



**Lancashire and  
South Cumbria**  
Integrated Care Board

# **Lancashire & South Cumbria Integrated Care System**

**Our NHS Joint Forward Plan  
for 2024 onwards**

ANNEX – Summary of ICB statutory duties

## Annex – Consideration of ICB statutory duties in the Joint Forward Plan 2024 onwards

Legislative requirement	Consideration in the JFP
<p>Describe the health services for which the ICB proposes to make arrangements</p>	<p>Our Joint Forward Plan sets out how we will meet the health needs of our population and is underpinned by local joint strategic needs assessments. The range of health services commissioned by the ICB is outlined in the plan.</p> <p>We have developed an Integrated Care Strategy which outlines our plan for joint working with local government and other partners to address local health needs, with identified priorities for starting well, living well, working well, ageing well, and dying well. Delivery of the commitments we make in the Integrated Care Strategy is included within our JFP's five strategic priorities.</p> <p>We are taking action to reduce systemic health inequalities – our Core20+5 work programme focuses on targeting interventions on the most deprived 20% of our population, specific population groups with poorer than average health access, experience and/or outcomes, and five key clinical areas for adults and children.</p> <p>Comprehensive commissioning intentions, mapped to the JFP's strategic priorities, have been published – a system delivery plan, aligned to our system recovery and transformation plan, is under development.</p>
<p>Duty to improve quality of services</p>	<p>Improving the quality and outcomes of services is strategic priority four within the JFP. The current issues faced by the ICB are outlined within the plan including variable quality of care across our providers.</p> <p>The overarching measures for the improvement of quality described within the plan are CQC and SOF ratings of our providers - however all the national metrics on pathways, access, and quality have been mapped to the JFP strategic priorities and aligned to operational plan objectives and targets, the single operating framework metrics and the NHS constitution expectations.</p> <p>Our plan incorporates the national priority areas for action as detailed in priority area five, including targeted areas for quality improvement from the NHS Long Term Plan for Mental Health and LD&amp;A care. A three -year mental health, learning disability and autism inpatient quality transformation programme is underway, aiming to reduce out of area placements and improve quality of access and access closer to home.</p>

Duty to reduce inequalities	<p>The ICB aims to achieve the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. Our second strategic priority from the JFP includes the reduction of health inequalities.</p> <p>The JFP describes our Core20+5 work programme, which focuses on targeting interventions on the most deprived 20% of our population; specific population groups with poorer than average health access, experience and/or outcomes; and five key clinical areas; for adults, maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. The children's areas are Asthma, Diabetes, Epilepsy, Oral health &amp; Mental health.</p>
Duty to promote involvement of each patient	<p>Our Joint Forward Plan confirms our intention to completely change the relationship between our healthcare services and our population to improve the long-term sustainability of our system. We want to promote the involvement of each patient in decisions about prevention, diagnosis and their care or treatment and to involve and work in partnership with our population to design new models of integrated healthcare delivery. We want to empower people to feel that they are in the driving seat of their health and well-being; to understand what they can do to improve their lives; and to be able to make choices about their care.</p> <p>We have agreed on 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 experiences and have our population's needs at the heart of all we do.</p>
Duty as to patient choice	<p>In line with the above comment on involvement, we want our population to feel that they are provided with the information to empower them to make choices about their care. In developing the detailed commissioning plans and contracting arrangements to delivery our Joint Forward Plan, Equity Impact and Quality Impact assessments of all proposed changes will be undertaken – these assessments will ensure that patient choice is considered in this process.</p>
Duty to obtain appropriate advice	<p>In the development of our Integrated Care Strategy and Joint Forward Plan, we have sought expert advice from local authority Public Health colleagues on (a) population need captured within Joint Strategic Needs Assessments (b) the prevention, diagnosis or treatment of illness and (c) the protection or improvement of public health. We have sought advice informally and through formal governance arrangements with our local Health and Wellbeing Boards.</p>
Duty to promote innovation	<p>Our Joint Forward Plan sets out how delivery of our strategic priorities will be enabled by research and innovation, building capability for the adoption and spread of proven innovation by working with Universities (including the Health Innovation Campus at Lancaster University), 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. To enhance our sustainability and 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 the quality and outcomes.</p>

Duty in respect of research	<p>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 that 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.</p>
Duty to promote education and training	<p>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 Workforce Strategy includes 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:</p> <ul style="list-style-type: none"> <li>• Upskilling the current workforce and the use of apprenticeships</li> <li>• Development of a pan-L&amp;SC Strategic Education Collaborative with providers, careers, social care, HEIs and FEs, primary care training hub</li> <li>• Connecting improvement with CPD and Workforce Development funding</li> <li>• Developing a social care training hub to underpin education and training as an essential leave across integrated care</li> <li>• Developing a Belonging Strategy for inclusive recruitment, retention, education and training and more</li> <li>• Development of successful pan L&amp;SC strategic careers portal for integrated workforce across integrated care</li> </ul>
Duty to promote integration	<p>Our Joint Forward Plan describes how we will integrate health services, social care and health-related services to improve quality and reduce inequalities. Integration - both vertically at place and horizontally across our provider collaborative - is essential to ensure delivery of our strategic objectives. For example, functional integration of non-clinical functions and service integration (through shared pathways, multi-disciplinary teams, clinical assessment processes) will contribute to the strengthening of our financial foundations (priority one); integration of community services (priority three) and the improvement of service quality (priority four).</p> <p>Our Integrated Care Strategy, which is a key element within strategic priority two, on prevention, is built on the local joint health &amp; wellbeing strategies. It includes work which links NHS and social care with other services which impact on the determinants of health such as housing and the broader VCSE sectors. the role of providers as anchor institutions within their communities, the greener NHS agenda and health education opportunities including Making Every Contact Count, NHS awareness campaigns and wellbeing.</p> <p>Within strategic priority five, our plans for MH services and the care of people with LD and autism include close work with integrated neighbourhood teams on more holistic community care.</p>

<p>Duty to have regard to wider effect of decisions</p>	<p>In developing our Joint Forward Plan, we have taken full account of the NHS triple aims:</p> <ul style="list-style-type: none"> <li>(a) health and wellbeing of the people of England</li> <li>(b) quality of healthcare services (including reducing inequalities)</li> <li>(c) sustainable and efficient use of resources by NHS bodies.</li> </ul> <p>The JFP references the triple-aim and the strategic priorities map directly to these aims – we plan to advance the health and wellbeing of our population, reduce inequalities, improve quality of care and optimise the use of resources.</p> <p>Our second strategic priority area is focused on prevention and inequalities – this will be delivered via joint working with partners within the Integrated Care Strategy on starting well, living well, working well, ageing well, and dying well priorities. There is also work being undertaken on prevention linked to national priorities within the Long-Term Plan as detailed within priority area five, including cancer, CVD, mental health, and learning disabilities</p> <p>As the development of our delivery plan progresses, we will ensure that the triple aim is embedded into our decision-making and evaluation processes.</p> <p>We recognise that Lancashire and South Cumbria is not an island – other ICBs and specialised commissioned services may be impacted by decisions taken by the ICB. We will ensure that, where necessary, due consideration and involvement of partner ICBs and specialised service commissioners will take place.</p>
<p>Duty as to climate change</p>	<p>Our Joint Forward Plan references the ICB Green Plan that the ICB and its partner trusts will use to deliver against the targets and actions described in ‘Delivering a ‘Net Zero’ NHS’, supporting NHS England and the UK government in fulfilling these emission goals.</p> <p>Our Green Plan will be delivered through a collaborative, system level programme which includes input from Trusts, Primary Care and the Integrated Care Board; 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 JFP.</p>
<p>Public involvement by integrated care boards</p>	<p>The public and communities were engaged in development of the priorities for the initial JFP in 2023 plan – the refresh has assumed that these priorities stand.</p> <p>The plan sets out how the ICB and our partners will work together to build effective partnerships with people and communities - particularly the people who face the greatest health inequalities - working with wider ICS stakeholders to achieve this.</p>

<p>Addressing the particular needs of children and young persons</p>	<p>Our Plan sets out our approach to identifying and taking steps for delivery of the longer-term priorities and ambitions for the ICB's population of children, young people and families. The JFP sets out our aim to improve healthcare outcomes for children by:</p> <ul style="list-style-type: none"> <li>• Supporting children who are obese to improve their health</li> <li>• Providing more access to mental health services including eating disorder services</li> <li>• Working with our partners to ensure there is support and protection for children at risk of abuse and neglect</li> <li>• Providing access to more cancer treatments for children including CAR-T and proton beam therapy</li> <li>• Improving our response to conducting statutory health care assessments for children in care</li> <li>• Delivering the commitments in the Care Leavers covenant</li> <li>• Ensuring that we are supporting our children as they transition into adult services</li> <li>• Supporting a reduction in inequalities by undertaking targeted work within five priority pathway areas: asthma, diabetes, epilepsy, oral health, and mental health</li> </ul>
<p>Duty to safeguard children and vulnerable adults</p>	<p>The Joint Forward Plan sets out our commitment to deliver all our statutory and partnership safeguarding responsibilities, working 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 plan recognises 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.</p>
<p>Addressing the particular needs of victims of abuse</p>	<p>Our Joint Forward Plan recognises that serious violence is a major cause of ill health and poor wellbeing and is related to the difference in health status, social determinants of healthcare and health related behaviours between areas and communities. Under our Serious Violence Duty, the ICB is committed to work with our partners delivering preventative interventions to reduce inequalities to prevent violence, including domestic abuse; address its root causes, especially those in early childhood and adolescence; and to meet the particular needs of victims of abuse.</p>
<p>Implementing any joint LHWBS</p>	<p>Our Joint Forward Plan sets out steps we will take to deliver on ambitions described in all of our joint local health and wellbeing strategies, including identified local target outcomes, approaches and priorities. These strategies have all been taken account of during the development of the Integrated Care Strategy. Delivery of this priority is referenced within strategic priority two.</p>
<p>Financial duties</p>	<p>Our plan is underpinned by the ICB's intention to discharge in full our financial duties - including ensuring that the expenditure of each ICB and its partner NHS trusts and NHS foundation trusts in a financial year does not exceed the aggregate of any sums received in the year, and complying with NHSE financial objectives, directions and expenditure limits.</p> <p>To this end, the Joint Forward Plan sets out how the efficiency and cost-effectiveness of NHS services will be improved in line with</p>

	<p>the core purpose to 'enhance productivity and value for money'. The ICB has significant financial challenges as outlined at a high level within the JFP. The ICB established a three-year recovery and transformation programme which includes the ICB and all the acute providers - this will form the basis of the delivery plan around sustainability (strategic priority one).</p>
--	---

DRAFT