



**Lancashire and
South Cumbria**
Integrated Care Board

Lancashire and South Cumbria Integrated Care System

Our NHS Joint Forward Plan
for 2024 onward

Our vision for Lancashire and South Cumbria, is that communities will be healthy, and local people will have the best start in life, so they can live longer, healthier lives.

www.lancashireandsouthcumbria.icb.nhs.uk

Contents

| | | |
|------------|---|-----------|
| 1. | Foreword..... | 2 |
| 2. | Introduction | 4 |
| 3. | Our system | 5 |
| 4. | About our Joint Forward Plan | 13 |
| 5. | Our progress so far..... | 15 |
| 6. | Our challenges and opportunities | 19 |
| 7. | Our System Vision..... | 32 |
| 8. | Our Strategy | 34 |
| 9. | Our long-term strategic priorities | 39 |
| 10. | Our enablers | 75 |
| 11. | Supporting broader social and economic development. | 89 |
| 12. | Our Delivery..... | 92 |
| 13. | Next steps and further reading | 98 |

1. Foreword

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is responsible for developing a system five-year joint forward plan for the NHS in Lancashire and South Cumbria (L&SC). 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 ICB will ensure that services 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. This Joint Forward Plan is agreed with our partner NHS trusts and Foundation Trusts.

We are proud of the innovative work that is taking place across our system to improve the health and wellbeing of our population, and this plan highlights some of this work. We have a hugely dedicated and committed workforce across our system, to whom we are hugely grateful.

Our health and care services face enormous challenges - the demand for services continues to increase, as do the significant financial and workforce constraints. The ICB remains focused on recovering the delivery of patient services following the COVID-19 pandemic, enhancing productivity, delivering the ambitions set out in the NHS Long Term Plan, and continuing to transform the NHS for the future. Our NHS JFP sets out some of the detail of these challenges and their underlying causes.

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 could be living longer, healthier, happier lives than they currently do.

We acknowledge we cannot solve our challenges without changing the way we work and how our services are configured as a health and care system.

This refreshed Joint Forward Plan (JFP) outlines, at a high level, how we will work alongside our providers and other partners to meet the challenges we face. It provides an overarching narrative about what it is we are all trying to change and improve together to ensure that we have **a high quality, community-centred health and care system by 2035.**

By 'community-centred', we mean a focus on 'well care' rather than 'sick care', with an emphasis on prevention and well-being, instead of solely on a specific health issue and/or a specific clinical visit. This model of care will be delivered in the home and community over the course of the person's lifetime, taking into account the context of family, community and the holistic person at the centre of the care.

We are working 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 wellbeing choices while also improving access to health and care services.

Lancashire and South Cumbria Joint Forward Plan for 2024 onwards

The JFP also responds to the commitments made by the NHS within the integrated care strategy that we have agreed 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 continue to drive integrated working at system, place, and neighbourhood, to improve the health and wellbeing of our population.

Our JFP sets out our collective work over the next three years on the main strands of our recovery and transformation approach – transforming care in the community, acute clinical reconfiguration, and quality improvement with better use of resources, underpinned by a robust clinical strategy that sets out the blueprint for our future models of care.

We have developed a system wide 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. This joint Forward Plan describes our financial framework and how it will influence our work over the coming years.

Our communities will be at the centre of everything we do, and our four places are fundamental to the delivery of the Joint Forward Plan. 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 continue 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.

Together, we remain committed to achieving our vision of longer and healthier lives for our population across Lancashire and South Cumbria.



Roy Fisher

Acting Chair of NHS Lancashire
and South Cumbria Integrated
Care Board



Kevin Lavery

Chief Executive of NHS
Lancashire and South
Cumbria Integrated
Care Board

2. Introduction

When the NHS was established in 1948 it was mainly focused on treating single conditions or illnesses. Since then, the health and care needs of our population - and their demands and expectations from the NHS - have changed. More people than ever are living longer, with multiple, complex, long-term conditions and they 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, leads to patients having a poorer experience of health and care, longer recovery times from illness or injury and repeated requirements to 'tell their story' to a multitude of different services.

In the past, while there have been connections between the organisations that have a role in health and wellbeing, 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.

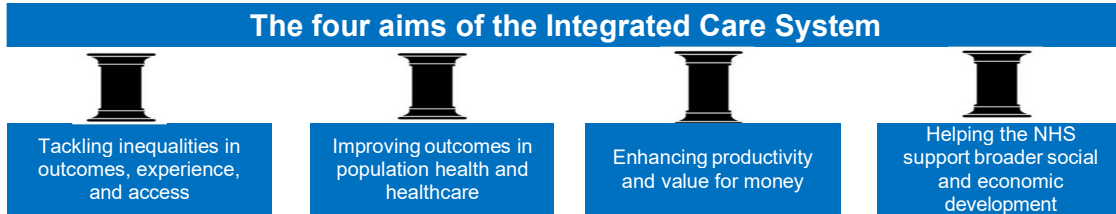
The Health and Care Act 2022 marked a change from this competitive way of working, it set out in law that the NHS must work in an integrated way with the other organisations and partners within Integrated care systems (ICSs), providing an opportunity for partners to understand the important contribution of each other, to create shared plans and forge new relationships to benefit the population.

Integrated Care Systems were formed as 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. 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. Integrated care boards (ICBs) are then tasked with developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services within their geographical area.

This Joint Forward Plan for the NHS across Lancashire and South Cumbria includes joint working between health, social care, local authorities and the VCFSE sector, together with collaboration within the NHS family of providers, including hospitals, primary care, community, mental health, and acute providers. We will 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.

3. Our system

The L&SC health and care system is committed to improving the health and wellbeing of the population by developing joint plans to tackle inequalities in outcomes, experience, and access, improve outcomes in population health and healthcare, enhance productivity and value for money, and help the NHS support broader social and economic development.



Our ICB Strategic Objectives

The ICB has six strategic objectives that describe what success looks like for service users, staff and partners. All of the aims and priorities of the ICB support the delivery towards, and achievement of, one or more of these strategic objectives.

A Board Assurance Framework (BAF) brings together in one place all the relevant information on the progress towards achievement, and any risks to the ICB’s strategic objectives. The five long-term system strategic priorities set out in this JFP all contribute to the delivery of our Strategic Objectives

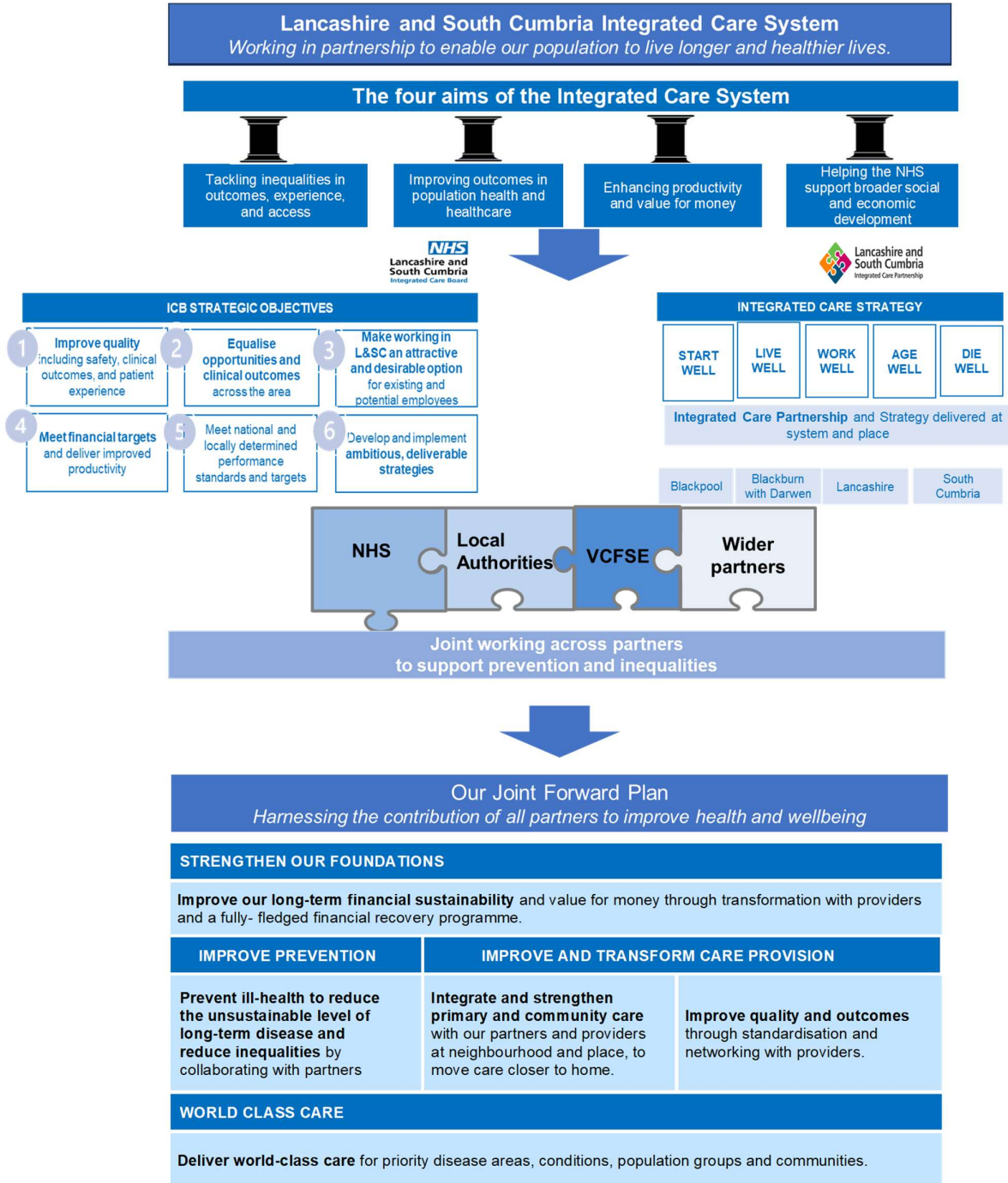


The table below shows how the system’s strategic priorities for improving the health for the population of Lancashire and South Cumbria, link to the ICBs corporate strategic objectives.

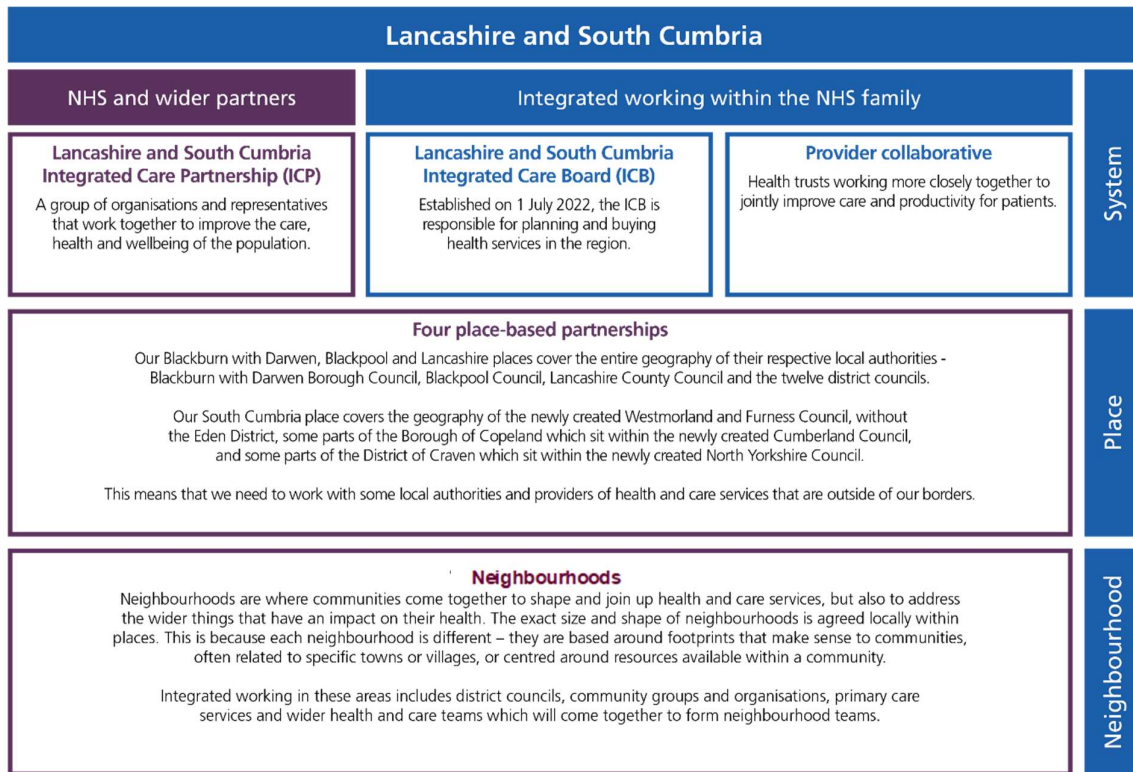
| Our JFP System Strategic Priorities | ICB Strategic Objectives | | | | | |
|---|--|-------------------------|-----------------|------------------------|-----------|------------|
| | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality | Meet financial targets | Workforce | Strategies |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

The golden thread

Critical to delivering the Joint Forward Plan is a golden thread running from our system vision through to the four system aims, the system strategic priorities, and critically underpinned by our ICB strategic objectives and our Integrated Care Strategy.



Our system architecture



To deliver improved health and wellbeing for our population by working in an integrated way, the right structures need to be in place to support and drive change. This means that the NHS needs to work differently 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.

The success of our system will be assessed in terms of how well the system partners work together to deliver good care, and meet the needs of the population, including through the work of the integrated care partnership. It is reliant on the extent to which we are able to achieve synergy across our partners, and work together seamlessly to improve the health and wellbeing of our population - by harnessing the knowledge, skills, experience, and talents of all.



Our places and neighbourhoods will be at the heart of our integrated working as they are closest to our residents, their families, their carers, and their wider communities. 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.



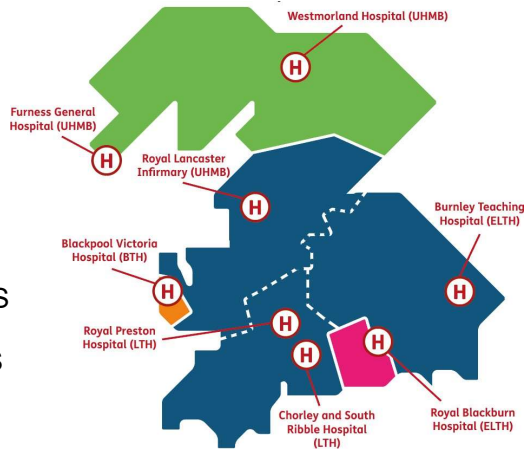
Integrated working at system level



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 Integrated Care Partnership (ICP) and the Integrated Care Board, we have also developed a provider collaborative.

- **The Lancashire and South Cumbria Integrated Care Partnership (ICP)** is a statutory partnership formed jointly between the NHS ICB and all upper-tier local authorities in Lancashire and South Cumbria (councils with responsibility for children and adult social care and public health). It is a broad alliance of organisations and representatives, concerned with improving the health, care and wellbeing of the population, with membership determined locally. The ICP is responsible for publishing an Integrated Care Strategy (ICS) which details how the local health and wellbeing needs of the population will be jointly met by all partners working in collaboration. The Integrated Care Partnership also has an assurance role in relation to the delivery of the strategy.
- **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 registered with Lancashire and South Cumbria GPs. 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 wellbeing. Members of the ICB board include representatives from NHS providers, primary medical services, and local authorities. The ICB is responsible for developing an NHS Joint Forward Plan for the system, it must include the NHS contribution to the ICS developed by the ICP.

- **The Provider Collaborative** includes the 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 is the engine room for improving sustainability and transforming the delivery of health care across the system.

Integrated working at place

Four place-based partnerships

Our Blackburn with Darwen, Blackpool and Lancashire places cover the entire geography of their respective local authorities - Blackburn with Darwen Borough Council, Blackpool Council, Lancashire County Council and the twelve district councils.

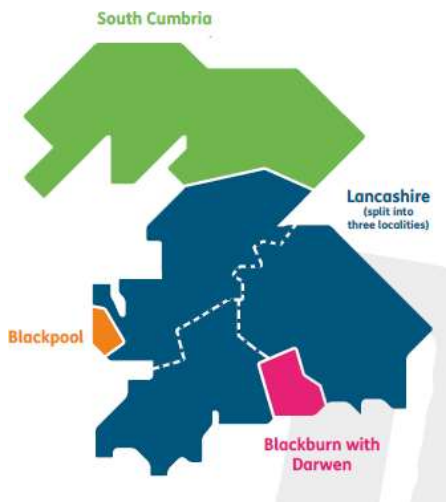
Our South Cumbria place covers the geography of the newly created Westmorland and Furness Council, without the Eden District, some parts of the Borough of Copeland which sit within the newly created Cumberland Council, and some parts of the District of Craven which sit within the newly created North Yorkshire Council.

This means that we need to work with some local authorities and providers of health and care services that are outside of our borders.

Place

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

Our places are the engine room for driving delivery of our Integrated Care Strategy.



| Number of people living in each place | |
|--|-----------|
| Blackburn with Darwen | 154,800 |
| Blackpool | 141,100 |
| South Cumbria | 186,478 |
| Lancashire | 1,235,300 |
| Total population - approximately 1.7 million | |

- **South Cumbria** has a resident population of around 186,478 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 141,100 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 154,800 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.

Integrated working within our neighbourhoods

Neighbourhoods

Neighbourhoods are where communities come together to shape and join up health and care services, but also to address the wider things that have an impact on their health. The exact size and shape of neighbourhoods is agreed locally within places. This is because each neighbourhood is different – they are based around footprints that make sense to communities, often related to specific towns or villages, or centred around resources available within a community.

Integrated working in these areas includes district councils, community groups and organisations, primary care services and wider health and care teams which will come together to form neighbourhood teams.

Neighbourhood

Neighbourhoods within the Lancashire and South Cumbria Integrated Care System are communities which come together to shape and join up health and care services, and to address the wider determinants of health. Integrated working within neighbourhoods includes the district councils, community groups, primary care services and wider health and care teams.

System partners

At system, place, and neighbourhood, we will be collaborating and integrating with our partners, to improve the health and wellbeing of our population. This includes the NHS, local authority, VCFSE and wider organisations.

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 across 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 acute and community trusts below, work together as part of the provider collaborative.

Four acute / community service providers:

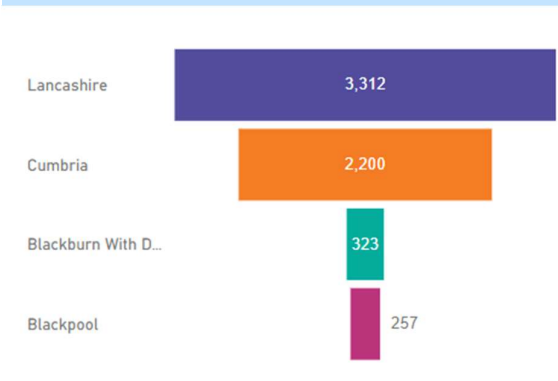
Blackpool Teaching Hospitals NHS Foundation Trust (acute and community services), East Lancashire Hospitals NHS Trust (acute and community services), Lancashire Teaching Hospitals NHS Foundation Trust (acute services), University Hospitals of Morecambe Bay NHS Foundation Trust (acute and community services).

One mental health/community provider: Lancashire and South Cumbria NHS Foundation Trust

One ambulance service provider: North-West Ambulance Service NHS Trust (NWS).

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

VCFSE



There are thousands of innovative **voluntary, community, faith, and social enterprise (VCFSE) sector** organisations and groups in Lancashire and South Cumbria. The ICB works collaboratively with the sector through a number of partnerships and networks. A partnership agreement is in place between the ICB and the VCFSE Alliance.

The chart shows the number of charities within the system, as registered with the Charity Commission.

WIDER ORGANISATIONS

There are four local independent Healthwatch organisations that champion the views of patients and service users.

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

Other partners:

This includes our local universities (including the Health Innovation Campus at Lancaster University), colleges, police, fire and rescue services and wider industry. The ICB, upper tier local authorities, VCFSE sector and wider partner organisations from across the system, come together more formally through the Integrated Care Partnership.

4. About our Joint Forward Plan

The NHS Joint Forward Plan outlines how the NHS organisations across Lancashire and South Cumbria will deliver their commitments to the population - this includes the contribution of the NHS to our joint programme of work with system partners including local government, VCFSE organisations and wider organisations, to improve the health and wellbeing of the population.

The Integrated Care Partnership Strategy details the strategy for joint working across all system partners to improve health and wellbeing. The NHS Joint Forward Plan details how the NHS will meet its commitments to the population, including its contribution to the ICP strategy.

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 2025/26 and beyond. We have taken account of expert advice from our local authority public health colleagues on population need (as captured within joint strategic needs assessments), prevention, 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 and we have ensured that our Joint Forward Plan reflects the health and wellbeing strategies that those health and wellbeing boards have developed, and we are committed to the ongoing alignment of priorities across those plans.



The scope of our services

The NHS services that the ICB is responsible for commissioning are shown in the table below. Our valued service providers include the NHS, the independent sector and the VCFSE sector.

| In scope | | | | From 1 April 2024 |
|---|----------------|------------|--|---------------------------------------|
| Primary care, including general practice, dentistry, optometry, and community pharmacy. | Community care | Acute care | Mental health and learning disability services | Specialised Commissioning 59 services |

Specialised Commissioning

From 01 April 2024 LSC ICB became responsible for the commissioning of 59 specialised services that were deemed suitable and ready for greater ICB leadership, either on a single or multi-ICB footprint. These services were delegated from NHS England. A further 29 services have been identified that are suitable for greater ICB leadership, but not yet ready to be delegated from NHS England to ICBs. 25 of these services will be delegated to ICBs from NHS England from 01 April 2025.



Cross-boundary flows

It is recognised that patients registered with our GP practices 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 is covered by relevant contractual agreements, we work closely with our partner ICBs to ensure that, through our approaches to service integration, the needs of these patients are met.

5. Our progress so far



This Joint Forward Plan has been built upon the JFP for 2023-28 that we agreed last year, and our long-term priorities for system action remain as set out in that plan.

| STRENGTHEN OUR FOUNDATIONS | | |
|---|--|---|
| <p>Improve our long-term financial sustainability and value for money through transformation with providers and a fully- fledged financial recovery programme.</p> | | |
| IMPROVE PREVENTION | IMPROVE AND TRANSFORM CARE PROVISION | |
| <p>Prevent ill-health to reduce the unsustainable level of long-term disease and reduce inequalities by collaborating with partners</p> | <p>Integrate and strengthen primary and community care with our partners and providers at neighbourhood and place, to move care closer to home.</p> | <p>Improve quality and outcomes through standardisation and networking with providers.</p> |
| WORLD CLASS CARE | | |
| <p>Deliver world-class care for priority disease areas, conditions, population groups and communities.</p> | | |



While we face significant challenges as a system, we also have a significant amount to celebrate. The innovative work within Lancashire and South Cumbria was recognised nationally in 2023-24 via the prestigious NHS Parliamentary Awards, the Health Service Journal (HSJ) Awards, the Palliative and End of Life Care Awards, the National Apprenticeship Awards and the HSJ Digital Awards. This is testament to the dedication, enthusiasm, and commitment, of all those working within this system.

Notable achievements against each of our strategic priorities are detailed below, they include achievements across the NHS and with our partners and celebrate the innovative and transformational work which is taking place across the system. Additional detail is provided within the L&SC State of the System report and the ICB Annual Report.

| System Achievements for 2023-24 | |
|---|---|
| <p>Priority 1: Our work to improve our long-term financial sustainability and value for money, through transformation with our providers.</p> | |
| <ul style="list-style-type: none"> • We have developed a system recovery and transformation programme with anticipated benefits for patients including a strong focus on enabling people to stay well at home through improved long term condition management, enhanced integrated neighborhood teams and a focus on reducing waiting times. • We have enhanced cost controls and our providers have delivered £241 million of savings during the last financial year, 69 per cent of this being recurrent. This represents a saving of 6.6 per cent of the total funding allocated to the NHS in Lancashire and South Cumbria. | |
|   | |
| <p>Efficiency through technology</p> | <p>Initial Response Service</p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Efficiency through technology - Lancashire and South Cumbria Foundation Trust (LSCFT) <p>Releasing Clinical time back to patient care in the Emergency Department</p> <ul style="list-style-type: none"> • 2023 HSJ Digital Awards finalist – Enhancing workforce engagement, productivity and wellbeing through digital - NHS Lancashire Procurement Cluster – BTH, LTH and ELHT. |

Priority 2: Our work to prevent ill-health and reduce inequalities by collaborating with partners

| Start Well | Live Well | Work Well | Age Well | Die Well |
|----------------------------|-----------|-----------|----------|----------|
| Reduce inequalities | | | | |

- ✓ **The partners across L&SC have collaboratively developed an Integrated Care Strategy**, which details the joint programmes of work across the whole life course of our population, both across the system and within our places. It 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.
- ✓ **We have signed a historic partnership agreement with the Voluntary, Community, Faith, and Social Enterprise sector.** It is a recognition of our intent to work in partnership and to harness the hugely valuable contribution of our VCFSE partners to improving health and wellbeing.
- ✓ **Our four places are undertaking immensely innovative work with local partners to improve health and wellbeing within their communities** and have developed their forward plans to further improve the lives of those in Blackpool, Blackburn with Darwen, South Cumbria and Lancashire. We have undertaken innovative work at place to understand some of the health inequalities in some of our most deprived communities and priority wards and to look at coproduced solutions.
- ✓ **We have preventative programmes** of work taking place across our major pathways.
- ✓ **We have an exceptional and extremely highly regarded population health academy**, and this is supporting transformational leadership, driving culture change, and facilitating the development of knowledge and insight in how we respond to our growing health inequalities.
- ✓ **The system has secured investment to be a trailblazer for WorkWell**, a national initiative to help with health conditions - remain in or return to work.
- ✓ **We are working with our wider partners to support broader social and economic development.** There are a number of exciting projects which will bring significant national investment into this area including £50 million into the Eden Project in Morecambe Bay, £200 million investment in the UK's Defence industry in Barrow and possible investment connected to Lancashire devolution.



| | |
|----------------------------|--|
| Social and economic | <p>The move to Net Zero in NHS Lancashire and South Cumbria ICS in partnership with Redmoor Health</p> <ul style="list-style-type: none"> • 2023 HSJ Digital Awards finalist – Moving Towards New zero through digital - Lancashire and South Cumbria ICB. |
|----------------------------|--|

Priority 3: Our work to integrate and strengthen primary and community care at place with partners and providers.

- **We increased the number of GP appointments in 2023-24 and saw a higher proportion of same-day appointments.**
- **There is innovative work being undertaken to improve health and wellbeing within our communities** led by place, in collaboration with partners.
- **The percentage of care home beds rated 'good' or 'outstanding' by the CQC has increased**, this is higher than the northwest regional average and is connected to proactive work with homes which are not performing as well as would be expected, in partnership with health and social care partners.



| | |
|-----------------------|---|
| Primary care | <p>General Practice Improvement Week</p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Primary and Community Care Innovation - Lancashire and South Cumbria Integrated Care Board (L&SC ICB) |
| Community Care | <p>Digital Adoption and Transformation of Regulated Care</p> <ul style="list-style-type: none"> • 2023 HSJ Digital Awards 2023 finalist – Digital Team of the Year - Lancashire and South Cumbria ICB. <p>The Shared Care Record and The Digital Catalogue</p> <ul style="list-style-type: none"> • 2023 HSJ Digital Awards finalist – Improving out of hospital care through digital - Lancashire and South Cumbria ICB. |

Priority 4: Our work to improve quality and outcomes through standardisation and networking with providers.

- **Lancashire and South Cumbria NHS Foundation Trust’s national quality rating moved to ‘Good’ in 2023-24.**
- **We are developing a clinical strategy and service blueprint** to inform a clinically evidenced and appropriate configuration of services that makes the best use of all our acute resources, including planning for the two new hospitals, together with our existing estate.
- **We have developed a whole system workforce strategy** including health, social care and our voluntary, community, faith, and social enterprise partners.
- **We have secured investment of £20 billion to transform the hospitals in Lancashire and South Cumbria into world-leading centres of excellence.**
- **We have achieved a significant reduction in the waiting times** for elective care and met the national 4-hour A&E target.

| | |
|--|---|
|  | |
| Quality and safety | <p><i>Preventing Hospital Acquired Pneumonia: Introducing the COUGH care bundle.</i></p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Patient Safety Award - Blackpool Teaching Hospitals (BTH) <p><i>Reducing pressure ulcers through proactive working.</i></p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Patient Safety Award – BTH |
| Improved pathways and services | <p><i>The North-West Endoscopy Improvement Programme</i></p> <ul style="list-style-type: none"> • 2024 HSJ Award 2024 Bronze Award - Lancashire and South Cumbria Cancer Alliance, University Hospitals of Morecambe Bay (UHMB), BTH, East Lancashire Hospitals Trust (ELHT), LTH. <p><i>Stroke Programme improvements</i></p> <ul style="list-style-type: none"> • An Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) has been introduced across the four provider trusts acute stroke wards - East Lancashire Teaching Hospitals NHS Trust (ELHT), Lancashire Teaching Hospitals NHS Foundation Trust (LTH), Blackpool Teaching Hospital (BTH) and University Hospitals of Morecambe Bay (UHMBT). <p><i>The Getting to Outstanding Palliative and End of Life Care project</i></p> <ul style="list-style-type: none"> • 2024 Palliative and End of Life Care Awards –The Partnership Working Across Health & Social Care Award, L&SC ICB <p><i>The Shared Care Record and The Digital Catalogue</i></p> <ul style="list-style-type: none"> • 2023 HSJ Digital Awards finalist – Improving Urgent and Emergency Care through Digital, Lancashire and South Cumbria ICB. |
| Workforce | <p><i>Trainee Associate Psychological Practitioners workforce initiative.</i></p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Workforce initiative – LSCFT <p><i>2023 Employer of the Year</i></p> <ul style="list-style-type: none"> • 2023 NHS Health and Social Care Apprenticeship Awards – LSCFT <p><i>Employer of the year for the Health, Medical & Social Care Apprenticeship Awards</i></p> <ul style="list-style-type: none"> • 2023 Multicultural Apprenticeship Awards 2023 - LSCFT <p><i>Wellbeing at Work Black, Asian and Minority Ethnic Staff Network.</i></p> <ul style="list-style-type: none"> • 2023 NHS Parliamentary Award – UHMB. |
| Partnership and collaboration | <p><i>Hospital Based Health Independent Domestic Violence Advisors and Independent Sexual Violence Advisors (HIDVA/HISVA)</i></p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Provider Collaboration – BTH <p><i>Birchwood: Retreat programme</i></p> <ul style="list-style-type: none"> • 2023 HSJ Award finalist - Best Mental Health Partnership – LSCFT and Birchwood services to prevent homelessness, reduce social isolation and improve mental health and well-being. <p><i>East Lancashire Hospitals Armed Forces Veteran & Reservist Partnership Working</i></p> <ul style="list-style-type: none"> • 2023 HSJ finalist - Military and Civilian Health Partnership Award – ELHT <p><i>The Shared Care Record and The Digital Catalogue</i></p> <ul style="list-style-type: none"> • 2023 HSJ Digital Awards 2023 finalist – Connecting Health and Social Care through Digital- Lancashire and South Cumbria ICB. |

Priority 5: Our work to enhance world-class care for priority disease areas, conditions, population groups and communities.



- Work is taking place across all our priority disease pathways to improve prevention, reduce inequalities and improve the health of our population.



| | |
|----------------------|--|
| Cancer | <p>Lung Vision System - Accelerating Lung Cancer Diagnosis and Care</p> <ul style="list-style-type: none"> • 2023 HSJ Award 2023 finalist - Modernising Diagnostics - Lancashire Teaching Hospitals (LTH), Raising awareness of pancreatic cancer and the need for early diagnosis. • 2023 Winner - Pancreas specialist nurse Vicki Stevenson-Hornby from ELHT |
| Maternity | <p>Lancashire and South Cumbria Reproductive Trauma Service</p> <ul style="list-style-type: none"> • 2023 NHS Parliamentary Awards – Excellence in Mental Health Care Award, LSCFT |
| Mental Health | <p>Orange Button Scheme (ICB in conjunction with MIND)</p> <ul style="list-style-type: none"> • 2023 HSJ Finalist - Mental Health Innovation 2023 – ICB in conjunction with MIND. |

6. Our challenges and opportunities

There continues to be a mismatch between the demand for healthcare in Lancashire and South Cumbria, and the available capacity – and this gap is widening over time. It is impacting upon our population, our patients, our staff, and our finances. As demand is growing, so are waiting times for care, and this is creating 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.

The increased demand is being driven by factors including rising levels of deprivation and poor health within our communities. Urgent action is needed to enhance disease prevention, particularly within the communities with the greatest ill-health, to improve the long-term sustainability of the Lancashire and South Cumbria health system and improve the health and wellbeing of our population. Alongside this approach, we must transform the way we deliver and provide services to optimise the value for money from each pound spent.

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

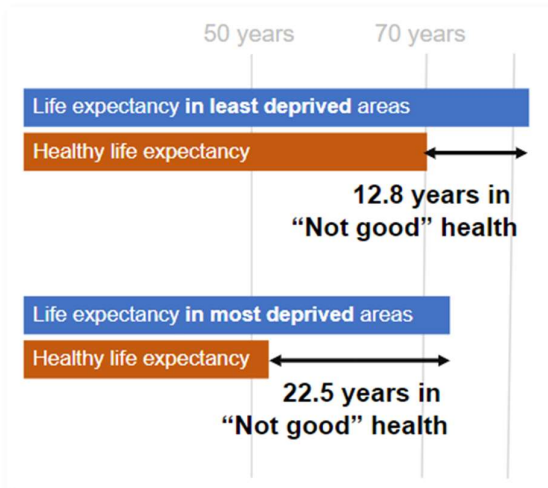
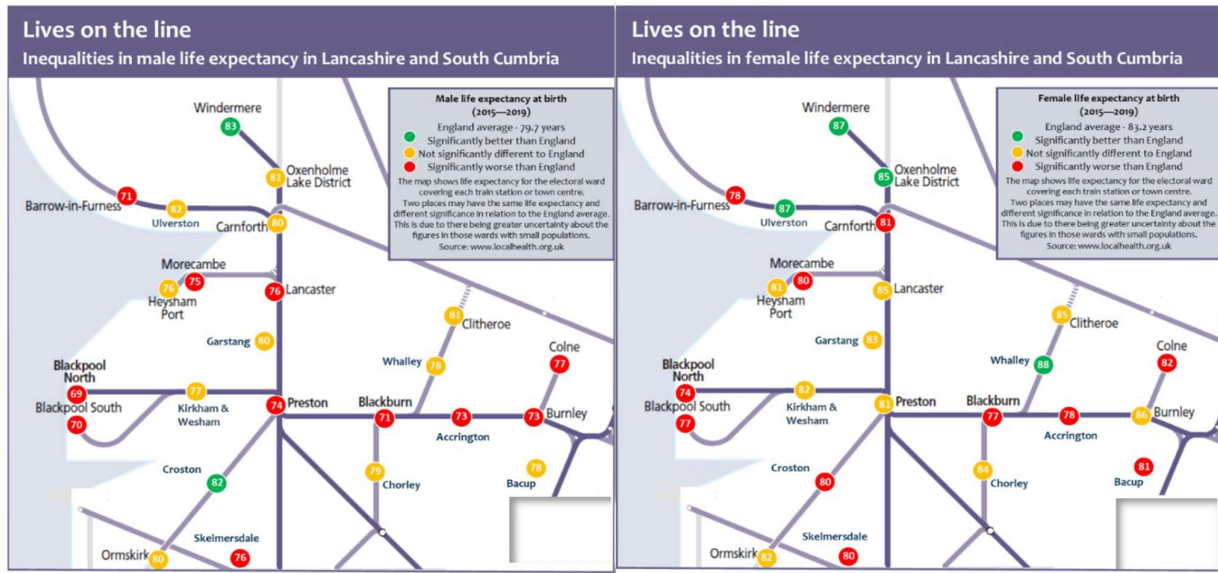
To ensure that our long-term strategic priorities over the next ten years are the correct ones, it is critical that we have a detailed understanding of all the issues that are driving our financial position and how these factors are interconnected.

Demand drivers

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 wellbeing of our population varies, depending upon the neighbourhood and place in which people live. Deprivation and levels of inequality within L&SC are rising, we have a significant number of people with complex long-term diseases (sometimes called the disease burden) and the demand for healthcare is rapidly increasing. Focused effort in conjunction with our wider partners is essential to tackle these challenges.

Years spent in poor health.



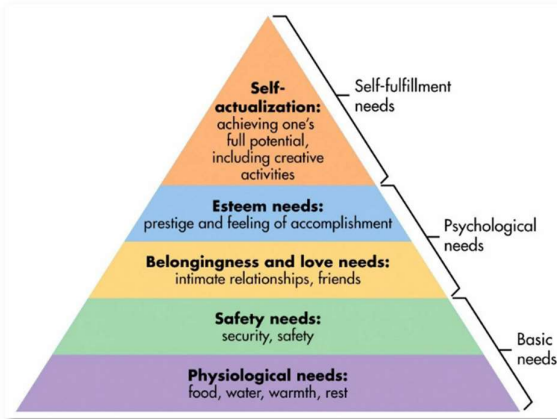
Life expectancy within Lancashire and South Cumbria is lower than the national average – by almost a decade in some areas and there is also a large variation in healthy life expectancy, or the number of years people can expect to live in good health.

This has a marked impact on the number of years our population lives in 'not good' health.

This is significantly affected by the socio-economic environment, including income, employment, education, housing, the quality of the living environment, crime, and digital exclusion.

Driven by

High levels of deprivation and rising inequalities



Almost a third of people in Lancashire and South Cumbria are identified as being within the most deprived areas of England, which has a huge impact upon their lives and health, with challenges meeting their basic needs including their ability to feed their families, heat their homes and support their children, this means that life is very difficult.

The percentage of children living in poverty across Lancashire and South Cumbria is as high as 38 per cent in some areas, compared with the national average of 30 per cent. Added to this, the levels of deprivation are increasing over time which means demand for health and care services is rising, and this is particularly challenging with the squeeze on public sector resources which impacts on the wider support services that our population can access.

| Changes in deprivation across Lancashire and South Cumbria | | | | |
|--|-------------------------|-----------------|-----------------|----------------------|
| The % shows the relative ranking of each Local Authority id L&CS within England with 0% indicating the highest level of deprivation. | | | | |
| Area | | 2015 Percentile | 2019 Percentile | Change in Percentile |
| Lancashire | Blackburn with Darwen | 7.8% | 4.4% | -3.4% |
| | Blackpool | 1.0% | 0.0% | -1.0% |
| | Burnley | 5.4% | 3.4% | -2.0% |
| | Chorley | 59.0% | 61.4% | 2.4% |
| | Fylde | 68.5% | 63.4% | -5.1% |
| | Hyndburn | 9.2% | 5.8% | -3.4% |
| | Lancaster | 38.6% | 35.9% | -2.7% |
| | Pendle | 13.9% | 11.9% | -2.0% |
| | Preston | 23.1% | 14.9% | -8.1% |
| | Ribble Valley | 89.2% | 88.8% | -0.3% |
| | Rossendale | 30.8% | 29.2% | -1.7% |
| | South Ribble | 73.2% | 67.5% | -5.8% |
| | West Lancashire | 51.2% | 56.6% | 5.4% |
| Wyre | 52.2% | 46.8% | -5.4% | |
| South Cumbria | Cumberland | 33.2% | 33.9% | 0.7% |
| | Westmorland and Furness | 54.2% | 52.9% | -1.4% |
| | North Yorkshire | 67.8% | 70.8% | 3.1% |

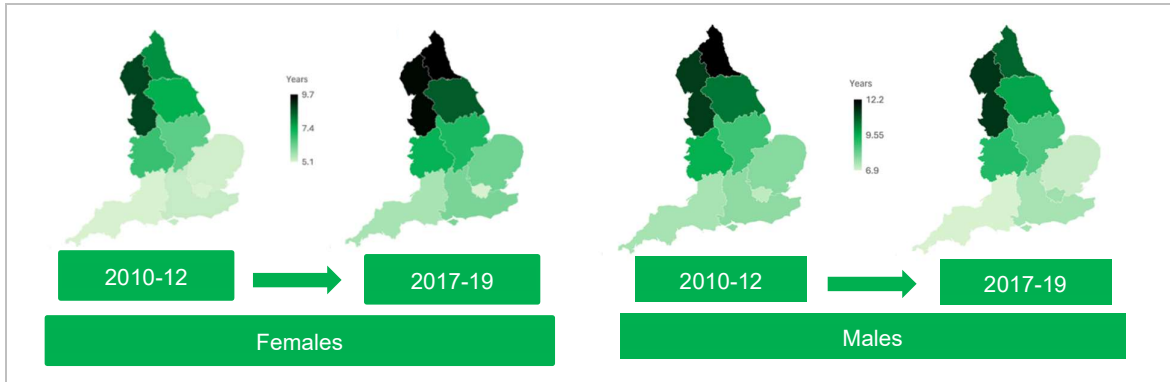
Relative levels of deprivation within L&SC increased between 2015 and 2019, for 13 of the 17 areas within L&SC. Four of these areas are within the bottom 10% nationally, Blackpool, Blackburn, Hyndburn, and Burnley. There is also significant deprivation within Barrow in Furness, which sits within Westmorland and Furness area.

Blackpool is one of the most deprived areas within England.

Our population within South Cumbria sits within three different council footprints, it isn't coterminous with these three footprints, however.

A significant proportion of children in these communities experience poor living conditions which affects their development, readiness for school and their future life chances. This also has a long-term impact on their health and wellbeing, leaving them more likely to need healthcare in the future.

Inequalities in life expectancy for males and females are rising within the North-West as shown within the 2024 Institute of Health Equity report. This is a concerning trend for health and care services as it indicates that life chances for a proportion of the population within England are getting worse. It also indicates that demand for health care services will significantly rise over time unless this tide is turned.

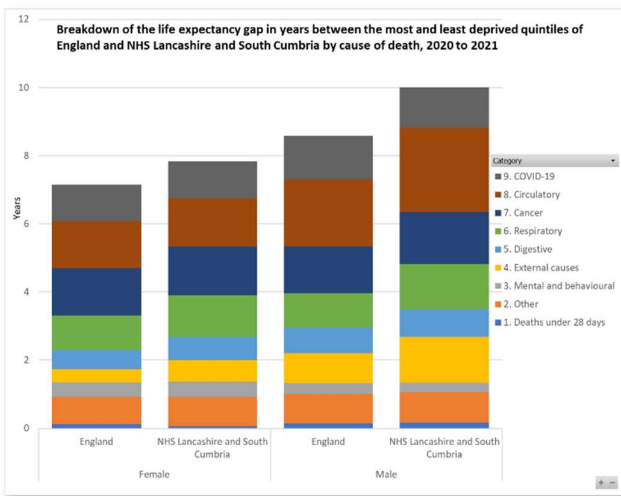


Changes in inequalities across England, 2024 Institute of Health Equity report.

Our health inequalities were starkly exposed during the COVID-19 pandemic with people from the most deprived communities having a higher-than-average likelihood of being admitted to hospital with the disease.



Rising levels of disease



The diseases that contribute to the gap in life expectancy between the most and least deprived areas of L&SC for males and females, are circulatory diseases (ones that affect the heart and circulation, such as stroke), cancer, respiratory and digestive conditions. The gap in life expectancy within L&SC is higher than the average across England.

Source:
<https://analytics.phe.gov.uk/apps/segment-tool/>

There are around 21,000 people across L&SC currently registered with GP practices as having five or more long-term health conditions, this includes cancer, conditions related to the heart and lungs, mental health, and conditions related to the brain and nervous system.

This number doesn't include the proportion of our population who may be showing early signs of these conditions but haven't presented to a medical professional, this is a particular issue within more deprived areas. 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, which is notable as 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.



Health-related behaviour

The causes of health inequalities or disparities are complex, including a range of factors that can positively or negatively influence health, this includes individual health-related behaviour.


These factors are interconnected and to improve health and wellbeing, collaborative work across partners, and with those who have lived experience, is essential.

| | | | |
|--------------------|--------------------|-----------------------------|---|
| Smoking and diet | Social deprivation | Education levels | How much control we feel we have over our lives |
| Access to services | Access to work | Social networks and support | |

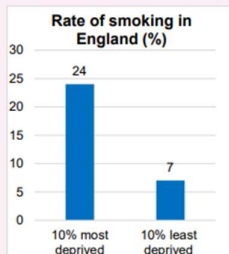
The top six risk factors driving mortality and morbidity are tobacco, high blood sugar levels, high body mass index, dietary risk, high blood pressure and alcohol use, with tobacco causing the greatest ill health and mortality.

The diagram below shows the smoking rates for those within the most deprived geographical areas, and for those within particular groups who have poorer health such as the homeless, those entering prison and those living in social housing. It also shows how smoking rates impact upon health including birth outcomes, severe mental illness, chronic respiratory disease, cancer, and hypertension.

Impact of smoking on Core20PLUS5 in NHS Lancashire and South Cumbria ICB



Core20: Above-average smoking rates among the most deprived reduces their healthy life expectancy and increases pressure on the NHS



In England a third of all smokers live in the most deprived two deciles.¹ In NHS Lancashire and South Cumbria ICB there are 197,000 smokers and 23% of people in routine and manual occupations smoke. Smoking costs your ICB £67.2M a year.²

Annually in your ICB smoking causes:

- 17,039 hospital admissions.³
- 2,518 premature deaths.⁴

Additional impact on communities in your ICB:

- 88,273 smoking households live in poverty.⁵
- 9,704 people out of work due to smoking.⁶
- 40,500 people receive informal care from friends and family because of smoking.⁷

PLUS: The most deprived groups have the highest smoking rates

National smoking rates among:

- People who are homeless (77%).⁸
- People entering prison (80%).⁹
- 11–16-year-olds with a mental disorder (22%).¹⁰
- People in social housing (26%).¹¹

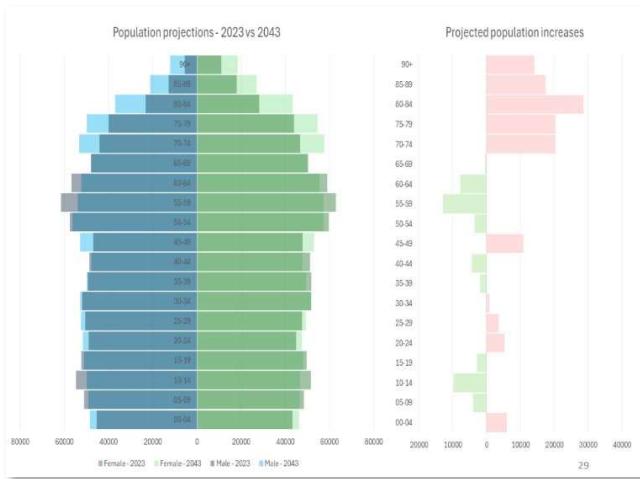
Smoking rates for those receiving addiction treatment in your ICB:

- Those receiving treatment for opioid addiction (79%).¹²
- Those receiving treatment for alcohol addiction (50%).¹³

5: Five clinical areas of focus are all impacted by smoking

| 106. Maternity | 107. Severe Mental Illness | 108. Chronic respiratory illness | 109. Early cancer diagnosis | 110. Hypertension |
|---|---|---|---|---|
| <p>Smoking is the leading modifiable risk factor for poor birth outcomes.</p> <p>In your ICB 12%¹⁴ of women smoke at time of delivery, 1,812 women annually.¹⁵</p> <p style="text-align: center;">Find out more</p> | <p>Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with serious mental illness (SMI).</p> <p>In your ICB 44% of people with SMI smoke.¹⁶</p> <p style="text-align: center;">Find out more</p> | <p>Around 86% of all chronic obstructive pulmonary disease (COPD) deaths are caused by smoking.</p> <p>In your ICB 880 people a year die from COPD.¹⁷</p> <p style="text-align: center;">Find out more</p> | <p>Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths.</p> <p>In your ICB 1,081 people a year die from cancer caused by smoking.¹⁸</p> <p style="text-align: center;">Find out more</p> | <p>Smoking cessation is embedded in NICE guidelines on hypertension because smokers' CVD risk is double that of non-smokers. Nationally 9,300 people a year die from CVD caused by smoking.¹⁹</p> <p style="text-align: center;">Find out more</p> |

Rising numbers of older people



In Lancashire and South Cumbria, there are more people aged over 75 than the national average, and the number of people aged over 85 and older is expected to rise from around 650,000 in 2023, to over 1,000,000 by 2043.

This will further increase pressure on services, it will significantly impact on the demand for beds within hospitals, the complexity of discharges, the demand for packages of care, and the need for provision within the community.

If we do not change the way we deliver services, we will have an unsustainable challenge.

High number of children in care and care leavers

Children in care

Children and young adults in care (CIC) within L&SC, 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.

High numbers of carers



Carers 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 significant 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. It is vitally important that carers are known to the health and care system and supported by it.

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. Of these, approximately 63,000 people provide more than 50-hours of unpaid care a week. 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.

Many carers are not registered with a local authority or GP practice and miss out on vital help and support. Caring can take a heavy toll on individuals, affecting their physical and mental health.

The ICB is an active member of the Lancashire & South Cumbria Carers' Partnership which brings together statutory and VCFSE sector organisations as well as those with lived experience.

We are working collectively to provide more consistent and reliable ways to identify unpaid carers and to ensure they have access to appropriate advice, information, and support. We recognise the importance of involving carers in care planning and ensuring that carer experience is systematically used to improve the quality of services.

High number of veterans

We have approximately 65,000 veterans living in Lancashire and South Cumbria, with almost double the national average living in Fylde, Wyre, and Blackpool where veterans make up between 5 and 6% of the population. Under the Armed Forces Act (2021) certain public bodies, including ICBs have a statutory duty to show 'due regard' to the unique obligations of armed forces personnel and the unique sacrifices made by them. All veterans are entitled to priority NHS treatment for any condition related to their service, including assessment, treatment, aids, and appliances for conditions accepted as being due to their service.

People leaving the armed forces often have worse health outcomes, when compared to the general population.

- 52% of veterans have a long-term illness or disability, compared with 24.5% of the general adult population.
- 23% of ex-service personnel suffer from common mental health disorders, compared to 16% of the general adult population.
- There is a two to four times greater risk of suicide in veterans under the age of 25, when compared to the general population.
- It is estimated that 12% of veterans suffer with PTSD, compared with 4% of the population.

Impacted by

The NHS Operating Model



The focus within the NHS has largely been on treatment, alongside health education and prevention.

The new architecture offers a fantastic opportunity for the NHS to lean into the innovative work of partners much further upstream, to address the determinants of health, as undertaken by local government and wider partners.

The range of organisations involved in supporting our population’s health and wellbeing is significant, and harnessing their collective knowledge, skills, talent, and expertise will be critical to turning the tide.

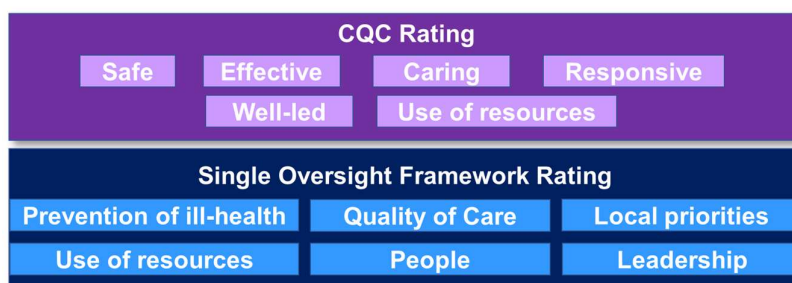
| Organisation | | Determinants of health | Health education | Healthcare | Social care | Wider Wellbeing services |
|--|---|---|--|----------------|----------------|--|
| Council <i>Provision varies depending on whether the council is upper tier* or district level.</i> | | Education * Employment Housing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

Capacity issues

Healthcare quality and outcomes in Lancashire and South Cumbria are affected by workforce availability, the size and quality of our buildings, our underpinning systems 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 limited by gaps in our workforce, the quality of our estate and our historic way of operating which has not enabled us to share resources across our providers. The quality of care also impacts upon costs, where patients wait longer, their conditions deteriorate and are more expensive to treat and where there are inconsistent care processes and blockages, there are more errors and wastage. Where there are gaps in highly skilled clinicians, very expensive agency staff must be sought.

Variable quality of care

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



While there is significant innovative practice across our healthcare providers, as noted in section 5, there is also room for improvement in the quality of the care, with three of our five hospital trusts rated as 'requires improvement'. The difference in standards across our geography also impacts upon our health inequalities.

| Trust | CQC rating | Single Oversight Framework |
|---|-----------------------------|---|
| North-West Ambulance Service (NWAS) | Good (2022) | 2 Plans in place to meet the challenges |
| East Lancashire Hospital Trust (ELHT) | Good (2019) | 2 Plans in place to meet the challenges |
| Lancashire and South Cumbria Foundation Trust (LSCFT) | Good (2024) | 2 Plans in place to meet the challenges |
| Blackpool Teaching Hospital (BTH) | Requires Improvement (2023) | 3 Significant support required |
| Lancashire Teaching Hospital NHS Foundation Trust (LTH) | Requires Improvement (2023) | 3 Significant support required |
| University Hospitals of Morecambe Bay (UHMB) | Requires Improvement (2023) | 3 Significant support required. |

The table below outlines the rating for each provider against the key domains within the Care Quality Commission (CQC) assessment. While all the providers offer a caring environment for our population, further work is needed to ensure improvements are secured in the other domains.

The quality of care improved during 2023-24 with Lancashire and South Cumbria NHS Foundation Trust moving to a rating of 'Good' overall and the rating for the University Hospitals of Morecambe Bay (UHMB) improved also.

| CQC Ratings | | | | | | |
|-------------|----------------------|----------------------|--------|----------------------|----------------------|----------------------|
| Trust | Safe | Effective | Caring | Responsive | Well-Led | Use of resources |
| NWAS 2022 | Good | Good | Good | Good | Good | Good |
| ELHT 2019 | Good | Good | Good | Requires Improvement | Good | Good |
| LSCFT 2024 | Requires Improvement | Requires Improvement | Good | Good | Good | Good |
| LTH 2023 | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| BTH 2023 | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| UHMB 2023 | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement | Requires Improvement |

Waiting times for care

During COVID-19 many operations were cancelled, and this has created a significant backlog of patients waiting for treatment, affecting the waiting times for care. Variations in the level of available workforce and the quality of the estate, also impact upon care processes, quality, and patient 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.



Impacted by

Workforce availability

A significant factor impacting on available NHS capacity is the availability, skill mix and application of our workforce across Lancashire and South Cumbria. We face significant problems with recruiting the people we need and retaining them, particularly within some localities, sectors and staff groups. Our vacancy rates have risen from 4% to 6.5% since 2021 and our sickness absence rates have risen more than national and regional levels. As many health and care providers across the country face the same challenges, it means providers are often competing for the same staff.

- We are seeing rising vacancy rates.
- We have some of the highest levels of sickness absence in England.
- We have 8000 staff who are over 55 and close to retirement.

Our ability to attract staff is impacted by the condition of our infrastructure and the reputation and quality of our services. The restraints of the physical environment mean that our people are not fully optimised and our ability to embed technical and innovative solutions to support the automation of some processes to release pressure on staff is not fully realised. The combined consequence of difficult-to-fill roles; inequality in investment in some service areas; and constraints to improving ways of working, affects staff morale and wellbeing resulting in the need for high levels of agency staff. This comes at a considerable financial cost to the system and also impacts on care.

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 full-time equivalent 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. This combines with similar workforce pressures witnessed across the other primary care pillars of Community Pharmacy, Optometry and Dentistry. Our adult social care workforce faces high vacancy rates of 7.5% with, despite growing numbers of posts, the number of vacancies as a proportion of total posts having not improved since 2019/20.

Digital and data expertise is critical to enable digitally enabled transformation to ensure the long-term sustainability of the health and care system: 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 needed to implement, optimise, and embed technologies for the benefit of our patients, citizens, and the wider workforce. These digital and technological advances - along with opportunities posed by genomics - present opportunities to enhance and reform the way things are done within our services, but this will require new and additional skills as well as dedicated time in order to embed and maximise those opportunities.

The NHS Staff Survey results across our system show staff scores remaining constant on the 'we are recognised and rewarded', 'we are safe and healthy improving', and 'we are compassionate and inclusive' themes. However, staff still report having lower levels of morale than in 2020. We must ensure within this climate of continual national, regional and local commentary, rising pressures and financial scrutiny that looking after our staff remains a critical priority.



Driven by

Estates

The condition of our hospital estate has a marked impact on the quality of care we can provide, impacting on our ability to recruit, and limiting our ability to transform care. Our estate needs both significant investment and radical reimagining if we are to deliver quality care and improved health outcomes for the future.

- **Ageing estate** - all our hospitals were built many years ago and at present our capital allocation is being spent on maintaining our ageing estate and equipment rather than on innovative transformation projects.
- **Overcrowding** – the hospitals were developed to meet historical care standards and for far fewer patients, leading to overcrowding and 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 upon the wellbeing of our staff and increases the frequency of elective surgery being cancelled.
- **Limited single rooms, toilets and showers** leading to a poorer experience of care within L&SC. 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.



Driven by

Operating Model

Competition rather than collaboration

The historical legislative framework hampered our ability to work collaboratively across our providers to solve our challenges around workforce. For more than 30 years, the cultural and legislative landscape of the NHS was underpinned by competition within an ‘internal market’, and while initially showing some benefits, over the long term it has:

- created waste and inefficiency.
- created a barrier to improving quality.
- created a significant cost burden for providers.
- adversely affected quality across Lancashire and South Cumbria
- starved services of much-needed investment. In recent years have hospitals started to collaborate across geographical areas, establishing regional centres of excellence and working together rather than against each other.

Hospital centric model

The healthcare delivered within hospitals consumes a significant proportion of our spend. Acute hospital care is very expensive, and at present we have patients being cared for in a hospital setting because there is no community alternative. It 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.

To change the model of care delivery we will need to strengthen 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, both across our places and through integrated neighbourhood teams, harnessing the use of digital technology.

This isn't easy to achieve however as 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 working with partners to support prevention upstream, which is driving demand for primary and community care through an ever-increasing burden of disease.

There are also significant pressures across the primary care and community health estate. While there has been some localised investment, there is 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, estate, and wider infrastructure.

Maturity of our digital, data and technology infrastructure.

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.
- Data flows and access from out-of-hospital settings need to be developed further. This work is underpinned by an understanding of the technology to enable Whole System Flow, which is an immediate priority for action.
- 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.
- Improving the recording of ethnicity across all organisations across Lancashire and South Cumbria is a key priority.
- Innovative technology to support care for our population is in use although we need to look at scaling these across Lancashire and South Cumbria. This includes remote monitoring, tele-care, technology-enabled virtual wards, and patient-initiated follow-ups.
- 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, 4% of the population nationally are offline and 25% are still considered to have the lowest level of digital capability. Digital exclusion is closely related to health inequality and inequity, and given the challenges in Lancashire and South Cumbria, proportions of people unable to access online services is likely to be higher.

System spend



As a result of the demand and capacity drivers discussed above, the NHS and local authorities are under significant pressure financially, and facing much higher demand for services than they can fulfill.

The NHS is overspending, and the system must be in an underlying financial breakeven position by 2026/27. Across the next three years the NHS must plan for break-even in-year - using non-recurrent options across the resources available. It must also make significant improvements and efficiencies in the way that it delivers services and start to tackle the

demand and capacity drivers of these issues. Local authorities must deliver balanced budgets every year.

There is an urgent need for NHS and local authorities to work differently in how they deliver services, and to maximise the value for money from the public pound.

The implications

The analysis of our current issues tells us that to improve the health and wellbeing of our population and to reduce the inequalities, we need to:

Where our Joint Forward Plan needs to focus

1 **Ensure we are spending our £4.4 billion of healthcare resources wisely by exploring opportunities to work differently, reduce costs and ensure sustainability.**

- *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.
- *Explore opportunities to share resources* across the NHS family.
- *Reduce long-term healthcare demand* by supporting people to stay well for as long as possible, reducing the pressure on the healthcare system (as below).
- *Optimise the quality of care* across Lancashire and South Cumbria.
- *Reduce variation in the quality, consistency, and processes for care*, as variation can create additional demands for care such as re-admissions.

2 **Reduce and manage the unsustainably increasing demand for care by taking action on prevention and addressing inequalities.**

- *Provide targeted support for communities and demographics with the greatest health issues* by undertaking targeted action at system, place, and neighbourhood level.
- *Take joined-up action with partners on the social determinants of health* such as unpaid care.
- *Support our population to make healthy lifestyle choices.*
- *Screen our population for diseases and intervene early to keep people well* for as long as possible.
- *Empower our population to actively manage their health and wellbeing*, including support to access digital tools and applications.
- *Work with our population to understand the drivers of their health choices* and co-produce the development of any solutions.

2 **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.

3 **Improve the quality of care and clinical outcomes by working 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.

7. Our System Vision

Our system vision for our population was developed with our partners and can only be achieved by working in partnership with all the organisations that contribute to the health and wellbeing 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 wellbeing in its widest sense, requiring the NHS and all its partners to work very differently from how they have in the past.

| | |
|-------------------|--|
| Our Vision | <p>We want our population to live longer and healthier lives which will be enabled by:</p> <ul style="list-style-type: none"> • Healthy communities. • Caring, safe, high-quality and efficient services. • Excellent health and care services that are centred around the needs of our communities, and offer high-quality employment opportunities for our workforce. |
|-------------------|--|

Together we will measure our long-term success over the next seven to ten years by our ability to enable our population to live longer and healthier lives.

| | |
|-------------------|--|
| NHS values | <p>The NHS is committed to the National NHS constitution values of:</p> <ul style="list-style-type: none"> • Delivering high-quality, patient-centred care which improves people’s lives - with compassion, humanity, kindness, respect, and dignity. • Making the most efficient and effective use of the healthcare resources across Lancashire and South Cumbria. |
|-------------------|--|

Our work to enable and empower local people to live longer and healthier lives relies on strong relationships between the NHS and all our partners which impact upon health, care, and wellbeing.

| | | | |
|--------------------------------|---|---|---|
| Our Partnership working | <p>The Lancashire and South Cumbria Integrated Care Partnership has developed an ambitious vision, and is working to harness the collective knowledge, skills, and talents of partners to improve our population’s health, wealth, and happiness.</p> | | |
| |  <p>Be healthier Improve our health and wellbeing and reduce inequalities</p> |  <p>Be wealthier Improve the economic prosperity of our communities</p> |  <p>Be happier Live more fulfilling lives and feel more connected to our communities</p> |

The partnership has 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 been built upon a review of health inequalities as undertaken 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. The ICB’s commitments to action within the Integrated Care Strategy are fully reflected in this Joint Forward Plan.

Our Pledges

| Our Pledges to Our Population | | |
|-------------------------------|---|---|
| 1 | You will have healthy communities | You will be supported to keep well both physically and mentally by health and wellbeing 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. |
| 2 | You will have high-quality and efficient services | You will: <ul style="list-style-type: none"> • Have access to high-quality and patient-centred services. 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. • Have access to joined up and coordinated services and support, which is easier to navigate and access. • Be treated with compassion, humanity, kindness, respect, and dignity in accordance with the NHS values. |
| 3 | 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 co-produce 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 Staff | |
|---|--|
| You will have access to more opportunities and more support for your health and wellbeing | <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.</p> <ul style="list-style-type: none"> • You will have access to a wider range of job opportunities and routes for development as we develop new roles across our system. • You will have the opportunity to share your expertise and make a difference across a wider geographical area. • You will be supported via digital tools to focus more time on patient care and less time on unnecessary bureaucracy. • You will be offered more flexible working opportunities where possible, to enable you to balance your work and home life. • You will be provided with more added value health and wellbeing support, including assistance with financial issues and mental health. • You will be treated with compassion, humanity, kindness, respect, and dignity, in accordance with the NHS values. |

| Our Pledges to Our Partners | |
|--------------------------------------|---|
| We will work together in partnership | <ul style="list-style-type: none"> • We will work collaboratively with our partners at every level of the system. • We are committed to widening our understanding of the role and contribution of all our partners in health and wellbeing, to ensure the programmes of work we jointly develop can meet the challenges our population faces, and to enable us to make the biggest difference to the health and wellbeing of our population. • We are committed to developing a shared culture across our system. |

8. Our Strategy

Our strategic priorities

We have identified five long-term strategic priorities, which together will enable our population to live longer and healthier lives. The vital importance of collaboration, partnership, engagement, co-production, and integration, underpins all our work.

| STRENGTHEN OUR FOUNDATIONS | | |
|--|--|---|
| <p>Improve our long-term financial sustainability and value for money through transformation with providers, and a fully- fledged financial recovery programme.</p> | | |
| IMPROVE PREVENTION | IMPROVE AND TRANSFORM CARE PROVISION | |
| <p>Prevent ill-health to reduce the unsustainable level of long-term disease and reduce inequalities by collaborating with partners.</p> | <p>Integrate and strengthen primary and community care at neighbourhood and place with partners and providers and move care closer to home.</p> | <p>Improve quality and outcomes through standardisation and networking with providers.</p> |
| WORLD CLASS CARE | | |
| <p>Deliver world-class care for priority disease areas, conditions, population groups and communities.</p> | | |

Our enablers

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

| Working differently as a system | | |
|--|--|---|
| <p>Research to drive innovation, transformation, and new ways of doing things</p> | <p>Reducing health inequalities using population health management and public health expertise.</p> | <p>Integrated working through collaboration with all our wider partners.</p> <p>Strengthened places and neighbourhoods.</p> |
| <p>Empowering our population including public and patient engagement and personalised care.</p> | <p>Harnessing our role as an anchor institution to support social and economic development.</p> | |
| Getting the basics right for the system | | |
| <p>Comprehensive workforce plan across all organisations and sectors.</p> | <p>Buildings, infrastructure, digital and environmental plans.</p> | <p>Safeguarding children and vulnerable adults.</p> |
| Delivery plans | | |
| <p>Including joint governance and accountability frameworks and performance measures.</p> | | |

Our system operating model

To achieve true partnership working and integration, a system operating model is needed that clearly defines the rules of engagement with our partners and all organisations within the NHS family, at system, place, and neighbourhood levels.

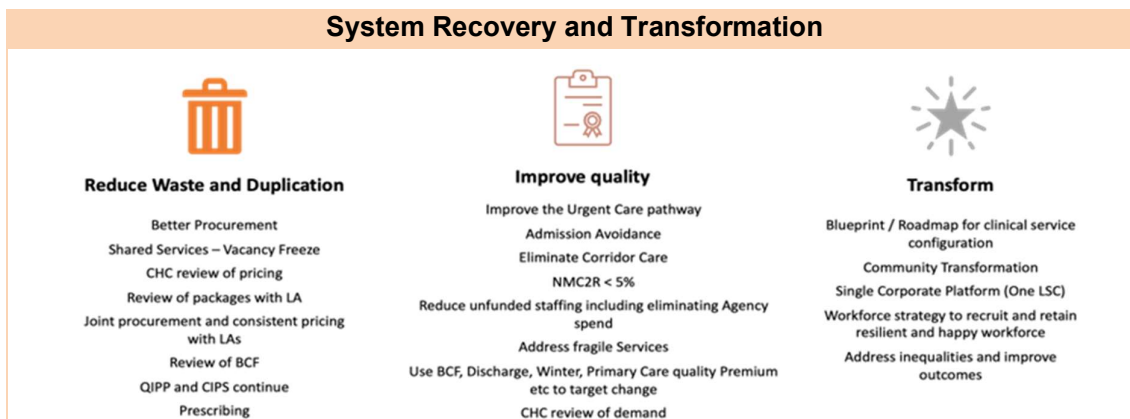


Working holistically with partners to improve health and wellbeing at system, place and neighbourhood will require a shift in thinking and mindset - each organisation has its own culture and ways of working and to really benefit from working together, all organisations need to be open-minded and willing to learn from each other.

An essential part of this new way of working will be making the best use of 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.

Recovery & Transformation



Our Recovery & Transformation approach focuses on improving quality and transforming services to meet the needs of the people we serve, while also reducing waste & duplication.

An NHS System Recovery and Transformation Board has been established to provide assurance to the ICB and Trust boards on the closure of our financial deficit across the next three years, via the delivery of our collective programmes. Senior leaders from across the ICS will oversee this critical programme of work, which builds on foundations set during 2023/24 during which time we delivered more cost improvement plans as a system than in any previous year.

The Recovery and Transformation Programme Board is led by the ICB and involves colleagues from across all our NHS Trusts. The purpose of the board is to ensure we have the right commitment and focus to deliver agreed plans that will positively impact agreed key performance measures, move toward a Single Oversight Framework score of two or better, a CQC score of Good or better, and financial balance, in line with our agreed three-year recovery plan and covering the three key components.



We have agreed three key inter-related arms to our recovery & transformation programme, and each has both a 1–3-year recovery focus and a long-term transformation ambition.

The programmes will help to deliver several of the long-term strategic priorities set out in the JFP.

They will support the embedding of our new models of care and give us the opportunity to improve services and outcomes for our population and staff. Each programme is intrinsically linked together.

Our programmes will work together to inform new models of care for the New Hospitals Programme and the provision of health and social care, and our offer for mental health, learning disabilities and autism is integrated within ‘Transforming care in the community’ and ‘Transforming care in our hospitals’.

More details on the Recovery and Transformation programmes are provided in the following sections – although we have mapped the detail to the following strategic priorities, the impact of each programme can be seen to be made across several priorities.

| Recovery & Transformation Programme | JFP strategic priority chapter |
|--|--|
| Quality improvement with better use of resources | Strengthening our financial foundations |
| Transforming Care in the community | Integrated community and primary care services |
| Transforming care in our hospitals | Improving quality & outcomes |

Measuring success

We will measure our success for each of our five long-term strategic priorities using the measures in the table below, with clarity on accountability for delivery of key performance metrics at system, place, and neighbourhood levels.

| STRENGTHEN OUR FOUNDATIONS | | |
|---|---|---|
| Improved sustainability of the system as measured via the overall financial position. | | |
| IMPROVE PREVENTION | IMPROVE AND TRANSFORM CARE PROVISION | |
| Targeted work with communities to reduce health inequalities. Enhanced prevention programmes. | 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 ICS

The five long-term strategic priorities for the system can be mapped to the delivery of the four pillars of integrated care systems:

| JFP Priorities | | Integrated Care System 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 ICB Strategic Objectives

The five long-term strategic priorities for the system can be mapped to the delivery of the ICB's six strategic objectives– the Board takes account of contributions towards these objectives within its decision-making and evaluation processes.



The five long-term strategic priorities for the system can be mapped to the delivery of the ICB strategic objectives as below.

| Our JFP System Strategic Priorities | | ICB Strategic Objectives | | | | | |
|-------------------------------------|---|--|-------------------------|-----------------|------------------------|-----------|------------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality | Meet financial targets | Workforce | Strategies |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

9. Our long-term strategic priorities

9.1 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.

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.

| What we need to do | |
|--------------------|--|
| 1 | Optimise the spend and value for money of the system's £4.4 billion budget |
| 2 | Make the best use of our capacity to deliver health and care |
| 3 | Make the best use of our systems and processes. |

In order to achieve these objectives, we are working across the system on the following actions:

| What we need to do | How we will do it |
|---|--|
| <p>1</p> <p>Optimising the spend and value for money of the system's £4.4 billion budget.</p> <p><i>This links to our recovery & transformation programme and our place plan.</i></p> | <ul style="list-style-type: none"> • We will develop joint programmes to make the ICB and our providers more efficient. • We will leave no stone unturned in the search for efficiency and effectiveness of how we spend the LSC pound. • We will take tight control of spending across NHS partners and remove any unfunded costs. • We will reduce duplication, combine back-office functions across providers and reduce administrative costs wherever possible through our One LSC programme. • We will reduce the ICB back-office costs and our carbon emissions by enabling our workforce to work in an agile way. • 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. |
| <p>2</p> <p>Making the best use of our capacity to deliver health and care</p> <p><i>This links to our recovery & transformation programme.</i></p> | <ul style="list-style-type: none"> • We will network and reconfigure our clinical teams across our providers to increase their resilience and reduce costs, with an initial focus on 'fragile' services. • We will reduce the environmental impact of our buildings and vehicles through implementation of our infrastructure and green strategies. • 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"> ○ Expanding and strengthening primary and community care including integrated neighbourhood teams. ○ Enhancing intermediate care including the use of remote monitoring and virtual wards. |

| | | |
|---|--|--|
| 3 | <p>Making the best use of our systems and processes</p> <p><i>This links to our prevention priority and the recovery & transformation programme.</i></p> | <ul style="list-style-type: none"> • We will increase the efficacy of clinical and care pathways through the development of our system clinical strategy. • We will develop seamless pathways across providers and partners. |
|---|--|--|

Critically underpinned by:

| | |
|--|---|
| <p>A reduction in the long-term demand for healthcare services</p> | <p><i>The work programme with partners for this area is detailed within the next section.</i></p> <ul style="list-style-type: none"> • 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. • We will work with local people to empower them to take more responsibility for their health and wellbeing, signposting them to services and providing coaching. |
|--|---|

We have already made progress against these actions:

Our work to strengthen our foundations in 2023-24

- **A system recovery and transformation programme has been developed** with anticipated benefits for patients including a strong focus on enabling people to stay well at home through improved long term condition management, enhanced integrated neighborhood teams and a focus on reducing waiting times.
- **Enhanced cost controls have been implemented** to ensure best use of available resources, reduce discretionary spending, and remove unfunded costs.
- **We have reduced duplication and waste across our services** and consolidated some transactional functions across our providers to enable better use of our valuable resources and improve value for money.

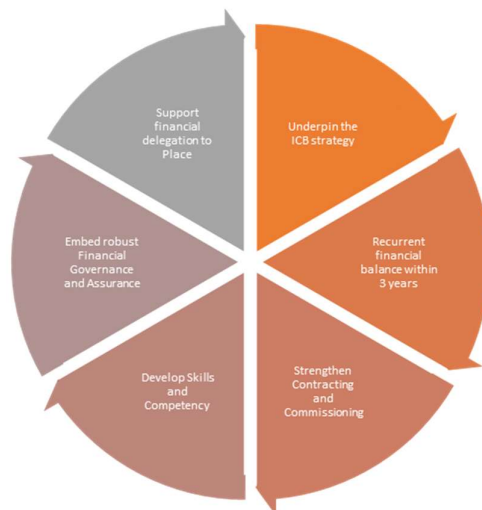
Our System Financial Framework

Lancashire and South Cumbria ICS must be in an underlying financial breakeven position by 2026/27.

We have three years to make significant improvements and efficiencies in the way we deliver services and for each of those years:

- the system needs to plan for break-even in-year, using non-recurrent options across the resources available.
- we need to address the underlying demand and capacity drivers of our financial position, which is linked to how our services are delivered.

Our financial framework is based on a number of clear principles and underpins both the Joint Forward Plan and our recovery and transformation programme.



The core principles are described in more detail below.

Our financial framework principles

| | |
|--|--|
| Underpin the ICB long-term strategic priorities | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Strong commissioning strategy and contract review process, in conjunction with local government. • Greater openness and transparency in working collaboratively with partners. • Mechanisms and governance to review acute contracts at place level. |
| Develop skills and competencies | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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. |

Alignment of the Recovery and Transformation Programme

| | Recovery & Transformation Programme | JFP strategic priority |
|---|--|--|
| 1 | Quality improvement with better use of resources | Strengthening our financial foundations |
| 2 | Transforming Care in the community | Integrated community and primary care services |
| 3 | Transforming care in our hospitals | Improving quality & outcomes |

Quality improvement with better use of resources

| One Lancashire and South Cumbria (One LSC) | | | |
|--|---|-------------------------------------|--|
| Shared learning and professional development | Increasing the resilience of our services | Standardising processes and systems | Working differently including jointly managing vacancies |



A key part of this arm of recovery and transformation is the creation of One LSC.

It will enable us to bring many central services together across the five different Trusts under one leadership team and enable them to work together to provide services for and on behalf, of us all.

There will be one team serving Lancashire and South Cumbria in a joined-up way.

The benefits include:

- opportunities for shared learning and professional development.
- increased resilience of our services so we can better manage changes in demand, vacancies, and sickness, thus improving our colleagues' work-life balance.
- standardisation of systems and processes to enable a reduction in variation and duplication, so we can run in a more efficient and effective way – enabling us to reduce costs and our collective deficit and support our health system's financial recovery.
- joint management of vacancies across the system to provide the opportunity for us to work differently, including improved redeployment opportunities, and a reduction in the headcount where appropriate. This will reduce the risk of potential compulsory redundancies in the future.

The delivery of the other arms of the Recovery and Transformation programme, including the transformation of care in hospitals and in community settings – will deliver improved quality of care as well as enhancing the cost-effectiveness of that care. Transformed services and pathways will contribute to an improvement in the long-term sustainability of our system. While we have mapped these programmes against other strategic priorities, the impact on the financial foundations should also be acknowledged.

Alignment of the ICB strategic objectives

The delivery of this JFP strategic priority can be mapped to delivery of ICB strategic objectives as follows:

| JFP Priorities | | ICB Strategic Objectives | | | | | |
|----------------|---|--|-------------------------|------------------|------------------------|-----------|------------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality. | Meet financial targets | Workforce | Strategies |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

9.2 Priority two - Preventing ill health and reducing inequalities.

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



What we need to do

- Develop a joint programme of work across all partners to improve the health and wellbeing of our population.
- Improve prevention, support healthy lifestyles, and reduce inequalities.
- Support broader social and economic development.

In order to achieve these objectives, we are working across the system to:

| | | |
|---|---|---|
| 1 | <p>Develop a joint programme of work across all partners to improve health and wellbeing</p> | <ul style="list-style-type: none"> • We have developed an Integrated Care Strategy working collaboratively with ICP 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. • We will support the mobilisation of effective place-based partnerships as the key delivery vehicle for our joint working at place. • We will act at system, place and neighbourhood level, responding to different communities’ needs to ensure health inequalities are addressed. • 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 wellbeing in our communities. • 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. |
| 2 | <p>Improve prevention and support healthy lifestyles.</p> | <ul style="list-style-type: none"> • 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. • We will prioritise implementation of the NHS LTP-funded tobacco dependency treatment pathways in maternity, mental health, and acute inpatient services. • We will ensure prevention plans focus on tobacco and inequalities and are developed with local government public health colleagues. • 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. • 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. |

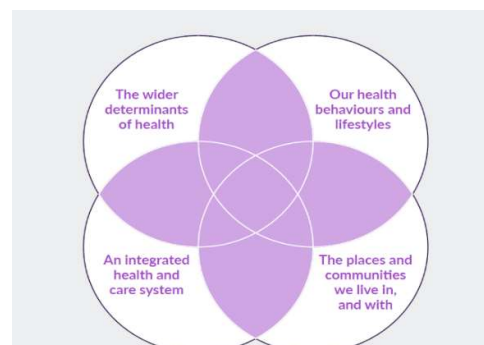
| | | |
|----------|--|---|
| 3 | Reduce inequalities | <ul style="list-style-type: none"> • We will undertake targeted work to support a reduction in health inequalities at system, place, and neighbourhood level. This will include initiatives to support those with the greatest health inequalities including specific population groups with poorer than average access, experience and/or outcomes. This work is supported by the national Core20PLUS5 programme. • 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. • 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. • 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. • We will fulfill our statutory duty to members of the Armed Forces, veterans, and their families to reduce health inequalities and remove barriers to accessing services. |
| 4 | Support broader social and economic development | <ul style="list-style-type: none"> • We will harness the role of the NHS as an anchor institution to make a difference in our communities. • We will drive social value and inclusive economic development via the commissioning and procurement of goods and services. • We will work with educational establishments and local employment services, to encourage people to take up health careers. • We will have a collective focus on work and health through the delivery of the Work Well Vanguard programme. |

To improve the health and wellbeing of our population, we will connect and integrate health and wellbeing services across the system and focus greatest attention on those areas where people are currently experiencing the worst access, experience, and outcomes.

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. This shift towards prevention of ill health will also contribute towards making our healthcare system more financially sustainable.

To prevent ill-health the NHS will increase its contribution to population health and wellbeing. Underpinning this is the intention to level-up health and wellbeing for our population and, with partners, to address systemic inequalities in their life chances.

We will 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.



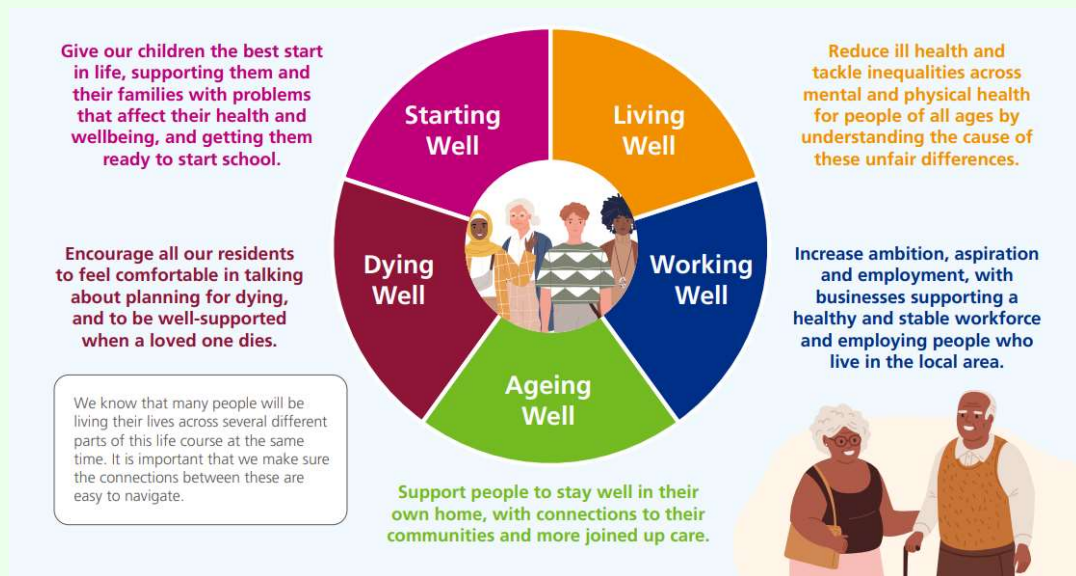
(2018), Buck et al, A vision for population health: Towards a healthier future, The King's Fund

A priority focus for support in encouraging 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 partnership work to improve the lives of our population in 2023-24.



- ✓ **The partners across L&SC have collaboratively developed an Integrated Care Strategy,** which details the joint programmes of work across the whole life course of our population, both across the system and within our places. It 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.



- A significant proportion of the strategy is being delivered through our four place-based partnerships, on a neighbourhood, single-place, or multi-place footprint, tailored to the needs of the communities within them. *The innovative work being undertaken within our places, is outlined below.*
- The ICP will identify a small number of system wide priorities to focus on each year. This will enable us to harness the opportunities of working in collaboration with all organisations within the NHS and our wider partners to focus on priorities that can be delivered consistently across the Lancashire and South Cumbria footprint. Priorities will be refreshed and updated each year with outcome metrics developed to measure impact.

Our joint programmes of work across the whole life course of our population.

| | |
|----------------------|--|
| Starting Well | <p>Together with our partners we will support our population to start well.</p> <ul style="list-style-type: none"> • Integrated support for families • Supporting those with the poorest health • Support for children to achieve their potential at age three |
| Living Well | <p>Together with our partners we will support our population to live well.</p> <ul style="list-style-type: none"> • Support for the unwell • Support for healthy lifestyles • Support for the causes of ill health. |

| | |
|--------------|--|
| Working Well | <p>Together with our partners we will support our population to work well.</p> <ul style="list-style-type: none"> • Career support for young people • Skills development • Support for wellbeing at work. • Support for local development <p><i>Our partnership work across the system to support our population to Work Well</i></p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="background-color: #2c4e64; color: white; padding: 2px;">Working Well</p> <p>WorkWell - enhancing employment levels across the system.</p> <p>Lancashire & South Cumbria will be a trailblazer for WorkWell, a national initiative designed to help people with health conditions, remain in or return to work. The ICS has successfully secured local investment of £455,436 and will be one of the 15 Vanguard areas to pilot the WorkWell programme.</p> <p>A focus on work and health is beneficial for individuals, and also delivers wider positive outcomes through increased productivity, wealth creation and a contribution to thriving communities. WorkWell will provide holistic support to overcome health-related barriers to employment, and a single, joined-up gateway to other support services. It will connect people to services including physiotherapy and counselling so they can get the tailored help they need to stay in or return to work. The success of the pilot will inform wider rollout of the WorkWell service across the country.</p> </div> |
| Ageing Well | <p>Together with our partners we will support our population to age well.</p> <ul style="list-style-type: none"> • Integrated support for frail older people • Choice and control over care • Keeping older people active. |
| Dying Well | <p>Together with our partners we will support our population to die well.</p> <ul style="list-style-type: none"> • Talking about dying • Personalised end-of-life planning. • Bereavement support |

Our historic partnership agreement with the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector during 2023-24.



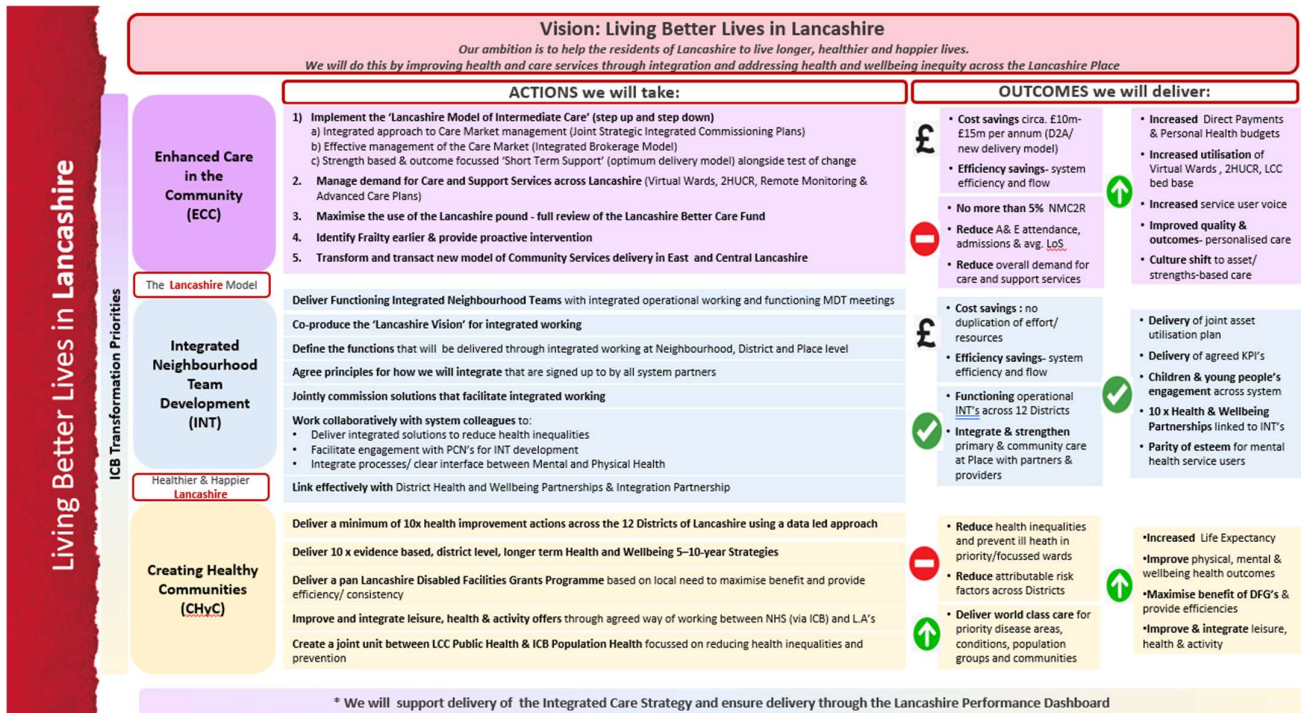
The ICB signed a partnership agreement with the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector in May 2023. It is a clear statement of intent to working in partnership with the sector and a recognition of the hugely valuable contribution of VCFSE partners in improving health outcomes for the population of Lancashire and South Cumbria.

The sector plays a unique role in addressing health inequalities and promoting engagement through lived experiences and this agreement aims to increase VCFSE involvement in decision-making processes, promoting community engagement and prevention across service planning and commissioning, and harnessing the creativity and innovation that the sector offers.

Improving the lives of people in our places

The innovative plans of our four places to improve the lives of their residents, in collaboration with their local partners are outlined below, together with some highlights from their work in 2023-24, additional detail is provided within the ICB's Annual Report.

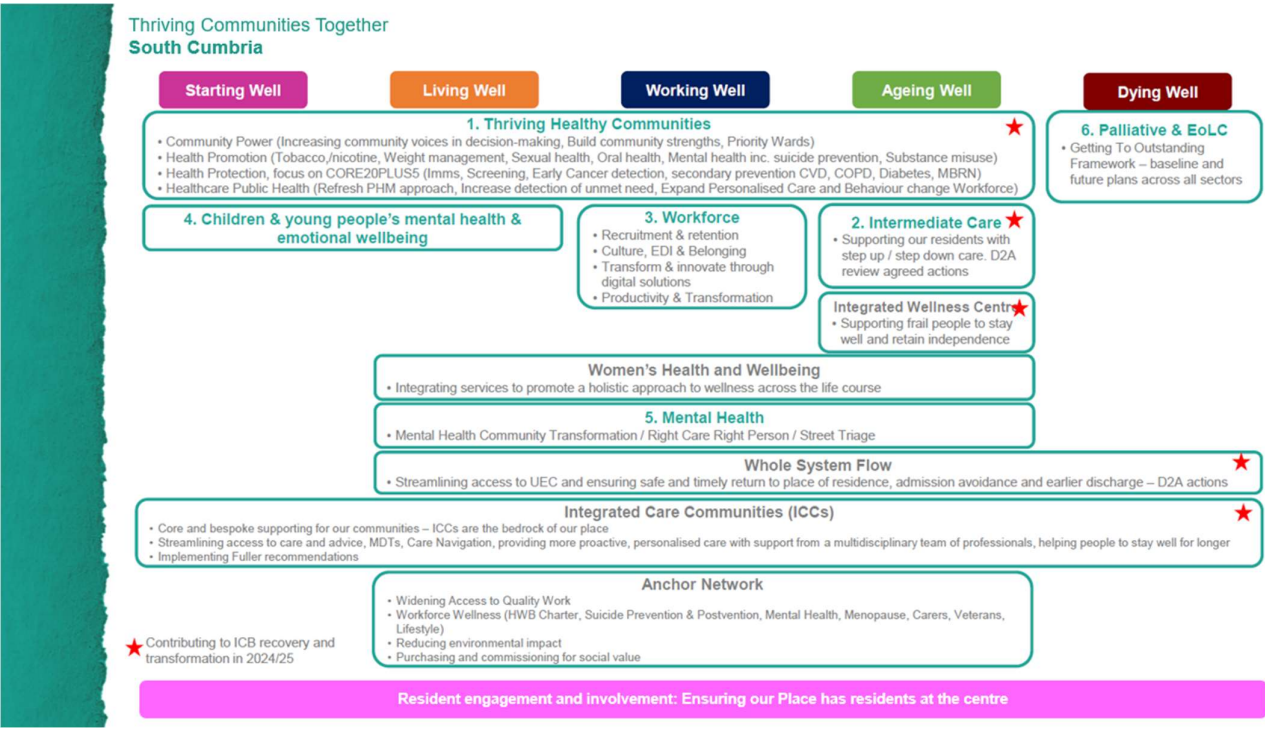
Lancashire Place



Our partnership work across Lancashire within 2023-24 to improve health and wellbeing.

- **A Lancashire Place Partnership (Board)** has been established that meets monthly and has good cross-sector representation including elected member involvement.
- **Our priorities for 2024-25 have been linked to the wider Transforming Care in the Community Programme** and the ICB agreed transformation programmes of Creating Healthier Communities, Integrated Neighbourhood Working and Enhanced Care at Home.
- **Engagement workshops were held** with partners across each of our localities (Central, North and East) to focus on what we at Place should prioritise to do together, and how we can we best work together for the benefit of our residents.
- **Ten Health and Wellbeing Partnerships, covering the twelve districts, have agreed to work across our Place**, these have been used as a mechanism for driving engagement and encouraging a deeper level of collaborative working between partners at a district level.
- **Team collaboration**– for example bringing our Public Health and Population Health Teams together across the Lancashire Place to maximise the benefit of joint planning, spending and delivery and we look forward to seeing the benefits of this joint work in delivery during the next year, for example around the coordinated health checks.
- **Joint work** on the procurement on short term care at home has resulted in a more integrated model being mobilised between health and social care. Similarly, the work on the community equipment for adults has brought together all partners in seeking solutions that benefit residents holistically.
- **Improving Housing** through the use of the Disabled Facilities Grant and integrated working with districts has begun, this will improve hospital discharge.
- **Investing in VCFSE** to make improvements to locality wellbeing offers that prevent ill health from worsening has begun.

South Cumbria Place



Our partnership work across South Cumbria within 2023-24 to improve health and wellbeing.

Westmorland & Furness Council

healthwatch Westmorland and Furness

Celebrating and enabling community excellence through our work

Working collaboratively to raise awareness of careers within health & care, in our most deprived communities, to develop a workforce of the future

“Our Healthier Streets” project geared towards fostering a stronger sense of community and belonging among residents in four streets within a priority ward

Place led work with University Hospitals of Morecambe Bay to reduce delays to discharge & creating an Integrated Wellness Centre to prevent readmission for frail and older persons

Our Integrated Care Communities promote and maintain independence of residents, improving quality of life, reducing the risk of hospital admission and supporting safe and timely discharge from hospital

Poverty Truth Commissions set up in Barrow & South Lakes to understand what would be different if people who experience poverty were involved in making decisions to tackle it

Breathing Advice Drop-in Clinic

Listening to the voice of our local carers, improving direct access and signposting to support offers, and supporting carers in our workplaces.

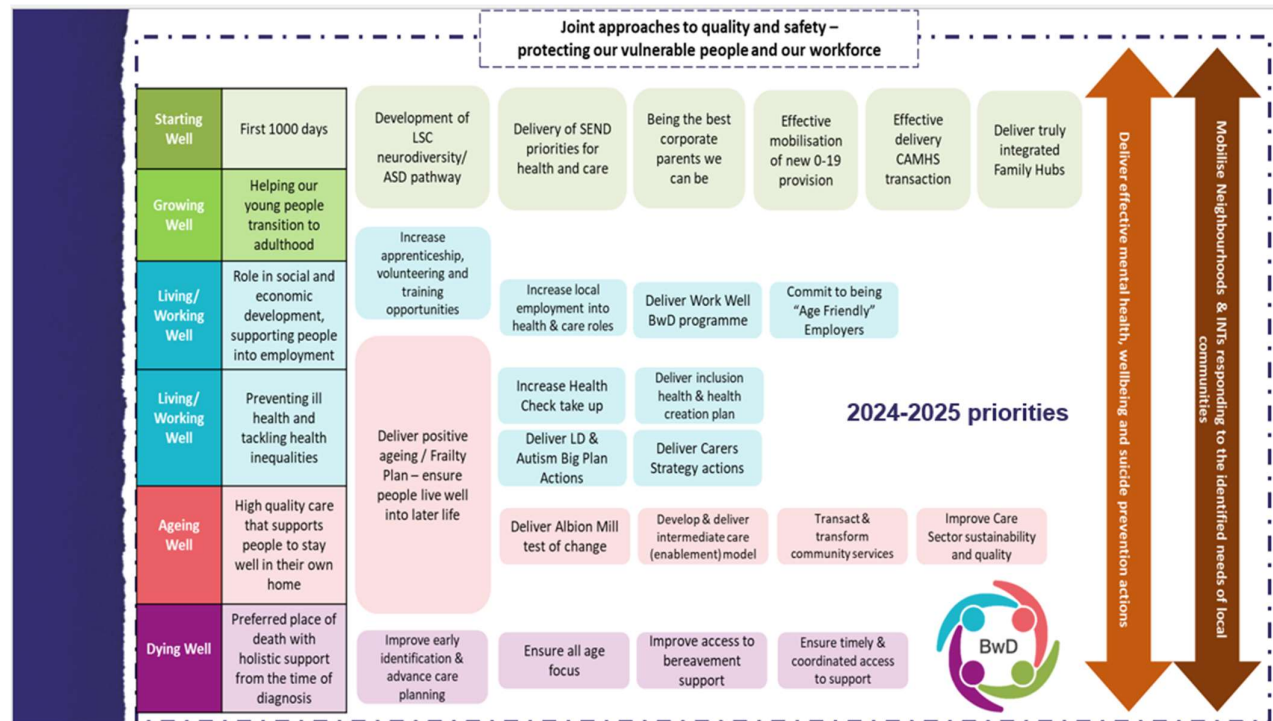
Thriving Communities Together South Cumbria

CORE20 PLUS 5

MORECAMBE BAY RESPIRATORY NETWORK

Introducing an accessible model of respiratory care by taking our specialists into the community to identify + support undiagnosed and poorly managed respiratory disease

Blackburn with Darwen Place



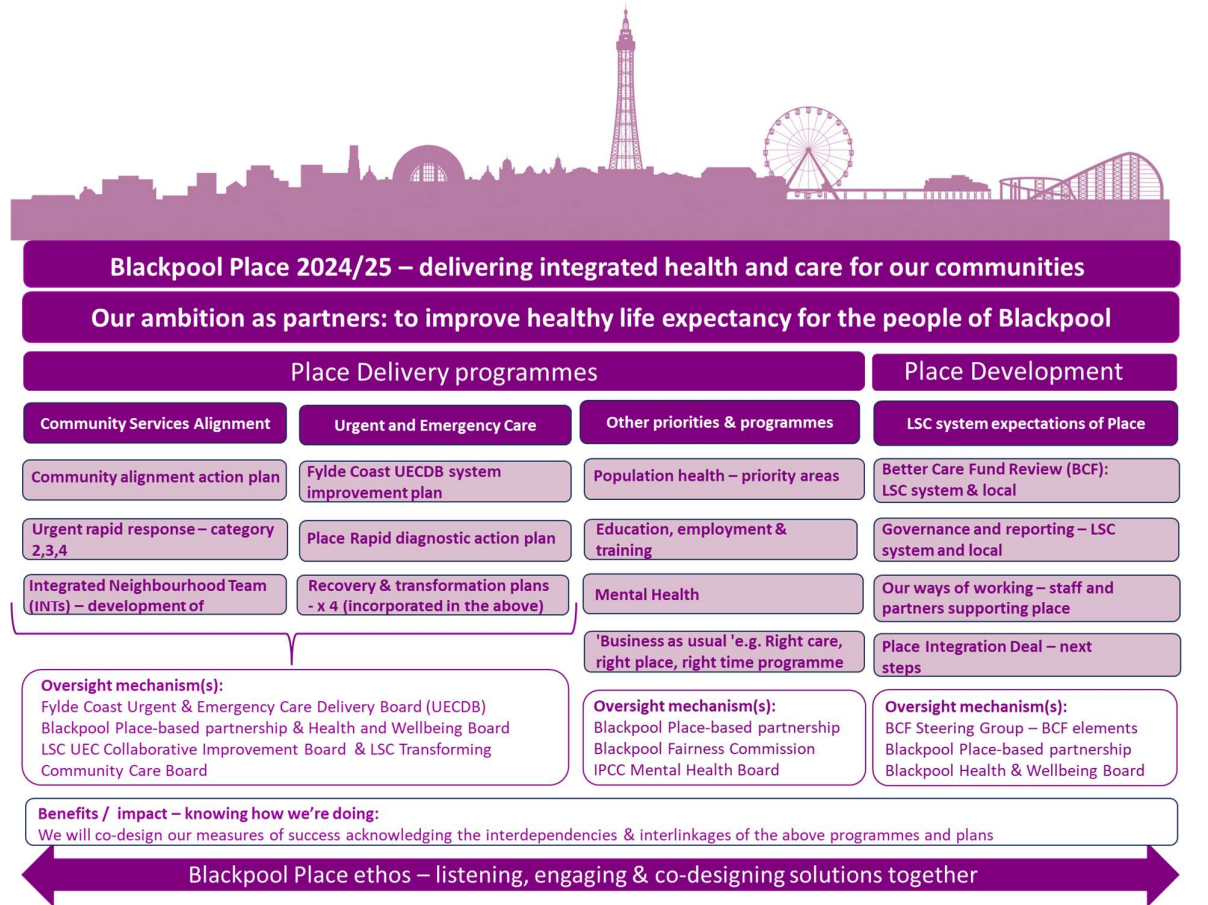
Our partnership work across Blackburn with Darwen within 2023-24 to improve health and wellbeing.

- **Start Well** – we have built a strong partnership with our Family Hubs including innovative delivery of vaccination and immunisation, emotional and mental health and well-being and preparation for SEND review, working closely with parents/carers to raise awareness of health services and support. We have supported Family hubs and Children centres in BwD to work with all four Primary care networks to ensure that flu vaccinations are at a more local level and therefore accessible.
- **Live Well** - the focus has remained on reducing ill health and tackling inequalities ensuring healthier hearts and healthy minds for all residents, and in particular for vulnerable people. Also working to increase delivery and uptake of health checks and enhanced health checks.
- **Age Well** – Working to embed the BwD Positive Ageing Framework, including our partner organisations adopting the Age Friendly Employer Pledge. We are driving an enhanced our focus on frailty within our Integrated Neighbourhood Teams, with a plan to roll out frailty identification training across primary care and neighbourhood teams.
- **Die Well** – Completion of Getting to Outstanding review and action plan for implementation in 2024-25. Commissioned Healthwatch to undertake insight work about Dying Well in BwD, this insight is informing the action plan development and delivery.

We have also collectively delivered:

- A review and refresh of neighbourhood working, with Local Government Association support and endorsement.
- A test of change model for Albion Mill - our intermediate care facility
- An approved proposal for the transaction of community services (adults and CAMHS) which will allow us to stabilise and improve some of our most vital services.
- Mobilised our community mental health transformation programme including neighbourhood based multi-disciplinary team meetings.
- A wealth of public engagement to promote service awareness and gain insight.
- Developed an integrated induction programme for all health and care staffing working in neighbourhoods.
- Supported a co-ordinated response to UEC system pressures during winter and developed successful funding bids– Work Well Programme; UEC programme.

Blackpool Place



Our partnership work across Blackpool within 2023-24 to improve health and wellbeing.



Early diagnosis, prevention, and reducing inequalities.

As well as taking a holistic approach to health and wellbeing we will take targeted action within our 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 wellbeing playing field.

| Changes in deprivation across Lancashire and South Cumbria | | | | |
|--|-----------------------|-----------------|-----------------|----------------------|
| <i>The % shows the relative ranking of each area of L&SC within England, with 0 indicating the highest level of deprivation and poverty.</i> | | | | |
| Area | Area | 2015 Percentile | 2019 Percentile | Change in Percentile |
| Lancashire area | Blackburn with Darwen | 7.4% | 2.8% | -4.5% |
| | Blackpool | 1.2% | 0.3% | -0.9% |
| | Burnley | 5.2% | 2.5% | -2.7% |
| | Chorley | 57.1% | 55.8% | -1.2% |
| | Fylde | 66.9% | 61.5% | -5.4% |
| | Hyndburn | 8.6% | 5.0% | -3.5% |
| | Lancaster | 38.3% | 28.1% | -10.3% |
| | Pendle | 12.9% | 10.4% | -2.5% |
| | Preston | 22.1% | 14.2% | -7.9% |
| | Ribble Valley | 89.0% | 89.3% | 0.3% |
| | Rossendale | 30.1% | 29.0% | -1.0% |
| | South Ribble | 71.8% | 64.4% | -7.4% |
| | West Lancashire | 50.3% | 48.9% | -1.4% |
| Wyre | 51.2% | 40.7% | -10.5% | |
| South Cumbria | Barrow-in-Furness | 13.5% | 9.8% | -3.7% |
| | Copeland | 19.3% | 26.8% | 7.5% |
| | Eden | 55.8% | 58.7% | 2.8% |
| | South Lakeland | 77.0% | 78.9% | 1.9% |

We have a comprehensive approach to address health inequalities, and we are ensuring 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.

Our work to enhance population health expertise across our system.

Our exceptional and extremely highly regarded population health academy was established with the ambition of providing the workforce in Lancashire and South Cumbria the knowledge, insight, and tools to respond to the growing health inequalities that health professionals see and respond to both in primary care and across the wider health and care system.



It aims to:

- be a catalyst for culture change and for the development of a social movement for health across the whole system in Lancashire and South Cumbria.
- become an initiative that benefits all partners across the system, complimenting existing learning opportunities provided by other partners, and supporting the development of the necessary knowledge, skills and understanding across the workforce to help improve population health and address health inequalities across Lancashire and South Cumbria.
- provide a place where skills, knowledge and innovative ideas can be shared and where colleagues can learn from each other and from work being undertaken across the country and internationally.
- promote the need for effective evaluation, meaningful community engagement and empowerment and the adoption of quality improvement methodology in work designed to tackle unwarranted variation and address health inequalities.

| Reducing health inequalities | | |
|------------------------------|-----------------|--------------------------------|
| The core 20% | The plus groups | The five key priority pathways |

- **The core 20%** - we have 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 described as the 'core 20' per cent with the greatest health inequalities.
- **The plus groups** – we are taking action to support particular population groups which experience inequalities, described as the 'plus groups'.
- **The five key clinical priority pathways**– we are taking targeted action within these five areas. All of this is set out in the national 'Core20plus5' guidance for adults and children.

Targeted action will be taken within priority clinical 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. We will ensure prevention plans focus on tobacco and inequalities and are developed with local government public health colleagues. Our work within the priority areas is detailed within section 9.5.

We will also prioritise implementation of the NHS LTP-funded tobacco dependency treatment pathways in maternity, mental health, and acute inpatient services and 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.

Our work to enhance prevention within 2023-24

Action taken to address smoking and alcohol rates is detailed below. Preventative work across the other disease pathways is detailed within section 9.5.

| Smoking | Alcohol |
|---------|---------|
|---------|---------|

| | |
|---------|--|
| Smoking | <ul style="list-style-type: none"> • Reducing smoking across L&SC: The ICB has worked with the four local authorities Public Health Teams and has agreed a shared "Tobacco Free Lancashire and South Cumbria Strategy (2023-28)" and an aligned workplan with the aim to reduce smoking prevalence to <5% in every neighbourhood. • Support for quitting smoking: The ICB has continued to drive delivery of the smoking dependency service offer for inpatients and pregnant women in and this has now been implemented in every acute Trust. During 2023/24 the ICB commissioned a tobacco dependency service for mental health inpatients within LSCFT sites and this has started to be delivered in quarter 4 with a view to full mobilisation of the service in quarter 1 2024/25. |
| Alcohol | <ul style="list-style-type: none"> • Alcohol care teams: a proposal has been developed to make the case for continued funding of the existing two Alcohol Care Teams and potential roll out across LSC. This was based on a review of the service provision for people with alcohol dependency within emergency departments and inpatient sites across LSC. |

Our work to understand the health needs within our priority wards.

An example of the excellent work which is being undertaken across L&SC to support our priority wards, is shown below, it is a snapshot of the extensive and innovative work which is being undertaken in our places. Further detail on the work and the forward plans of our places is shown examples are shown earlier within this section and within our Annual Report.

In South Cumbria work has taken place with the voluntary sector, to engage with communities in the Central and Hindpool wards of Barrow-in-Furness, to understand why so many people have needed an urgent hospital admission.

**Thriving Communities Together
South Cumbria**

The work has identified four key themes:

- self-harm,
- COPD,
- diabetes,
- diseases affecting children and young people.

Work is taking place with partners to provide direct support in these areas, including:

- Enhanced health checks through the Primary Care Networks.
- Identifying cancers at an earlier stage by improving the screening uptake.
- Introducing an accessible model of respiratory care by taking specialists into the community to identify undiagnosed and poorly managed respiratory diseases.

Supporting the Armed Forces



As an ICB we will commit to signing the Armed Forces Covenant.

As part of this pledge, we will:

- Outline priority areas of work for 2024/25 to increase awareness internally, with partners and providers of NHS services and within our population.
- Work to remove barriers to accessing NHS services and review our employment policies to create more veteran friendly policies to encourage veterans and their families into employment within the NHS.
- Ensure that our commissioned services are paying due regard to the veteran status of our residents and that appropriate and accessible services are provided. In many cases, veterans will connect to the CORE20PLUS5 categories ('CORE20' represents the 20% most deprived areas in England, 'plus' is other groups which also experience inequalities and 5 is five clinical areas of focus nationally),
- Seek to reduce any widening gap in health inequalities and outcomes for this group.

Our work to improve care and treatment for priority groups.

Lancashire and South Cumbria is the first ICB in the North-West to reach the target of having at least one practice per Primary Care Network to receive Veteran Friendly accreditation. This supports the aim of delivering the best possible care and treatment for patients who have served in the armed forces.

Supporting broader social and economic development.

Our work to support broader social and economic development is outlined within chapter 11.

Alignment of the ICB strategic objectives

The delivery of this JFP strategic priority can be mapped to delivery of ICB strategic objectives as follows:

| JFP Priorities | | ICB Strategic Objectives | | | | | |
|----------------|---|--|-------------------------|------------------|------------------------|-----------|------------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality. | Meet financial targets | Workforce | Strategies |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

9.3 Priority three – Integrating and strengthening primary and community care.

Strengthening primary and community care with partners and providers

What we need to do

- Strengthen primary care
- Strengthen community services
- Transform primary and community care provision
- Transform intermediate care provision
- Transform community mental health services



In order to achieve these objectives, we are working across the system on the following actions:

| What we need to do | How we will do it |
|--|--|
| The foundations | |
| Strengthen primary care | <ul style="list-style-type: none"> • We will strengthen existing primary care provision by enabling contractors to come together to consider our collective vision and ambition for a future sustainable Primary Care understand and support a shift from hospital centric to community centric health care delivery. • We will continue to improve access to general practice and community pharmacy through delivery of our Primary Care Access Recovery Plan. • We will delivery our Dental Access and Oral Health Improvement Plan. |
| Strengthen community services | <ul style="list-style-type: none"> • We will integrate primary care with community services into primary care networks. • We will review community services to understand the gaps, address unwarranted variations, tackle inequalities and secure value for money. |
| Transformation | |
| Transform primary and community care provision | <ul style="list-style-type: none"> • We will work at Place with our partners to develop integrated neighbourhood teams that support proactive prevention and provide integrated care within the community, reducing downstream demand on hospitals. • We will empower people to take greater control over their health and wellbeing by offering them personalised choices about their care. |
| Transform intermediate care provision | <ul style="list-style-type: none"> • 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. • We will transform intermediate care provision. |
| Transform community mental health services | <ul style="list-style-type: none"> • We will ensure there is no cliff edge of lost care and support by moving away from an approach based on referrals and discharge. • 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. • We will adopt the principle of inclusivity and assess/address workforce gaps accordingly. |

Strengthening primary and community care

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 need to strengthen and integrate primary, community care and social care, working with 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 improves patient care by:

- Helping patients to be cared for at, or closer to, home and avoid unnecessary hospital attendances.
- Working with communities 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.

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.

Primary Care Transformation Programme 2024/25 - Deliverables

| | GP Access | Dental Access & Oral Health Improvement | Community Pharmacy Access | Optometry | PCN Development & Support |
|------------------|---|--|--|--|--|
| Programmes | <ul style="list-style-type: none"> • Primary Care Access Improvement Plan • ARI Hubs • Integrated Urgent Care Procurement • Modern General Practice | <ul style="list-style-type: none"> • Dental Access Improvement Plan • Paediatric pathway • Oral health in care homes • Oral health awareness | <ul style="list-style-type: none"> • Pharmacy First • Medicines Supply Service | <ul style="list-style-type: none"> • National sight tests in special schools • Easy eye care • Sight tests for homeless | <ul style="list-style-type: none"> • PCN Development Plan • Leadership development • Additional roles delivery support • Clinical service delivery support • Spread best practice |
| Special Projects | GP Quality Contract <ul style="list-style-type: none"> • Frailty • Respiratory • Structured medication reviews • Local enhanced services reviews • Year 2 onwards proposal • Levelling up proposal | PCN Delivery Oversight Approach <ul style="list-style-type: none"> • Design local approach • Governance, including sub-contracting • Clinical service delivery • Continuous quality improvement | The Big Primary Care Conversation <ul style="list-style-type: none"> • Co-produced and owned plan for a sustainable primary care (robust and resilient) • Enable a shift to primary and community working | Primary Care Provider Collaborative <ul style="list-style-type: none"> • Establish a new collaborative • Collective leadership • Collaborative at scale working • Part of a multi layered resilience offer • Peer delivery improvement support | Integrated Community Delivery Vehicle <ul style="list-style-type: none"> • An 'end state' integrated Neighbourhood Team model • Integrated leadership and governance 'hard wired' controls • Organisational and contractual • Dissolve the divides and that make it harder to provide joined-up care that is preventative, high quality and efficient |
| Enablers | Delivery Assurance Projects <ul style="list-style-type: none"> • Procure Special Allocation Scheme, Clinical Waste, Translation and Interpretation, and Occupational Health | Data & Intelligence <ul style="list-style-type: none"> • Performance framework and reporting • Quality incident and risk management • Delivery improvement support approach • Local pharmacy first dashboard • Enhanced access service activity data submissions, collations and reporting | Digital <ul style="list-style-type: none"> • Maturity assessment • Cloud based telephony • Digital front door • NHS App • Digitally enabled solution for pharmacy first | Workforce <ul style="list-style-type: none"> • Maximise ARRS utilisation • Recruitment and retention • Visa support to practices • Implement flexible staffing pool • Review training hub • Workforce health and wellbeing | Estates <ul style="list-style-type: none"> • Estates Plan • Improvement grants • Capital pipeline • GP IT |

Our work to strengthen primary care.

We have an extremely committed and dedicated primary care workforce, they are also under immense pressure given difficulties in recruitment. Our general practice workforce is delivering more appointments while there being fewer GPs per head of population than many other systems. Supporting the wellbeing of our primary care workforce is a huge priority for the system.

- **There were increased GP appointments** during 2023-24.
- **An increase in the proportion of same-day appointments** over the year.
- **A high proportion of appointments offered within 2 weeks** at 89.1%.
- **77.52% of people over 65 immunised against Flu**, representing 291,922 people.

The ICB's Primary Care Access Recovery Workplan continues to be implemented with oversight by the Primary Care Access Working Group.

Award winning holistic and preventative partnership work to improve health and wellbeing in Fleetwood.



Healthier Fleetwood is a resident led, nationally recognised initiative aimed at improving the health and wellbeing of local people.

- It is a partnership of residents, healthcare providers, charities, and other groups, supporting local people to make life changes which will support their long-term health and wellbeing.
- It adopted an approach called health creation – connecting, confidence and control.
 - **Connecting** residents together.
 - Improving their **confidence** via social activities such as sports lessons, a Harmony and Health Singing Group, mental health support classes and drop-in sessions to engage residents with new programmes.
 - Empowering the residents to feel in **control** of this process, their health, of the community and their lives.

Mental health community service transformation

Our ambition is to establish new and integrated models of primary and community mental health care to support adults and older adults who have severe mental illnesses, 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.

Excellent multi-disciplinary team working across community mental health (CMH) within Lancashire.



The Local Government Association undertook a review of the CMH arrangements in Lancashire during 2024, and it highlighted the excellent practice in place. It particularly noted how highly valued it is by both service users and the frontline practitioners - the view was this approach 'should be shouted from the rooftops!'

Alignment to Recovery and Transformation Programme

| | Recovery & Transformation Programme | JFP strategic priority |
|---|--|--|
| 1 | Quality improvement with better use of resources → | Strengthening our financial foundations |
| 2 | Transforming Care in the community → | Integrated community and primary care services |
| 3 | Transforming care in our hospitals → | Improving quality & outcomes |

Transforming care in the community



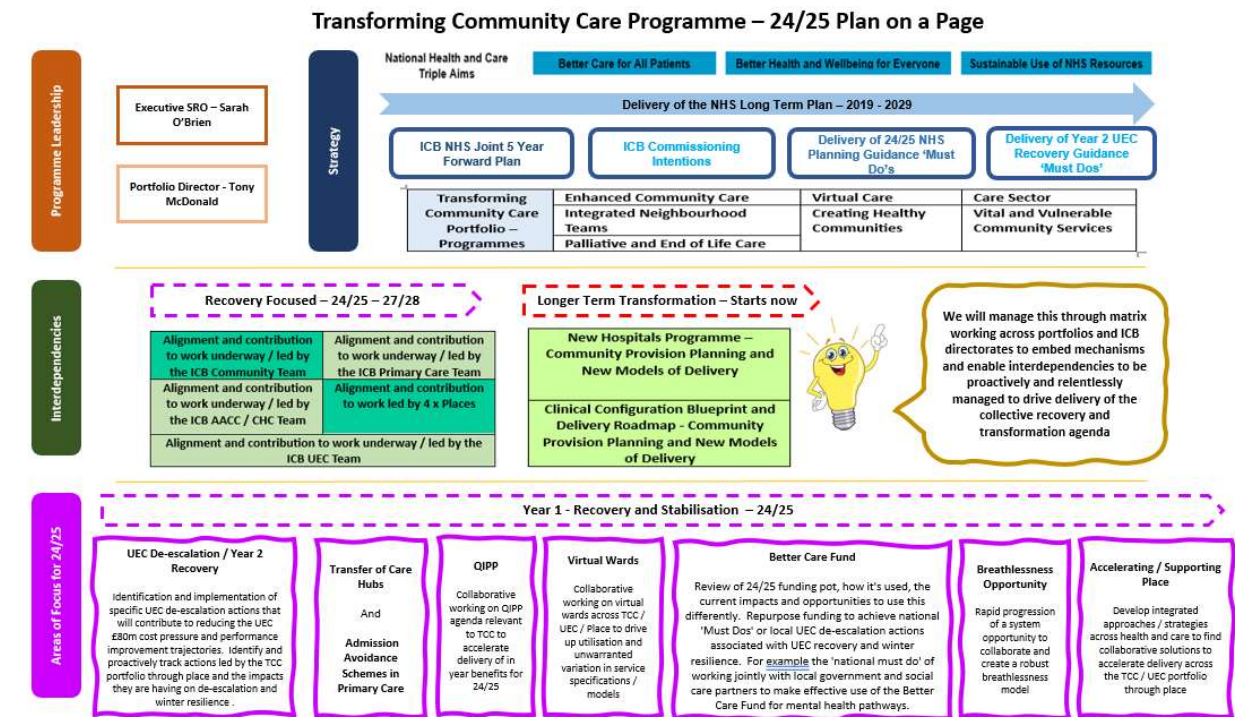
The structure of the Transforming Community Care (TCC) Programme over the next three years will be:

- Year 1 24/25** Recovery and Stabilisation
- Year 2 25/26** Transition and Consolidation
- Year 3 26/27** Transformation

An NHS Impact event is being held in June 2024 to officially launch the TCC programme, it will bring service users with lived experience together with system wide colleagues across health, care, and the voluntary and faith sector, to shape and inform delivery of the TCC programme over the next three years.

Priorities in 2024-25

The year one 24/25 Recovery and Stabilisation Plan is shown below.



The priority is to support the work of the urgent and emergency care (UEC) programme around the de-escalation of UEC pressures working closely with the UEC, Primary Care Programmes and Place Delivery Teams to enable delivery of Place UEC Improvement Plans ahead of the 24/25 Winter period.

We will also focus on improving the intermediate care and transfer of care hub provision and contribute to the review of the Better Care Fund which is currently being led by the ICB.

Overlaps with other work streams.

There is significant overlap between TCC and the work of urgent and emergency care (UEC), primary care and place. Matrix working mechanisms have been put in place to enable interdependencies to be effectively and proactively managed, so that we can maximise and accelerate delivery across the wider recovery and transformation portfolio.

Our work to strengthen the health of our communities.

There is hugely innovative work being undertaken within our four places, to improve health within our communities.

The plans on a page for each place are shown in section 9.2, it includes:

- **Community health and wellbeing showcase events** in Blackpool, to enable residents to understand the wide scope of support services available.
- **A focus on frailty within the Integrated Neighbourhood Teams** in Blackburn with Darwen, with a plan to roll out frailty identification training across primary care and neighbourhood teams.
- **Creating Healthy communities across Lancashire.**
- **Healthier Streets project within South Cumbria.**



Our work to support and improve the care sector.

The ICB commissions care provided to patients who reside in care homes and supported living, and for people who receive health interventions through home care packages (adult social care). The ICB works proactively with homes which are not performing as well as would be expected, this is done in partnership with health and social care partners, and action plans are in place to support improvements. This ensures that quality services are provided for our population.

During 2023-24, the Adult Social Care (ASC) sector programme was refreshed and firmly embedded within the ICB, building on an existing legacy of strong partnership working and support across Lancashire and South Cumbria.

During 2023-24 there has been:

- **Quality improvement interventions within the care sector across Lancashire and South Cumbria** at a Place level, focusing on nationally directed elements of the NHS-enhanced health in care homes framework, including hospital avoidance initiatives and safe discharge pathways.
- **An increase in the overall percentage of care home beds rated 'good' or 'outstanding' by the CQC**, this is higher than the northwest regional average.
- **Movement towards a seven-day system approach** with an overall increase in the number of care home admissions from hospitals at weekends.

Lancashire and South Cumbria had the highest percentage of Community Home Care Providers rated 'good' or 'outstanding' by the CQC across the northwest region.

Our work on All Age Continuing Care and Individual Patient Activity

Eighteen months ago, LSC ICB was a national outlier for Continuing Healthcare (CHC) performance with a consistent failure to meet quality targets leading to heightened regulatory (NHSE) scrutiny. The ICB was not meeting core statutory responsibilities particularly in relation to timeliness of assessments and three monthly and yearly reviews. There was a significant backlog of assessments and reviews.

With a shift of staffing arrangements, a revised patient-centred, quality, sustainable and fit for purpose hub and spoke model has been implemented with clear end to end pathways.

- The quality hub was introduced into the service model to provide a golden thread of quality throughout the service and to promote an ongoing culture of learning, development and service improvement. There is a focus on patient experience, co-production and improving the end to end patient journey
- The commissioning and contracting team ensure quality and value for money packages of care for our residents. The team have introduced caps to care which align closely to our local authority partners ensuring market sustainability and cost effectiveness
- The business support team ensure that governance is of the highest standard and staff have fit for purpose systems and processes available to them to complete their roles effectively.

Under the revised model, by the start of quarter 1 in 2024/25 all the NHSE key performance indicators were being met and the service is on track to meet these consistently. Through a more effective model; integrated working with our local authority colleagues and stakeholders; and a programme of recovery the service is now completing 80% of assessments within 28 days, there are zero incomplete assessments over 12 weeks and zero Fast Track breaches. It is acknowledged there is still room for further improvement in a number of areas, however the large historical backlog of assessments and reviews has been completed.

The value of these improvements mean that the most complex and vulnerable individuals are cared for in the most appropriate place and are assessed in a timely manner. These individuals will be managed by a small team who will provide a responsive duty service and case management. There will be clear contact points for patients/carers to access the service if needs change and packages of care require adjustments. Patients eligible for CHC will be reviewed at 3 months and 12 months to ensure their care remains appropriate; provision meets need; and is adjusted accordingly. Patients who are end of life and eligible for Fast Track CHC (complex individuals at the end of their lives) are assessed and care is sourced and in place within 48 hours. This means that patients die in their preferred place with dignity.

Alignment of the ICB strategic objectives

The delivery of this JFP strategic priority can be mapped to delivery of ICB strategic objectives as follows:

| JFP Priorities | | ICB Strategic Objectives | | | | | |
|----------------|---|--|-------------------------|------------------|------------------------|-----------|------------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality. | Meet financial targets | Workforce | Strategies |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

9.4 Priority 4 - Improving Quality and Outcomes across L&SC

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.

| What we need to do |
|--|
| Enhance the consistency of the pathways and processes around care including access |
| Improve the estate/physical care environment |
| Increase the productivity and resilience of our workforce |
| Robust governance and oversight |

The actions that we are taking to deliver these objectives include:

| What we need to do | How we will do it |
|--|---|
| <p>1 Enhance the consistency of the pathways and processes around care including access</p> <p><i>This links to all other strategic priorities and to the Recovery & Transformation Programme.</i></p> | <p><i>Care pathways</i></p> <ul style="list-style-type: none"> We will enhance clinical and care pathways across providers through our recovery & transformation programme. We will reduce clinical variation and low-value activity through the development and implementation of our clinical strategy. We will take action to ensure our pathways of care for key disease areas, conditions, population groups and communities are world-class (see priority five for details) <p><i>Urgent care</i></p> <ul style="list-style-type: none"> We will improve our urgent care pathways including access to urgent care and better intermediate care through the development and implementation of our UEC strategy. <p><i>Planned care</i></p> <ul style="list-style-type: none"> We will improve our planned care pathways through our recovery & transformation programme. We will optimise referrals. We will reduce waiting times for elective care. We will redesign planned care pathways to improve quality, outcomes and patient experience, and move care closer to home. |
| <p>2 Improve the estate/physical care environment</p> | <ul style="list-style-type: none"> We will significantly improve the quality of our estates through the implementation of our Infrastructure Strategy and the design of our New Hospitals Programme. We will support achievement of NHS net-zero ambitions, including reaching net-zero emissions by 2040 for both existing and new estate. <p><i>This links to our infrastructure and green strategies</i></p> |

| | What we need to do | How we will do it |
|---|--|---|
| 3 | Increase the productivity and resilience of our workforce. | <ul style="list-style-type: none"> We have developed a workforce plan for the system which includes workforce networks across providers. <p><i>This links to our workforce strategy</i></p> |
| 4 | Robust governance and oversight | <ul style="list-style-type: none"> We will lead and effectively respond to recommendations and learning from any partnership inspections which are across our health and social care system. |

Improving the quality of care

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.

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.

We are working with NHS England and our partners to improve the quality and outcomes of care as measured through the CQ ratings and SOF ratings achieved by our provider partners.

| Trust | CQC rating | | Single Oversight Framework | |
|--|-----------------------------|---------------------|----------------------------|---------------------------------------|
| | Latest | Plan | 2023-24 | Plan |
| North-West Ambulance Service NHS Trust (NWAS) | Good (2022) | Maintain good | 2 | Maintain SOF 2 |
| Lancashire and South Cumbria NHS Foundation Trust (LSCFT) | Good (2024) | Maintain good | 2 | Maintain SOF 2 |
| East Lancashire Hospital Trust (ELHT) | Good (2019) | Maintain good | 2 | Maintain SOF 2 |
| Blackpool Teaching Hospitals NHS Foundation Trust (BTH) | Requires improvement (2023) | Good during 2024/25 | 3 | SOF 2 by 2025-26 |
| Lancashire Teaching Hospitals NHS Foundation Trust (LTH) | Requires improvement (2023) | Good during 2024/25 | 3 | SOF 2 by 2025/26 |
| University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) | Requires improvement (2023) | Good during 2024/25 | 3 | SOF 3 by 2023/24 and SOF 2 by 2025/26 |

:
Alignment of Recovery & transformation programmes.

| | Recovery & Transformation Programme | JFP strategic priority |
|---|--|--|
| 1 | Quality improvement with better use of resources → | Strengthening our financial foundations |
| 2 | Transforming Care in the community → | Integrated community and primary care services |
| 3 | Transforming care in our hospitals → | Improving quality & outcomes |

Transforming care in our hospitals



The intention is to move towards a model based on a single high-quality tertiary / teaching centre and a number of district general hospitals, as this will make the best use of our secondary care assets. This will be built upon clinical engagement and connected to the clinical strategy.

A tertiary centre would provide specialist, complex services such as neurology.

Our work to improve care pathways.

Within the recovery & transformation programme:

- **we are mobilising the initial programmes for clinical service reconfiguration** including priority fragile services, and other more specialised pathways.
- **we are developing our clinical strategy and service blueprint** to inform a clinically evidenced and appropriate configuration of services that makes the best use of all our acute resources, including planning for the two new hospitals, together with our existing estate.
- **We have established groups of clinicians developing future models of care** across hospital and community services that will meet the future needs of our population in line with the clinical blueprint.

Acute services will work in collaboration to transform clinical services and improve outcomes, safety, and efficiency through centres of excellence and surgical hubs which provide high quality of care.

This reconfiguration aims to make best use of some of our specialist staff working as part of clinical networks, to provide consistent and high-quality care, and provide access to regular tests and monitoring for these much closer to home, such as rehabilitation in community settings for stroke patients, or in the home through technology.

Our plan contains three key elements to facilitate transformed care in hospitals: a) a rolling programme to address fragile services, b) a rolling programme of service reconfigurations and c) the production of a clinical configuration blueprint and delivery roadmap, alongside this is our new hospitals programme.

| Transforming care in hospitals | | | |
|--------------------------------|--|--|--|
| Fragile services programme | Clinical service reconfiguration programme | Clinical Configuration Blueprint and roadmap | New Hospitals Programme and infrastructure |
| Urgent and emergency care | | Planned care | Diagnostics |

- Fragile services programme:** We will establish a rolling programme which includes the transformation of hematology, orthodontics, and gastroenterology (and additional fragile services) by developing and implementing rapid networked solutions, in addition to accelerating the ongoing work on stroke, CAMHS, autism and cancer.
- Clinical service reconfiguration:** We will centralise some specialist surgical services sooner, such as vascular, urology (bladder, kidney and prostate cancers), and head and neck cancers, where the evidence shows that a centralised service offers better outcomes for patients and a more sustainable staffing model.
- Clinical Configuration blueprint.** We are working with partners to develop the clinical configuration blueprint and delivery roadmap. This will ensure we can meet the needs of our population in the future with a clinically evidenced and appropriate configuration of services that makes the best use of all our acute resources, including planning for the two new hospitals, together with our existing estate, and ensure we have a sustainable and viable future delivering safe, effective and affordable (acute) services.
- New Hospitals Programme and infrastructure:** We need to significantly improve the quality of our provider estates across acute, mental health and learning disabilities pathways. This includes the New Hospitals Programme, the future of the former Calderstones site in Whalley which is to be developed into a new mental health facility and improving the quality of life for those with learning difficulties by moving people out of hospitals. It also includes major improvements, refurbishments, and new-build phases across other acute and mental health sites. Being able to co-locate clinical services next to each other in the most productive way would be a big benefit. Our infrastructure will be transformational, enabling new integrated models for both clinical pathways and prevention, whilst improving long-term health outcomes.

Our work to transform the hospitals in Lancashire and South Cumbria into world-leading centres of excellence for hospital care.



On 25 May 2023, the Government announced a record investment of more than £20 billion, ring-fenced for the next phase of the national New Hospital Programme. It brought proposals for new cutting-edge hospital facilities for Lancashire and South Cumbria a step closer.

It will:

- create a network of brand new and refurbished facilities.
- help local people live longer and healthier lives.
- make Lancashire and South Cumbria a world-leading centre of excellence for hospital care.

Transforming care in hospitals

Urgent and emergency care

Planned care

Diagnostics

Our Urgent and emergency care priorities

If left unchecked, demand for unplanned urgent and emergency care (UEC) will continue to escalate and this represents the biggest risk to our sustainability. We will prioritise the development of our urgent and emergency care strategy, this will include a focus on access, expansion of out of hospital urgent care and services in the community, a redesign of integrated urgent care services, improving discharge and flow, reducing variation in the acute frailty service and how we deliver same day emergency care (SDEC), and developing place-based improvement plans. There is a strong connection between the UEC needs and the solutions that need to be delivered by the 'Transforming care in the community' portfolio, which incorporates the role of primary care.

Our five-year strategy



During the summer of 2024-25, our system will be implementing a new UEC five-year strategy, which will be underpinned by place-based improvement plans and is built upon engagement with our stakeholders. It is expected to describe *why* we need to do things differently; *our opportunities* to make transformational changes; our vision, aims and priorities; and *what this will mean for people*.

It will focus on prevention, expansion of out of hospital provision and on ensuring people can easily access the right high-quality care and support to help our UEC system be fit for the future to meet increasing demand.

The aims of the draft UEC strategy are to:

- Ensure our citizens access high quality, safe and affordable care, in the right place by the right professional.
- Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care.
- Adapt our urgent and emergency care system so that it is fit for the future to meet increasing demand.
- Embrace opportunities for innovation.

Our work to improve urgent and emergency care (UEC) pathways in 2023-24

- **We engaged with communities at place level to understand the urgent care demand**, and why so many people needed an urgent admission. Highlights from this priority ward work, is shown in section 9.2.
- **We expanded community-based support for urgent care.**
 - Virtual wards supported 15,087 people,
 - There were 28,630 referrals into our urgent community response services with 95% of the referrals responded to within two hours, against the national target of 70% – meaning we were one of the highest performing systems in the country for urgent community response.
- **The system delivered the national access standards for urgent care within 2023-24** including the four-hour A&E standard and the Category two ambulance response time.
- **We established new and effective governance arrangements for UEC**, including the creation of a system wide UEC Collaborative Improvement Board, and we made changes to local UEC Delivery Boards.

This architecture has enabled progress on the production of our UEC five-year strategy, which will be launched in 2024/25; the development of winter plans and UEC capacity investments; and arrangements to deliver place improvement plans.

Our Planned Care Priorities

To reduce waiting times.

- Continue to support the reduction of long waiters by effective Commissioning of interface services in alternative settings, specifically those service deemed fragile or where there is significant opportunity to reshape the service.
- In collaboration with Elective Recovery Programme Deliver <65 week waits by Sept 24
- In collaboration with Elective Recovery Programme a commitment to reduce PTLs and manage demand effectively across the system through transformational programmes.

To optimise referrals.

- Continued development of referral optimisation processes to manage and redirect demand, ensure services offer value for money and that capacity is used effectively, and in line with patient choice.
- Rescoping of the Referral Management Service (links to referral optimisation).

Our work to improve planned care pathways in 2023-24

- **A dermatology procurement has been mobilised**, which will significantly improve patient outcomes and reduce unwarranted hospital activity and attendance. It is currently the only ICB wide commissioned interface service, which enables delivery of standardised pathways, outcomes, and measures, thus reducing variation, and increasing volume of activity provided out of hospital.
- **Our waiting times for care have reduced**, the system eliminated 104-week waiters and significantly reduced the number of patients waiting over 78-weeks. This was achieved in collaboration with the elective recovery team which works across our providers.
- **An ophthalmology tier one service procurement has been mobilised**, this will ensure patients are seen and treated promptly, and in the most appropriate setting.
- **We have increased the utilisation of specialist advice at the point of referral**, we expect there to have been 46,481 referrals diverted from secondary care during 2023-24. Specialist advice total requests, processed requests and diverted episodes continue to show year on year growth as of February 2024.

Our Diagnostic priorities

- A focus on increasing the percentage of patients receiving a diagnostic test (currently 75% at end March 2024) within 6 weeks towards the target of 95% by March 2025.
- Improvements in diagnostics will impact cancer performance to assist with the 28-day Faster Diagnosis Standard of 77% by March 2025.

Our Prescribing Priorities

We have agreed and are implementing our 2024-28 Medicines strategy, aimed at ensuring the safe, personalised and sustainable use of medicines to enable the best possible outcomes.

By 2028 there will be a demonstrable changed relationship in the use of medicines, with the aims of: Promoting and supporting appropriate self-care and prevention.

- Reduce the avoidable harm caused by medicines
- Medicines will only be considered after all non-pharmaceutical options have been evaluated.
- All prescribing should be a shared decision
- Standardising and improving the value and outcomes of care
- Enabling the strategy through investments in workforce, digital, informatics and embracing innovation and Quality improvement.

Alignment of the ICB strategic objectives

The delivery of this JFP strategic priority can be mapped to delivery of ICB strategic objectives as follows:

| JFP Priorities | | ICB Strategic Objectives | | | | | |
|----------------|---|--|-------------------------|------------------|------------------------|-----------|------------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality. | Meet financial targets | Workforce | Strategies |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

9.5 Priority five – World-class care for priority areas











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

What we need to do

Improve pathways for priority disease areas and conditions – cancer, mental health, maternity, cardiovascular disease, respiratory

Improve pathways for priority population groups – Children and young people, learning disabilities

The NHS long-term plan 2019-2029 highlighted areas where targeted action is required across the NHS to improve health outcomes. These areas are detailed below, it includes work to reduce inequalities within these areas, and connects to the CORE20+5 programme of work. There are national resources to support improvement in these areas, however achieving the desired outcomes will be impacted by workforce availability.

| World Class Care for priority areas | | | | |
|---|--|--|--|---|
| Priority disease areas and conditions | | | | |
| Cancer | Mental Health | Maternity | CVD | Respiratory |
| Inequalities focus. | | | | |
| <p>The five national clinical priority areas for adults are maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension case finding.</p> | | | | |
|  <p>MATERNITY ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups</p> |  <p>SEVERE MENTAL ILLNESS (SMI) ensure annual Physical Health Checks for people with SMI to at least, nationally set targets</p> |  <p>CHRONIC RESPIRATORY DISEASE a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations</p> |  <p>EARLY CANCER DIAGNOSIS 75% of cases diagnosed at stage 1 or 2 by 2028</p> |  <p>HYPERTENSION CASE-FINDING and optimal management and lipid optimal management</p> |
| Priority population groups | | | | |
| Children and young people | | Learning disabilities | | |
| Inequalities focus | | | | |
| <p>The five national clinical priority areas for children are asthma, diabetes, epilepsy, oral health, and mental health.</p> | | | | |
|  <p>ASTHMA Address over reliance on reliever medications and decrease the number of asthma attacks</p> |  <p>DIABETES Increase access to Real-time Continuous Glucose Monitors and Insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks</p> |  <p>EPILEPSY Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism</p> |  <p>ORAL HEALTH Address the backlog for tooth extractions in hospital for under 16s</p> |  <p>MENTAL HEALTH Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation</p> |

Priority disease areas and conditions

Cardiovascular disease pathway priorities



- We will improve prevention by providing access to cardiac rehabilitation and defibrillators.
- We will improve the outcomes after a stroke including access to thrombectomy and thrombolysis.
- We will support a reduction in inequalities by optimising blood pressure and minimising the risk of myocardial infarction and stroke for those with hypertension.

Our work to improve the CVD pathway in 2023-24

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

- **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.

Mental health pathway priorities



We will improve the support for those in a crisis in the community.

- We will improve access to support through talking therapies.
- We will improve the support for those with serious mental illness.
- Inequalities focus: we will improve the support and reduce health inequalities for those with serious mental illness (SMI) by ensuring that 90 per cent of those living with SMI, receive an annual health check. (see priority two)

Our work to improve the Mental Health pathway in 2023-24

Achievements

- ✓ Exceeding access target
- ✓ NHS England recognition of positive practice
- ✓ NHS Parliamentary Award for Lancashire and South Cumbria Reproductive Trauma Service
- ✓ Association for Infant Mental Health Award for Parent Infant Relationship Service
- ✓ Consistently positive outcomes and excellent patient feedback in all services

> Orange Button Campaign

The Orange Button Community Scheme was created as part of the Lancashire and South Cumbria Health and Care Partnership's goal to reduce suicide in the area.

People who are having thoughts of suicide, or who are worried about a friend or family member, can now talk to someone wearing a distinctive orange badge, and ask them for information and support.



The Orange Button Wearers received intensive suicide prevention training, and while they are unable to give counselling, they can signpost people to the relevant services.

There is also an orange button sticker that can be provided to businesses and organisations such as cafes, shops, and pubs to display in a prominent window to notify visitors that trained workers are there to help them.

Cancer pathway priorities



We will improve outcomes for those with cancer.

- We will increase the proportion of people diagnosed early.
- We will increase uptake of screening.
- We will ensure diagnostic tests are delivered locally and timely.
- We will support a reduction in inequalities by ensuring that 75 per cent of cases are diagnosed at stage one or two by 2028 (see priority two).

Our work to improve the Cancer pathway in 2023-24

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 uptake of cancer screening** for those in our community experiencing the greatest health inequalities.

Diabetes pathway priorities



We will improve prevention for diabetes by offering structured education and improved monitoring.

Our work to improve the Diabetes pathway in 2023-24

Diabetes and weight management

- **Diabetes education (SDE) programme:** At patient level, a structured diabetes education (SDE) programme has been rolled out across all areas.
- **Diabetes Health Improvement Board:** The ICB has established its Diabetes Health Improvement Board and has developed a dataset that identifies areas of greatest needs and areas with poorest outcomes.
- **Digital Weight Management** continued to have good engagement in 2024 with the highest referral rates in the North-West and in the top 10 of all ICBs.

Maternity pathway priorities



- ✓ We will improve the quality of care for women who are pregnant.
- ✓ We will improve the support for pregnant mothers including continuity of care and perinatal mental health support.
- ✓ We will reduce the number of stillbirths by taking action to reduce smoking in pregnancy, enhance the monitoring of fetal growth, improve awareness of the importance of fetal movement and improve fetal monitoring during labour.
- ✓ 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. (see priority two)

Our work to improve the Maternity pathway in 2023-24

Community based care - building blocks are in place that will allow community-based care to happen in the four most needy places: Burnley, Blackburn, Blackpool and Barrow.

We have agreed our **Three-Year Maternity Plan**:

- Listening to women and families with Compassion (working with Healthwatch)
- Growing, retaining our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structures that underpin safer, more personalised and more equitable care.

Core20 plus 5 - Midwifery Continuity of Carer particularly for black, Asian, and mixed ethnicity women and those living in the bottom decile of deprivation.

Maternity Incentive Scheme - an agreed programme of quarterly assurance visits with each of the Trusts to review progress and to identify if any additional support is required to ensure full compliance is achieved. All four services are making excellent progress towards meeting these targets. The ICB also has developed a dashboard to monitor key outcomes and benchmark against regional and national measure.

Equity and equality strategy - is now established and operationalised.

Respiratory pathway priorities



- ✓ we will support a reduction in inequalities for the CORE20Plus population 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 (see priority two)

Our work to improve the Respiratory pathway in 2023-24

We are applying population health management approaches to predicting and detecting those at greatest risk of ill-health, including improving take-up of vaccinations and immunisations for those in our community experiencing the greatest health inequalities.

Initiatives to improve vaccination rates.

- **Improved communication** to parents in BAME communities and other low uptake areas.
- **Maternity providers have been commissioned to run vaccine opportunities** at antenatal clinics.
- **Regional wide communication campaign** focusing on all eligible groups.
- **Covid vaccinations were brought into alignment** with flu vaccinations.
- **Targeted work to reach vulnerable populations** like asylum seekers.

Priority population groups

Learning Disability and Autism priorities



We will improve healthcare outcomes and quality of life for those with learning difficulties by ensuring they are registered with a GP, ensuring we regularly monitor their health via regular checks and moving those with LD out of hospital to a more appropriate setting.

Learning Disability

- A system wide all age LD strategy action plan was endorsed by the Learning Disability and Autism oversight board in January 2024.
- A capital bid is progressing for the development of 14 specialist Learning Disability Beds for Lancashire and South Cumbria with the aim for these to be established in 2025 if the bid is successful.
- A review of LD&A community service specification is underway, with the aim of improving outcomes and experience by reducing duplication and embedding a person centred, care-coordination approach.

Autism

- An all-age Autism Strategy delivery is in draft for consideration by the oversight board in June 2024.
- The principles of the health facilitation model and toolkit delivery will be reviewed to assess how the relationships can be used to identify and support the needs of autistic patients. A working group has been established that includes autistic adults, parents and ICB to support this workstream.

Neurodevelopmental

- The ICB has been working on an all-age Neurodevelopmental business case and pathway, for investment and revised pathway later in 25/26. Although the ND pathway will not reduce demand, it will harness existing support offers and identify commissioning intentions to provide support for both pre and post diagnosis.

Our work to improve care for those with learning disabilities (LD) and autism

- **75% of individuals on a GP's Learning Disability Register have received an annual health check**, meeting the national target.
- **The number of health checks completed have increased**, as have the health action plans.
- **An additional 327 people have been added to the LD registers** across the ICB and 96% of GP LD registers have been validated.
- **The number of our LD population residing within a hospital** has reduced, and the position in terms of Learning from lives and deaths (LeDeR) has improved, this has been recognised by NHS England. We have established multiagency LeDeR panels, steering groups and learning into action processes.
- We have facilitated workshops across system partners to ensure patients with LD&A are considered, training across the ICB to improve service delivery and patient experience. There has also been alignment of priorities across the NW region.

Children and young people's priorities



| Priority areas | | | | |
|--------------------------------|------------------------------------|---------------|-------------------------------------|--|
| Special Education Needs (SEND) | Children in Youth Justice services | | Statutory duty for Palliative Care. | |
| Priority health conditions | | | | |
| Childhood asthma | Epilepsy | Mental health | Oral health | Complications from excess weight (CEW) |

Safeguarding - we will work with our partners to ensure there is support and protection for children at risk of abuse and neglect.

Children in care

- We will improve our response to conducting statutory health care assessments for children in care.
- We will deliver the commitments in the Care Leavers Covenant.
- We will ensure we are supporting our children as they transition into adult services.

SEND

- Key priorities include a redesign of the neurodevelopmental pathway, strengthening children's therapy provision, Transition to adult services, ensuring joint commissioning arrangements are in place with Local Authority partners along with ensuring the quality of Education Health and Care Plans

Children in Youth Justice services

- Working to implement the recommendations from an internal review of relevant health services across Lancashire & South Cumbria

Statutory duty for Palliative Care.

- A Commissioning Framework for Palliative Care in babies, children and young people has been developed, incorporating ICB statutory responsibilities and NICE recommendations. Work will progress in relation to implementation of this framework.

Priority health conditions

- We will provide more access to mental health services including eating disorder services.
- We will provide access to more cancer treatments for children including CAR-T and proton beam therapy.
- We will support children who are obese to improve their health.
- We will support a reduction in inequalities by undertaking targeted work within five priority pathway areas: asthma, diabetes, epilepsy, oral health and mental health (see priority two)

Elective recovery and urgent / emergency care provision

- Work will progress to ensure elective care parity for children and young people. The ICB are also committed to addressing community waiting list challenges.
- There are also recommendations for children's services in relation to Winter planning.

Voice of the Child

The children’s team & ICB have adopted the Lundy model of co-production and participation to ensure that the voice of the child is at the heart of everything we do.

Quality

Further development of a quality and performance dashboard for children and young people will take place. Additionally, the ICB is working with the Child Death Overview Panel to ensure early learning is identified and implemented to prevent future child deaths.

Alignment of the ICB strategic objectives

The delivery of this JFP strategic priority can be mapped to delivery of ICB strategic objectives as follows:

| JFP Priorities | | ICB Strategic Objectives | | | | | |
|----------------|---|--|-------------------------|------------------|------------------------|-----------|----------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality. | Meet financial targets | Workforce | Strategi |
| 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 | ✓ | ✓ | ✓ | ✓ | | |

10. Our enablers

To tackle the significant health issues our population faces and to enable delivery of all our long-term strategic priorities, we will work differently and effectively at system, place, and neighbourhood. 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 to the delivery of our strategic priorities are as follows:

| Working differently as a system | | |
|---|--|--|
| <p>Research to drive innovation, transformation, and new ways of doing things</p> | <p>Reducing health inequalities using population health management and public health expertise.</p> | <p>Integrated working through collaboration with all our wider partners and strengthened places and neighbourhoods.</p> |
| <p>Empowering our population including public and patient engagement and personalised care.</p> | <p>Harnessing our role as an anchor institution to support social and economic development.</p> | |
| Getting the basics right for the system | | |
| <p>Comprehensive workforce plan across all organisations and sectors.</p> | <p>Buildings, infrastructure, digital and environmental plans.</p> | <p>Safeguarding children and vulnerable adults.</p> |
| <p>Delivery plans Including joint governance and accountability frameworks and performance measures.</p> | | |

Working differently

Research and innovation

| Working differently as a system | | |
|---|---|--|
| <p>Research</p> | <p>Reducing health inequalities</p> | <p>Integrated working</p> |
| <p>Empowering our population</p> | <p>Strengthened places and neighbourhoods.</p> | <p>Harnessing our role as an anchor institution</p> |

It is our intention to facilitate and promote research and to systematically use evidence from research when exercising the ICB's functions. We have established an ICB-led Research and Innovation Forum to develop an ICS research strategy that supports our strategic priorities. We have ambitions to grow research activity across Lancashire and South Cumbria significantly and to grow and develop a clinical academic workforce.



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.

It is our ambition to establish a robust research culture across all our partners.

We have:

- ✓ Ensured our commissioning plans are underpinned by research and evidence-based guidance.
- ✓ Included the development of our research workforce in our workforce plans.
- ✓ A joint commitment across our five providers to advance individual and regional research, innovation and development functions, capacity, and capabilities. 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.

| Priority areas of focus across providers | | | |
|--|-----------------------|----------|--|
| Innovation and digital | Workforce development | Academia | Working with industry to increase sustainability |

We will:

- ✓ Build 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.
- ✓ Review best practice research and innovation and look at the national and international evidence base, particularly in support of our priority of improving quality and outcomes. This will enhance our sustainability, and ensure we are delivering optimum pathways of care.
- ✓ Encourage our providers to support and be involved in research delivery.
- ✓ Support collaboration across local National Institute for Health and Care Research (NIHR) networks.
- ✓ Explore a system approach to attracting prominent research studies, trials and projects, both commercial and non-commercial, this is of paramount strategic importance.

We also recognise our system has untapped research potential in terms of our diverse population.

Reducing inequalities

| Working differently as a system | | |
|---------------------------------|---|--|
| Research | Reducing health inequalities | Integrated working |
| Empowering our population | Strengthened places and neighbourhoods. | Harnessing our role as an anchor institution |

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 is critical to our priority on prevention and inequalities.

It will work hand in hand with expertise from our public health colleagues in the local authorities. Detail on our excellent Population Health Academy is shown within section 9.2.

Empowering our population

| Working differently as a system | | |
|---------------------------------|---|--|
| Research | Reducing health inequalities | Integrated working |
| Empowering our population | Strengthened places and neighbourhoods. | Harnessing our role as an anchor institution |



Our intention is to 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 plan to 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 wellbeing 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 | |
|---|--|
| Whole population | <p>What we will do</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"> • Technology 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. • Community-based support which you can access via community-based link workers such as social prescribers or community connectors. |
| | <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"> • Community-based support which you can access via community-based link workers such as social prescribers or community connectors. • Health coaching, education, and peer support to enhance your knowledge and confidence in managing your condition. • Joint ownership of your health budget to enable you to be in the driving seat of your health and wellbeing and to procure the services which best meet your needs. |
| People with long term physical and mental health conditions | <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"> • Community-based support which you can access via community-based link workers such as social prescribers or community connectors. • Health coaching, education, and peer support to enhance your knowledge and confidence in managing your condition. • Joint ownership of your health budget to enable you to be in the driving seat of your health and wellbeing and to procure the services which best meet your needs. |

Integrated working and strengthened places.

| Working differently as a system | | |
|---------------------------------|--|--|
| Research | Reducing health inequalities | Integrated working including strengthened places and neighbourhoods. |
| Empowering our population | Harnessing our role as an anchor institution | |

To improve health and wellbeing 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.

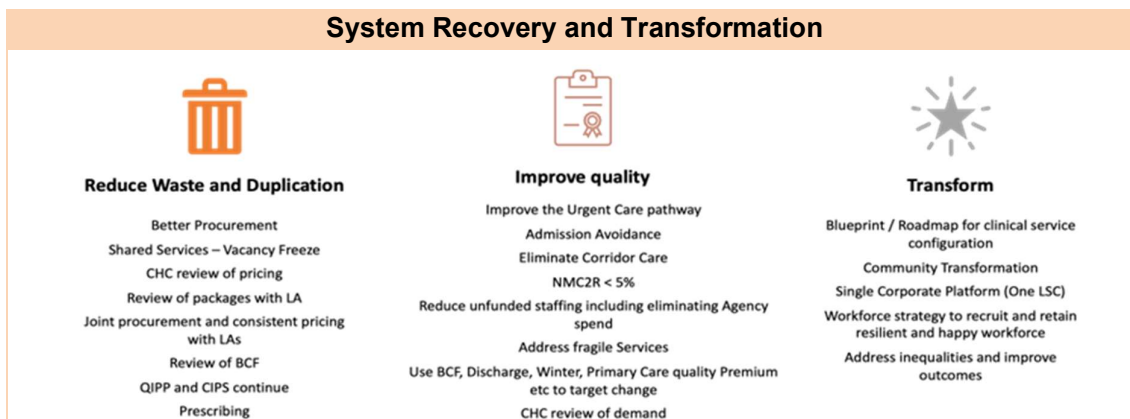
Our key vehicles to achieve this are:

| Integrated working | | |
|--|--------------------------|--------------------------|
| System | Place | Neighbourhood |
| The Recovery and Transformation Programme Board | Place-based partnerships | Neighbourhood care teams |
| The provider collaborative | | |
| Lancashire and South Cumbria Integrated Care Partnership | | |

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 programme board

The Recovery and Transformation Programme board is led by the ICB and involves colleagues from across NHS Trusts. The purpose of the Recovery & Transformation Programme Board is to ensure we have the right commitment and focus to deliver agreed plans that will positively impact agreed key performance measures, move toward Single Oversight Framework score of 2 or better, CQC Good or better and financial balance in line with our agreed three-year recovery plan and covering the 3 key components set out here.



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 (ICP) is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population. The ICPs role is to build a shared purpose and common aspirations across the whole system to support people to live healthier and more independent lives for longer, as set out in the Integrated Care Strategy.

The Integrated Care Partnership, together with the Lancashire and South Cumbria Integrated Care Board, form the Lancashire and South Cumbria Integrated Care System (ICS). The ICP brings together leaders from across the system, working across organisational boundaries to drive collective actions to enable and empower our population to start well, live well, work well, age well and die well.

The ICP is one of our key vehicles to strengthen integrated working and tackle the most complex issues that cannot be solved by individual organisations through partnership working, where the potential achievements of working together are greater than the sum of the constituent parts.

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 wellbeing 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.

Harnessing our role as an anchor institution

| Working differently as a system | | |
|---------------------------------|---|--|
| Research | Reducing health inequalities | Integrated working |
| Empowering our population | Strengthened places and neighbourhoods. | Harnessing our role as an anchor institution |

Our work on this area is covered within a separate chapter of this report, please see section 11.

Getting the basics right

| Getting the basics right for the system | | |
|---|---|--------------|
| Comprehensive workforce plan | Buildings, infrastructure, digital and environmental plans. | Safeguarding |
| Delivery plans | | |

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.

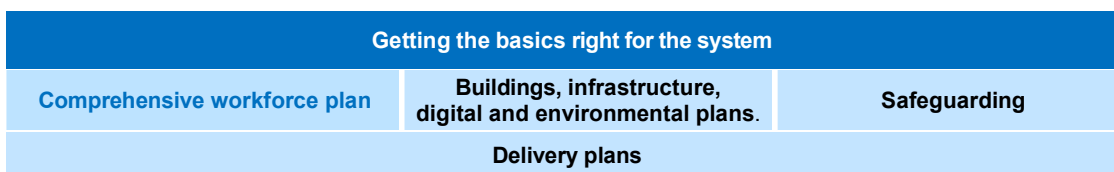
Effective safeguarding at both system and organisational levels relies on systems that ensure safeguarding is integral to daily business. We are committed to:

- 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 health and social care partnerships.

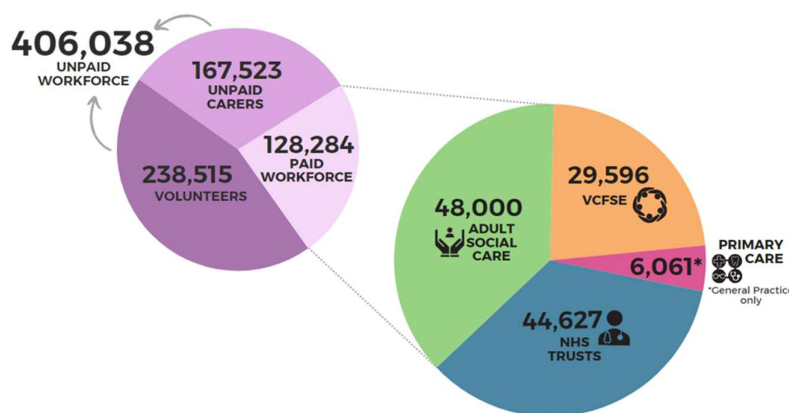
Serious violence is a major cause of ill-health and poor wellbeing and is related to the difference in health status, social determinants of healthcare and health-related behaviours between areas and communities. In achieving our responsibilities under the Serious Violence Duty, the ICB has committed 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



Health and care services across England are experiencing significant workforce challenges and Lancashire and South Cumbria is no exception.

- The NHS Long Term Workforce Plan 2023 identifies a shortfall between workforce supply and demand that, without intervention, will continue to grow at a rapid rate, despite increases in the training and education pipeline.
- Adult social care is facing unprecedented pressures nationally, with staff leaving roles at a higher rate than they are replaced, an estimated 32.6% of nurses in adult social care left their roles in 2022/23.
- In Lancashire and South Cumbria, we face workforce shortages, retention issues, insufficient staff in training, and significant competition for health and care posts. On top of this are increasing economic challenges, rendering the need to use the health and care workforce more innovatively and efficiently more crucial than ever before.
- We also recognise the huge number of people who support our health and care system in unpaid roles, such as carers and volunteers.



More than 128,000 people are in paid health and care work in Lancashire & South Cumbria, with around 37% working in adult social care, 42% in health (NHS Trusts and primary care) and 23% in VCFSE organisations

It is also estimated that there are more than 406,000 people who work in unpaid roles which includes carers and volunteers. This represents almost three times as many people as our paid workforce and we recognise the vital and valuable part that these individuals play in supporting our citizens with their health and care needs.

Sources: Lancashire & South Cumbria Integrated Care Board Workforce Insight Report Sept 2023, Office for National Statistics 2021 Census Data – Provision of unpaid care, Lancashire & South Cumbria VCFSE Sector Reporting Dashboard Nov 2023, VSNW Lancashire VCFSE Sector Summary Sept 2023, Local health & social wellbeing - contribution of the VCSE in Cumbria May 2023, Skills for Care Workforce Dashboard Oct 2023.

These factors present a clear case for creating a co-developed, flexible, and resilient workforce strategy to support long term system sustainability.

There is excellent ongoing work in Lancashire and South Cumbria to support our people and we are proud of our progress in addressing workforce challenges, with local initiatives and partnerships starting to bear fruit and lay the foundation for future success.

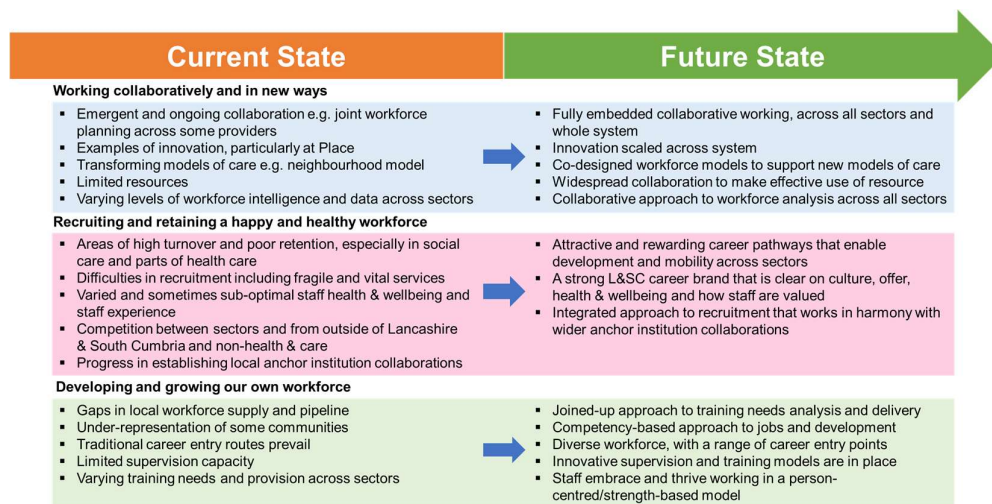
However, whilst many of the challenges we face are common across the whole health and care system, much of our work to date has been localised to specific sectors, geographies, or organisations.

Our opportunity is to develop and embed a coordinated, aligned and truly cross-sector approach involving health, social care and our voluntary, community, faith, and social enterprise partners to address our workforce challenges.

Our Health and Care Workforce strategy

A workforce strategy for the whole system

For the *first time* we have developed a strategy for how we will work together on workforce as a whole health and care system comprising health, social care and our voluntary, community, faith, and social enterprise partners. Our Five-Year Workforce Strategy outlines how we will approach and implement this fundamental change, the diagram below sets out the desired change.



The strategic priorities set out in the workforce strategy are as follows:



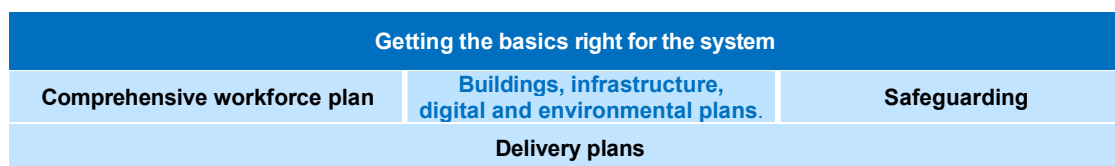
We believe that adopting this joined-up cross-sector ethos will benefit everyone who lives or works in Lancashire and South Cumbria and will help us to deliver our workforce ambitions, as well as our system Joint Forward Plan.

We will deliver this step-change in our approach by:

- Working as one to deliver a One Workforce ethos and approach.
- Working as one to attract and retain a diverse and skilled workforce.
- Working as one to train and grow our own workforce.

Shifting our approach, our focus and our mindset in this innovative way will require us to be brave and bold. We will not be able to deliver our priorities without changing the way we approach our work. We need to embrace new and innovative ways of working, breaking down traditional barriers and mindsets, to achieve our common goals.

Estates infrastructure, environment, and digital strategy



Our Infrastructure and estates strategy

We have developed a system infrastructure strategy to 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 explores 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.

| Our six infrastructure principles | | | | | |
|-----------------------------------|---------------------------------|----------|---------------------------------------|--|-------------------------|
| Transformational | Digital, smart, and intelligent | Usership | Green and environmentally sustainable | Financially sustainable and affordable | Shapes healthier places |

LSC Integrated Care Board :: Infrastructure Strategy 2024-2040 (icb.nhs.uk)

We will have the right network of NHS and partner infrastructure that enables us to deliver integrated health and care services in safe and quality environments, and that helps prevent people across Lancashire and South Cumbria becoming ill; supporting our population to live healthier, longer lives.

Our future built infrastructure is shaped by our six core infrastructure principles that are at the heart of this strategy. These are:

TRANSFORMATIONAL – our infrastructure will be transformational; enabling new integrated models for both clinical pathways and prevention, whilst improving long term health outcomes. It will support the strategic priorities of our [Lancashire and South Cumbria Joint Forward Plan](#), centred around 3 ambitions:

- ▶ Change the way organisations work together and how the NHS provides services to improve our financial situation.
- ▶ Move care closer to home, work with partners to prevent disease and reduce inequalities
- ▶ Enable a standardised, network model of care for the delivery of our clinical strategy

DIGITAL & SMART – we are blending physical and digital infrastructure together to create a smarter network of intelligent and connected buildings, data and people.

USERSHIP – we will have usership of the right types of spaces to support consistent and high quality care. Our spaces will be in the right place, they will be the right size and with the right occupancy arrangements in place.

GREEN – creating infrastructure that is zero-carbon, zero-impact where possible, environmentally friendly and sustainable, and nurturing to health.

AFFORDABLE – spending within our means and finding new, sustainable, efficient ways of delivering the infrastructure we need.

PLACES – we will actively use our NHS infrastructure in a way that benefits the health of our local communities, supporting and facilitating prevention and addressing health inequalities.

Our NHS infrastructure strategy has evolved from the 2018-19 Lancashire and South Cumbria system estates strategy. It has been developed during 2023 through engagement and discussion with a range of stakeholders from across the Lancashire and South Cumbria health system. Open conversations have been held with staff across several different areas of work, organisations, and geographies.

It reflects and responds to the vision and strategic priorities set out in the Lancashire and South Cumbria Joint Forward Plan and aligns with the system digital strategy, focusing on interconnectivity between buildings, digital systems, and technology.

Our Green Plan

On 1 July 2022 the NHS became the first health system in the world to embed net zero into legislation, through the 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 reabsorbed 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 per cent reduction by 2028 to 2032.
- Emissions we can influence to be net zero by 2045, with an ambition to reach an 80 per cent 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 [Greener NHS :: Green Plan \(icb.nhs.uk\)](#) 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) with regular support and engagement across system partners. It is divided into nine areas of focus, each with clear goals for delivery. 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 Digital, data and technology strategy

The recent agreement and publication of our Digital and Data Strategy 2024-2029 is a significant step toward us working in a truly integrated and collaborative way across health, care, and wider system partners. It supports the intention that transformation efforts across the system will be clinically and professionally led, operationally delivered, and digitally enabled.


The system-wide commitment to this strategy is a significant step toward collaborative transformation, resulting in improved care and outcomes of our population’s health and in tackling inequalities, experience and access. It is a fundamental enabler to working differently and can also play a pivotal role in increasing productivity and supporting financial sustainability.



The strategy sets out four strategic priorities, which will support the ICB strategic objectives and the Integrated Care Partnership strategic priorities:

| Four strategic priorities | | | |
|-------------------------------|---|--------------------------|--|
| Single digital infrastructure | Single set of core strategic system platforms | Single data architecture | Single digital & data service delivery and support model |

- **Single digital infrastructure** – an accessible digital infrastructure for all those providing services to the population ensures a more effective and efficient day, maximising use of digital tools and enabling more time to be spent with those who need it most whilst contributing to the creation of a richer, more insightful data set on population need.
- **Single set of core strategic system platforms** – a consistent set of system platforms will enable the enhanced flow of individuals, information and knowledge across organisations. Each organisation and system platform builds timely and accurate insight into the needs of the individual, enhancing care and maximising the effectiveness of health and care services.
- **Single data architecture** - a single data architecture across the system will enable enhanced access to data to support system level pathway design and service transformation together with a Secure Data Environment that will support research and development of innovation partnerships with industry and academia to drive further innovation.
- **Single digital & data service delivery and support model** - a single service delivery and support model for Digital and Data will create a consistent integrated high quality user experience for those using digital tools and data insight in the system and provide increased career and skills development opportunities for the specialist digital and data workforce.



Connected Care Record
 Good progress has been made in the development of a Lancashire and South Cumbria Connected Care Record, the procurement of a single acute Electronic Patient Record, and the rollout of a Patient Engagement Portal.

Developing a Secure Data Environment (SDE)

Significant work is under way to develop a Secure Data Environment (SDE) across Lancashire and South Cumbria, as part of a collaboration across the North-West. It will support bringing data together and making it available for analysis in real or near real-time and will change our ability to work with and our relationship to industry and academia. Via integration with the North-West SDE, we will support combined research across the North-West population of up to 7.4 million people. Integration with similar architecture built by the councils, will also support wider population insights. This solution will enable the development of a clinically led centre for AI supporting system validation and generation and regulation of new tools.

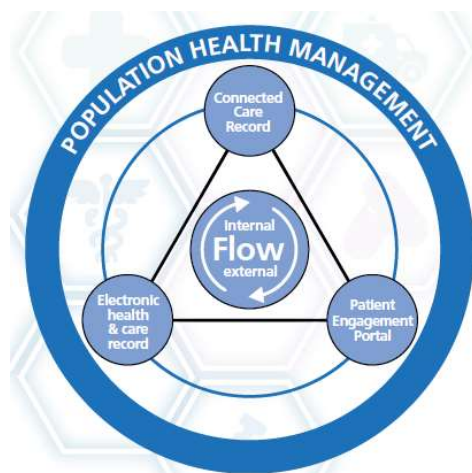


Diagram: Interaction between Electronic health & care record, Patient Engagement Portal and Connected Care Record to support Whole System Flow (within and between care providers) and enable data to be used for Population Health Management

Through the capture and sharing of such data, we are also 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 affecting 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.

| Our estates, infrastructure, and digital strategies | |
|---|--|
| Estates | <ul style="list-style-type: none"> 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 |

| | | |
|-----------------------|---|--|
| | <p>and contracts to Lancashire and South Cumbria businesses and residents.</p> <ul style="list-style-type: none"> • 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 increasing the focus on the role of infrastructure in prevention and reducing health inequalities. | |
| <p>Green</p> | <ul style="list-style-type: none"> • 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 to 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 five 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 per cent 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 and 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. | |
| <p>Digital</p> | <ul style="list-style-type: none"> • 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 connected care 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. | |

| Getting the basics right for the system | | |
|---|---|--------------|
| Comprehensive workforce plan | Buildings, infrastructure, digital and environmental plans. | Safeguarding |
| Delivery plans | | |

Detail on our delivery plans is outlined in section 12.

11. Supporting broader social and economic development.

Our priorities are to:

- Harness the role of the NHS as an anchor institution to make a difference in our communities.
- Drive social value and inclusive economic development via the commissioning and procurement of goods and services.
- Work with educational establishments and local employment services, to encourage people to take up health careers.
- Have a collective focus on work and health through the delivery of the Work Well Vanguard programme.
- Work with others on wider programmes of social and economic development as below

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 wellbeing 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.

Our partnership work across the system to support our population to Work Well

Working Well

WorkWell - enhancing employment levels across the system.

Lancashire & South Cumbria will be a trailblazer for WorkWell, a national initiative designed to help people with health conditions, remain in or return to work. The ICS has successfully secured local investment of £455,436 and will be one of the 15 Vanguard areas to pilot the WorkWell programme. More detail is provided in section 9.2.

Broader social and economic development led by partners.

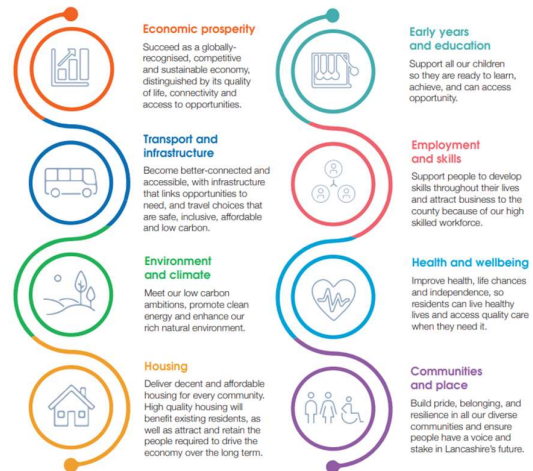
Lancashire 2050

'Enabling Lancashire to be a place where every single person can live their best life'



Lancashire has submitted a devolution proposal to central government for greater local powers and determination. It includes health and wellbeing and action on the factors which determine health such as employment and environment.

Our priorities will help Lancashire:



It offers the potential for Lancashire to secure more investment and deliver better outcomes for Lancashire communities, while also enabling local people to have a greater voice and role in decision-making. All 15 local authorities have been involved and their priorities for action are detailed within the Lancashire 2050 framework. This sets out the key areas for collaboration to enable the county to thrive and seizes opportunities that are bigger than any one institution. The partners have committed to working collaboratively on the eight core themes, together with listening to residents, being open and transparent and cross cutting priorities including diversity and inclusion, reducing inequalities, children and families, climate, and improving quality of life.

Employment opportunities and investment in Morecambe Bay

'Beauty Surrounds, Health Abounds... and Nature Astounds.'



£50 million has been secured from the UK Government Levelling Up Fund, to support the development of the Eden Project Morecambe which will reimagine the seaside resort for the 21st Century and help regenerate an important coastal community via reconnection with nature, arts, and education.

It has an anticipated opening date for the indoor attraction of 2027. The project has far-reaching environmental, social, and economic ambitions. It is expected to create about 1,400 local jobs and attract almost a million visitors every year.

Employment opportunities and investment in Barrow, South Cumbria



It was announced in March 2024 that investment of more than £200 million has been committed over the next decade to Barrow as part of the 'national endeavour' to secure the future of the UK's thriving defence and civil nuclear industry.

It represents a significant package of investment in skills, jobs and communities and will create more than 8,000 career opportunities to help the sector fill 40,000 new jobs by the end of the decade, including plans to double the number of nuclear apprentices and graduates and quadruple the number of specialist science and nuclear fission PhDs.

There will be five workstreams managed by the Barrow Delivery Board, aimed at supporting the attraction and retention of working age population, raising education and skills levels, improving infrastructure, and growing the economy and productivity – economy, master planning and place; transport; education, employment, and skills; health, equality, and wellbeing; and community and social impact.

12. Our Delivery

Since the establishment of the Integrated Care System and ICB on 1 July 2022, we have worked closely to build relationships both within the NHS, and across Local Government, the voluntary sector and other partners and agencies, to collectively understand the detail of the challenges we face, and to set out the collective priorities for system actions described in our JFP. The investment we have made in this foundation work will start to pay back now, as we progress with a deeper understanding of the challenges impacting upon our system’s performance and the underlying reasons. Going into 2024/25, we aim to set out our intended direction towards a more sustainable system and the actions we need to take to achieve our aims.

Our delivery framework

The table below shows how we will assess success against our five long-term 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.

| Long-term strategic priorities | | Short-term 1-3 years | Medium-term 4-6 years | Long-term 7-10 years |
|--------------------------------|--|--|---|---|
| 1 | Strengthen our foundations | Three-year system financial plan. | Financial balance across the NHS system. | |
| 2 | Improve prevention and reduce inequalities | Seamless and integrated provision is in place within every community. | Reduced admissions and disease prevalence | Long term actions to reduce health inequalities |
| 3 | Integrate and strengthen primary and community care | Strengthened primary and community care. Reduced demand on hospital services. | Enhanced and integrated primary and community care provision in place. | |
| 4 | Improve quality and outcomes | Improved CQC and SOF ratings for the six providers. | Optimised care and clinical pathways Improved quality of estates. Enhanced workforce. | |
| 5 | World-class care | Short-term actions on priority areas. | Medium-term actions on priority areas. | Long-term actions on priority areas. |

Delivery of the Joint forward plan is dependent on:

- **NHS delivery of its priorities**– incorporating all the actions the NHS has committed to within the Joint Forward plan. This will be underpinned by the annual commissioning cycle we undertake in conjunction with our providers and partners. Performance against our key deliverables is reported monthly to the ICB Board, with each area of commissioning connected into the formal committee process. From 2024, NHS England will also assess the performance of the ICB in terms of six functional areas, strategy and planning, leadership of the NHS and partnership working, arranging for the provision of care services (commissioning), assuring performance, quality and delivery, securing transformation and learning, and effective governance and people.
- **Delivery of our joint programmes of work with partners** as detailed within the integrated care strategy, including start well, live well, work well, age well and die well. This is led by the Integrated Care Partnership and delivered at system and place. Details of the ICS and place

level forward plans are provided in section 9.2.

Further work will be undertaken to develop the full underpinning performance framework, it will incorporate metrics from the NHS constitution, the 2024/25 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 golden thread

Critical to delivering the Joint Forward Plan is a golden thread running from the system vision through to the four system aims, the strategic priorities, and underpinned by our governance arrangements including the ICB corporate strategic objectives, this is outlined within section three.

The table below shows how the system’s strategic priorities for improving the health for the population of Lancashire and South Cumbria, link to the ICBs corporate strategic objectives.

| Our JFP System Strategic Priorities | | ICB Strategic Objectives | | | | |
|-------------------------------------|---|--|-------------------------|-----------------|------------------------|-----------|
| | | Equalise opportunities and clinical outcomes | Meet national standards | Improve quality | Meet financial targets | Workforce |
| 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 | ✓ | ✓ | ✓ | ✓ | |

2024-25 NHS Operational Plan objectives

The 2024/25 operational plan objectives, and the commitments we made as a system to achieving them, are as follows;

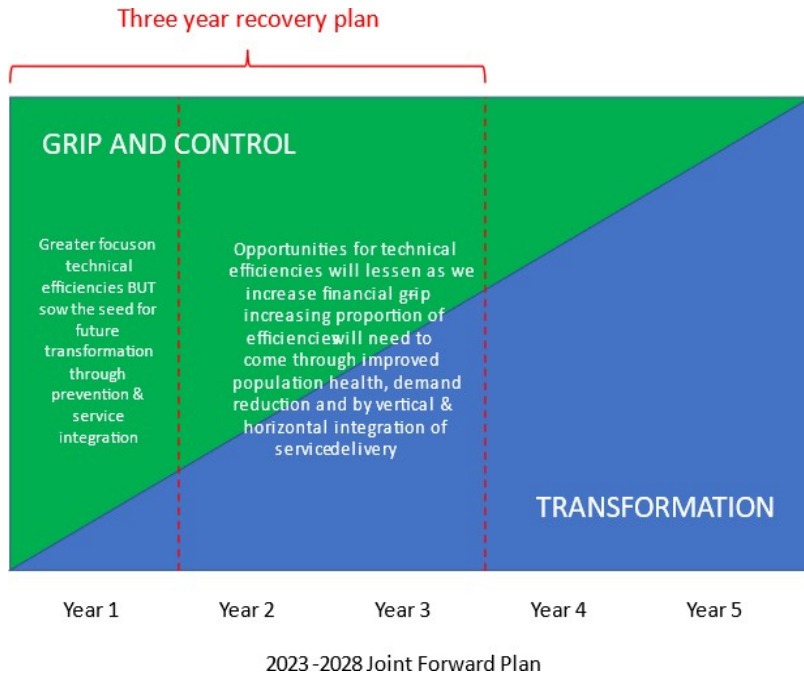
| | |
|-----------------------------------|---|
| Use of resources | <ul style="list-style-type: none"> Deliver the financial plan for services in scope of LSC-level planning and delivery including full efficiency plan Improve productivity consistent with the planning assumptions and allocated resources. Efficiency requirements need to consider tariff deflator (2.2%), convergence, shortfall on FYE CIPs and local cost pressures for the year |
| Health Inequalities | <ul style="list-style-type: none"> Adhere to the new NHSE legal duties as set out in NHS England > NHS England’s statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2025 Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% Continue to address health inequalities and deliver on the Core20PLUS5 approach – adults and children |
| Urgent Care | <p>Access to urgent care</p> <ul style="list-style-type: none"> Improve category 2 ambulance response times to an average of 30 minutes across 2024/25 A&E Waiting times 77% within 4 hours by March 2025 <p>Capacity - Maintain the peak increase in capacity agreed through operating plans in 2023/24.</p> <ul style="list-style-type: none"> Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard - TBC Virtual Ward beds Intermediate Care ((rehabilitation, reablement and recovery services that are either bedded and non-bedded) Community bed occupancy Same Day Emergency Care G&A Bed numbers Reduce adult general and acute (G&A) bed occupancy to 92% or below Reduce patients with a LOS over 21 days Hospital Discharge pathways Reduce no. of patients in hospital who do not meet the criteria to reside (NMC2R) |
| Primary and community care | <p>Primary care</p> <ul style="list-style-type: none"> Reduce unnecessary GP visits including increase in access to community pharmacy. More GP appointments and increase % seen within 2 weeks. Continue to grow primary care workforce. Recover dental activity towards pre-pandemic levels - Dental funding will be subject to a strict ringfence <p>Community</p> <ul style="list-style-type: none"> Reduce community waiting lists focusing on reducing long waits |

| | |
|-------------------------------------|--|
| Diagnostics | <ul style="list-style-type: none"> Increase patients seen within 6 weeks to 95% by March 2025 Deliver diagnostic activity levels to support elective care and cancer recovery |
| Secondary care | <ul style="list-style-type: none"> Elective pathway improvement <ul style="list-style-type: none"> Increase OP transformation/patient initiated follow up Elective recovery <ul style="list-style-type: none"> Elimination of over 65 week waits by September 2024 0.52+ week waits by March 25 - TBC Delivery system-specific activity target - TBC Cancer waiting times <ul style="list-style-type: none"> Early diagnosis - 75% at Stage 1 and 2 by 2028 Increase % with lower GI cancer referred with a FIT test Improve performance against the headline 62-day standard to 70% by March 2025 Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 Maternity outcomes - Continue to implement the Three-Year Delivery Plan for Maternity and Neonatal services <ul style="list-style-type: none"> Make progress to reduce stillbirth, maternal mortality and serious intrapartum brain injury Increase fill rates against funded establishment for maternity staff |
| Mental health, LD and autism | <p>Mental Health - Meet the Mental Health Investment Standard</p> <p>Improve Access</p> <ul style="list-style-type: none"> Increase CYP MH access Increase CMH - Adults and Older Adults SMI Increase specialist community perinatal support People with severe mental illness receiving a full annual physical health check <p>Dementia Diagnosis - Recover the dementia diagnosis rate to 66.7%</p> <p>Recovery and Improvement - Increase Talking Therapies/IAPT - Adults and Older Adults – treatment, recovery and 14 improvement rate</p> <p>Work towards eliminating inappropriate adult acute out of area placements – tracking of internal and external no’s</p> <ul style="list-style-type: none"> Reduce reliance on inpatient care, and improve the quality of inpatient care <p>Learning Disabilities</p> <ul style="list-style-type: none"> Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2025 Reduce reliance on LD inpatient care for those with autism and a LD. |
| Digital | <ul style="list-style-type: none"> Continue to level up the digital maturity of providers across all sectors, with a focus on deploying and upgrading electronic patient record systems in line with the What Good Looks Like guidance, as part of delivering the wider commitments set out in 'A Plan for Digital Health and Social Care', and 'Data Saves Lives'. Support and prioritise the implementation of the Federated Data Platform (FDP) to support elective recovery, care coordination (including optimising discharge), population health management and vaccinations. Continue to connect services to and champion use of the NHS App and website as the digital front door to the NHS |
| Workforce | <ul style="list-style-type: none"> System workforce numbers must be aligned to the financial resources available. Substantive staffing growth should come with commensurate and demonstrable reductions in temporary staffing use Implement actions for 2024/25 from the Long-Term Workforce Plan, including the agreed increase in education places in 2024/25 for Nursing Associates, Advanced Clinical Practitioners and Physician Associates Improve retention and staff attendance via a focus on the NHS People Promise |

These objectives can be mapped to the Joint Forward Plan priorities as follows:

| Lancashire and South Cumbria Joint Forward Plan long-term 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 | | Urgent and emergency care. Diagnostics. Elective care. | Workforce. |
| World-class care | Priority care and disease pathways | Cancer. Maternity. | Mental health. |
| | Priority population groups | | People with a learning disability and autistic people. |

Our immediate priorities



Maintaining financial grip and control is essential in the early phasing of the delivery of our 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 financial recovery plan alongside this phasing shows that early on 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.

We also have a number of wider priority programmes of work. This JFP includes reference to the development of our clinical strategy and service blueprint (1), the recovery and transformation programme (2), it references our work at place - although it doesn't yet include full delegation plans (5) and includes detail on our approach to partnership working as noted within the workforce section (4). The table shows how these immediate priorities map back to our strategic priorities.

| Our immediate priorities | | | |
|---|---------------------|--|---------------------------|
| A clear Clinical Strategy (1) with a vision for future services underpinned by strong clinical leadership | | | |
| Clear recovery plans (2) including: | | | |
| Fragile Services | New Clinical models | Transformation of the community out of hospital services | Shared corporate platform |
| <i>Supported by a</i> | | | |
| A clear commissioning and delivery plan (3), with a clear prioritisation plan. | | | |
| <i>Enabled by</i> | | | |
| Strong partnership working (4) and development of the right skills in the right place supported by an OD strategy | | Clear Place Implementation Plans (5) to support recovery and safely delegate budgets over a three-year period. | |

| | Referenced within our JFP across the following strategic priorities | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1. A clear Clinical Strategy | | | √ | √ | |
| 2. Clear recovery plans | | | | | |
| o Fragile Services | | | | √ | |
| o New Clinical models | | | | √ | |
| o Transformation of the community out of hospital services | | | √ | | |
| o Shared corporate platform | √ | | | | |
| 4. Strong partnership working and development of the right skills in the right place supported by and OD strategy | | | | | |
| 5. Clear Place Implementation Plans | | √ | | | |

Clear commissioning and delivery plan
with a clear prioritisation plan (3)

The remaining deliverable is the development of a clear **delivery plan** to set out how we plan to deliver our system vision and clinical strategy within our financial framework. Our delivery plan must consider how best to deliver the greatest benefits from our £4.4bn spend by:

- **Tackling demand as well as supply** investing in prevention and population health, using primary care and Place to refocus efforts on admission avoidance and joined-up approach to discharge.
- **Maximising the return on our premium investment in acute & mental health**
- **Commissioning based on best in class** for:
 - o Admissions
 - o Length of Stay
 - o Numbers of patients in hospital who do not have a clinical need to be there
 - o Getting It Right First Time (GIRFT) pathway levels
 - o Repatriation of out of area placements
- **Developing our Recovery and transformation programme focused on future new models of care** for hospital and community care.
- **A drive for efficiency** across the ICB and providers.
- **Considering what services need to stop because they deliver no benefit to patients.**

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

What we can do

- ✓ We can ensure every penny of the allocated Lancashire and South Cumbria healthcare pound is being used in the best possible way.
- ✓ We can ensure 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.

13. Next steps and further reading

This refreshed Joint Forward Plan is described at an intentionally high level. Nonetheless, we hope it provides a clear overview of our future vision, strategy, and long-term strategic priorities for action, as well as some of the progress we have already made towards the delivery of our strategic priorities.

The Joint Forward Plan will be updated annually. Unusually, this will be the second year in which the JFP has been published in July – the usual timetable will aim to publish the plan by the end of March. Each year 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.

Aligned to the Joint Forward Plan, we have developed 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](#)¹.

This plan should be read alongside a number of other key documents [Integrated Care Strategy](#)² 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 wellbeing needs of our population.

Another key document is our Annual Report for 2023/24, which sets out in more detail our achievements during the last year [here](#)

A full glossary of terms in common use in the NHS is available on the ICB website [here](#).

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

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