gaps in terms of inequality, access, quality, outcomes and sustainability.

Consequently, having laid out the foundations of our draft Joint Forward Plan in March 2023, we undertook further engagement with partners, staff and the public on the main elements of this plan to gain more detailed and informed views and feedback from our population, staff, partners and other stakeholders. The primary feedback has been that around a quarter of respondents felt the vision and values within the draft plan were appropriate as they were and that almost half were happy with the public pledges. The vast majority of respondents indicated satisfaction with the existing vision, values and pledges in general, however a number suggested additions which have been taken into account.

However, many comments were made that people were more interested in whether we could deliver our vision and pledges under the current climate. A number of other comments both in the survey and face-to-face stated that there was some confusion with the Integrated Care Strategy of the Integrated Care Partnership which had only recently been engaged upon and was a factor in lower responses to the engagement than planned.

The most common comments in regard to suggestions for amendments to the vision and pledges were around communications, providing services in the community, supporting, recruiting and developing staff and prioritising prevention.

This final version of the plan has taken account this feedback, particularly in shaping the vision, values and pledges for the population, recognising key themes which have been heard from members of the public including the need for a focus on delivery and the importance of involving local people and their experiences of health and care in improving services.

There are considerable learnings which have been captured as part of the engagement activity. These include:

- Positive connections which have been made with seldom-heard and vulnerable groups and the need for relationship-building in order to fully involve individuals in engagement programmes in the future. This is an important priority for the organisation.
- Challenges which have been captured around the restrictions of the national timetable for submitting the NHS Joint Forward Plan which has not given sufficient time to undertake the level of engagement which would have been preferred.
- The timing of this work being close to the Integrated Care Strategy and the public desire for delivery and improvements rather than conversations on strategies and plans.
- This work has laid an important foundation for future engagement and involvement in the delivery of the strategic priorities of the ICB in relation to system recovery and transformation programmes.

A plain English executive summary of this Joint Forward Plan has been produced as a public-facing version of our plans and is available on the [ICB website](#)<sup>3</sup>.

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<sup>3</sup> <https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/forward-plan>



## 7. Our system strategy

We want our population to live longer and healthier lives. This will be enabled by healthy communities, high-quality and efficient services and a health and care service that is centred around the needs of our communities and offers high-quality employment opportunities for our workforce.

To deliver this vision we must address the root cause of our problems. We must vastly improve the cost, quality and value for money of our services while also acting earlier and, through closer working with our partners and our population, to prevent people from getting ill and to prevent their illness deteriorating.

<b>The problem</b>	<p>There is a mismatch between the demand for healthcare in Lancashire and South Cumbria, and the available capacity.</p> <p><b>The cost of the healthcare we provide in this system is greater than our level of income, and the gap is widening.</b></p>
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We have identified five strategic priorities, which together will enable our population to live longer and healthier lives.

1. **We must strengthen our foundations** by improving our financial situation with a fully-fledged financial recovery programme
2. **We must take urgent action to reduce the unsustainable level of long-term disease**, working with partners to prevent illness and reduce inequalities.
3. **We must move care closer to home wherever possible**, strengthening primary and community care and integrating health and care service delivery.
4. **We must ensure there is more consistent and high-quality care** among our providers. We will standardise, network and optimise our pathways of care.
5. **We must take targeted action to deliver world-class care for priority disease areas** and conditions, population groups and communities.



## Our long-term strategic priorities

STRENGTHEN OUR FOUNDATIONS		
1. <b>Improve our long-term financial sustainability</b> and value for money through transformation with providers.		
IMPROVE PREVENTION	IMPROVE AND TRANSFORM CARE PROVISION	
2. Prevent ill-health and reduce <b>inequalities</b> by collaborating with partners.	3. Integrate and strengthen primary and community care at place with partners and providers.	4. <b>Improve quality and outcomes</b> through standardisation and networking with providers.
WORLD CLASS CARE		
5. <b>Deliver world-class care</b> for priority disease areas, conditions, population groups and communities.		

Our urgent priority is to take immediate action to improve our long-term sustainability by reducing our costs and working differently across the NHS to share our resources. We have sought external expertise to ensure we make rapid progress in this area. The underlying financial risk forecast for 2023-24 was significant. In agreeing our system financial target for the year we have accepted the need to take urgent joint action on recovery across the whole NHS and with our partners, overseen by the establishment of our Recovery and Transformation Board.

## Our financial strategy

Our highest priority in the short to medium term is to improve our financial sustainability. A financial strategy is being developed to underpin the Joint Forward Plan and within it the recovery and transformation programme. Principles for the strategy have been developed as follows:

The ICB capital plan for 2023/2025 is fully aligned with our strategic aims. It is focused on maintaining our current equipment and buildings so that our providers can make the best use of equipment and space. Due to issues with the quality of some of our hospital buildings we have higher estates costs than other ICBs. The consequence is that we have less money to spend on capital projects which focus on transformation. When there is additional national capital money available for transformation the ICB will take all necessary steps to apply for it to improve healthcare in Lancashire and South Cumbria.



## Our enablers

To deliver our strategy we must work differently at system, place and neighbourhood levels and take action to get the basics right, including action to improve our buildings, systems and workforce. To support all this we need a comprehensive delivery plan that sets out which organisations are responsible for delivering results and how improvement will be measured.

Working differently			
Research and innovation	<b>Reducing health inequalities</b> using population health management and public health expertise.	<b>Integrated working</b> within the NHS and with our system partners.	<b>Lifting the bureaucratic burden.</b> Longer-term partnerships with high-performing providers.
	<b>Empowering our population</b> including public and patient engagement and personalised care.	<b>Strengthened places and neighbourhoods.</b>	Harnessing our role as an <b>anchor institution.</b>

Getting the basics right			
<b>Comprehensive workforce plan</b> across all organisations and sectors.	<b>Buildings, infrastructure, digital and environment.</b>	<b>A strong focus on delivery</b> with clear delivery plans, joint accountability frameworks and performance measures.	<b>Safeguarding</b> children and vulnerable adults.

## Measuring success

We will measure our success for each of our five strategic priorities using the measures in the table below. Our system delivery plan will detail the programmes of work and key performance metrics for system, place and neighbourhood for each of our priority areas.

STRENGTHEN OUR FOUNDATIONS		
Improved sustainability of the system as measured via the overall financial position.		
IMPROVE PREVENTION	IMPROVE AND TRANSFORM CARE PROVISION	
Improved healthy life expectancy at system and place.	Enhanced and seamless care provision within our neighbourhoods.	Improved quality of care across all our providers as measured via their CQC and Single Operating Framework assessments.
WORLD CLASS CARE		

Improved pathways of care across the system as measured via our adherence to national recommendations for world-class care within the NHS Long Term Plan.

## Delivering the aims of the ICB

The five ICB strategic priorities can be mapped to delivery of the four key priority aims for integrated care systems:

Contribution to the Integrated Care System priority aims		Reduce inequalities	Improve outcomes	Enhance productivity	Support broader social and economic development
1	Strengthen our foundations			✓	✓
2	Improve prevention and reduce inequalities	✓	✓	✓	✓
3	Integrate and strengthen primary and community care	✓	✓	✓	
4	Improve quality and outcomes	✓	✓	✓	
5	Deliver world-class care for priority areas	✓	✓	✓	

## Our new operating model



Working in an integrated way with all our partners means the NHS must work in a different way than it has before. The ICB is not simply a combination of the eight separate clinical commissioning groups (CCGs) that existed before. It has a different role and scope. The NHS will now be working holistically with partners to improve health and well-being at system, place and neighbourhood levels as well as providing healthcare. Each organisation across the health and well-being landscape has its own culture and ways of working and to really benefit from working together all organisations need to be open-minded and willing to learn from each other.



To achieve true integration, we need an operating model that clearly defines the rules of engagement with our partners and all organisations within the NHS family, at system, place and neighbourhood levels.

An essential part of this new way of working will be making the best use of all our combined assets: our people, our partners, our infrastructure and our



resources. We need to make this change in our ways of working quickly, and this will require innovation, commitment and collaboration, together with a great deal of enthusiasm. We must look for opportunities to innovate while being realistic about which factors are within our control. The table below outlines our historical operating model and the opportunities that we must urgently harness as we move forward.

USING OUR ASSETS DIFFERENTLY		
	Our historical operating model	Our opportunity
<p><b>Our people</b> Workforce across the NHS and partners</p> 	<p>Organisations working largely independently with a fragile workforce across providers and partners.</p>	<p>To collaborate with providers and partners at system, place and neighbourhood level, to share knowledge, skills and expertise. To develop shared teams, shared systems and shared processes.</p>
<p><b>Our partners</b> Our system partners and our population</p> 	<p><b>Our partners</b> Historically there has been some joint working and some joint plans.</p> <p><b>Our population</b> The consumers of healthcare in Lancashire and South Cumbria have had varied levels of involvement in decisions about their care with some choices and some engagement and coproduction on service developments.</p>	<p><b>Our partners</b> To develop a shared strategy for prevention across all partners with a focus on the communities which need targeted support.</p> <p><b>Our population</b></p> <ul style="list-style-type: none"> <li>• To enable and empower our population and our patients to take a lead in choices about their health and care.</li> <li>• To harness local knowledge to coproduce initiatives and service developments to respond to the increasing demand for care.</li> </ul>

	Our historical operating model	Our opportunity
<p><b>Our infrastructure</b> Our estates and digital infrastructure</p> 	<p><b>Buildings and estates</b> The way we deliver healthcare is expensive. It is mostly face-to-face and in ageing hospitals with costly parking.</p> <p><b>Anchor role</b> As a major employer, the NHS is an 'anchor institution', however our contribution to the local economy could be greater.</p> <p><b>Digital</b> Historically, there has been limited sharing of information and data between organisations. This has impacted on patients being able to easily flow between one organisation and another. Also, data isn't being used to its maximum potential to help prevent ill health. There is also real potential for technology to improve the way we work and give more choice to the people we serve.</p>	<ul style="list-style-type: none"> <li>• To develop and use technologies to prevent ill-health, self-care and self-serve where possible.</li> <li>• To use digital tools to improve people's experience of healthcare, to offer care closer to, or in, the home and to enable patients to safely leave hospital sooner.</li> <li>• To support our workforce with digital tools to do their job as safely, effectively and efficiently as possible.</li> <li>• To bring together clinical and corporate information systems across NHS providers and better share information across local authorities and VCFSE organisations.</li> <li>• To use data to support population health intelligence, research, quality improvements and service evaluation.</li> <li>• To develop and use technologies to prevent ill-health and offer care closer to, or in, the home.</li> </ul>
<p><b>Our resources</b></p> 	<p>In the past, our focus has been on treating illness, usually in hospital. This is not sustainable as the demand for care increases.</p> <p>Organisations work in isolation and there is little sharing of resources and functions.</p>	<ul style="list-style-type: none"> <li>• To focus on preventing ill-health, reducing the number of people living with long-term conditions and improving healthy life expectancy.</li> <li>• To increase value for money by moving care delivery into the community and using digital tools.</li> <li>• To increase efficiency by sharing programmes and administrative work across providers.</li> </ul>

## 8. Our strategic priorities

### Strategic priority one - Strengthening our foundations

**We will strengthen our foundations by improving our financial sustainability and value for money through a transformation programme with providers**

The underlying financial risk forecast for 2023/24 was significant. In agreeing our system financial target for the year we have accepted the need to take urgent joint action on recovery across the whole NHS.

Lancashire and South Cumbria ICS has to be in an underlying financial breakeven position by 2026/27. We therefore have three years to make significant improvements and efficiencies in the way we deliver services. In addition, for each of those years, the system needs to plan for break-even in-year using non-recurrent options across the resources available.

Eliminating our system’s financial deficit over the next three years will involve addressing the underlying demand and capacity drivers of our financial position which is linked to how our services are delivered.

To strengthen the long-term sustainability of the NHS within Lancashire and South Cumbria we need to manage demand for healthcare services over the long term and make the best use of our financial resource our capacity to deliver care and our systems and processes.

A formal System Recovery and Transformation Board will be established to oversee the work plan and provide assurance to the ICB board. A three-year plan will outline how the financial gap will be closed.

What we need to do	How will we do it
<p>1 Optimise the spend and value for money of the system’s £4billion budget</p>	<ul style="list-style-type: none"> <li>• We will develop programmes to make the ICB and our providers more efficient.</li> <li>• We will secure the expertise of a regional turnaround team and leave no stone unturned in the search for efficiency and effectiveness.</li> <li>• We will take tight control of spending and remove any unfunded costs.</li> <li>• We will reduce duplication, combine back-office functions across providers and reduce administrative costs wherever possible.</li> <li>• We will reduce the ICB back-office costs and our carbon emissions by enabling our workforce to work in an agile way.</li> <li>• We will work with our local authorities through our place-based partnerships to ensure the Better Care Fund is used to enable patients to be discharged from hospital when they no longer need to be there.</li> </ul>

What we need to do		How will we do it
2	Make the best use of our capacity to deliver health and care	<ul style="list-style-type: none"> <li>We will network and reconfigure our clinical teams to increase their resilience and reduce costs.</li> <li>We will reduce the environmental impact of our buildings and vehicles.</li> <li>We will improve patient experience and reduce the cost of delivering healthcare by moving care closer to home wherever possible by:                             <ul style="list-style-type: none"> <li>Expanding and strengthening primary and community care including integrated neighbourhood teams.</li> <li>Enhancing intermediate care including the use of remote monitoring and virtual wards.</li> </ul> </li> </ul>
3	Make the best use of our systems and processes	<ul style="list-style-type: none"> <li>We will increase the efficacy of clinical and care pathways.</li> <li>We will develop seamless pathways across providers and partners.</li> </ul>

**Critically underpinned by:**

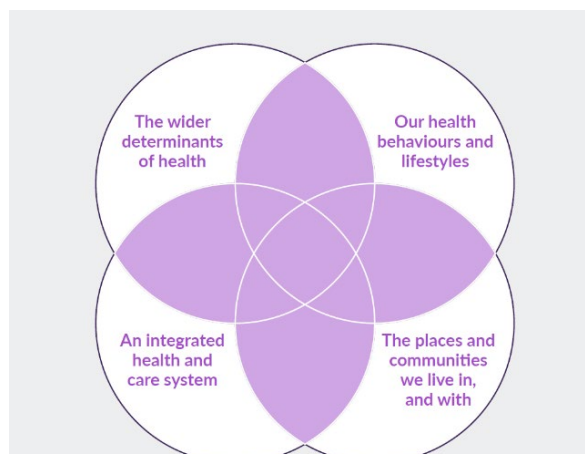
	A reduction in the long-term demand for healthcare services	<ul style="list-style-type: none"> <li>We will work with our partners to prevent ill-health and reduce the long-term demand for healthcare. This will include integrating health and social care teams and working closely with our wider partners at system, place and neighbourhood level.</li> <li>We will work with local people to empower them to take more responsibility for their health and well-being, signposting them to services and providing coaching.</li> <li>The work programme with partners for this area is detailed within the next section.</li> </ul>
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**Strategic priority two - Preventing ill health and reducing inequalities**

**We will improve prevention and reduce inequalities by collaborating with our partners**



To improve the health and well-being of our population we will connect and integrate health and well-being services across the system. This will improve our ability to prevent illness and, over the long term, it will reduce the burden of disease, increase healthy life expectancy and reduce inequalities. As the level of disease in our population reduces, this will impact upon the level of healthcare spending although this is reliant on our population making positive lifestyle choices. To prevent ill-health the NHS needs to increase its contribution to population health and well-being. Underpinning this is the intention to level-up health and well-being for our population and, with partners, to address systemic inequalities in their life chances.



(2018), Buck et al, A vision for population health: Towards a healthier future, The King's Fund

We know we need to work together with our partners to improve the overall health of the Lancashire and South Cumbria population. As the diagram above shows, to make a real difference action is needed across the wider determinants of health, health behaviours, communities and the healthcare system.

A priority focus for support to encourage healthier behaviour is to address tobacco usage. A joint plan has been developed in collaboration with the Lancashire and South Cumbria Public Health Collaborative with the intention of making a concerted effort to reduce tobacco usage in all areas to less than five per cent by 2030.

### **Our plan to reduce health inequalities**

As well as taking a holistic approach to health and well-being we will take targeted action within communities and population groups where there are significant health inequalities. Critical to this will be using population health data and intelligence to understand the health challenges faced by different communities and the causes of varying outcomes, alongside evidence-based research on what makes a difference. This will enable us to level-up the health and well-being playing field.

We have a comprehensive approach to address health inequalities and ensure it is a priority for action across all work programmes and functions. The goal is to keep our population well and reduce avoidable health inequalities with a clear focus on driving down the inequalities in access, outcomes and experience for people experiencing the greatest deprivation as measured by decile one and two within the index of multiple deprivation. This group is described as the 'core 20' per cent with the greatest health inequalities. It also includes taking action to support particular population groups which experience inequalities, described as the 'plus groups'. Alongside this, targeted action within five key clinical priority areas, as detailed nationally. All of this is set out in the national 'Core20plus5' guidance for adults and children.



The five key clinical areas for adults are maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension case finding. The children's priority areas are asthma, diabetes, epilepsy, oral health and mental health.

We are applying population health management approaches to predicting and detecting those at greatest risk of ill-health, including:

- Earlier cancer detection/diagnosis in line with Core20 plus5.
- Improving take-up of vaccinations and immunisations for those in our community experiencing the greatest health inequalities.
- Improving uptake of cancer screening for those in our community experiencing the greatest health inequalities.
- Improving uptake of NHS health checks for those in our community experiencing the greatest health inequalities.
- Increasing the percentage of patients receiving appropriate management including for hypertension and lipid lowering therapies.

We are undertaking targeted work in priority wards (those wards with greater level of non-elective service usage than anticipated for their level of deprivation) to understand the drivers leading to non-elective service usage and address these with the intention of increasing access to preventative and planned services.

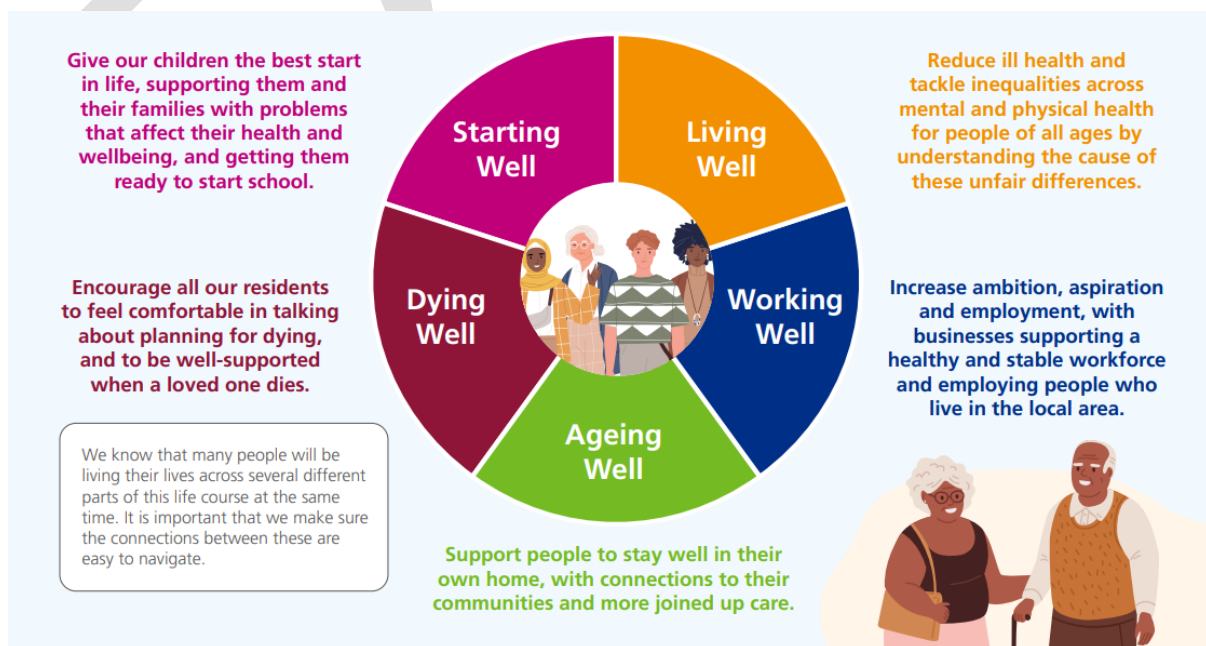
We are also working with people and communities to understand barriers to access and coproduce creative solutions to ensure services meet people's needs and improve access, experience and outcomes.

We will measure success in the long term by the extent to which we have added life to years in terms of healthy life expectancy at system and place. We will also measure the extent to which we are reducing the variation in healthy life expectancy across our system. In the medium term we will monitor disease prevalence and admissions. In the short term we will ensure seamless and integrated provision is in place within every community.

What we need to do		How will we do it
<b>1</b>	<b>Develop a joint programme of work across all partners to improve health and well-being</b>	<ul style="list-style-type: none"> <li>• We will review the joint strategic needs assessments for each place in Lancashire and South Cumbria to identify the areas we could collaborate on so we can improve the life chances of our population.</li> <li>• We will implement an Integrated Care Strategy across all partners, detailing joint programmes of work across the whole life course of our population, integrating services and improving people's experiences of health and care.</li> <li>• We will ensure the mobilisation of effective place-based partnerships as the key delivery vehicle for our joint working at place.</li> <li>• We will act at system, place and neighbourhood level, responding to different communities' needs to ensure health inequalities are addressed.</li> <li>• We will use population health management expertise to understand the reasons for differences in health across Lancashire and South Cumbria and use it to design innovative ways to improve health and well-being in our communities.</li> <li>• We will implement digital tools to support our population to stay well for longer and manage their health and illness, ensuring digital inequalities do not further increase the risk of health inequalities.</li> </ul>
<b>2</b>	<b>Support healthy lifestyles</b>	<ul style="list-style-type: none"> <li>• We will work with local people and communities to provide additional support using digital tools where possible to encourage our population to stay well for as long as possible, including services for smoking, drinking and obesity.</li> </ul>
<b>3</b>	<b>Improve prevention</b>	<ul style="list-style-type: none"> <li>• We will undertake targeted action within priority pathways to help prevent the progression of key diseases. The priority work programmes as identified nationally in the NHS Long Term Plan (LTP) are cancer, mental health and cardiovascular disease.</li> <li>• We will prioritise implementation of the NHS LTP-funded tobacco dependency treatment pathways in maternity, mental health and acute inpatient services.</li> <li>• We will ensure prevention plans focus on tobacco and inequalities and are developed with local government public health colleagues.</li> <li>• We will sign the NHS Smokefree Pledge as endorsed by the NHSE chief executive and various other esteemed organisations including the Association of Directors of Public Health. We will support regional models for tobacco control.</li> </ul>

What we need to do		How will we do it
4	<b>Reduce inequalities</b>	<ul style="list-style-type: none"> <li>We will undertake targeted work to support a reduction in health inequalities at system, place and neighbourhood level. This will include initiatives to support those with the greatest health inequalities including specific population groups with poorer than average access, experience and/or outcomes. This work is supported by the national Core20PLUS5 programme.</li> <li>We will undertake targeted work to improve outcomes for adults within five nationally identified clinical pathways including maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.</li> <li>We will undertake targeted work to improve outcomes for children within five nationally identified clinical pathways, including asthma, diabetes, epilepsy, oral health and mental health.</li> <li>We will apply the outcomes from the Learning Disability - Learning from Lives and Deaths review (LeDeR) to inform improvements to the clinical pathway such as cancer, diabetes, epilepsy, respiratory alongside impact and learning from the dynamic support register and annual health checks.</li> </ul>
5	<b>Support broader social and economic development</b>	<ul style="list-style-type: none"> <li>We will harness the role of the NHS as an anchor institution to make a difference in our communities.</li> <li>We will drive social value and inclusive economic development via the commissioning and procurement of goods and services.</li> <li>We will work with educational establishments and local employment services, to encourage people to take up health careers.</li> </ul>

Our Integrated Care Strategy, as outlined below, sets out our intention to take joined-up action with our partners to enable our population to thrive by starting well, living well, working well, ageing well and dying well.



## Lancashire and South Cumbria Integrated Care Strategy priorities

### Starting Well

**Together with our partners we will support our population to start well.**

- **Integrated support for families:** We will develop family hubs across Lancashire and South Cumbria providing integrated and joined-up support for children and their families, including carers who are parents and young carers. This will include a comprehensive start-for-life offer.
- **Supporting those with the poorest health:** We will reduce health inequalities and vulnerabilities by taking targeted action to address differences in access to services and improve health and well-being outcomes for children and their families, including parental carers and young carers. We will provide support for breastfeeding, reduce childhood obesity, promote safer sleeping and reduce smoking during pregnancy.
- **Support for children to achieve their potential at age three:** We will support all our children to be as healthy as they can be by their third birthday including joined-up child health and development services, support for all pre-school children with additional needs and support for school readiness. It will include support for families, parental carers and young carers.

### Living Well

**Together with our partners we will support our population to live well.**

- **Support for the unwell:** We will support people with existing mental and physical ill-health with a particular focus on those who face the greatest inequalities in access, experience and outcomes.
- **Support for healthy lifestyles:** We will support our residents to make healthy lifestyle choices with the greatest focus on those experiencing the biggest health inequalities.
- **Support for the causes of ill health:** We will address the causes of poor health and care, working together to address the things that can have an impact on health and well-being.

### Working Well

**Together with our partners we will support our population to work well.**

- **Career support for young people:** We will support young people to feel more interested in their future careers, helping them to gain the life skills needed for work and encouraging them into jobs with good career opportunities.
- **Skills development:** We will support our working-age population into stable and healthy workplaces, helping individuals, particularly from disadvantaged communities, to gain confidence and skills that enable them to compete for jobs as equals.
- **Support for well-being at work:** We will create workplaces and cultures that encourage good health and well-being, identifying the signs of ill-health and well-being early and offering support where needed.
- **Support for local development:** We will encourage large organisations and local businesses to support social and economic development in their area.

Lancashire and South Cumbria Integrated Care Strategy priorities

Ageing Well

**Together with our partners we will support our population to age well.**

- Integrated support for frail older people: We will provide joined-up, wrap-around support for our most vulnerable and frail residents, their families and carers. This will include the development of older people's hubs.
- Choice and control over care: We will make sure support is in place when circumstances change for an individual or their carers, supporting people to be as independent as possible.
- Keeping older people active: We will keep our maturing population mentally and physically active as well as involved and contributing to their communities.

Dying Well

**Together with our partners we will support our population to die well.**

- Talking about dying: We will encourage our residents to feel comfortable talking about death and dying.
- Personalised end-of-life planning: We will ensure end-of-life care is made more personal, regardless of where they live or their condition.
- Bereavement support: We will provide outstanding support for people who have lost a loved one, their families and carers with an approach that meets their individual needs.

## **Strategic Priority three – Integrating and strengthening primary and community care**

### **Strengthening primary and community care with partners and providers**

The long-term sustainability of the system depends on reducing the reliance on delivering healthcare within hospitals which is an expensive way to care for people. To become more sustainable as a system we will need to strengthen primary and community care, integrating them further with social care, wider local authority services and the VCFSE sector to create integrated neighbourhood teams that harness the use of digital technology.

Enhancing and strengthening community care supports hospitals by:

- Reducing the number of people needing to enter the front door – helping patients to be cared for at, or closer to, home and avoid unnecessary hospital admissions.
- Increasing the flow of patients out of the back door – working in the community to ensure there are safe and suitable places for people to move on to when they no longer need to be cared for in hospital.

By better using digital technology and enhancing the care we provide out of hospital for people with long-term conditions we can keep people well for longer. It also has a role in supporting acute-based planned care services, some elements of which could be moved into the community via a hub and spoke model.

We will measure success by the extent to which the current primary and community care provision has been strengthened and, in the longer term, the extent to which enhanced primary and community care provision is in place, including integrated neighbourhood teams.

### **Mental health community service transformation**

Our ambition is to establish new and integrated models of primary and community mental health care to support at least 370,000 adults and older adults nationally per year who have severe mental illnesses by 2023/24, so they will have greater choice and control over their care and be supported to live well in their communities. A new inclusive generic community-based offer based on redesigning community mental health services in and around primary care networks will include improved access to psychological therapies, improved physical health care, IPS/employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse. This includes maintaining and developing new services for people who have the most complex needs including EIP, personality disorder, rehabilitation and adult eating disorders.

Core community mental health services (CMHS) will be redesigned in partnership with primary care networks, local authorities, VCFSE, service users and carers to create a new, flexible, proactive model of community-based mental health care for people with moderate to severe mental illnesses.

What we need to do		How will we do it
<b>The foundations</b>		
1	Strengthen primary care	<ul style="list-style-type: none"> <li>We will strengthen the existing primary care provision and improve access to primary care.</li> <li>We will integrate primary care with community services into primary care networks.</li> </ul>
2	Strengthen community services	<ul style="list-style-type: none"> <li>We will review community services to understand the gaps.</li> </ul>
<b>Transformation</b>		
3	Transform primary and community care provision	<ul style="list-style-type: none"> <li>We will develop integrated neighbourhood teams that support proactive prevention and provide integrated care within the community, reducing downstream demand on hospitals, by September 2025.</li> <li>We will empower people to take greater control over their health and well-being by offering them personalised choices about their care.</li> </ul>
4	Transform intermediate care provision	<ul style="list-style-type: none"> <li>We will coordinate care and enhance services to avoid patients being admitted to hospital where it can be avoided and help them leave hospital faster when they are ready.</li> <li>We will transform intermediate care provision.</li> </ul>
5	Transform community mental health services	<ul style="list-style-type: none"> <li>We will ensure there is no cliff edge of lost care and support by moving away from an approach based on referrals and discharge.</li> <li>We will increase access for people who currently fall through the gaps between services or are deemed to not meet current clinical 'thresholds' for treatment by secondary care teams.</li> <li>We will adopt the principle of inclusivity and assess/address workforce gaps accordingly.</li> </ul>

## Strategic priority 4 - Improving quality and outcomes

### Improving quality and outcomes through standardisation and networking with providers

Our vision is that people in Lancashire and South Cumbria will have equal access to joined-up care that is consistently safe, delivered with compassion and on a par with regional and national averages.

Where health and care services are not as good as they should be there is a real impact on patients' recovery and long-term health. This in turn means people often need further care which is negative for the patient and costly for the system.

Our quality of care across Lancashire and South Cumbria is variable as evidenced by the NHS SOF ratings of our providers. Alongside this, the way the system currently works is



expensive and unsustainable. Our action in this area has the potential to improve quality and reduce spending in the medium term.

Trust	CQC rating		Single Oversight Framework	
	2022-23	Plan	2022-23	Plan
North West Ambulance Service NHS Trust (NWAS)	Good	Maintain good	2	Maintain SOF 2
East Lancashire Hospitals NHS Trust (ELTH)	Good	Maintain good	2	Maintain SOF 2
Blackpool Teaching Hospitals NHS Foundation Trust (BTH)	Requires improvement	Good during 2024/25	3	SOF 2 by 2025-26
Lancashire and South Cumbria NHS Foundation Trust (LSCFT)	Requires improvement	Good during 2024/25	3	SOF 2 and maintain during 2023/24
Lancashire Teaching Hospitals NHS Foundation Trust (LTH)	Requires improvement	Good during 2024/25	3	SOF 2 by 2025/26
University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT)	Requires improvement	Good during 2024/25	4	SOF 3 by 2023/24 and SOF 2 by 2025/26

We will establish an oversight and assurance framework to support delivery of the system’s objectives. This will be done with providers and report to the ICB board via the Recovery and transformation group.

The Recovery and transformation group will assure organisation-level progress on financial, performance and quality metrics with a view to progressing segmentation ratings and sustaining them. It will also assure the transformation workstreams and facilitate delivery.

In the medium and longer term success will be measured by improved healthcare outcomes and patient experience, as measured through the implementation of optimised pathways, an improved healthcare estate and an enhanced workforce.

What we need to do		How will we do it
1	Enhance the consistency of the pathways and processes around care including access	<ul style="list-style-type: none"> <li>We will enhance clinical and care pathways across providers.</li> <li>We will take action to ensure our pathways of care for key disease areas, conditions, population groups and communities are world-class (see in the next section).</li> <li>We will improve our urgent care pathways including access to urgent care and better intermediate care.</li> <li>We will improve our planned care pathways.</li> <li>We will optimise referrals.</li> <li>We will reduce waiting times for care.</li> <li>We will redesign planned care pathways to improve quality, outcomes and patient experience and move care closer to home.</li> <li>We will reduce clinical variation and low-value activity.</li> </ul>
2	Improve the estate/physical care environment	<ul style="list-style-type: none"> <li>We will significantly improve the quality of our estates via the New Hospitals Programme.</li> <li>We will support achievement of NHS net zero ambitions, including reaching net zero emissions by 2040 for both existing and new estate.</li> </ul>
3	Increase the productivity and resilience of our workforce	<ul style="list-style-type: none"> <li>We will build a workforce plan for the system which includes workforce networks across providers.</li> </ul>
4	Robust governance and oversight	<ul style="list-style-type: none"> <li>We will lead and effectively respond to recommendations and learning from any partnership inspections which are across our health and social care system.</li> </ul>

### Implementing NHS Impact: Improving patient care together

Partners across our ICS are working together to implement NHS Impact, the new single shared NHS improvement approach focused on improving patient care together.

Our teams understand that by creating the right conditions for continuous improvement and high performance we can deliver better care for patients and better outcomes for our communities. This includes building a shared vision and purpose, investing in people and culture, developing leadership behaviours, building improvement capability and capacity and embedding improvement into management systems and processes.

### Strategic priority five – World-class care for priority areas

The NHS long-term plan highlighted areas where targeted action is required across the NHS to improve health outcomes. These areas are detailed in the table below together with the core deliverables. It includes work to reduce inequalities within these areas. There are national resources to support improvement in these areas, however achieving the desired outcomes will be impacted by workforce availability.

**Improving pathways and care for priority disease areas, conditions, population groups and communities**

What we need to do	How will we do it
<p><b>Priority disease areas and conditions</b> – cancer, mental health, maternity, cardiovascular disease, respiratory</p> <p>1</p>	<p><b>Pregnancy:</b> We will improve the quality of care for women who are pregnant.</p> <ul style="list-style-type: none"> <li>We will improve the support for pregnant mothers including continuity of care and perinatal mental health support.</li> <li>We will reduce the number of stillbirths.</li> <li>We will support a reduction in inequalities by taking action to improve care for women from black and minority ethnic communities and from the most deprived groups.</li> </ul> <p><b>Cardiovascular disease:</b> We will improve care for people with cardiovascular disease.</p> <ul style="list-style-type: none"> <li>We will improve prevention by providing access to cardiac rehabilitation and defibrillators.</li> <li>We will improve the outcomes after a stroke including access to thrombectomy and thrombolysis.</li> <li>We will improve prevention for diabetes by offering structured education and improved monitoring.</li> <li>We will improve support for those with respiratory conditions.</li> <li>We will support a reduction in inequalities by optimising blood pressure and minimising the risk of myocardial infarction and stroke for those with hypertension.</li> </ul> <p><b>Mental health:</b> We will improve the care we provide to those who need mental health support.</p> <ul style="list-style-type: none"> <li>We will improve the support for those in a crisis including a single point of access and support within acute hospital emergency departments.</li> <li>We will improve early intervention for people with psychosis.</li> <li>We will provide more support for people with depression and anxiety.</li> <li>We will improve the support for those with serious mental illness.</li> <li>We will improve the support and reduce health inequalities for those with serious mental illness (SMI) by ensuring that 60 per cent of those living with SMI, receive an annual health check.</li> </ul> <p><b>Cancer:</b> We will improve outcomes for those with cancer.</p> <ul style="list-style-type: none"> <li>We will increase the proportion of people diagnosed early.</li> <li>We will increase the level of lung cancer spotted early via lung health checks.</li> <li>We will support a reduction in inequalities by ensuring that 75 per cent of cases are diagnosed at stage one or two by 2028.</li> </ul> <p><b>Respiratory:</b> We will support a reduction in inequalities by increasing vaccination uptake for those with chronic obstructive pulmonary disease. This will reduce the level of infective exacerbations and the linked emergency hospital admissions.</p>

What we need to do	How will we do it
<p data-bbox="183 728 231 761">2</p> <p data-bbox="247 347 486 504"><b>Priority population groups</b> – Children and young people, learning disabilities</p>	<p data-bbox="518 347 1364 414"><b>Children and young people:</b> We will improve healthcare outcomes for children.</p> <ul data-bbox="526 414 1380 884" style="list-style-type: none"> <li>• We will support children who are obese to improve their health.</li> <li>• We will provide more access to mental health services including eating disorder services.</li> <li>• We will work with our partners to ensure there is support and protection for children at risk of abuse and neglect.</li> <li>• We will provide access to more cancer treatments for children including CAR-T and proton beam therapy.</li> <li>• We will improve our response to conducting statutory health care assessments for children in care.</li> <li>• We will deliver the commitments in the Care Leavers Covenant.</li> <li>• We will ensure we are supporting our children as they transition into adult services.</li> <li>• We will support a reduction in inequalities by undertaking targeted work within five priority pathway areas: asthma, diabetes, epilepsy, oral health and mental health.</li> </ul> <p data-bbox="518 907 1388 974"><b>Learning disabilities and autism:</b> We will improve healthcare outcomes for people with learning disabilities.</p> <ul data-bbox="526 974 1396 1131" style="list-style-type: none"> <li>• We will improve the quality of life for those with learning difficulties by moving people out of hospitals.</li> <li>• We will improve the health of people with learning difficulties and autism by ensuring they are registered with a GP and we regularly monitor their health via regular checks.</li> </ul>



## 9. Our financial strategy

A financial strategy is being developed to underpin the ICB strategic direction. Principles for the strategy have been developed and the full strategy will be in place by September 2023. The core principles are shown in the diagram below.

The key areas of work within each of these areas is described below.



### Our financial strategy principles

#### Underpin the ICB strategic priorities

- Place integration.
- Community redesign and vertical integration.
- Strong out-of-hospital offer.
- Investment in population health through place.
- Available capital aligned to strategy.

#### Recurrent financial balance within three years

- Recovery approach to transform the system finances – joint ICB and provider three-year recovery plan.
- Tight spending controls, governance and processes in line with national protocols, firmly in place for ICB and providers.
- Effective, efficient delivery each year.

#### Strengthen contracting and commissioning

- Strong commissioning strategy and contract review process.
- Greater openness and transparency in working collaboratively with partners.
- Mechanisms and governance to review acute contracts at place level.

#### Develop skills and competencies

- Strong focus on finance skills development and financial controls across the system.
- Ensure the highest level of finance staff development accreditations.
- Ensure all opportunities to attract and retain the best talent with a strong focus on equality and diversity.
- Financial training, development and tools for senior leaders and clinicians across the system.

#### Embed robust financial governance and assurance

- High level of assurance in audit opinions.
- Strengthen financial governance within the maturing ICB.
- Ensure Healthcare Financial Management Association (HFMA) governance handbook recommendations are in place across the system.
- Develop the financial assurance framework for system working.
- Memorandum of understanding in place between organisations.

#### Support financial delegation to place

- Senior financial leadership in each place.
- Develop a clear financial framework for allocations and place integration aligned to the place integration deal.
- Delegation of primary care, population health and community budgets by 2024.

## 10. Our enablers

To tackle the significant health issues our population faces and to enable delivery of all our strategic priorities we will work differently and effectively at system, place and neighbourhood levels. We will work together with local people, ensuring communities are at the heart of our plans and will vary our approach based on local needs.

Key enablers are as follows:

Working differently			
Research and Innovation	Reducing inequalities using population health and public health expertise.	Integrated working within the NHS and with our system partners.	Lifting the bureaucratic burden. Longer-term partnerships with high-performing providers.
	Empowering our population including public and patient engagement and personalised care.	Strengthened places and neighbourhoods.	Harnessing our role as an <b>anchor institution</b> .

Getting the basics right			
Comprehensive workforce plan across all organisations and sectors.	Buildings, infrastructure, digital and environment.	A strong focus on delivery with clear delivery plans, joint accountability frameworks and performance measures.	<b>Safeguarding</b> children and vulnerable adults.

### Working differently

#### Research and innovation

There are a lot of strengths to build on across Lancashire and South Cumbria in terms of research capability and infrastructure and in line with recent NHSE guidance to ICSs on maximising the benefits of research. It is our intention to facilitate and promote research and to systematically use evidence from research when exercising the ICB's functions. We have already established an ICB-led Research and Innovation Forum and this group will develop an ICS research strategy in line with the guidance and that supports our Integrated Care Strategy priorities. We have ambitions to grow research activity across Lancashire and South Cumbria significantly and to grow and develop a clinical academic workforce.

To enhance our sustainability and to ensure we are delivering optimum pathways of care we will review best practice research and innovation and look at the national and international evidence base, particularly in support of our strategic priority of improving quality and outcomes. We are building capability for the adoption and spread of proven innovation by

working with our local academic health science networks and other local partners to support the identification and adoption of new products and pathways that align with population health needs and address health inequalities. We are fortunate to have the Health Innovation Campus at Lancaster University within our patch and all our HEIs are members of the new Research Forum and keen to be a partner in research activity. We fully intend to harness these opportunities.

The heads of research and innovation from across our five key providers have agreed priority areas of focus: innovation and digital, workforce development, academia and working with industry to increase sustainability. There is a joint commitment across providers to advancing individual and regional research, innovation and development functions, capacity and capabilities.

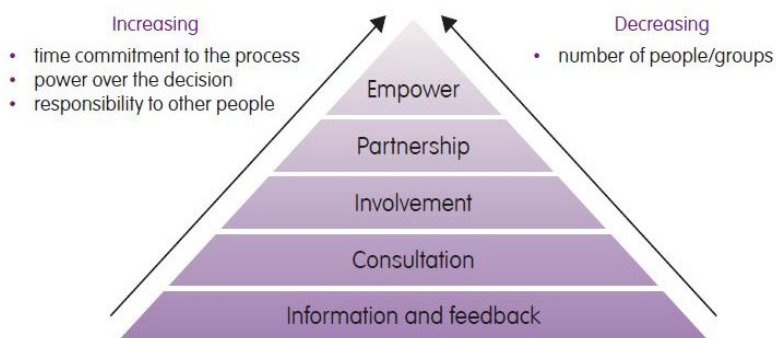
Our commissioning plans will take account of and be underpinned by research and evidence-based guidance and we will encourage our providers to support and be involved in research delivery. It is our ambition to establish a robust research culture across all our partners. Our workforce plans include the development of our research workforce and we will support collaboration across local National Institute for Health and Care Research (NIHR) networks. We recognise our system has untapped research potential in terms of our diverse population. A system approach to attract prominent research studies, trials and projects, both commercial and non-commercial, is of paramount strategic importance.

### **Reducing inequalities**

Reducing inequalities is a priority for every area of commissioning. We will use population health data and intelligence to understand our communities' differing health and combine this with research, innovation and best practice on what makes a difference. Population health management expertise will be critical to our strategic priority on prevention and inequalities. It will work hand in hand with expertise from our public health colleagues in the local authorities.

### **Empowering our population**

Our intention is to completely change the relationship between our health care services and our population. Traditionally our services have informed and consulted with our population to notify them of how to access services and how they can provide feedback on their patient experience.





To improve the long-term sustainability of our system we will develop a completely different relationship with our most important stakeholder. We want to *involve* and work in *partnership* with our population to design new models of integrated health care delivery and *empower* our population to feel in the driving seat of their health and wellbeing, to understand what they can do to improve their lives and be able to make choices about their care. We have agreed principles across our partners for how we will work with people and communities to listen, involve and co-produce our plans together. This will help to develop ways of working that really are focused on local people, their lived-experience and have our population’s needs at the heart of all we do.

Empowering our population to take greater control of their health and well-being is at the forefront of this. As part of our personalised approach to care delivery, we will offer a wide range of choices, including support with digital health technologies, to our population about their care. This will be integral to the model of care delivery within our neighbourhoods and communities.

Empowering our population via personalised care	
<b>Whole population</b>	<p><b>What we will do</b></p> <p>We will support you to understand your treatment and support options, to weigh up the risks and benefits and make choices over your care which fit around your life. The decisions about your care will be undertaken collaboratively. The options over your care may include:</p> <ul style="list-style-type: none"> <li>• <b>Technology</b> to help you manage your health conditions from the comfort of our home or place of residence, such as COVID-19 oximetry, virtual wards, health and wellbeing applications and blood pressure monitoring.</li> <li>• <b>Community-based support</b> which you can access via community-based link workers such as social prescribers or community connectors.</li> </ul>
<b>People with long term physical and mental health conditions</b>	<p>We will undertake personalised conversations with you to design your care, taking account of your clinical needs, as well as your wider lifestyle. The options over your care may include:</p> <ul style="list-style-type: none"> <li>• <b>Community-based support</b> which you can access via community-based link workers such as social prescribers or community connectors.</li> <li>• <b>Health coaching, education and peer support</b> to enhance your knowledge and confidence in managing your condition.</li> <li>• <b>Joint ownership of your health budget</b> to enable you to be in the driving seat of your health and wellbeing and to procure the services which best meet your needs.</li> </ul>

### Integrated working and strengthened places

To improve health and well-being across the system we will harness the opportunities of working in collaboration with all organisations within the NHS and all our wider partners. It will involve integrated working at system, place and neighbourhood levels, across all our partners and integrated working across the NHS family.

Our key vehicles to achieve this are:

- The Recovery and transformation group
- The provider collaborative
- Lancashire and South Cumbria Integrated Care Partnership
- Place-based partnerships
- Neighbourhood teams

Effective integration will also require a leadership and organisational development programme across all organisations to facilitate a system mindset and a shared culture.

### **Recovery and transformation group**

The Recovery and transformation group is made up of system partners and led by the ICB. The purpose of the group is to have collective organisational oversight of recovery and to deliver an assurance role to the ICB board on improvement on system segmentation objectives. The Group will also be responsible for supporting the delivery of system-wide transformation programmes, seeking to accelerate the delivery of system change to improve sustainability, patient care and outcomes.

### **Provider collaborative**

The aim of the provider collaborative is to pool the collective knowledge, skills and talent from across the system to quickly deliver a small number of high-priority Lancashire and South Cumbria-wide projects. At the same time the providers will continue to improve the quality of their services at a local level.

### **Lancashire and South Cumbria Integrated Care Partnership**

The Lancashire and South Cumbria Integrated Care Partnership is tasked with working across organisational boundaries to improve health and well-being. It has developed a strategy to improve our population's health, wealth and happiness by taking collective action to enable our population to start well, live well, work well, age well and die well. The delivery of services will be transformed by collaboration and integration between teams and the reorientation of resources towards prevention. To facilitate partners working differently we will review how we invest, provide and manage services. Critical to the delivery of our system strategy is our place integration deal for greater integration of health and care in places and neighbourhoods to ensure services are delivered as close to patients as possible.

### **Place-based partnerships**

Our long-term plan is for place-based partnerships to be at the forefront of the design of local health services, with only those things that are best done on a larger scale being led at system level across Lancashire and South Cumbria. This will enable local authorities and the VCFSE sector to play a greater role in improving the health and well-being of their local population. Our local authority colleagues in unitary, district and county councils have vast

knowledge, experience and understanding of the needs of their communities which is a huge asset to improving the life chances of our population.

Our commitment to the development of our places can be summarised as follows:

	What we will do
<p><b>Place development priorities</b></p>	<ul style="list-style-type: none"> <li>• We will develop a phased place integration deal and supporting work programme from July 2023. It will include articulation about how the following priorities can be enabled through delegation to our places – continuing healthcare, primary care, community services, the Better Care Fund and population health. A critical element of the plan will be ensuring the right decisions are made in the right place in order to drive agile and effective service delivery. It will include the adoption of neighbourhood working across the ICB area.</li> <li>• We will develop a three-year phased investment programme to strengthen community services, aligned to ambitions of our place-based partnerships. It will include proposals to expand virtual wards (hospital at home), intermediate care, domiciliary care, prevention priorities, a proactive approach to primary care to reduce unnecessary hospital admissions and integration between health and care.</li> <li>• We will develop an operating framework for place as part of our place integration deal. It will include budget delegation, staffing, operating rules, roles and functions and the culture needed to work well together and succeed.</li> </ul>

### Cross-boundary flows

It is recognised that patients registered with our GP practices will flow into cross-border providers and similarly that people who live within our borders but are registered with neighbouring GPs will be cared for within our services. While associated care will be covered by relevant contractual agreements, we will work closely with our partner ICBs to ensure that, through our approaches to service integration, the needs of these patients will be met.

### Harnessing our role as anchor institutions

The ICB and our partner NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact on the health and well-being of our population. This includes our role as strategic partners to local authorities and others within their system as well as our direct contribution as planners, commissioners and providers of health services and as anchor institutions within their communities.

Anchor institutions are defined as large, public-sector organisations that are unlikely to relocate and have a significant stake in a geographical area. They are effectively anchored in their surrounding community. They have sizeable assets that can be used to support local community wealth building and development through procurement and spending power, workforce and training and buildings and land.

The ICB and its NHS partners have acknowledged the five anchor roles for the NHS in Lancashire and South Cumbria and are working individually and collectively to contribute to the local economy:

- As employers.
- As purchasers and commissioners for social value.
- As land and capital asset holders.
- As leaders for environmental sustainability.
- As partners across a place.

There is a major opportunity for the ICB to use its role in the commissioning and procurement of goods and services to drive social value and inclusive economic development and to reduce inequalities and reduce environmental impact. We have a health and wellbeing role in the determinants of health through the employment of local people and via health education of our staff. In addition we are taking action with educational establishments and local employment services to encourage people to take up health careers.

The NHS trusts across Lancashire and South Cumbria have already started to undertake a range of activities to develop their roles as anchor institutions through local charters and compacts in partnership with their local communities and/or with other organisations. Several trusts have also expressed an interest in developing their role as a Marmot Trust.

## Getting the basics right

### Safeguarding our children and vulnerable adults

We are fully committed to delivering all our statutory and partnership safeguarding responsibilities. Safeguarding is a shared responsibility across the health and care economy and wider multiagency partnerships and we work alongside our partners and provider organisations to ensure we have robust and effective systems to safeguarding children and adults with care and support needs. Our teams drive improvements through local and regional collaborative working to embed responsive safeguarding practice. This enables us to address national and local priorities and influence safe and effective care and commissioning.

Our local safeguarding partnerships are an essential vehicle to support us in delivering our safeguarding responsibilities. Working together to improve effectiveness of these partnerships is a key priority. This includes how we learn lessons and embed better practice across our whole workforce.

Effective safeguarding at both system and organisational levels relies on systems that ensure safeguarding is integral to daily business. We are committed to:

- Strengthening collaboration and communication.
- Improving training and awareness.
- Early identification and intervention.

- Strengthening partnership working.
- Enhancing monitoring and evaluation.
- Empowering service users.
- Promoting a culture of safeguarding.

We recognise the vital need to share information to safeguard children and we have agreed to deliver a robust digital programme around the implementation of child protection information sharing (CP-IS) across the health and social care partnerships.

Serious violence is a major cause of ill-health and poor well-being and is related to the difference in health status, social determinants of healthcare and health-related behaviours between areas and communities. In achieving our responsibilities under the Serious Violence Duty, the ICB has committed to work with our partners delivering preventative interventions. These are aimed specifically at reducing inequalities to prevent violence, including domestic abuse, address its root causes, especially those in early childhood and adolescence, and to support the particular needs of victims of abuse. Our aim is to improve multiple long-term outcomes including reduction of violence and improved education, employability and health.

### **Workforce strategy**

To meet our ambitions for the next five years we need to enhance and strengthen our workforce and ensure the health and care system in Lancashire and South Cumbria is a great place to work. There is a shortage of health and care staff which will not be resolved without working very differently than we have in the past.

It is our intention to apply education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term. Our developing workforce strategy will include an education plan that will articulate the role of education and research in securing healthcare staff supply and responding to changing service models as well as the role of trainees in service delivery. The plan will include:

- ✓ Upskilling the current workforce and the use of apprenticeships.
- ✓ Development of a pan-Lancashire and South Cumbria strategic education collaborative with providers, careers, social care, HEIs and FEs, primary care training hub.
- ✓ Connecting improvement with CPD and workforce development funding.
- ✓ Developing a social care training hub to underpin education and training as an essential lever across integrated care.
- ✓ Developing a belonging strategy for inclusive recruitment, retention, education and training and more.
- ✓ Development of successful pan-Lancashire and South Cumbria strategic careers portal for integrated workforce across integrated care.

The workforce strategy will support the following ICB priorities:

- **Financial recovery and sustainability** (corporate collaboration, bank and agency, workforce transformation and productivity, operating plan workforce reductions, operating plans).
- **Health and care integration** (Place development – place workforce plans, new roles, integrated employment models/vehicles and career pathways).
- **Partnerships and collaboration** (leveraging VCFSE workforce capacity, building strong supply routes with schools, colleges and universities, promoting careers in health and care, to secure the workforce of the future).
- **Improving quality and outcomes** (professional training and education, workforce flexibility, multi-professional models).
- **Developing system leadership** (OD and leadership development).
- **Integrated workforce planning** (operating plan, workforce efficiencies, recovery).

A core function of the Integrated Care Board is 'leading system implementation of people priorities'. This includes the delivery of the NHS People Plan and People Promise by aligning partners across the ICS to develop and support one workforce through closer collaboration across the health and care sector, with local government, the voluntary and community sector. The ICB's people board is charged with providing assurance to the ICB board across the strategic system-wide workforce agenda for Lancashire and South Cumbria.

Five ICB workforce priorities for 2023-24 have been approved by the Lancashire and South Cumbria people board:

- ✓ A sustainable workforce model.
- ✓ Develop the culture of equality, diversity, inclusion and belonging for our people.
- ✓ Transform and innovate through people digital.
- ✓ Improve the health and well-being of our people.
- ✓ Optimise workforce productivity and transformation across our system.

## Our workforce strategy

### Training, development and support

- We will provide education, training and development opportunities for our people.
- We will provide additional health and well-being support for our staff to enable a reduction in sickness absences. The rates in Lancashire and South Cumbria are higher than the national average for England. Services include support with financial issues and workplace health issues, particularly focusing on mental health and musculoskeletal conditions that can be brought on or affected by work.

### Workforce planning

- We will take an integrated approach to demand and capacity planning for our future workforce.
- We will improve our long-term workforce planning. We have undertaken a review of our current and future workforce including discussions with training providers and higher education institutions to understand the numbers of candidates expected to join the system, alongside leavers' data, staff turnover and future demand profiling.

Our workforce strategy	
<b>Culture</b>	<ul style="list-style-type: none"> <li>• We will strengthen our approach to equality, diversity and inclusion to ensure we have a diverse and representative workforce at all levels and across all parts of our system. We are implementing a comprehensive belonging strategy in conjunction with the inclusion networks from across our provider trusts, local authority and wider partner agencies.</li> <li>• We will support our workforce to embed and enact learning from safeguarding reviews to ensure our workforce is confident and skilled in responding to abuse and neglect.</li> <li>• We will strive to have a trauma-informed workforce across our providers and partners to support staff in recognising the impact of trauma for each other and our population.</li> </ul>
<b>Addressing workforce gaps</b>	<ul style="list-style-type: none"> <li>• We will develop new roles within our providers, to help with staff shortages. This includes roles such as nursing associates, physician associates and assistant practitioners, which can support GPs, nurses, and other health professionals to look after lower-risk patients, freeing them up to spend more time with their most complex cases.</li> <li>• We will network our staff across a wider geographical area to enable skills and expertise to be shared on a wider footprint. The new roles which will develop will cover a wider remit in terms of geography and the service they provide which will support gaps in the workforce. The national additional roles reimbursement scheme (ARRS) allows primary care networks to fund staff that work across all GP practices within their network. We will also explore the possibility of networking clinical teams across more than one trust to fill vital gaps and optimise care provision. This approach already exists for some services where there are clear opportunities for better use of a smaller number of people, such as stroke and maternity.</li> <li>• We will harness digital technology to reduce the amount of time clinical staff have to spend on administrative tasks.</li> <li>• We will explore how we can make our employment offer more attractive. This will include flexible and portfolio career packages and agile working patterns for many support services, where appropriate.</li> <li>• We will take action to bring the nursing vacancy rate down to five per cent. This will involve working closely with chief nurses across the NHS and investing in developments to address the shortage of nurses both in hospitals and in care homes.</li> <li>• We will support staff retention via our involvement in and learning from, a national programme which has an agreed consistent approach to agency and 'bank' staff.</li> <li>• We will take innovative approaches to the recruitment, retention, development, and support of our staff.</li> </ul>
<b>Supporting our communities</b>	<ul style="list-style-type: none"> <li>• We will create job opportunities within the NHS for those within our communities, harnessing the role of the NHS as an anchor institute. It will include careers and employment programmes designed to reach out to many different groups of people.</li> </ul>



## **Estates infrastructure, environment, and digital strategy**

We are updating our health infrastructure strategy to 2040. It will help us to address our key challenges in terms of our ageing buildings, issues with specific sites and our aim of keeping up with the best healthcare facilities across the globe. It will explore the radical way in which our infrastructure will need to evolve in the future and how we can make better connections across the local ecosystem to sustainably improve buildings and accommodation.

## **Delivering a 'Net Zero' National Health Service**

On 1 July 2022, the NHS became the first health system in the world to embed net zero into legislation, through Health and Care Act 2022. Net zero means cutting greenhouse gas emissions that cause global warming to as close to zero as possible, with any remaining emissions re-absorbed from the atmosphere by oceans and trees. National NHS Goals are:

- Emissions we control directly to be net zero by 2040, with ambition to reach an 80% reduction by 2028-2032
- Emissions we can influence to be net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

...by the year 2040, this trajectory would save an estimated 5,770 lives per year from reductions in air pollution alone.

Supporting the environment and reducing the ICS carbon footprint helps our residents to live longer and healthier lives. Residents who are more disadvantaged are often the people who suffer the effects of climate change most acutely. Our mission - to reduce health inequalities and to secure better health and care outcomes - is supported by this work.

As an ICB, we play a key role in reducing emissions, influencing our providers, and building healthier communities. Our ICB Green Plan was published in March 2023 and outlines how we will support NHS England and the UK government in fulfilling these emission goals.

Our Green Plan is delivered through a collaborative, system level programme which includes input from Trusts, Primary Care and the Integrated Care Board (ICB); from which the ICB's Chief Finance Officer leads the programme as Senior Responsible Officer (SRO). It is divided into nine areas of focus, each with clear goals for delivery – these are set out in the table on the following page.

Collaborative working across health and social care, the voluntary and private sectors as well as our local communities will ensure we develop a joined-up, system-wide approach to tackling climate change in Lancashire and South Cumbria and provide a wealth of additional initiatives and learning opportunities.

## Our estates, Infrastructure, and digital strategy

### Estate

- We will reduce and consolidate the estate which housed our corporate and management staff, in line with changes to working practices which commenced during the COVID-19 pandemic. Many of our staff now work either from home or in a hybrid or 'agile' way, without a permanent desk in an office building. This will reduce unnecessary costs.
- We have developed plans to significantly improve the quality of our hospital sites through our New Hospitals Programme, support for which has now been confirmed. This will make Lancashire and South Cumbria a world-leading centre of excellence for hospital care. It offers us a once-in-a-generation opportunity to transform some of our oldest and most outdated hospital buildings and develop new, cutting-edge hospital facilities. It will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next-generation hospital facilities and technologies. The hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.
- We are developing plans to understand our requirements for health accommodation and infrastructure across our places and neighbourhoods and will identify our investment requirements to improve the quality of our out-of-hospital estate.
- We will consider how our estate needs will change and be shaped by advances in technology, digital services, and new models of care. We will consider less-traditional approaches to both the development and use of accommodation, as well as increasingly focus on the role of infrastructure in prevention and reducing health inequalities.

### Digital

- We will improve the responsiveness of services by utilising real-time information to change how care is provided, where resources are coordinated and plan future care.
- We will develop a common electronic patient record (EPR) across the system to enable Lancashire and South Cumbria to be a digitally mature system. Other work includes the ongoing development of tele-health and tele-care and an assessment of the possibilities surrounding virtual and augmented reality, machine learning and Artificial Intelligence.
- We will enable care to be integrated across organisations by providing shared records to all partners involved in patient care. For example, medication history and information on long-term conditions, so information from one organisation will directly benefit care provided by another.
- We will transform how patients interact with services, technology will support timely messaging and improve the experience for patients. We are developing a digital front door for people in Lancashire and South Cumbria to engage with health services. This portal will build on the capability of the NHS App.
- We will develop a data driven culture, encouraging the use of data and analytics to recognise the value of data in improving patient care and organisational efficiency. This will require training and education to enhance data literacy and analytical skills, with a greater focus on data science and real-time analytics.
- We will support population health management by further developing our population health intelligence, driven by robust data analysis and the effective use of data sharing across our system partners. This will in turn support a more collaborative approach in tackling health inequalities from multiple angles.

## Our estates, Infrastructure, and digital strategy

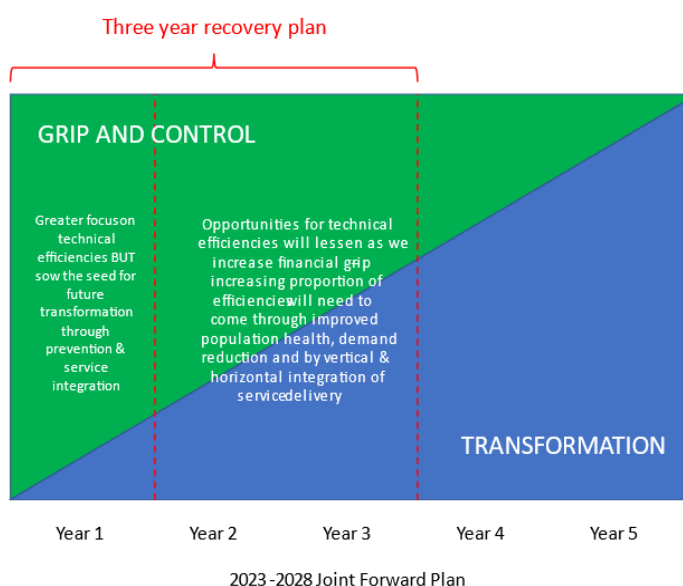
### Green

- Workforce and Leadership- We must ensure everyone understands their role in reducing their carbon footprint, embedding carbon reduction and sustainability in our core business and across all clinical services.
- Sustainable models of care- We will develop new models of care with less of an impact on our environment, using less resources and causing less pollution, focusing on preventative care.
- Digital transformation- We will use technology improve the sustainability of healthcare, reducing travel and paper while improving patient care.
- Travel and transport - We will reduce and decarbonise our travel and transport improving air quality while supporting safe and active travel of staff, patients, and visitors.
- Estates and facilities -A range of interventions are planned for the next 5 to 10 years that will result in waste reduction, energy efficiency, expansion of green space and sustainable capital projects. We will optimise our resource use and reduce emissions from our estate in line with the national target of 80% reduction by 2032
- Medicines - We will reduce the environmental impact of our medicines through optimisation of prescribing, use of low-carbon alternatives, and appropriate disposal
- Supply chain and procurement - Our providers will be encouraged to focus on the environment and social value through changes to procurement and contract monitoring. We will use our supplies more efficiently, consider low-carbon alternatives, and collaborate on the decarbonisation of our suppliers.
- Food and nutrition – Sustainable, healthy, locally sourced food will be promoted to our staff & patients.
- Adaptation (adapting to environmental change) – Our adaptation Plans will ensure our healthcare facilities can withstand the impacts of climate change such as floods and heatwaves.



## 11. A strong delivery focus

Our plan to improve the health and well-being of our population is ambitious and we are confident it will deliver over the long term, but it will require patience, tenacity, and enthusiasm. It is vital that financial grip and control are maintained in the early phasing of delivery of our recovery plan - our focus will then move fully to the vital transformation work that we need to enable the improvement of the quality of our care and to support improvements in population health and reductions in demand on services.



Considering the expectations of our three-year recovery plan alongside this phasing shows that in year one (2023/24) we would expect most savings to come from technical efficiencies with increasing contributions from transformation and integration in years two and three, at the end of which we should have achieved recurrent financial balance.

This will allow us to close the financial gap and create a sustainable system where we can operate within our budget and provide access to high-quality services.

### Delivering our five strategic priorities

The table below shows how we will measure the delivery of our five strategic priorities. We will do more work through the development of our system delivery plan to identify the delivery implications for system, place, and neighbourhood.

Strategic priorities		Short-term 1-3 years	Medium-term 4-6 years	Long-term 7-10 years
1	<b>Strengthen our foundations</b>	Three-year system financial plan	Financial balance across the NHS system	
2	<b>Improve prevention and reduce inequalities</b>	Seamless and integrated provision is in place within every community.	Reduced admissions and disease prevalence	Seamless and integrated provision is in place within every community.
3	<b>Integrate and strengthen primary and community care</b>	Strengthened primary and community care Reduced demand on hospital services	Enhanced and integrated primary and community care provision in place	

Strategic priorities		Short-term 1-3 years	Medium-term 4-6 years	Long-term 7-10 years
4	<b>Improve quality and outcomes</b>	Improved CQC and SOF ratings for the six providers	Optimised care and clinical pathways Improved quality of estates Enhanced workforce	
5	<b>World-class care</b>	Short term actions on priority areas	Medium term actions on priority areas	Short term actions on priority areas

Further work will be undertaken within the delivery plan to develop the underpinning performance framework; this will incorporate metrics from the NHS constitution, the 2023/24 national priority metrics, the National Oversight Framework metrics, and others. There will be careful consideration of which metrics should be monitored at which level, system, place, or neighbourhood.

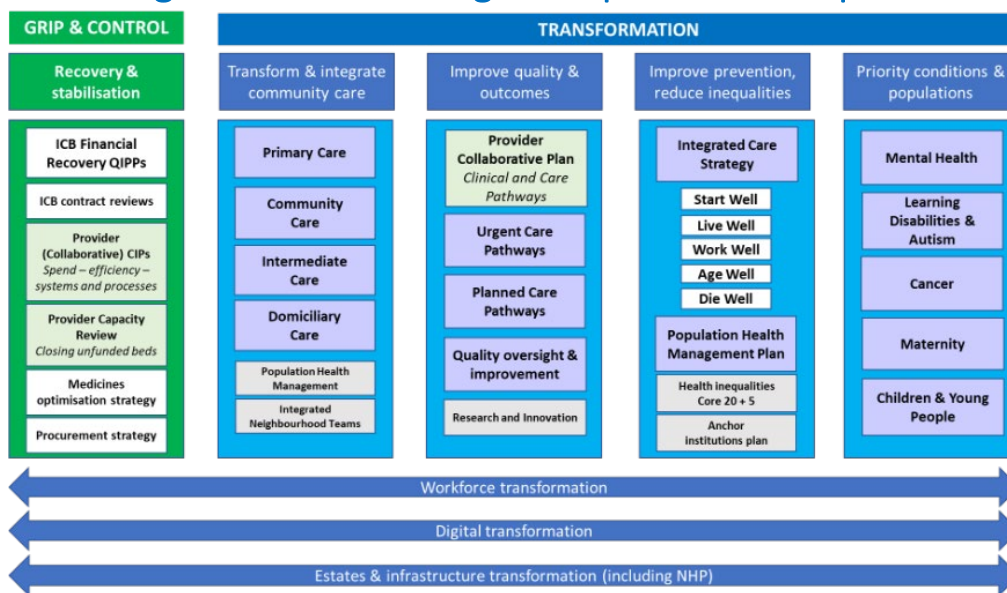
The 2023/24 operational plan objectives – and the commitments we made as a system to achieving them – can be mapped to the JFP strategic priorities as follows:

LANCASHIRE AND SOUTH CUMBRIA Joint Forward Plan Strategic Priorities		23-24 core objectives of the NHS	
		Recovering core services	LTP and transformation
Strengthen our foundations		Use of resources	
Improve prevention and reduce inequalities			Prevention and health inequalities
Integrate and strengthen primary and community care		Primary care Community health services	
Improve Quality and Outcomes		<ul style="list-style-type: none"> <li>Urgent and emergency care</li> <li>Diagnostics</li> <li>Elective care</li> </ul>	Workforce
World Class Care	Priority care and disease pathways	<ul style="list-style-type: none"> <li>Cancer</li> <li>Maternity</li> </ul>	Mental health
	Priority population groups		People with a learning disability and autistic people

These objectives and associated metrics and trajectories will be aligned within the development of the system delivery plan.

To support the development of the system delivery plan, we have mapped system strategies and plans – and the work of the teams who deliver those plans - to the JFP strategic priorities:

### Alignment of strategies & plans to JFP priorities



Further detailed work is underway to align the above mapping to the scope of the system recovery and transformation programme.

### Our risks

Our most significant risk is that the demand and capacity mismatch increases, leading to further increases in costs and a wider gap between our allocation and our spend. We will have a three-year financial framework and a clear programme of work across our providers and the ICB to reduce our costs, but there are many factors, which are outside of our control.

Within our control	Within our influence	Outside our control
<p><b>Our plan</b> Our strategy to address our challenges and the underpinning governance structure to support our programmes of work and enable collaborative working.</p> <p><b>The way we choose to operate</b> In collaboration with providers and partners across the whole system, at place and within neighbourhoods.</p> <p><b>Our behaviours and values</b> A culture built on pragmatism, collaboration, learning, enthusiasm, and compassion.</p> <p><b>Our mindset</b> We can play our cards to the best of our ability, harnessing the collective expertise, talent, knowledge, and skills across the system to find innovative and transformative solutions.</p>	<p><b>The level of demand</b></p> <ul style="list-style-type: none"> <li>• The action we take to reduce the pressure on services including action to support the prevention of ill-health.</li> <li>• Action to help people to take better care of themselves and make positive lifestyle choices.</li> <li>• Action to ensure patients are seen in the most appropriate, cost-effective, location.</li> </ul> <p><b>How we use our capacity</b></p> <ul style="list-style-type: none"> <li>• Action with partners to make the best use of our resources including staff, financial resources, buildings, and action to attract and retain staff.</li> </ul>	<p><b>Available resource</b></p> <ul style="list-style-type: none"> <li>• The amount of money we receive</li> <li>• Laws which limit our ability to work differently</li> </ul> <p><b>Demand</b></p> <ul style="list-style-type: none"> <li>• The impact of inflation on our population's basic life conditions which drives demand for health care.</li> </ul> <p><b>Capacity</b></p> <ul style="list-style-type: none"> <li>• The impact of inflation on the cost of running services</li> <li>• The size of the workforce pool nationally and locally that we can draw from.</li> <li>• The levels of recruitment we can achieve.</li> </ul>

## What we can do

- ✓ We can ensure that every penny of the allocated Lancashire and South Cumbria healthcare pound is being used in the best possible way.
- ✓ We can ensure that the quality and outcomes from our care are the best they can be, that they are provided in the right place and are as high-quality and sustainable as possible



## 12. Next steps

This initial Joint Forward Plan is described at an intentionally high level – nonetheless, we hope that it provides a clear overview of our future vision, strategy, and priorities for action. Our new system offers an opportunity to work differently to tackle the urgent challenges that we face. The next stage of implementation of our plan will include working through the detail with our partners to ensure our plans, infrastructure and services are sustainable and joined-up. Part of this detail is articulated in our emerging Place Integration Deal.

A detailed system delivery plan with measurable goals, annual milestones, targets, performance ambitions and trajectories for providers, places and neighbourhoods is under development, aligned with the System Recovery and Transformation plan. The system delivery plan will inform a clear accountability framework for delivery between organisations and residents and patients and will support clear governance and oversight arrangements.

We will work with partners to develop a more comprehensive updated plan for 2024/25 onwards with the opportunity for further engagement, collaboration and co-design.

## 13. Glossary of terms

**Anchor institutions** - used to describe organisations that are important to a local area because they employ lots of people, spend large amounts of money buying products or services from other businesses, and own large buildings or areas of land. They are called anchors because they are unlikely to relocate because of their connection to the local population and because they have a big influence on the health and wellbeing of communities. Some examples of anchor institutions are local authorities, NHS trusts and foundation trusts, large local businesses and universities.

**Commissioning** - The process of planning services for a group of people who live in a particular area.

**Economic prosperity** - a term used when a person or a community is doing well financially. This could be through good levels of employment, fair wages, or new businesses coming into an area. All of these increase the amount of money in a local community.

**Elective care** - Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment.

**Healthwatch** - an independent voice that makes sure NHS leaders and other decision makers listen to resident feedback and improve standards of care.

**Health and wellbeing boards (HWBs)** - Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.

**Health inequalities** - the unfair and unacceptable differences in people's health that happen because of where we are born, grow, live, work and age.

**Inequalities** - when a service or approach is better for some people and not others, for no reason other than their circumstances.

**Integrated Care Board (ICB)** - Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022 as the statutory body responsible for planning and funding most NHS services in their local area.

**Integrated Care Partnership (ICP)** - a group of organisations and representatives that work together to improve the care, health and wellbeing of the population. There is a legal duty for the local authorities and the NHS to form this partnership, however other partners are involved such as the voluntary, community, faith and social enterprise sector, independent businesses and education. There are 42 ICSs across the country. Within each ICS there is an Integrated Care Partnership.

**Integrated Care System (ICS)** - when we use this phrase, we are talking about the whole health and care system across Lancashire and South Cumbria. There are 42 ICSs across the country. Within each ICS there is an Integrated Care Partnership.

**Integrated Neighbourhood Teams (INT)** - Integrated Neighbourhood Teams (INT) is a new project aimed at integrating care in local neighbourhoods to help keep local people safe and well in their own home.

**Integration of services** - this involves the coordination of different services and organisations working together to make the health and care system easier to navigate and also to stop things from being done more often than they need to, for example shared records across services means that a patient only needs to be asked questions once and different health and care professionals can see the same information.

**Joint Strategic Needs Assessments** - a process where local authorities and organisations that plan and deliver health services look at the current and future health, care and wellbeing needs of the local community to inform local decision making.

**Local authority/local authorities** – an organisation that is part of the government that is responsible for all the public services and facilities in a particular area.

**Locality/localities** – Due to the size and population of the Lancashire Place, it has been split into three localities to make sure that decisions can still be made at a very local level. The localities are: North Lancashire, Central and West Lancashire and East Lancashire

**Long term condition** - a condition that can't be cured but can be controlled by medication and therapies.

**Neighbourhoods** - areas based on local populations of between 30,000 and 50,000. Neighbourhoods, in some instances, they may align with Primary Care Networks and Integrated Care Communities.

**Net zero carbon emissions** - a term used to describe the reduction of greenhouse gas emissions that are causing changes to our climate. Carbon dioxide is emitted when oil, gas and coal are burned in homes and factories and to power transport. Although it isn't the only greenhouse gas, carbon dioxide is the most significant so the term 'carbon emissions' is used. Reaching net zero means balancing the carbon emitted into the atmosphere and the carbon removed from it. This balance – or 'net zero' – will happen when the amount of carbon we add to the atmosphere is no more than the amount removed.

**NHS trusts and foundation trusts** - an organisation within the NHS that serves a geographical area or a specialised function.

**Place/places** - in Lancashire and South Cumbria there are four places: Blackburn with Darwen, Blackpool, Lancashire and South Cumbria.

**Place-based partnerships (PBP)** - planners and providers work together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place.

**Primary care** - the first point of contact for healthcare for most people. It is mainly provided by GPs (general practitioners) but also includes community pharmacists, opticians, dentists and other community services.

**Provider Collaborative** - Partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations.

**Social value** - how we make social, economic and environmental benefits for our population in addition to providing health and care to make the most positive impact on the lives of our communities to improve health and wellbeing.

**Sustainable** - something that can continue to be delivered over a long period of time.

**Voluntary, community, faith and social enterprise sector** - also sometimes referred to as the third sector, these organisations are often in the heart of the community, delivering services and sharing the voice of service users, patients and carers.

Please visit our website to view our full glossary -  
[www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary](http://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary)

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