

# Lancashire & South Cumbria Integrated Care System

**Our NHS Joint Forward Plan  
for 2023 – 2028**

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## Foreword



**Kevin Lavery**  
Chief Executive of the Lancashire and  
South Cumbria Integrated Care Board



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

The Lancashire and South Cumbria Integrated Care Board (ICB) is responsible for developing a Joint Forward Plan for the NHS over the next five years. The ICB forms part of the Integrated Care System across Lancashire and South Cumbria, the formal partnership of organisations tasked with improving the health and wellbeing of our population.

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

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

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

There are significant health and wellbeing issues within Lancashire & South Cumbria, and the COVID-19 pandemic has exacerbated these further, with health inequalities widening in some areas; the cost-of-living crisis is expected to worsen the position further.

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 that many people in Lancashire and South Cumbria could be living longer, healthier, happier lives than they currently do.

*We recognise that we need to work with partners and local communities to prevent people becoming ill in the first place by tackling the wider determinants of health and supporting individuals with their health and wellbeing choices, while also improving access to health and care services.*

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

*Be assured that the hard work has already begun.*

We have developed an Integrated Care Strategy with our partners in local government, the voluntary, community, faith, and social enterprise sector, and local people. The strategy details a joined-up work programme, across the whole life course of our population to improve prevention and integrate health and social care. It will drive integrated working at system, place, and neighbourhood, to improve the health and wellbeing of our population. This Joint Forward Plan responds to the commitments made by the NHS within this Strategy.

Our system finance colleagues are developing a financial framework for the next three years that sets out the context for the difficult decisions that we will need to make under harsher financial conditions, including the establishment of our formal recovery programme. 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. 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 focus on local people and their lived experience, putting our population's needs at the heart of all we do.

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

## 1. Introduction

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

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

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



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

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

ICSs are tasked with improving the health and wellbeing of the whole population by harnessing the knowledge, skills, and talents from all partner organisations.

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 collaborative working at every level.

The Health and Care Act has offered a unique opportunity for partners across Lancashire and South Cumbria to understand the important contribution that each organisation makes to people's health and wellbeing, and therefore, how creating shared plans and forging new relationships will really benefit our population.

Our intention is to connect services across councils, the NHS, Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, sector and beyond, to provide seamless and integrated services for our population.

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

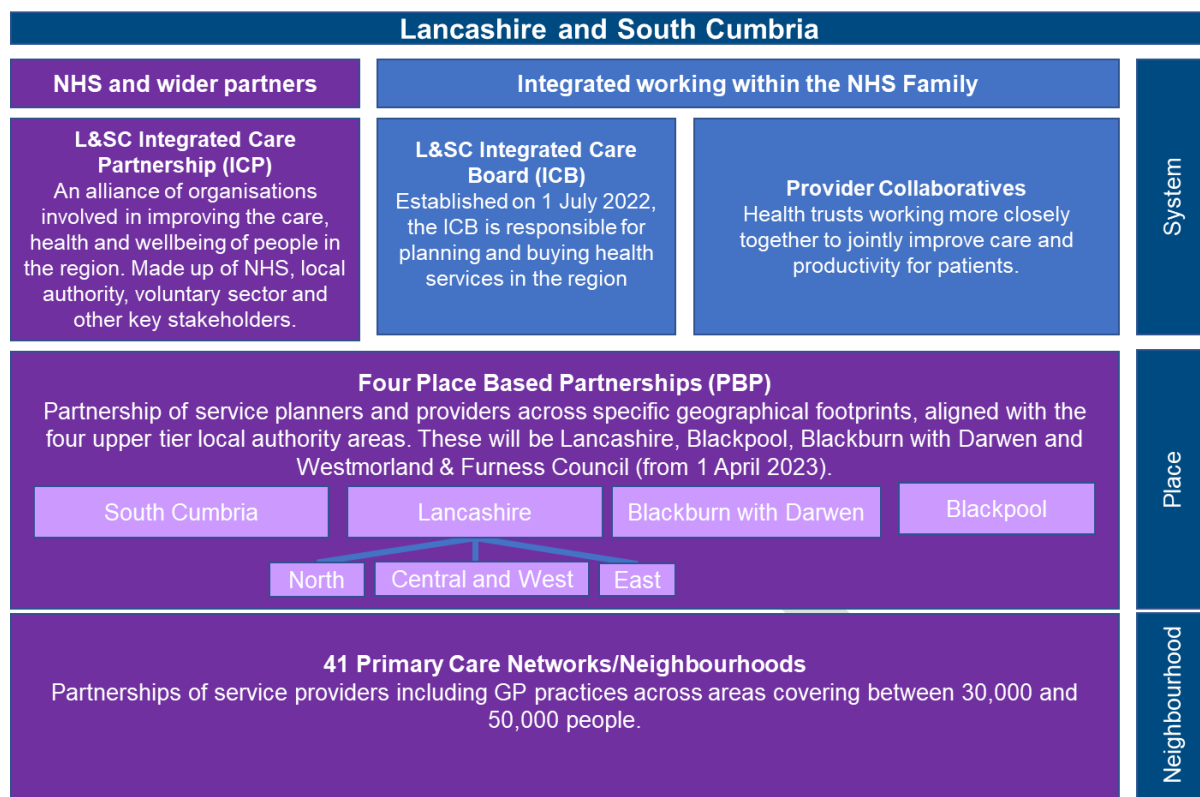
### [A new way of working](#)

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

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

- **System:** Integrated working across L&SC.
- **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 41 primary care networks, and local neighbourhood teams.

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



### The structure of the ICS

The Integrated Care System in L&SC was established as a legal entity under the Health and Care Act 2022, with statutory powers and responsibilities and made up of two formal parts:

- **The Lancashire and South Cumbria Integrated Care Board (ICB)** is the statutory body responsible for commissioning (planning and buying) NHS services for the 1.8 million people living in Lancashire and South Cumbria. The ICB must work in partnership with local authorities and wider organisations and integrate services wherever possible to deliver the greatest possible improvement in health and wellbeing. Members of the ICB Board include representatives from NHS providers, primary medical services and local authorities.



- **The Lancashire and South Cumbria Integrated Care Partnership (ICP)** is a statutory committee jointly formed between the NHS ICB and all upper-tier local authorities in Lancashire and South Cumbria (councils with responsibility for children’s and adult social care and public health). The ICP brings together partners that have a role in improving the health and well-being of the population, with membership determined locally. The ICP is responsible for producing an Integrated Care Strategy detailing how the local health and well-being needs of the population will be met.
- **The Provider Collaborative (PC)** sees five acute, mental health and community providers in Lancashire and South Lancashire work together as one. They are:
  - Blackpool Teaching Hospital NHS Foundation Trust
  - East Lancashire Hospitals NHS Trust
  - Lancashire and South Cumbria NHS Foundation Trust
  - Lancashire Teaching Hospitals NHS Foundation Trust
  - University Hospitals of Morecambe Bay NHS Foundation Trust



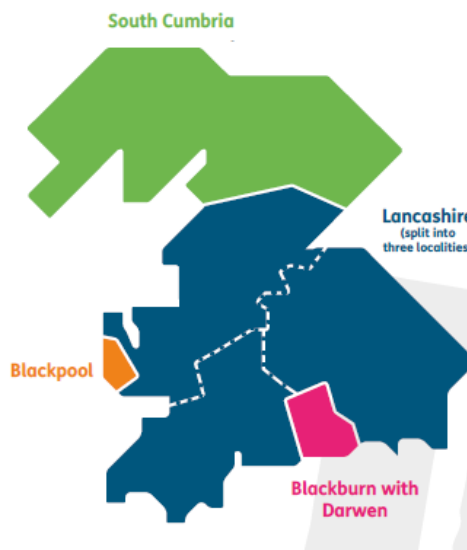
*Our provider collaborative will be the engine room for improving sustainability and transforming the delivery of acute care across the system.*



**Our System**

<p><b>Local Authorities</b></p>	<p><b><u>Six upper-tier local authorities</u></b>  <i>Lancashire County Council, North Yorkshire Council, Cumberland Council (unitary), Westmorland and Furness Council (unitary), Blackpool Council (unitary), Blackburn with Darwen Council (unitary).</i>  <i>(From 1 April 2023 Cumbria Council is being replaced by a unitary authority in the east; Cumberland Council and one in the west; Westmorland and Furness Council. North Yorkshire County Council will become a new unitary council on 1<sup>st</sup> April 2023, known as North Yorkshire Council).</i></p> <p><b><u>Twelve district councils</u></b>  <b><i>Lancashire:</i></b> <i>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.</i></p>
<p><b>NHS</b></p>	<p><b><u>Provider Collaborative</u></b> - <i>All five of the foundation trusts below, work together as part of the provider collaborative.</i></p> <p><b><u>Four acute / community service providers</u></b>  <i>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).</i></p> <p><b><u>One mental health/community provider</u></b>  <i>Lancashire and South Cumbria NHS Foundation Trust</i></p> <p><b><u>One ambulance service provider</u></b>  <i>North-West Ambulance Service NHS Trust (NWAS).</i></p> <p><b><u>Primary care</u></b>  <i>41 primary care networks (PCN) covering 248 GP Practices.</i></p>
<p><b>VCFSE</b></p>	<p><b><u>Seven collectives of community voluntary services or councils for voluntary services (CVS)</u></b>  <i>Blackburn with Darwen CVS, Burnley, Pendle and Rossendale CVS, Cumbria CVS, Hyndburn and Ribble Valley CVS, Lancaster District CVS, Blackpool, Wyre, and Fylde CVS.</i></p>
<p><b>Wider</b></p>	<p><b><u>Four local independent organisations that champion the views of patients and service users</u></b>  <b><i>Healthwatch:</i></b> <i>Blackburn with Darwen, Blackpool, Cumbria, and Lancashire. All four Healthwatch organisations work collaboratively as Healthwatch Together</i></p> <p><b><u>Other partners</u></b>  <i>This includes our local universities, colleges, hospices and community and faith organisations.</i></p>

## Our Places



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

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

- **South Cumbria** has population of around 186,000 people. It is a mixture of coastal and rural areas, ranging from Barrow-in-Furness, a busy shipbuilding town and port, to South Lakeland and Eden with rural, land-based and thriving visitor economies. There are diverse mix of communities, with some affluent and some deprived. It is England's most sparsely populated local authority area, which creates challenges in delivering services, transport and connectivity.
- **Lancashire** has a population around 1.2 million people. It is a diverse geography ranging from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Its urban areas include Preston and Lancaster, former textile towns such as Burnley, coastal resorts, and market towns. There are deprived communities and rural areas where some residents experience poverty and social exclusion, as well as more affluent areas. Areas of deprivation exist in East Lancashire, Morecambe, Skelmersdale and Preston.

- **Blackpool** has a population of around 138,000 people. It is an urban area with a thriving tourist economy and a strong sense of community. However, it also has high levels of deprivation and a transient population and some of the most challenging health needs in the country
- **Blackburn with Darwen** has a population of around 150,000 people. It is a semi-rural, multicultural borough with compact urban areas around the towns of Blackburn and Darwen and several small rural villages and hamlets.

Draft

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

This draft Joint Forward Plan for 2023 to 2028 outlines how the Lancashire & South Cumbria ICB will work with NHS providers of care, Local Government, VCFSE and other partners to deliver our mission.

<b>Mission</b>	<p><i>We are committed to improving the health and wellbeing of the 1.8 million people of Lancashire and South Cumbria, by working collaboratively with partners to:</i></p> <p>3. <i>Reduce health inequalities</i></p> <ul style="list-style-type: none"> <li>• <i>Secure better health and care outcomes</i></li> <li>• <i>Provide the best care at the right time, to enable people to live healthy and fulfilling lives.</i></li> </ul>
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We will deliver our mission by taking targeted action with partners across the four priority aims for Integrated Care Systems.

Our Four Pillars			
<i>Tackling inequalities in outcomes, experience, and access</i>	<i>Improving outcomes in population health and health care</i>	<i>Enhancing productivity and value for money</i>	<i>Helping the NHS to support broader social and economic development</i>

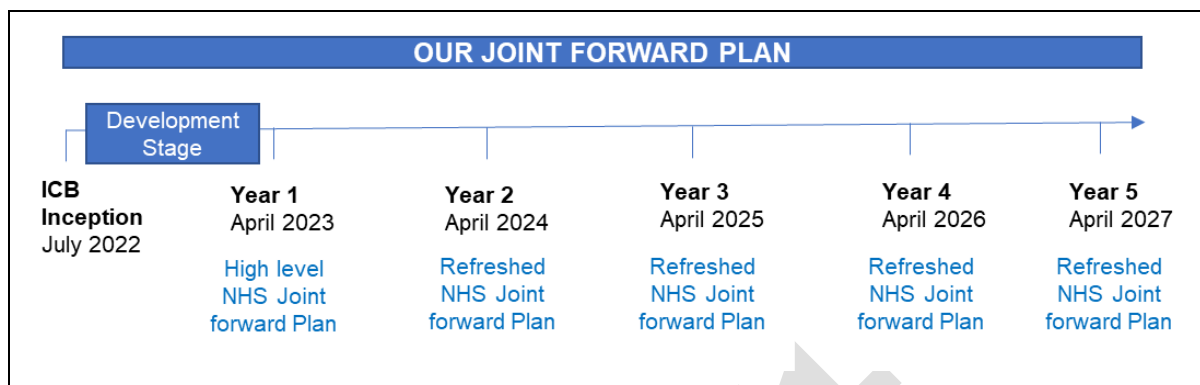
We will also consider the effects of all our decisions on:

<i>The health and well-being of our population (including inequalities)</i>	<i>The quality of services provided (including inequalities in benefits from those services)</i>	<i>The sustainable and efficient use of resources</i>
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The scope of NHS services within the jurisdiction of the ICB and covered by this plan is shown in the table below.

In Scope				Out of Scope
<b>Primary Care</b> <i>including dentistry, optometry, and community pharmacy.</i>	<b>Community Care</b>	<b>Acute Care</b>	<b>Mental Health and Learning Disability services</b>	<b>Specialised Commissioned</b> (Currently Commissioned by NHS England)
Our services cover all the health care needs of our population, from cradle to grave. Our valued service providers include the NHS, the independent sector, and the voluntary sector.				

## Our Development Journey



This first ICB Joint Forward Plan is intentionally high-level because the ICB is a newly-formed organisation – so many of our plans, priorities and relationships are continuing to be developed.

This plan sets out our intended vision, strategy, and priorities for action. Working as a system provides a huge opportunity to work differently to tackle the urgent challenges that we face. However, this will also be a significant programme of change.

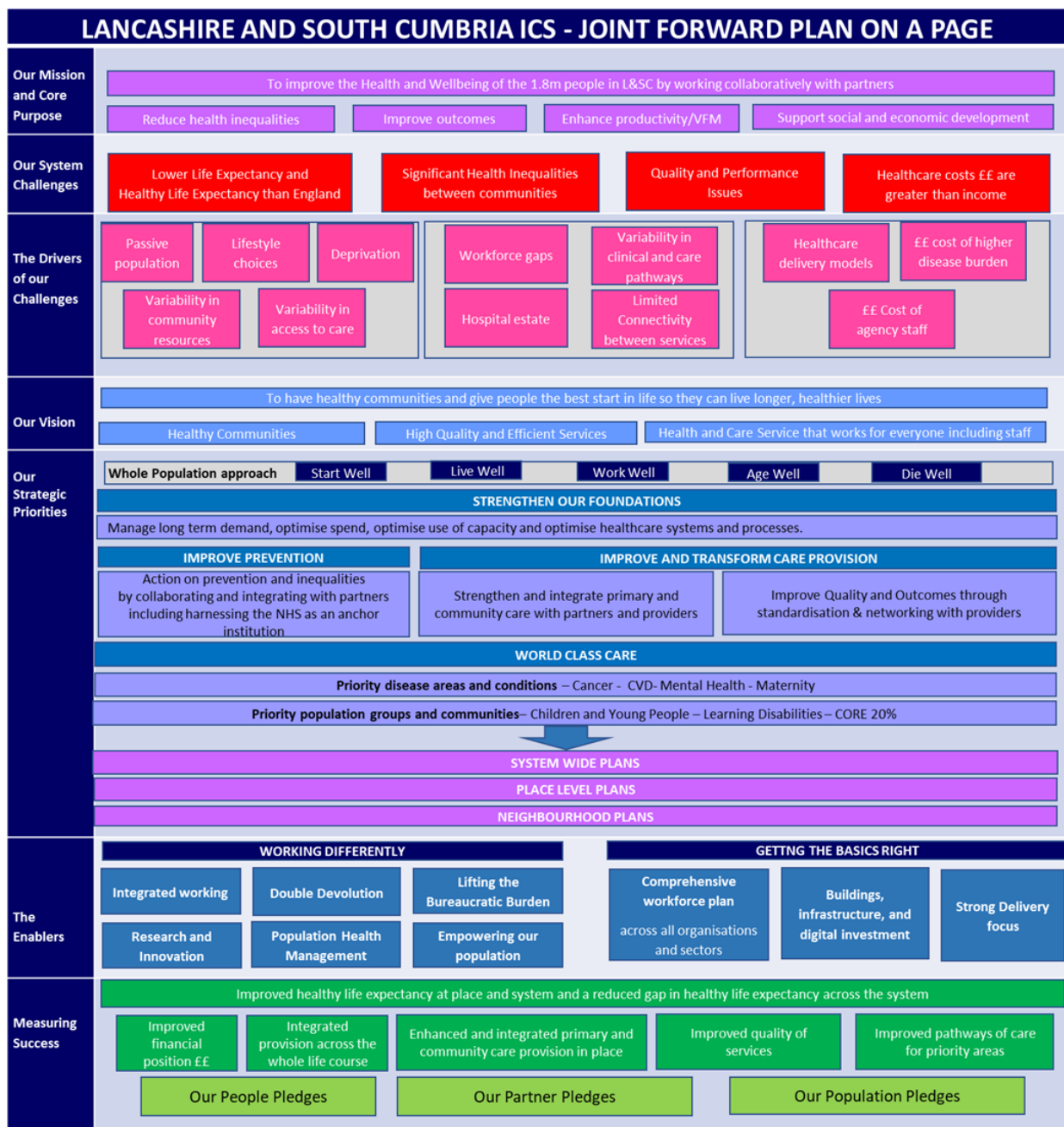
We will work through the detail and consult with our partners, our workforce, and our population to ensure our plans, infrastructure and systems and processes are sustainable and provide the right foundations for integrated working.

This document builds on existing strategies and plans and sets out our aspiration to engage with our partners, staff, and population to further develop this plan for 2024/25 and beyond. This draft Joint Forward Plan should be considered alongside the following documents, which are either published or in the final stages of development:

- The **Integrated Care Strategy** has been developed through our Integrated Care Partnership and proposes out how the ICB will work with local authorities and other partners to meet the health and well-being needs of our population.
- The **State of the System report** was published by Kevin Lavery, CEO of the ICB and sets out his early views on the challenges facing the health and care system in Lancashire and South Cumbria and the steps we need to take to overcome them.

### 3. Our Joint Forward Plan on a page

The diagram below summarises the joint forward plan for improving the health and well-being of the Lancashire and South Cumbria population. It outlines our major system challenges and their causes, our future vision and strategy, our key enablers (the things that need to be in place to ensure success) and how we will measure success. It shows the golden thread between the challenges we face and our long-term plan to address them.



## 4. Our current challenges

The demand for health care within Lancashire and South Cumbria is increasing, while our capacity to meet the demand is reducing. This has a significant impact upon our population, our patients, our staff, and our finances.

As a system, we spend more money on health and care services than we receive in income, and this situation has got significantly worse since the COVID-19 pandemic.

In the financial year 2019/20, five out of the six hospital trusts were overspending. During the pandemic, funding was provided to cover all the costs in the system, but this masked the true underlying position that has not been addressed. The underlying financial risk at the beginning of 2022/23 was significant and the additional funding we have been receiving is being reduced out over the next three years. Our position will continue to worsen unless we work together across the whole NHS. We must take urgent action to improve the long-term sustainability of the Lancashire and South Cumbria health system by managing demand and transforming the way we use services, staff and buildings.

The issues that contribute to the mismatch between demand and capacity are as follows:

Demand Issues	Capacity Issues
<p><b>More people living with diseases (Disease Burden)</b></p> <ul style="list-style-type: none"> <li>• High levels of deprivation, lifestyle choices and variability in community resources and access to care, which is impacting on health.</li> <li>• Variable life expectancy and healthy life expectancy across our geography with significant health inequalities between communities.</li> <li>• An ever-increasing disease burden, acuity, and long-term conditions, which is linked to our demographics</li> </ul> <p><b>A population with varied levels of engagement with their health and well-being</b></p> <ul style="list-style-type: none"> <li>• Advancements in health innovation are creating increasing demand for services.</li> <li>• People have become used to accessing healthcare on demand</li> </ul>	<p><b>Workforce Gaps</b></p> <ul style="list-style-type: none"> <li>• Hospital workforce gaps which are driving agency spend.</li> <li>• Primary and community care workforce gaps which limit our ability to support patients outside of hospital.</li> <li>• Retention rates which are sub-optimal.</li> <li>• Issues with wellbeing and exhaustion which have been further exacerbated by COVID-19.</li> </ul> <p><b>Quality of Physical Infrastructure</b></p> <ul style="list-style-type: none"> <li>• There are issues with the quality of our physical estate.</li> </ul> <p><b>Inconsistent Quality and Outcomes</b></p> <ul style="list-style-type: none"> <li>• Inconsistent care pathways and clinical pathways across our providers.</li> </ul> <p><b>The Delivery Model</b></p> <ul style="list-style-type: none"> <li>• Focused on hospitals</li> <li>• Siloed working across providers and between partners.</li> </ul>

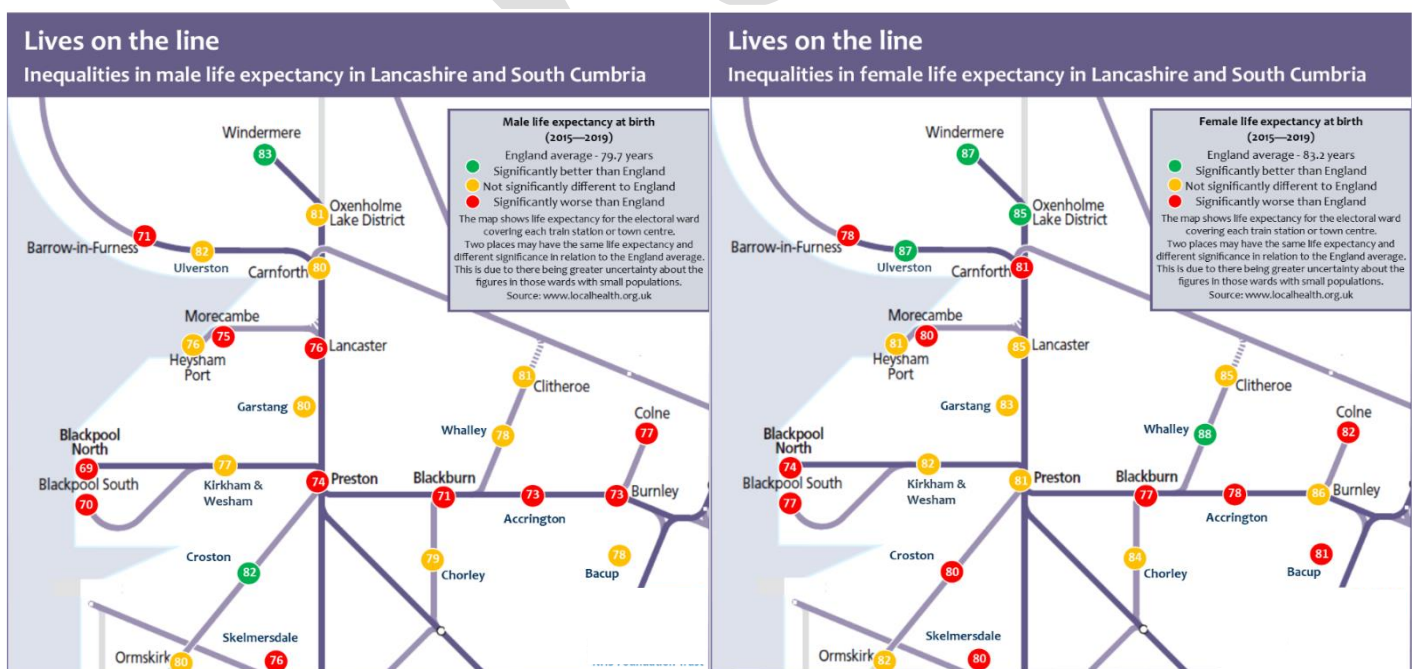
*To ensure that our strategic priorities over the next ten years are the correct ones, it is critical that we have a detailed understanding of all the issues that are driving our financial position and how the issues are interconnected.*

## Demand side issues

There are 1.8 million people living in L&SC and this number is expected to rise to 2.05 million by 2033. The health and wellbeing of our population is variable, depending on the neighbourhood and place in which people live. We have a significant disease burden and the demand for health care is increasing at a rapid rate. This is being driven by lifestyle choices and deprivation and is also impacted by our current operating model, with the NHS largely working in isolation from the other organisations which support health and wellbeing.

### Life expectancy

Life expectancy in L&SC is lower than the national average – by almost a decade in some areas. In addition, there is a significant level of unwarranted variation in the number of years people can expect to live a healthy life. Babies born in this area today have a healthy life expectancy that is lower than the expected state pension age of 68. In some areas, healthy life expectancy is as low as 46.5 years, although this varies significantly across our communities. The health of our communities also varies significantly.



Driven by



## Disease burden

The main disease drivers of the lower healthy life expectancy in L&SC are cancer, conditions relating to the heart and lungs, mental health, and conditions relating to the brain and nervous system. Around 21,000 people have five or more long term health conditions in this area. The estimated prevalence of common mental health disorders is higher than the England estimate. In addition, nine per cent of our population are from ethnically diverse backgrounds, with some communities showing different health experiences – for example, the South Asian population develops heart disease at a younger age and has higher stroke incidence and mortality.

Impacted by

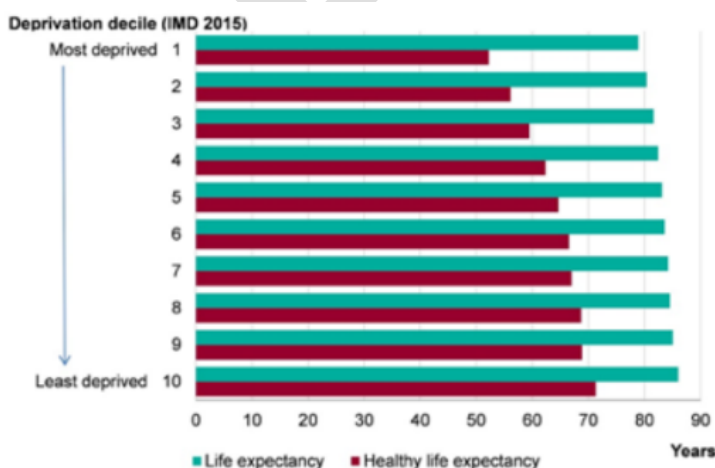
## Lifestyle choices

Healthy life expectancy in L&SC is impacted by the lifestyle choices of our population. Around 40 per cent of ill health is seen in people who smoke, do little physical activity, are obese or who abuse substances such as drugs and alcohol. In L&SC, 18.5% of adults smoke, compared with the national average for England of 17.2%. Furthermore, only around a fifth of adults are meeting the recommended levels of physical activity. These statistics vary markedly by place and neighbourhood.

Driven by

## Demographics and deprivation

The healthy life expectancy across L&SC is impacted by the levels of deprivation and poverty within our communities. Factors such as housing, the quality of the living environment, levels of education, crime and employment all have an impact on health; the relative level of deprivation in an area, is measured by the Index of Multiple Deprivation (IMD).



The significant impact on health of the IMD decile in which an individual resides, is shown very powerfully on this chart. Within IMD decile one, the healthy life expectancy is only around 50, with those in the last deprived areas living with good health until they are over 70. This is significant as almost a third of people within L&SC live in some of the most deprived areas of England

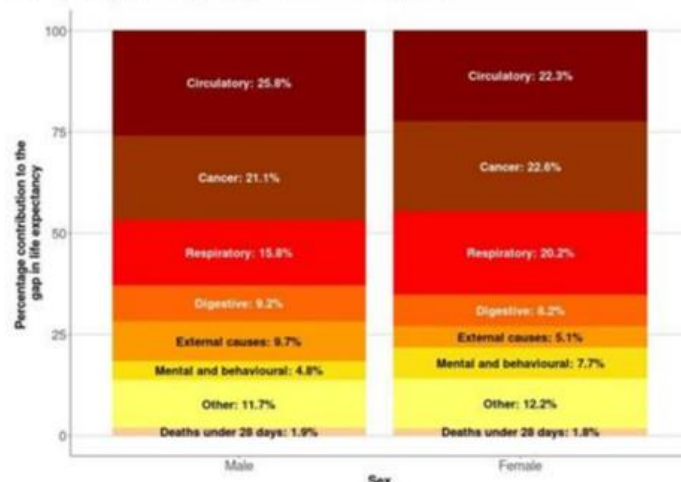
The table below highlights the levels of deprivation across the Greater Lancashire area. The percentile shows the relative position nationally of each area, with a lower percentile indicating higher deprivation. Four areas are within decile one - the lowest decile nationally; and a further three areas are within deciles two and three.

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

Our areas of significant deprivation include wards within Blackpool, Blackburn with Darwen, Burnley, Hyndburn, and Barrow. Of significant concern is the fact that eleven of the fourteen Greater Lancashire areas show an increase in deprivation between 2015 and 2019. At ward level, seventeen (or 6%) of the wards within the Greater Lancashire area are in the 1% most deprived of all the 7408 wards in England. These include six wards within Blackpool, eight within East Lancashire, and one in Preston, Lancaster, and Wyre.

On a day-to-day basis, the level of income and family support in some households, impacts on their ability to feed their families, heat their homes, and support their children. The percentage of children living in poverty across Lancashire and South Cumbria ranges from a low of 12% to a high of 38%, compared with the national average of 30%. Our health inequalities were starkly exposed during the COVID-19 pandemic – with more people from our deprived communities admitted to hospital with the disease. A significant proportion of children in these communities, experience adverse living conditions which leads to significant variation in their development and school readiness and impacts upon their whole life. This has a significant consequential impact upon their health and wellbeing and the demand for health care.

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



The diseases which contribute to the gap in life expectancy between the most and least deprived areas is shown in the chart. Circulatory, cancer and respiratory related conditions all play a significant role for both men and women.

## Rising numbers of older people

Further increasing the demand for health care in L&SC, is an above average level of people aged 50 and older within the population. There is also expected to be an increase in the number of people aged 85 and older, placing increasing pressure on services.

## Carers

Carers markedly contribute to the care of those with long term conditions and can help prevent unnecessary admissions to hospitals. With increasingly constrained resources and difficulties in recruiting staff, it is often family and friends who step in to bridge the gap and it is critical that these individuals are known to and supported by the health and care system. There are approximately 175,000 unpaid carers in L&SC, as reported in the 2021 Census, and Carers UK estimates the true number may be double that. Our carers include children from aged five, up to and including the elderly. As the proportion of older people and the prevalence of long-term conditions continues to increase across L&SC, the impact on this group of people will increase further.

There are approximately 63,000 people across L&SC providing more than fifty hours of unpaid care a week and caring can take a heavy toll on individuals, with an impact on their physical and mental health. Many carers are not registered with a local authority or GP practice and miss out on vital help and support. Carers are every day, invisible heroes, who support family members, friends, and neighbours with additional day to day needs, across our geography. They play a hugely valuable and vital role in the lives of our population and their contribution supports our health and care system.

## Our Operating Model

The NHS has not been consistently connected into health prevention and the significant range of partner organisations which support it, and this has contributed to an ever-increasing and wholly unsustainable disease burden gathering upstream. The diagram below highlights the missed opportunity around prevention; the NHS has been largely focused on the expensive task of pulling people out of the water after they are already ill. The NHS and LAs have collaborated on joint health and wellbeing strategies but action on formally integrating teams and pathways has been limited.



The table below highlights the range of organisations which are involved in supporting our population's health and wellbeing and the historic focus of the NHS. This diagram illustrates very powerfully the huge potential benefit for our population, of the NHS working in an integrated way with partners.

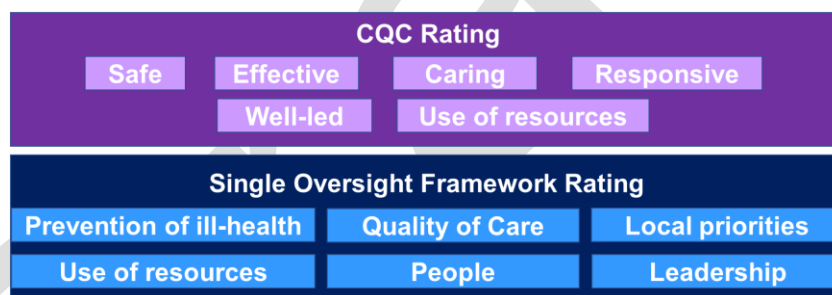
Health and Wellbeing Roles					
Organisation	Determinants of Health	Health Education	Social Care	Health Care	Wellbeing
<b>Council</b> <i>Provision varies depending on whether the council is upper tier* or district level.</i>	Education * Employment Housing Family Support Environment	Disease prevention *	Social Care*		Libraries * Physical environment Culture Creativity
<b>NHS</b>				Care provision	
<b>VCFSE</b>	Charities Faith Sector Community Groups	Support services			Services
	Social Enterprises	Supporting Business Childcare Education Community Environment	Services	Services	Sports and Leisure
<b>Private/ Independent Sector</b>	Services		Care provision	Care provision	Provision

## Capacity issues

The quality and outcomes of our health care in L&SC is impacted by the availability of a skilled and talented workforce, the size and quality of our physical space, our underpinning system and processes around care and our operating model. The amount of care we can provide is limited by the capacity we have available, and our capacity is significantly constrained by gaps in our workforce, the quality of our estate and our historic operating model which has not enabled us to share limited resources across our providers. Poor quality also impacts on costs - where patients wait longer, their conditions deteriorate and are more expensive to treat; where there are inconsistent care processes and blockages, there are more errors and wastage; and where there are gaps in highly skilled clinicians, very expensive agency staff must be sought.

### **The quality of our care**

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



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

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

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

CQC Ratings						
Trust	Safe	Effective	Caring	Responsive	Well-Led	Use of resources
NWAS 2020	Green	Green	Green	Green	Green	-
ELHT 2019	Green	Green	Green	Orange	Green	Green
BTH 2022	Orange	Orange	Green	Orange	Orange	Orange
LSCFT 2019	Orange	Orange	Green	Orange	Orange	-
LTH 2019	Orange	Orange	Green	Orange	Green	Orange
UHMB 2021	Orange	Orange	Green	Orange	Red	Red

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

Driven by

## Workforce

A significant factor which impacts upon the quality of our care is the quality and availability of the workforce, and we have significant gaps within our hospitals which are also predicted to rise. Across Lancashire and South Cumbria, NHS hospitals employ around 40,000 people. We have higher vacancy rates than the national average, at 9% compared with 6.9% across England and some of the highest levels of sickness absence in England. Furthermore, more than 20 per cent of our staff or approximately 8,000 people, are over the age of 55 and will therefore retire in the not-too-distant future. Alongside this, our ability to recruit is impacted by the condition of our infrastructure and the reputation and quality of our services. The consequence is a high level of agency staff usage, which comes at a considerable financial cost to the system and impacts on the quality of care. The workforce gaps are shared by hospitals across the country which means that hospital Trusts often competing for the same staffing pool. We face significant problems with recruiting the people we need and retaining them.

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

Driven by

## **Estates**

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

The condition of our hospital estate has a marked impact on the quality of care we can provide and also impacts on our ability to recruit and limits our ability to transform care. Our capital allocation is being spent on maintaining our ageing estate and equipment rather than on innovative transformation projects. All our hospitals were built many years ago, developed for far fewer patients and developed to meet historic care standards. This impacts on overcrowding, risks around infection and patient experience.

Royal Lancaster Infirmary emergency department is seeing 50 per cent more patients than it was designed for, while Furness General Hospital is seeing 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 on the frequency of elective surgery being cancelled and contributes to the stress levels within our workforce.

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

Driven by

## **Operating Model**

The cultural and legislative landscape of the NHS has been underpinned by competition within an 'internal market' rather than collaboration - this has created waste and inefficiency. Despite the challenges around workforce being shared across L&SC, the legislative framework has actively discouraged working collaboratively, and this has been a huge barrier to improving quality and has contributed to a significant cost burden for providers. Over the past thirty years, this has proved very expensive and has adversely affected quality across L&SC and starved services of much-needed

investment. Only in recent years have hospitals started to collaborate across geographical areas to address these issues, establishing regional centres of excellence and working together, rather than against each other.

Another significant issue with our historic operating model is the extent to which services have been delivered within acute hospitals - this is hugely expensive in terms of running costs. Acute hospitals are the most expensive providers of care and patients are queueing to access care, and then sometimes queueing again to get out of hospital, due to gaps in community provision. This is not an optimum model of care delivery in terms of outcomes or securing value for money from the L&SC healthcare pound. Critical to increasing sustainability will be strengthening primary and community care while also integrating the provision of primary and community care with social care, wider LA services and the VCFSE sector into Integrated Neighbourhood Teams and harnessing the use of digital technology.

*This will not be easy, however.*

Both primary and community care are struggling under the strain of the ever-increasing demand for care, whilst also experiencing capacity challenges including significant workforce gaps and estates issues. These issues are driven by a lack of integrated work with partners to support prevention upstream, which is driving demand for primary and community care through an ever-increasing burden of disease, alongside our population being largely passive in terms of managing their own health and wellbeing.

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

### **Digital, Data and Technology**

The maturity of Digital, Data and Technology is variable across Lancashire and South Cumbria - two of our acute provider Trusts do not have a mature electronic patient record system and still rely on paper-based processes. Good progress has been made in the development of Lancashire and South Cumbria shared care record but data flows and access from out of hospital settings need to be developed further.

The use of data is largely fragmented and is predominantly used for retrospective performance reporting rather than supporting predictive analytics and insights leading to early intervention and action.



There are some good examples of usage of innovative technology to support care for our population but there are opportunities to scale these across Lancashire and South Cumbria such as remote monitoring, tele-care, technology enabled virtual wards and patient initiated follow ups.

Digital and Data provides significant opportunities in supporting improvements in the outcomes of our population health and in tackling inequalities, experience and access. Digital and Data can also play a pivotal role in increasing productivity and supporting financial sustainability.

### The Implications

In conclusion, 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:

<b>Where our Joint Forward Plan needs to focus</b>	
<b>2</b>	<p><b><u>Ensure we are spending our £4 billion of health care resources wisely by exploring opportunities to work differently and reduce costs.</u></b></p> <ul style="list-style-type: none"> <li>• <i>Explore opportunities to reduce costs and increase value for money across the NHS by working differently including moving services away from expensive hospital sites where possible.</i></li> <li>• <i>Explore opportunities to share resources across the NHS family</i></li> <li>• <i>Reduce long term healthcare demand to reduce the pressure on the health care system (as below).</i></li> <li>• <i>Optimise the quality of care across L&amp;SC, this will also reduce costs (as below).</i></li> <li>• <i>Variation in the quality, consistency, and processes for care, can create additional demands for care such as re-admissions.</i></li> </ul>
	<p><b><u>Reduce and manage the unsustainably increasing demand for care</u></b></p> <p><b>Take action on prevention and address inequalities</b></p> <ul style="list-style-type: none"> <li>• <i>Provide targeted support for communities and demographics with the greatest health issues by undertaking targeted action at system, place, and neighbourhood.</i></li> <li>• <i>Take joined up action with partners on the social determinants of health including unpaid care.</i></li> <li>• <i>Support our population to make healthy lifestyle choices by offering NHS support services and connecting them into the wider service offers from our partners.</i></li> <li>• <i>Screen our population for diseases and intervene early to keep people well for as long as possible.</i></li> <li>• <i>Empower our population to actively manage their health and wellbeing</i></li> <li>• <i>Work with our population to understand the drivers of their health choices and co-produce the development of any solutions.</i></li> </ul> <p><b>Proactive disease management</b></p> <ul style="list-style-type: none"> <li>• <i>Implement evidence based standardised care pathways for our most significant disease areas, population groups and communities.</i></li> </ul> <p><b>Integration</b></p> <ul style="list-style-type: none"> <li>• <i>Support the health needs of our ageing population and those with long term conditions, by working in partnership</i></li> </ul>

	<ul style="list-style-type: none"><li>• <i>Integrate teams across the NHS and wider partners at neighbourhood, place, and system.</i></li></ul>
<b>3</b>	<p><b><u>Improve the Quality of care</u></b></p> <p><b><i>Work collaboratively across providers to:</i></b></p> <ul style="list-style-type: none"><li>• <i>Address the workforce gaps</i></li><li>• <i>Improve the quality of the hospital estate</i></li><li>• <i>Improve access to care</i></li><li>• <i>Standardise care and clinical pathways</i></li><li>• <i>Deliver world class pathways for priority disease areas, conditions, population groups and communities.</i></li></ul>

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## 5. Our future vision

The long-term vision of the Lancashire and South Cumbria Integrated Care System for our population is outlined below, together with our three long term aims. Our vision can only be achieved by partnership working across all the organisations that contribute to the health and wellbeing of our population - upper and lower tier local authorities, the NHS, our wider partners including the VCFSE sector, our local universities and our local people and communities. This vision is about health and wellbeing in its widest sense - it moves the focus of the NHS away from a sole focus on the delivery of care. This requires the NHS and all its partners, to work very differently from how they have in the past.

<b>Our Vision</b>	<p>We want our population to live longer and healthier lives which will be enabled by:</p> <ul style="list-style-type: none"> <li>• Healthy communities</li> <li>• High quality and efficient services</li> <li>• Health and care services that are centred around the needs of our communities and offer high quality employment opportunities for our workforce</li> </ul>
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*Collectively, we will measure our success in the long term by our progress in increasing the healthy life expectancy of our population. We will track this metric across the system and within each of our places and communities, to ensure inequalities are reducing.*

<b>Our Values</b>	<p>We are committed to delivering high quality, patient centred care which improves people’s lives. We will work to ensure this is delivered with compassion, humanity, kindness, respect, and dignity. We will also ensure we maximise the use of the healthcare resources across Lancashire and South Cumbria.</p>
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<b>Our pledges to our population</b>	
<b>1</b>	<p><b>You will have healthy communities</b></p> <p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Be supported to keep well both physically and mentally</i> by our programme of connecting all the provision of health and wellbeing services across our partners, at system, place, and neighbourhood.</li> <li>• <i>Be more active in managing your own health and wellbeing</i> to enable you to maintain your physical independence for longer. We will give you more choices and involvement in your health and wellbeing and co-produce our service developments with you, to ensure they meet your needs.</li> </ul>

<b>2</b>	<b>You will have high quality and efficient services</b>	<p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Have access to high-quality, and patient and carer centred services across Lancashire and South Cumbria. We will ensure our providers work collaboratively to share their resources and expertise and standardise their care pathways to optimise our outcomes and your patient and carer experience.</i></li> <li>• <i>Be treated with compassion, humanity, kindness, respect, and dignity.</i></li> </ul>
<b>3</b>	<b>You will have a health and care service that works for you all</b>	<p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Have improved access to the most effective support with reduced waiting times.</i></li> <li>• <i>Have joined up services and support, which are easier to navigate and access for patients and carers.</i></li> <li>• <i>Be central to decision making and have services and support that is responsive to your local needs. We will work with you to co-design and transform our services.</i></li> </ul>

*We will ask your opinion about how well we are integrating our services via a new national integration index.*

### [The importance of partnership working](#)

Delivering longer and healthier lives for our population will be critically reliant on the strength of our partnership working across all organisations which impact upon health and wellbeing.

The Lancashire and South Cumbria Integrated Care Partnership has developed an ambitious vision; they will work together and harness their collective knowledge, skills, and talents to improve our population's health, wealth, and happiness. They have already agreed outline priorities for collective action, to enable our population to start well, live well, work well, age well and die well, as encapsulated within the Integrated Care Strategy. This joint programme of work has been built upon the Joint Strategic Needs Assessments (JSNAs) for each of the places across the system: Lancashire, South Cumbria, Blackpool, and Blackburn with Darwen.

## 6. Our engagement

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

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

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

We had intended to launch a wider engagement programme with our population at this time, however, COVID-19 meant that this was not possible.

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

Because of this, more engagement needs to be carried out. Whilst we have laid the foundations for engagement with partners and public on elements of this plan, substantial engagement will be needed between March and June 2023 to gain more detailed and informed views and feedback from our population, staff, partners, and other stakeholders.

## 7. Our system strategy

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

To deliver this vision we must address the root cause of our problem. We must vastly improve the cost, quality, and value for money of our service delivery model while also intervening earlier, in collaboration with our partners, to prevent people from getting ill and prevent their illness deteriorating.

<b>The problem</b>	<p>The demand for health care within Lancashire and South Cumbria is increasing and our capacity is contracting.</p> <p>Our system consumes more financial resources than it is allocated, and this position is deteriorating over time.</p>
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Our strategy to deliver our vision is to secure improvements within five key priority areas.

- Firstly, we will strengthen our foundations by improving our financial sustainability through building in a fully-fledged financial recovery programme
- At the same time, we will take urgent action to reduce the long-term unsustainable burden of disease by collaborating with partners to improve prevention and reduce inequalities.
- We will integrate and strengthen primary and community care, moving care closer to home wherever possible and integrating health and care service delivery.
- We will transform quality and outcomes within our providers by standardising, networking, and optimising our pathways of care.
- Finally, we will take targeted action to ensure we deliver world class care for priority disease areas and conditions, population groups and communities.

Taken together these five key priority areas will enable our population to live longer and healthier lives.

<b>The Lancashire &amp; South Cumbria Long Term Strategic Priorities</b>	
<b>1</b>	<b>Strengthen our foundations by improving our financial sustainability</b> and value for money, through transformation with providers.
<b>2</b>	<b>Improve prevention and reduce inequalities</b> by collaborating with partners.
<b>3</b>	<b>Integrate and strengthen primary and community care</b> with partners and providers.
<b>4</b>	<b>Improve Quality and Outcomes</b> through standardisation & networking with providers.
<b>5</b>	<b>Deliver world class care</b> for priority disease areas, conditions, population groups and communities.

The urgent priority is to take immediate action to reduce our costs and work very differently across the NHS to share our resources. We have sought external turnaround expertise to ensure we make rapid progress in this area. The underlying financial risk in 2022/23 is very significant and the forecast position for 2023-24 continues to be a significant financial gap. Our underlying position will continue to worsen unless we take joint action across the whole NHS and with our partners.

### [Our Financial Framework](#)

Our highest priority in the short to medium term is to improve our financial sustainability. We will take action to urgently close the gap between the system spend and the allocated financial resource. We are developing a financial framework for the next three years that sets out the context for the difficult decisions that we will need to make under harsher financial conditions, including the establishment of a fully-fledged financial recovery programme. Our plan will reduce costs and increase efficiency and value for money.

The ICB capital plan for 2023-2025 is fully aligned with our strategic aims, it is focused on the maintenance of current equipment and buildings, to enable our providers to optimise equipment and the care environment. Due to issues with the quality of some of the hospital estate in L&SC we have higher costs than other ICBs, which carries an opportunity cost in terms of the spend which can be allocated to capital transformation projects. Where additional capital monies are available nationally for transformation, the ICB will take all necessary steps to utilise them to enable L&SC to improve and transform its care.

## Our Enablers

Critical to delivering our strategy is working differently at system, place, and neighbourhood. Alongside this, reinforcement of our core capacity including our workforce and our infrastructure, critically underpinned by a comprehensive delivery plan which incorporates a joint accountability framework and performance metrics.

<b>Working Differently</b>			
<b>Research and Innovation</b>	<b>Reducing inequalities</b> utilising population health management and public health expertise	<b>Integrated working</b> within the NHS family and with our system partners	<b>Lifting the bureaucratic burden</b>  longer term partnerships with high performing providers
	<b>Empowering our population</b> including public and patient engagement and personalised care	<b>Double Devolution</b> with strengthening of places and neighbourhoods	

<b>Getting the Basics Right</b>		
<b>Comprehensive workforce plan</b> across all organisations and sectors	<b>Buildings, infrastructure, and digital investment</b>	<b>A strong delivery focus</b> with clear delivery plans, joint accountability frameworks and performance metrics

## Measuring Success

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

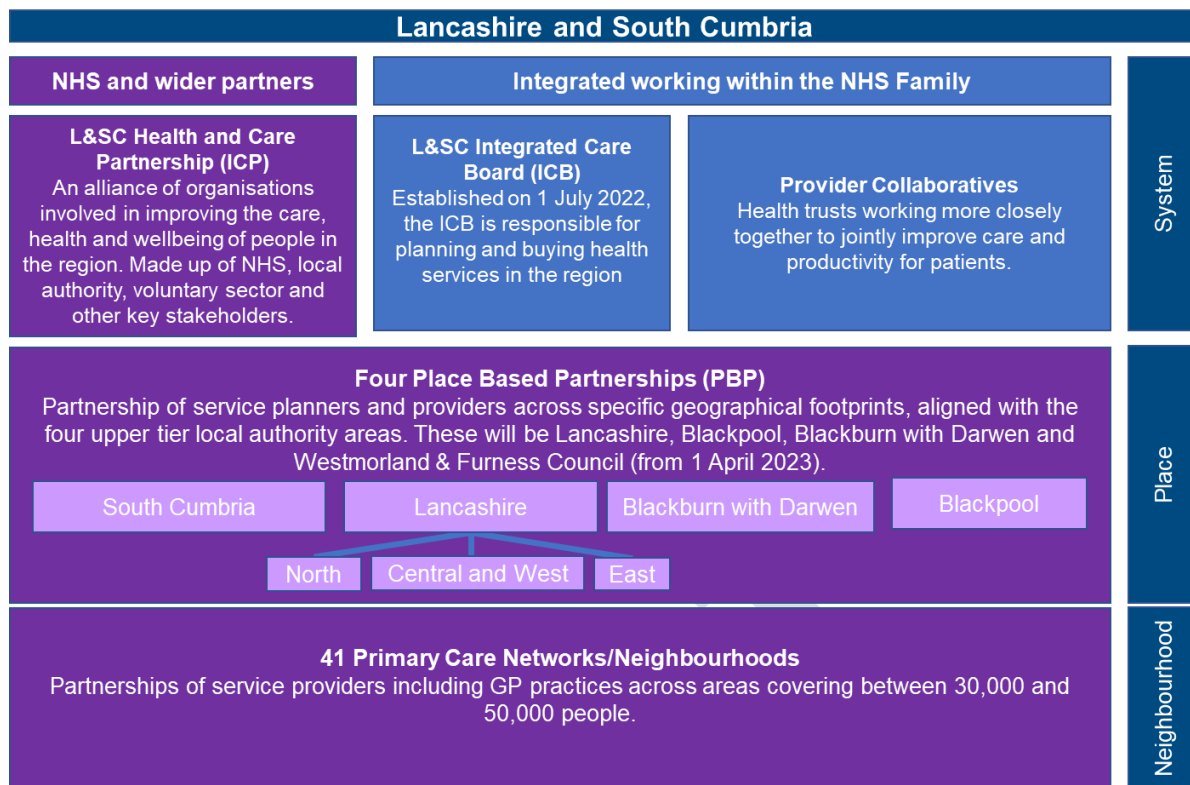


L&SC Strategic Priorities		Long Term success metrics
1	<b>Strengthen our foundations</b>	Improved sustainability of the system as measured via the financial position overall.
2	<b>Improve prevention and reduce inequalities</b>	Improved healthy life expectancy at system and place.
3	<b>Integrate and strengthen primary and community care</b>	Enhanced and seamless care provision within our neighbourhoods.
4	<b>Improve Quality and Outcomes</b>	Improved quality of care across all our providers as measured via their CQC and Single Operating Framework assessments.
5	<b>World Class Care</b>	Improved pathways of care across the system as measured via our adherence to national recommendations for World Class Care.

### Our new Operating Model


To work in an integrated way across all partners and providers, the NHS will need to work very differently than it has before. The Integrated Care Board is not simply an amalgam of eight separate CCGs, it has a very different role and scope. Working holistically with partners to improve health and wellbeing, at system, place, and neighbourhood, is very different from a discrete focus on the planning, commissioning, and provision of health care. Working in this way represents a seismic shift from historic practice. Each organisation across the health and wellbeing landscape has its own distinct practices, cultures, and rules of engagement and securing the benefits of integration will require an agnostic mindset, a different skill set and a different operating model. It will also require a spirit of openness and learning across all partners.



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




A critical underlying principle of our new operating model is the need to utilise and harness all our system assets: our people, our partners, our infrastructure, and our resources. We need to work differently at pace, and this will require innovation, commitment, and collaboration together with a great deal of enthusiasm for working differently. We must look for opportunities to innovate at every juncture, while being realistic and cognisant of those factors which are within our control. The table below outlines our historic operating model and the opportunities that we must urgently harness as we move forward.

*The work to harness these opportunities has already begun.*

	<b>Our historic operating model</b>	<b>Our opportunity</b>
<b>Our People</b> <i>Workforce across the NHS and partners</i> 	Siloed working and a fragile workforce across providers and partners.	<ul style="list-style-type: none"> <li>To collaborate with providers and partners at system, place, and neighbourhood level, to share knowledge, skills, and expertise.</li> <li>To develop shared teams, shared systems, and shared processes.</li> </ul>

<p><b>Our Partners</b>  <i>Our system partners and our population</i></p> 	<p><b>Our Partners</b>        Historically, there has been some joint working and some joint plans.</p> <p><b>Our Population</b>        Largely the consumers of healthcare have been passive with some choices about care and some opportunities to engage and co-produce service developments.</p>	<p><b>Our Partners</b></p> <ul style="list-style-type: none"> <li>To develop a shared strategy for prevention across all partners with a focus on the communities which need targeted support.</li> </ul> <p><b>Our Population</b></p> <ul style="list-style-type: none"> <li>To enable and empower our population and our patients to make a lead in choices about their health and care.</li> <li>To harness their knowledge of local communities to co-produce initiatives and service developments to stem the tide of increasing demand for care.</li> </ul>
<p><b>Our Infrastructure</b>  <i>Our Estates and digital infrastructure</i></p> 	<p><b>Estates</b>        Our health care delivery model is expensive, largely face to face and in hospitals which have an ageing estate and costly parking.</p> <p><b>Anchor role</b>        The contribution of our NHS services, as an anchor institution is variable.</p> <p><b>Digital</b>        Historically clinical and corporate information systems and the use of data has been fragmented hindering cross organisational patient pathways and flow. Data is not currently being exploited to provide actionable insights to support early intervention and prevention. The use of innovative technology has great potential to enhance our models of care and to offer choice and access to our population.</p>	<p><b>Estates</b></p> <ul style="list-style-type: none"> <li>To utilise the infrastructure differently to improve quality including hot and cold sites for elective care and the movement of care delivery closer to home where possible.</li> </ul> <p><b>Anchor</b></p> <ul style="list-style-type: none"> <li>To utilise the anchor status of the NHS to support the local economy including action with educational establishments to encourage health careers.</li> </ul> <p><b>Digital</b></p> <ul style="list-style-type: none"> <li>To harness digital tools to facilitate early discharge and improve patient experience.</li> <li>To converge clinical and corporate information systems across NHS providers and enhance sharing of information across Local Authorities and VCSFE. A LSC wide data architecture to support population health intelligence, research, and service evaluation.</li> <li>To develop and deploy technologies to support prevention and care closer or in the home</li> </ul>

<p><b>Our Resources</b></p> 	<p>Our historic scope has been focused on treatment, usually in hospital. There is an unsustainable, exponentially increasing level of demand for care.</p> <p>Siloed working and little sharing of resources and functions.</p>	<ul style="list-style-type: none"> <li>• To shift resources towards prevention, enabling a long-term shift in the burden of disease and an improvement in healthy life expectancy.</li> <li>• To increase value for money by moving care delivery into the community and utilising digital tools.</li> <li>• To develop shared efficiency programmes and administrative teams across providers.</li> </ul>
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### Our Risks

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

Taking action to improve prevention with our partners is the right thing to do but it will also take many years to reap dividends. Other actions to manage demand including the standardisation and streamlining of pathways in urgent and planned care and actions to support our patients in the short to medium term to take greater responsibility for their health and wellbeing will impact in the short to medium term.

Our greatest risk around capacity is the difficulty in securing the workforce that we need to run our services. Our plans to network our staff groups across the system may help somewhat but it cannot bridge the divide. The quality of our estates is impacting on our ability to recruit, and we are reliant on national monies to fund the new hospitals programme, which is not yet confirmed.

One of our greatest opportunities and potential risks is integration - if we can harness the benefits from it, and forge a new system level operating model, we could reduce demand, improve the use of our capacity and reduce our costs but this relies on us being able to engender a high level of trust across all organisations, and to develop a 'systems mindset' very quickly, which in practice takes time.

**Focusing on what we control and influence**

Given the significant financial challenge the system faces, it is important that we are very clear on what is within our control and influence.

Within our control	Within our influence	Outside our control
<p><b>Our plan</b>            Our strategy to address our challenges and the underpinning governance structure to support our programmes of work and enable collaborative working.</p> <p><b>The way we choose to operate</b>            In collaboration with providers and partners across the whole system, at place and within neighbourhoods.</p> <p><b>Our behaviours and values</b>            A culture built on pragmatism, collaboration, learning, enthusiasm, and compassion.</p> <p><b>Our mindset</b>            We can play our cards to the best of our ability, harnessing the collective expertise, talent, knowledge, and skills across the system to find innovative and transformative solutions.</p>	<p><b>The level of demand</b></p> <ul style="list-style-type: none"> <li>• Action to reduce the pressure on services               <ul style="list-style-type: none"> <li>○ Action to support prevention</li> <li>○ Action to empower our population to self-care</li> <li>○ Action to support and encourage behaviour change in our population</li> <li>○ Action to ensure patients are seen in the most appropriate, cost-effective, location.</li> </ul> </li> </ul> <p><b>The utilisation of our capacity</b></p> <ul style="list-style-type: none"> <li>• Action to optimise the use of the resource we have across the system by working collaboratively to harness the entirety of the:               <ul style="list-style-type: none"> <li>○ Financial resource</li> <li>○ Physical infrastructure</li> <li>○ Workforce</li> </ul> </li> <li>• Action to attract and retain workforce.</li> </ul>	<p><b>Available resource</b></p> <ul style="list-style-type: none"> <li>• The size of the funding envelope nationally</li> <li>• Legislative frameworks which limit our ability to work differently</li> </ul> <p><b>Demand</b></p> <ul style="list-style-type: none"> <li>• Impact of inflation on our population's basic life conditions which drives demand for health care.</li> </ul> <p><b>Capacity</b></p> <ul style="list-style-type: none"> <li>• Impact of inflation on the cost of running services</li> <li>• The size of the workforce pool nationally and locally that we can draw from.</li> <li>• The levels of recruitment we are able to achieve.</li> </ul>

What this means is that:

- We **CAN** ensure that every penny of the allocated L&SC healthcare pound is being optimised and that the quality and outcomes from our care are the best they can be **BUT** the rate at which healthcare demand is rising is unsustainable and we need to fundamentally change the relationship between the NHS and our local population
- We **CAN** take action to ensure that the services provided are in the right place and are as high quality and sustainable as possible **BUT** we need to urgently support and empower our population to feel in control of their health and wellbeing and to understand how they can maintain positive health and wellbeing for as long as possible.

## 8. Our strategic priorities

### Strategic priority 1 - Strengthening our foundations

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

The underlying financial risk in 2022/23 and the forecast position for 2023-24 are significant. Our underlying position will continue to worsen unless we take joint action across the whole NHS.

*We will deliver at pace to eliminate our financial deficit.*

To strengthen the foundations and long-term sustainability of the system, we need to manage demand over the long term and optimise our spend, the use of our capacity, and our systems and processes. Some of the promises detailed below also cross over into the other five priority areas. A formal financial recovery board will be established – with an independent chair - to hold the work plan and provide assurance to the ICB board. A five-year trajectory will be developed to outline how the financial gap will be closed, although the ICB’s own projected deficit will be eliminated in 2023/24.

*The overarching measure of success is a significantly improved financial position for our system.*

The Strategic Priorities		Our promises
1	<b>Reduce and manage demand over the long term</b>	<ul style="list-style-type: none"> <li>✓ We will work with our partners on prevention, to reduce the long-term demand for health care. This will include the integration of health teams with social care and our wider partners at system, place, and neighbourhood.</li> <li>✓ We will work with our population to empower them to take more responsibility for their health and wellbeing, signposting them to services and providing coaching.</li> </ul>
2	<b>Optimise the spend and value for money of the L&amp;SC £4 billion resource</b>	<ul style="list-style-type: none"> <li>✓ We will develop efficiency programmes within the ICB and across our providers.</li> <li>✓ We will secure the expertise of a regional turnaround team and ‘leave no stone unturned’ in the search for efficiency and effectiveness.</li> <li>✓ We will execute a tight control of spend and remove any unfunded costs.</li> <li>✓ We will reduce duplication, combine back-office functions across providers and reduce administrative costs wherever possible.</li> <li>✓ We will reduce the ICB back-office costs and minimise carbon emissions, by enabling our workforce to work in an agile way.</li> <li>✓ We will work with our local authorities to ensure the use of better care funding is optimised to support discharges.</li> </ul>

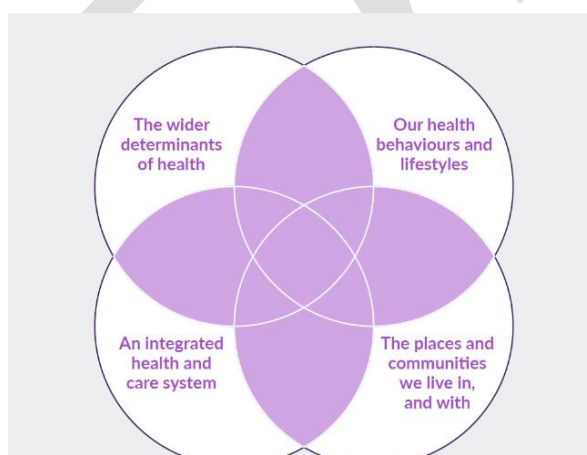
The Strategic Priorities		Our Promises
3	<b>Optimise the use of our health care capacity</b>	<ul style="list-style-type: none"> <li>✓ We will network and reconfigure our clinical teams to increase their resilience and reduce costs.</li> <li>✓ We will reduce the environmental impact of our estate.</li> <li>✓ We will improve patient experience and reduce the cost of our healthcare delivery model by moving care closer to home wherever possible:               <ul style="list-style-type: none"> <li>○ Expanding and strengthening primary and community care including integrated neighbourhood teams.</li> <li>○ Enhancing intermediate care including the use of remote monitoring and the virtual ward</li> </ul> </li> </ul>
4	<b>Optimise our systems and processes</b>	<ul style="list-style-type: none"> <li>✓ We will increase the efficacy of clinical and care pathways</li> <li>✓ We will develop seamless pathways across providers and partners.</li> </ul>

Our delivery plan will detail the programmes of work and key performance metrics for system, place, and neighbourhood, for this area.

## Strategic Priority 2 - Improving prevention & reducing inequalities

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

To improve the health and wellbeing of our population we will connect and integrate all the health and well-being services across the system - this will enable us to enhance prevention, increase healthy life expectancy, reduce inequalities, and reduce the burden of disease over the long term. It will impact upon health care spend over the long term, although it will also require the engagement and commitment of our population.



Critical to improving prevention will be a mindset shift within traditional NHS services from a focus on care delivery to a focus on population health and wellbeing. Underpinning this is the intention to level up health and wellbeing for our population and to address with partners, systemic inequalities in their life chances.

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

We recognise that to improve the overall health of the population across L&SC, collaborative and integrated action is needed on the wider determinants of health, health behaviours, communities, and the health care system as illustrated in the visual above from the King’s Fund.

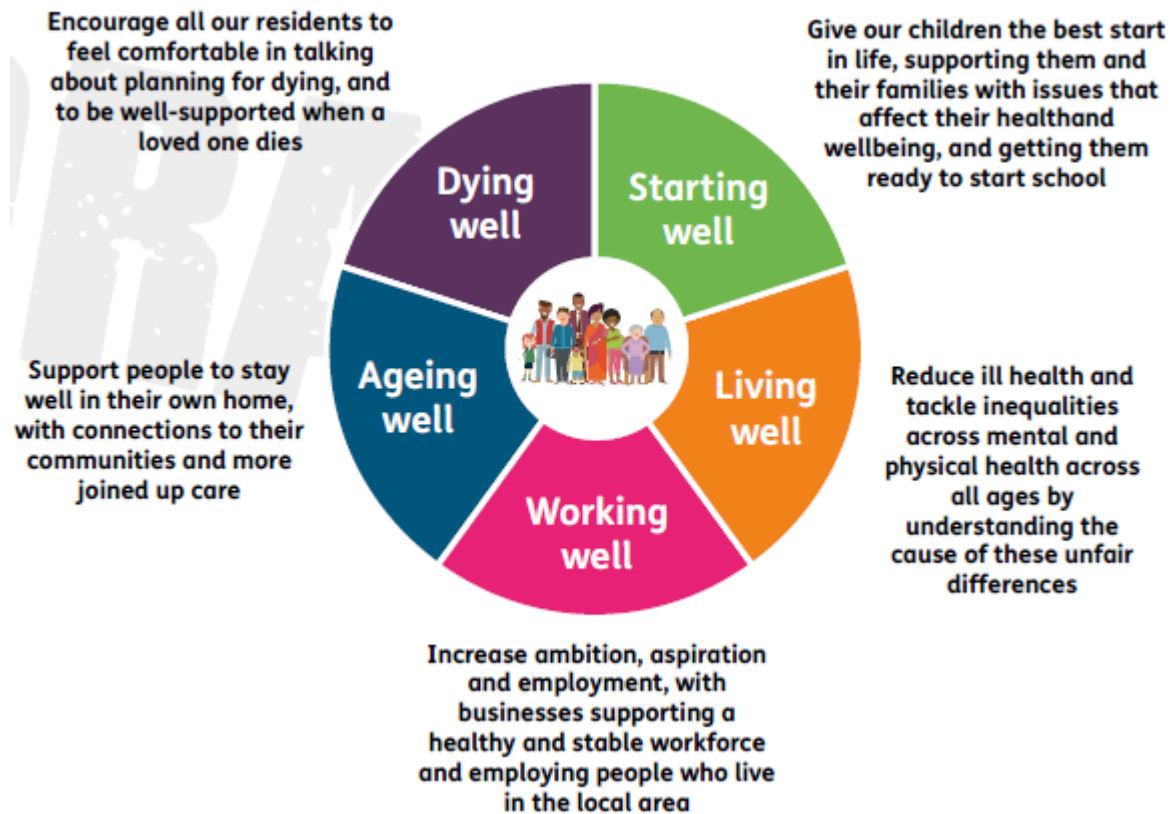
As well as taking a holistic approach to health and wellbeing, we will take targeted action within communities and population groups where there are significant health inequalities. Critical to this will be utilising population health data and intelligence to understand the health issues within different communities and the factors which drive differential outcomes, alongside evidence-based research on what makes a difference. This will enable us to level up the health and wellbeing playing field.

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

The Strategic Priorities		Our Promises
<b>1</b>	<b>Develop a joint programme of work across all partners in L&amp;SC to improve health and wellbeing</b>	<ul style="list-style-type: none"> <li>✓ We will review the joint strategic needs assessments for each place within L&amp;SC to identify the areas we could collaborate on, so we can improve the life chances of our population.</li> <li>✓ We will implement an Integrated Care Strategy across all partners within L&amp;SC, detailing collaborative programmes of work across the whole life course of our population, integrating services, and improving the experience of our population.</li> <li>✓ We will ensure that implementation is at system, place and neighbourhood and ensure the demographics of each area are taken account of, to ensure health inequalities are addressed.</li> <li>✓ We will harness the role of the NHS as an anchor institution to make a difference in our communities.</li> <li>✓ We will utilise population health management expertise to understand the drivers of differential levels of health across L&amp;SC and use this intelligence to design innovative interventions to improve health and wellbeing within our communities.</li> </ul>
<b>2</b>	<b>Support healthy lifestyles</b>	<ul style="list-style-type: none"> <li>✓ We will work with local people and communities to provide additional support to encourage our population to stay well as long as possible including services for smoking, drinking and obesity.</li> </ul>



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



Lancashire and South Cumbria Integrated Care Strategy priorities	
<b>Start Well</b>	<p><b>Together with our partners, we will support our population to start well.</b></p> <ul style="list-style-type: none"> <li>✓ <b>Integrated support for families:</b> we will develop family hubs across L&amp;SC, providing integrated and joined-up support for children and their families, including parental carers and young carers. This will include a comprehensive start for life offer.</li> <li>✓ <b>Support for those with the poorest health:</b> we will reduce health inequalities and vulnerabilities by taking targeted action to address differences in access to services, and health and wellbeing outcomes for children and their families, including parental carers and young carers. We will provide support for breastfeeding, reduce childhood obesity, and reduce smoking in pregnancy.</li> <li>✓ <b>Support for children to achieve their potential at age 3:</b> we will support all our children to be as healthy as they can be by their third birthday including joined up child health and development services, support for all pre-school children with additional needs and support for school readiness. It will include support for families, parental carers and young carers.</li> </ul>

Lancashire and South Cumbria Integrated Care Strategy priorities	
<b>Live Well</b>	<p><b>Together with our partners, we will support our population to live well.</b></p> <ul style="list-style-type: none"> <li>✓ <b>Support for the unwell:</b> we will support those with existing mental and physical ill health with a particular focus on those who face the greatest inequalities in access, experience, and outcomes.</li> <li>✓ <b>Support for healthy lifestyles:</b> we will support our residents to make healthy lifestyle choices, with the greatest focus on those experiencing the biggest health inequalities.</li> <li>✓ <b>Support for the causes of ill-health:</b> we will address the causes of poor health and care – working together to address the things which can have an impact on health and wellbeing.</li> </ul>
<b>Work Well</b>	<p><b>Together with our partners, we will support our population to work well.</b></p> <ul style="list-style-type: none"> <li>✓ <b>Career support for young people:</b> we will support young people to feel more interested in their future careers, helping them to gain life skills needed for work, and encouraging them into jobs with good career opportunities.</li> <li>✓ <b>Skills development:</b> we will support our working age population into stable and healthy workplaces, helping individuals, particularly from disadvantaged communities, to gain confidence and skills which enable them to compete for jobs as equals.</li> <li>✓ <b>Support for wellbeing at work:</b> we will create workplaces and cultures that encourage good health and wellbeing, identifying the signs of ill health and wellbeing early and offering support where needed.</li> <li>✓ <b>Support for local development:</b> we will encourage large organisations and local businesses to support social and economic development in their local area.</li> </ul>
<b>Age Well</b>	<p><b>Together with our partners, we will support our population to age well.</b></p> <ul style="list-style-type: none"> <li>✓ <b>Integrated support for older people:</b> we will provide joined-up, wrap around support for our most vulnerable and frail residents, their families, and their carers. This will include the development of older people’s hubs.</li> <li>✓ <b>Choice and control over care:</b> we will make sure support is in place when circumstances change for an individual or their carers, supporting individuals to be as independent as possible.</li> <li>✓ <b>Keeping older people active:</b> we will keep our maturing population mentally and physically active as well as involved and contributing to their communities.</li> </ul>
<b>Die Well</b>	<p><b>Together with our partners, we will support our population to die well.</b></p> <ul style="list-style-type: none"> <li>✓ <b>Talking about dying:</b> We will encourage our residents to feel comfortable with talking about death and dying.</li> <li>✓ <b>Personalised end of life planning:</b> We will ensure end of life care is made more personal, regardless of where they live or their condition.</li> <li>✓ <b>Bereavement support:</b> we will provide outstanding support for people who have lost a loved one, their families and carers with an approach that meets their individual needs.</li> </ul>

Our delivery plan will detail the programmes of work and key performance metrics for system, place, and neighbourhood, for this area.

## Strategic Priority 3 – Integrating and strengthening primary and community care

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

The long-term sustainability of the system depends on reducing the reliance on delivering healthcare within hospitals, which consumes a significant amount of our healthcare spend. Critical to increasing sustainability will be strengthening primary and community care while also integrating the provision of primary and community care with social care, wider LA services and the VCFSE sector into Integrated Neighbourhood Teams and harnessing the use of digital technology.

Enhancing and strengthening community care provision to support the hospitals is critical to improving the sustainability of our system. It has a key role in reducing pressure on the front and the back door of the trust in terms of enhancing step up and step-down provision, utilising digital technology, and enhancing wrap around long term conditions care to keep people well for longer. It also has a role in supporting acute based planned care services, some elements of which could be moved into the community via a hub and spoke model.

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

The Strategic Priorities		Our Promises
<b>The foundations</b>		
<b>1</b>	<b>Strengthen primary care</b>	<ul style="list-style-type: none"> <li>✓ We will strengthen the existing primary care provision and improve access to primary care.</li> <li>✓ We will integrate primary care with community services into primary care networks.</li> </ul>
<b>2</b>	<b>Strengthen Community services</b>	<ul style="list-style-type: none"> <li>✓ We will undertake a review of the community services provision to understand the gaps.</li> </ul>
<b>Transformation</b>		
<b>3</b>	<b>Transform primary and community care provision</b>	<ul style="list-style-type: none"> <li>✓ We will develop integrated neighbourhood teams which support proactive prevention and provide integrated care within the community, reducing downstream demand on hospitals, by September 2025.</li> <li>✓ We will empower our population to take greater control over their health and wellbeing via offering them personalised choices about their care.</li> </ul>
<b>4</b>	<b>Transform intermediate care provision</b>	<ul style="list-style-type: none"> <li>✓ We will coordinate care better and enhance services to support admission avoidance and discharge and reduce the pressure downstream on the front and back door of the hospitals.</li> <li>✓ We will transform Intermediate care provision.</li> </ul>

Our delivery plan will detail the programmes of work and key performance metrics for system, place, and neighbourhood, for this area.

## Strategic Priority 4 - Improving Quality and Outcomes

### Improving Quality and Outcomes through standardisation & networking with providers

Our vision is that our population will have equitable access to integrated joined up pathways of care, which are consistently safe, delivered with compassion and enable outcomes which are on a par with regional and national averages.

Where care pathways and clinical pathways are not optimised, there is a consequential impact on patient outcomes which in turn drives further healthcare needs and increases spend. Our quality of care across L&SC is variable as evidenced by the SOF ratings of the providers. The models of provision currently in place are expensive and unsustainable as evidenced by the financial position across L&SC. Our action in this area has the potential to improve quality and reduce spend, over the medium term.

*We will measure success in the short term via an improvement in the CQC and the Single Oversight ratings of our six trusts. In the medium and longer-term it will be measured by improved outcomes and experience for our patients, as measured through the implementation of optimised pathways, an improved healthcare estate and an enhanced workforce.*

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

The Strategic Priorities		Our Promises
1	Enhance the consistency of the pathways and processes around care including access	<ul style="list-style-type: none"> <li>✓ We will enhance clinical and care pathways across providers.</li> <li>✓ <i>We will take action to ensure our pathways of care for key disease areas, conditions, population groups and communities are world class (see in the next section).</i></li> <li>✓ We will optimise our urgent care pathways including access to urgent care and the optimisation of intermediate care.</li> <li>✓ We will optimise our planned care pathways               <ul style="list-style-type: none"> <li>• We will optimise referrals</li> <li>• We will reduce waiting times for care</li> <li>• We will redesign planned care pathways to improve quality, outcomes and patient experience and move care closer to home.</li> <li>• We will reduce clinical variation and low value activity.</li> </ul> </li> </ul>
2	Improve the estate/physical care environment	<ul style="list-style-type: none"> <li>✓ We will significantly improve the quality of our estates via the new hospitals programme (<i>subject to confirmation of national funding</i>).</li> <li>✓ We will reduce the NHS carbon emissions and reduce our use of single use plastics.</li> </ul>
3	Increase the quantity and resilience of our workforce	<ul style="list-style-type: none"> <li>✓ We will build a workforce plan for the system which includes workforce networks across providers.</li> </ul>
4	Robust governance and oversight	<ul style="list-style-type: none"> <li>✓ We will ensure there is robust governance and oversight of our providers to support the improvement of access, safety, quality, outcomes, and patient experience at our acute trusts.</li> </ul>

Our delivery plan will detail the programmes of work and key performance metrics for system, place, and neighbourhood, for this area.

## Strategic Priority 5 – World Class Care

The NHS Long Term Plan highlighted the key areas where resources and efforts needed to be targeted to improve the health outcomes for our population. There are national resources to support improvement in these areas. Achieving the desired outcomes will depend on workforce availability.

**Delivering world class care for priority disease areas, conditions, population groups and communities.**

The Strategic Priorities		Our promises
1	<b>Priority disease areas and conditions –</b> Cancer - Mental Health – Maternity- CVD	<ul style="list-style-type: none"> <li>✓ <b>Pregnancy:</b> We will improve the quality of care for women who are pregnant               <ul style="list-style-type: none"> <li>○ We will improve the support for pregnant mothers including continuity of carer and perinatal mental health support.</li> <li>○ We will reduce the number of stillbirths</li> </ul> </li> </ul>

The Strategic Priorities		Our promises
	<b>Priority disease areas and conditions –</b> Cancer - Mental Health – Maternity- CVD	<ul style="list-style-type: none"> <li>✓ <b>CVD:</b> We will improve the pathway of care for people with cardiovascular disease.               <ul style="list-style-type: none"> <li>○ We will improve prevention by providing access to cardiac rehabilitation and defibrillators.</li> <li>○ We will improve the outcomes after a stroke including access to thrombectomy and thrombolysis.</li> <li>○ We will improve prevention for diabetes by offering structured education and improved monitoring.</li> <li>○ We will improve support for those with respiratory conditions.</li> </ul> </li> <li>✓ <b>Mental Health:</b> We will improve the care we provide to those who need mental health support.               <ul style="list-style-type: none"> <li>○ We will improve the support for those in a crisis including a single point of access, and support into hospital ED departments.</li> <li>○ We will improve early intervention for those with psychosis</li> <li>○ We will increase provide more support for those with depression and anxiety</li> <li>○ We will improve the support for those with serious mental illness</li> </ul> </li> <li>✓ <b>Cancer:</b> We will improve outcomes for those with cancer               <ul style="list-style-type: none"> <li>○ We will increase the proportion of people diagnosed early</li> </ul> </li> <li>✓ We will increase the level of lung cancer spotted early via lung health checks.</li> </ul>
2	<b>Priority population groups –</b> Children and Young People – Learning Disabilities	<ul style="list-style-type: none"> <li>✓ <b>Children and young people:</b> We will improve health care outcomes for children               <ul style="list-style-type: none"> <li>○ We will support children who are obese to improve their health.</li> <li>○ We will provide more access to mental health services including eating disorder services</li> <li>○ We will ensure there is support for victims of abuse</li> <li>○ We will provide access to more cancer treatments for children including CAR-T and proton beam therapy.</li> </ul> </li> <li>✓ <b>Learning Disabilities and Autism:</b> We will improve health care outcomes for all those with learning disabilities               <ul style="list-style-type: none"> <li>○ We will improve the quality of life for those with LD by moving people out of hospitals</li> <li>○ We will improve the health of those with LD and autism by ensuring they are on GP registers, and we regularly monitor their health via regular checks.</li> </ul> </li> </ul>
3	<b>Reducing inequalities -</b> CORE 20% and others as identified via PHM	<ul style="list-style-type: none"> <li>✓ <b>We will reduce inequalities by improving the healthy life expectancy of our population in the areas of greatest need including the most deprived 20%.</b> <ul style="list-style-type: none"> <li>○ We will undertake evidenced based interventions within these communities to improve the health outcomes in key disease areas such as severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension.</li> </ul> </li> </ul>

Our delivery plan will detail the programmes of work and key performance metrics for system, place, and neighbourhood, for this area.

## 9. Our enablers

To secure a tangible improvement in healthy life expectancy for the population of Lancashire and South Cumbria, the NHS will need to work very differently than it has before. We will work in partnership within the NHS family and across all partners which contribute to health and wellbeing. To tackle the significant health issues our population faces, we will work effectively at system, place, and neighbourhood; working in co-production with our population and varying our approach based on local need. Critical to this will be double devolution; ensuring that the implementation and delivery of our JFP is devolved to place, with some elements devolved again to neighbourhoods, ensuring that our plans are community centric. We will ensure our infrastructure empowers our providers and partners to transform and innovate at pace and we will work with our partners to remove any barriers to change. We will also ensure we get the basics right with a comprehensive system wide workforce plan, investment in our infrastructure and a robust focus on delivery.

Working Differently			
Research and Innovation	<b>Reducing inequalities</b> utilising population health management and public health expertise	<b>Integrated working</b> within the NHS family and with our system partners	<b>Lifting the bureaucratic burden</b> longer term partnerships with high performing providers
	<b>Empowering our population</b> including public and patient engagement and personalised care	<b>Double Devolution</b> with strengthening of places and neighbourhoods	

Getting the Basics Right		
<b>Comprehensive workforce plan</b> across all organisations and sectors	<b>Buildings, infrastructure,</b> and digital investment	<b>A strong delivery focus</b> with clear delivery plans, joint accountability frameworks and performance metrics

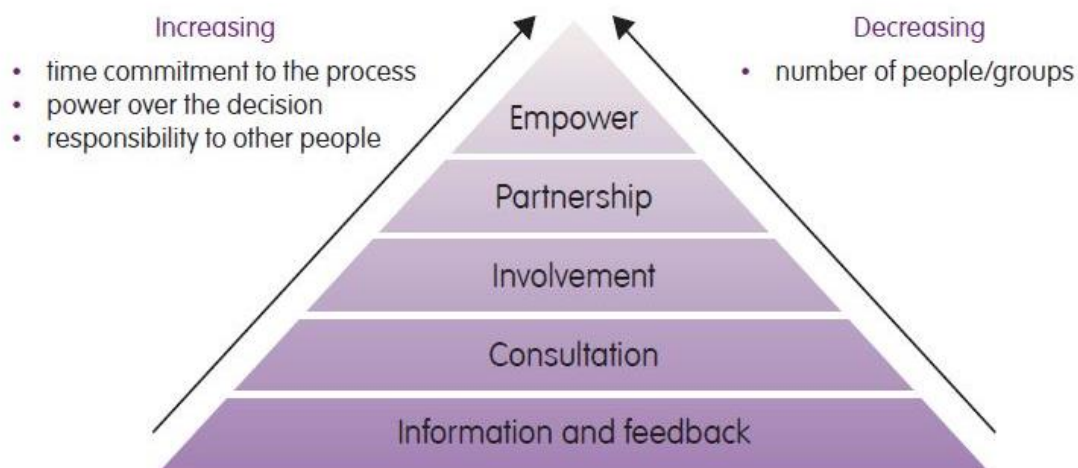
## Working Differently

### Reducing Inequalities

To reduce inequalities, we will utilise population health data and intelligence to understand the differential health needs our communities face, alongside research, innovation, and best practice on what makes a difference. This population health management (PHM) expertise will be critical to our strategic priority on prevention and inequalities. PHM will work hand in hand with expertise from our public health colleagues within the local authorities.

### Empowering our population

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



To improve the long-term sustainability of our system we will develop a completely different relationship with our most important stakeholder. We want to *involve* and work in *partnership* with our population to design new models of integrated health care delivery and *empower* our population to feel in the driving seat of their health and wellbeing; to understand what they can do to improve their lives and to 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 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	Our promises
	<ul style="list-style-type: none"> <li>✓ 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:               <ul style="list-style-type: none"> <li>○ <b>Technology</b> to help you manage your health conditions from the comfort of our home or place of residence, such as COVID oximetry, virtual wards, and blood pressure monitoring.</li> <li>○ <b>Community based support</b> which you can access via community-based link workers such as social prescribers or community connectors.</li> </ul> </li> </ul>
People with long term physical and mental health conditions	<ul style="list-style-type: none"> <li>✓ 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:               <ul style="list-style-type: none"> <li>○ <b>Community based support</b> which you can access via community-based link workers such as social prescribers or community connectors.</li> <li>○ <b>Health coaching, education, and peer support</b> to enhance your knowledge and confidence in managing your condition.</li> <li>○ <b>Joint ownership of your health budget</b>, to enable you to be in the driving seat of your health and wellbeing and to procure the services which best meet your needs.</li> </ul> </li> </ul>

### Integrated working and double devolution

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

Our key vehicles to achieve this are the:

- The Provider Collaborative Board
- L&SC Health and Care Partnership
- Place Based Partnerships
- Neighbourhood teams

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

The Provider Collaborative Board (PCB)

Lancashire and South Cumbria  
Provider Collaborative Vision



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

The aim of the PCB is to pool the collective knowledge, skills, and talent from across the system to enable the delivery at pace, of a small number of high priority system-wide projects. In tandem, the providers will continue to progress quality improvement at pace locally. These projects will be underpinned by a joint turnaround team, with progress reported to a Recovery Board with an independent chair, alongside the Devolution Programme and Place Based investments.

Lancashire and South Cumbria Health and Care Partnership

**L&SC Integrated Care Partnership (ICP)**  
An alliance of organisations involved in improving the care, health and wellbeing of people in the region. Made up of NHS, local authority, voluntary sector and other key stakeholders.

***Our partnership will be the engine room for developing and championing the Integrated Care Strategy across all partners.***

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

Place-based partnerships



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

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 more integral role in improving the health and wellbeing of their local population. Our local authority colleagues at both upper and lower tiers, have vast knowledge, experience and understanding of the needs of their communities which will be a huge asset to improving the life chances of our population. Partnership working is fundamental to our intention to enable our population to live longer and healthier lives.

In our initial design of places, we developed five partnerships, centered around each of our hospital trusts. After careful reflection we recognised that this wasn’t the optimum footprint for maximizing integration between NHS and local authority services, and we redrew the boundaries to align with our upper-tier local authority boundaries as far as possible. Our revised boundaries mean that three of our places are now have a fully aligned geographical footprint: Lancashire, Blackburn with Darwen, and Blackpool. While this has affected the development progress of our places, we are confident this is the right long-term decision for our population. We have appointed place directors and we are forging ahead with the new place footprints.

The Strategic Priorities	Our promises
<p><i>Place development priorities</i></p>	<ul style="list-style-type: none"> <li>✓ We will develop a phased devolution programme in July 2023. It will include the following functions – continuing healthcare, primary care, community services, the better care fund, and Population Health. A critical element of the plan will be double devolution. It will include the adoption of neighbourhood working across the ICB area.</li> <li>✓ We will develop a three-year phased investment programme to strengthen community services, it will include proposals to expand virtual wards (hospital at home), intermediate care, domiciliary care, prevention priorities, a proactive approach to primary care to reduce inappropriate admissions and integration between health and care.</li> <li>✓ We will develop an operating framework for place. It will include budget delegation, staffing, the operating rules, roles and functions, and the culture needed to work well together and succeed.</li> </ul>

Neighbourhoods

**41 Primary Care Networks/Neighbourhoods**  
 Partnerships of service providers including GP practices across areas covering between 30,000 and 50,000 people.

Our population’s lives are centered around their neighbourhoods and their first point of access to services is within their communities. Primary care has been anchored within communities as have some community health-based services although the connection between these services and the wider spectrum of NHS services and partner services which support health and wellbeing has been limited. This disconnection between services has contributed to the health inequalities within our system, enabling our population to fall through the gaps. We want our population to be able to present to services within their local neighbourhood which are seamlessly interconnected and address the whole scale of their health and wellbeing needs.

Services anchored within neighbourhoods, are weaved into the fabric of communities, and offer significant added value to people’s lives. By harnessing this local knowledge, Neighbourhoods offer the potential to facilitate very effective co-production and engagement with local people to improve health and wellbeing. This will include the utilisation of community assets. This has worked very well so far in some areas of Lancashire and South Cumbria, and it is our intention to make this a distinct characteristic across this geographical area.

The integrated teams within neighbourhoods will include frontline professionals such as GPs, nurses, therapists, and social workers, together with our hugely valuable and caring colleagues from within the voluntary, community, faith, and social enterprise (VCFSE) sector. Aligned with neighbourhoods, primary care networks are

partnerships of GP practices, and it is our ambition that this way of working will help us to stabilise general practice. By working together, staff will learn new skills and new ways of working to support the workforce challenges. Through neighbourhoods and primary care networks we can deliver new service improvements and achieve clear positive impacts that will benefit our local population.

### **Lifting the Bureaucratic Burden**

The ICB has an opportunity to significantly streamline administrative processes, to reduce unnecessary bureaucracy and ultimately to direct this money back into frontline services.

- ✓ **We will review our approach to contracting** with our service providers and look at opportunities to streamline and standardise how we do things. This will include the potential of developing single ICB-wide contracts which can replace multiple separate ones.
- ✓ **We will explore how we can develop longer-term partnerships** with the voluntary, community and faith sector.
- ✓ **We will use a more open and transparent accounting system** to reduce competition for competition's sake and streamline our approach to procurement.
- ✓ **We will look for opportunities to lengthen the agreements we hold** with our high-performing partners and look at possibilities to work together differently and find innovative solutions to complex problems. This will enable us to prioritise the quality of services and the care people receive.
- ✓ **We will co-design services with our partners** to make sure they are delivered in the most effective way possible and meet the needs of our communities.

### **Research and Innovation**

To enhance our sustainability and ensure we are delivering optimum pathways of care, we will review best practice research and innovation and look at the national and international evidence base. We are fortunate to have the Health Innovation Campus for a prestigious university within our patch, and we fully intend to harness this opportunity. We also recognise that this system has untapped research potential in terms of our diverse population. A system approach to attract prominent research studies, trials, and projects, both commercial and non-commercial is of paramount strategic importance.

We also recognise that our trusts currently have a lack of dedicated research time due to the competing demands of rising demand and capacity shortfalls. To address this, it is our intention to be a pilot region for the Academy of Medical Sciences (AMS) review proposal of providing dedicated research time for staff (20% of consultants with

20% of their time protected for research in each NHS Trust). The heads of research and innovation from across our five key providers have agreed priority areas of focus: innovation and digital, workforce development, academia, and working with industry to increase sustainability. There is a joint commitment across providers to advancing individual and regional research, innovation and development functions, capacity, and capabilities.

### Getting the basics right

Getting the Basics Right		
<p><b>Comprehensive workforce plan</b>            across all organisations and sectors</p>	<p><b>Buildings, infrastructure,</b>            and digital investment</p>	<p><b>A strong delivery focus</b>            with clear delivery plans, joint accountability frameworks and performance metrics</p>

### Developing our workforce

To meet our ambitions for the next five years, we need to enhance and strengthen our workforce, and ensure the health and care system in Lancashire and South Cumbria is a great place to work. The health economy experiences significant shortages in the workforce which will not be resolved without us taking specific action and working very differently than we have in the past.

- ✓ **We will develop new roles within our providers**, to help with staff shortages. This includes roles such as nursing associates, physician associates and assistant practitioners, which can support GPs, nurses, and other health professionals to look after lower-risk patients, freeing them up to spend more time with their most complex cases.
- ✓ **We will network our staff across a wider geographical area** to enable skills and expertise to be shared on a wider footprint. The new roles which will develop will cover a wider remit in terms of geography and the service they provide which will support gaps in the workforce. The national additional roles reimbursement scheme (ARRS) allows primary care networks to fund staff that work across all GP practices within their network. We will also explore the possibility of networking clinical teams across more than one trust to fill vital gaps and optimise care provision. This approach already exists for some services where there are clear opportunities for better use of a smaller number of people, such as stroke and maternity.
  - **We will harness digital technology** to reduce the amount of time clinical staff have to spend on administrative tasks.
  - **We will create job opportunities** within the NHS for those within our communities, harnessing the role of the NHS as an anchor institute. It will

include careers and employment programmes designed to reach out to many different groups of people.

- **We will explore how we can make our employment offer more attractive.** This will include flexible and portfolio career packages and agile working patterns for many support services, where appropriate.
- **We will take action to bring the nursing vacancy rate** down to five per cent. This will involve working closely with chief nurses across the NHS family and investing in developments to address the shortage of nurses both in hospitals and in care homes.
- **We will provide additional health and wellbeing support** for our staff, to enable a reduction in sickness absence. The rates in Lancashire and South Cumbria are higher than the national average for England. Services include support with financial issues and workplace health issues, particularly focusing on mental health and musculoskeletal conditions that can be brought on or affected by work.
- **We will support staff retention** via our involvement in and learning from, a national programme which has an agreed consistent approach to agency and 'bank' staff.
- ✓ **We will improve our long-term workforce planning.** We have undertaken a review of our current and future workforce including discussions with training providers and higher education institutions to understand the numbers of candidates expected to join the system, alongside leavers' data, staff turnover and future demand profiling.
- ✓ **We will strengthen our approach to equality, diversity, and inclusion** to ensure we have a diverse and representative workforce at all levels, and across all parts of our system. We are implementing a comprehensive *Belonging Strategy* in conjunction with the inclusion networks from across our provider trusts, local authority, and wider partner agencies.
- ✓ **We will take innovative approaches** to the recruitment, retention, development, and support of our staff.
- ✓ **We will take an integrated approach to demand and capacity planning** for our future workforce.
- ✓ **We will provide education, training, and development opportunities** for our people.

### **Improving our buildings, infrastructure and digital technology**

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

buildings – including hospitals, GP practices, community services hubs and offices. It was estimated that investment of £2.9 billion+ is required over the next 10 years.

Our Estates, Infrastructure and Digital strategy	
<b>Estate</b>	<ul style="list-style-type: none"> <li>✓ <b>We will reduce and consolidate the estate</b> 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.</li> <li>✓ <b>We have developed plans to significantly improve the quality of our hospital sites</b> through the New Hospitals Programme. This has the potential to 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 out-dated hospital buildings and develop new, cutting-edge hospital facilities. It will help us to offer the absolute best in modern healthcare, providing patients with high quality, next generation hospital facilities and technologies. The hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.</li> <li>✓ We are developing plans to understand our requirements for health <b>accommodation and infrastructure across our places and neighbourhoods</b> and will identify our investment requirements to improve the quality of our out of hospital estate.</li> <li>✓ We will consider how our <b>estate needs will change</b> and be shaped by advances in technology, digital services and new models of care. We will consider less-traditional approaches to both the development and use of accommodation, as well as increasingly focusing on the role of infrastructure in prevention and reducing health inequalities.</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>✓ <b>We will improve the responsiveness of services</b> by utilising real-time information to change how care is provided, where resources are coordinated and plan future care.</li> <li>✓ We will develop a common electronic patient record (EPR) across the system to enable L&amp;SC 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.</li> <li>✓ <b>We will enable care to be integrated across organisations</b> by providing shared records to all partners involved in patient care. For example, medication history and information on long-term conditions, so information from one organisation will directly benefit care provided by another.</li> <li>✓ <b>We will transform how patients interact with services</b>, 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.</li> </ul>
<b>Green</b>	<ul style="list-style-type: none"> <li>✓ <b>We will review the carbon emissions from our hospital sites</b> and work with NHS property companies to develop plans to meet the NHS commitment of being net zero carbon by 2040. This will include a plan for decarbonising buildings A standardised review of all of Lancashire and South Cumbria hospital sites is underway to help understand the complexity and cost of this target.</li> </ul>



**Our Estates, Infrastructure and Digital strategy**

<b>Sustainability</b>	<p>✓ We will review how our health infrastructure can support the long-term sustainability of the health system and improved socio-economic prosperity for local places and long-term improvements to health and wellbeing This includes actions linked to the environment, society and health promotion, economy, finance, social value, and workforce and service delivery.</p>
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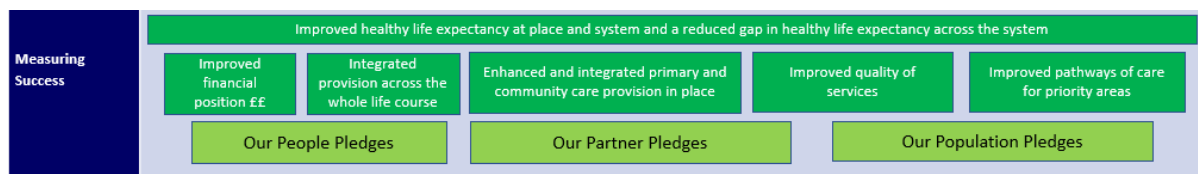
**Enabled by collaboration between partners**  
 There is an increasing number of opportunities that closer collaboration and a 'system by default' approach offers, these are being reviewed by our provider collaborative board. These include,

- back-office and associated cost and efficiency improvements.
- the development of system-wide and organisation-wide infrastructure capability and capacity including system-wide efficiencies in estates operational services

The Infrastructure Strategy supports the intentions and ambition of these and future programmes and endorses the collaboration that the programmes require.

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## 10. A strong delivery focus



Our ultimate long-term aim is to **improve the healthy life expectancy of our population** and to add life to their years. As this data becomes available, we will carefully review progress to ensure we are moving in the right direction.

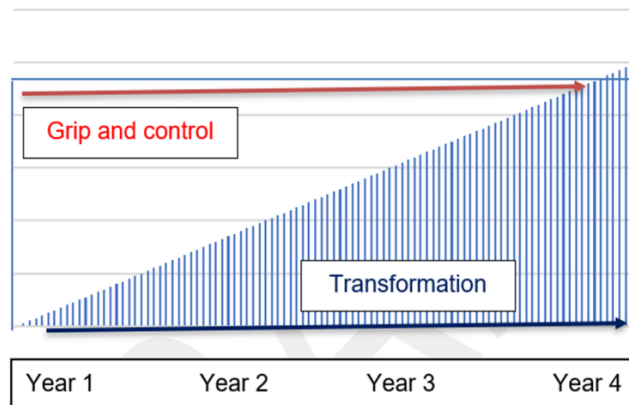
Underpinning this will be the progress we make on our **five strategic priorities** to improve the financial sustainability of the system, our work on prevention, and to improve the quality and outcomes of care. Alongside this will be dashboards at system and place to allow us to review progress. Our neighbourhoods will also track some local metrics which contribute to these areas.

We have also made **pledges to our population, our partners, and our people** so they are clear what they can expect from us. We will involve, engage and co-produce solutions with them to ensure we are meeting these pledges. This engagement will be undertaken at system, place, and neighbourhood.

*Please bear with us as we need to significantly strengthen the foundations of our system in the first instance. Our plan to improve your health and wellbeing is ambitious and we are confident it will deliver over the long term, but it will require patience, tenacity, and a great deal of enthusiasm.*

It is vital that financial grip and control is maintained in the early stages of delivery of our recovery plan, our focus will then move to the vital transformation work that we need to do, to improve the quality of our care.

Phased approach to delivery



This will allow us to close the financial gap and create a sustainable system for the future where we can operate within our financial envelope, providing equitable and high-quality services for our population.

**Delivering our five Strategic Priorities**

We have developed headline metrics to assess progress against our five strategic priorities; further work and consultation will take place to identify the delivery implications for system, place, and neighbourhood.

L&SC Strategic Priorities		Short term 1-3 years	Medium term 4-6 years	Long term 7-10 years
1	Strengthen our foundations	3-year system financial plan	Financial balance across the NHS system	
2	Improve prevention and reduce inequalities	Seamless and integrated provision in place within every community.	Reduced admissions and disease prevalence	Improved healthy life expectancy at system and place
3	Integrate and strengthen primary and community care	Strengthened primary and community care	Enhanced and integrated primary and communicate care provision in place	
4	Improve Quality and Outcomes	Improved CQC and SOF ratings for the six providers	<ul style="list-style-type: none"> <li>• Optimised care and clinical pathways</li> <li>• Improved quality of estates</li> <li>• Enhanced workforce</li> </ul>	
5	World Class Care	Short term actions on priority areas	Medium term actions on priority areas	Long term actions on priority areas

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

[Our pledges to our key stakeholders](#)

Our pledges to our population	
<b>1</b>	<p><b>You will have healthy communities</b></p> <p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Be supported to keep well both physically and mentally</i> by our programme of connecting all the provision of health and wellbeing services across our partners, at system, place, and neighbourhood. This will enable you to maintain your physical independence for longer.</li> <li>• <i>Be provided with opportunities to make choices about your health care</i> and have greater opportunities to design and co-produce local services, to ensure they meet your needs.</li> <li>• <i>Live longer and healthier lives</i> and we will monitor healthy life expectancy to ensure this happens. We will ensure there is more advice on prevention and earlier diagnosis of conditions.</li> </ul>
<b>2</b>	<p><b>You will have high quality and efficient services</b></p> <p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Have improved access to the most effective support with reduced waiting times.</i></li> <li>• <i>Have joined up and coordinated services and support, which are easier to navigate and access</i></li> <li>• <i>Have consistent, high-quality services across Lancashire and South Cumbria.</i> We will ensure our providers work collaboratively to share their resources and expertise and standardise their care pathways to optimise our outcomes and your patient experience. You will be able to see this via the quality ratings of the providers across the system.</li> </ul>
<b>3</b>	<p><b>You will have a health and care service that works for you</b></p> <p>You will:</p> <ul style="list-style-type: none"> <li>• <i>Be central to decision making and have services and support that is responsive to your local needs.</i> We will work with you to co-design and transform our services.</li> </ul>

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

**Our pledges to our people**

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

Our immediate priority is to take urgent action to strengthen the foundations and long-term sustainability of the system. A formal financial recovery board will be established – with an independent chair - to hold the work plan and provide assurance to the ICB board. A three-year trajectory will be developed to outline how the financial gap will be closed.

We will progress at pace to eliminate the financial risk in our system. Our provider collaborative will be our engine room for delivering an improvement in our position. We will ensure there are clear targets for the provider collaborative projects, and we will work with local authorities to review and optimise the Better Care Fund and discharge allocations.

To implement our strategic priorities, we will work with our provider partners, and follow appropriate processes for engagement and consultation with the local population, to deliver the following commissioning intentions:

The Priorities		Improving our sustainability at pace
<b>Provider Collaborative work programme</b>		
<b>1</b>	<i>Improving Sustainability</i>	<ul style="list-style-type: none"> <li>✓ We will establish a common platform for shared services including support, infrastructure, and digital services across all providers. This will include a common specification for shared services.</li> <li>✓ We will reduce the use of bank and agency staff across all providers</li> <li>✓ We will remove elective care capacity which isn't funded</li> <li>✓ We will steadily improve productivity in elective care and reduce backlogs</li> <li>✓ We will rationalise the number of elective care services</li> <li>✓ We will reduce sickness absence in line with the national average.</li> <li>✓ We will optimise the use of our hospital capacity by reducing the number of patients who do not meet the criteria to reside.</li> <li>✓ We will deliver an improvement in quality and productivity in four key clinical pathways.</li> <li>✓ We will utilise best practice research to ascertain opportunities to improve the effectiveness and efficiency of our pathways. This will include the Get it Right First-Time programme (GIRFT).</li> </ul>
<b>2</b>	<b>Individual provider priority areas</b>	
	<i>Lancashire Teaching Hospitals</i>	<ul style="list-style-type: none"> <li>✓ We will ensure the financial position is improved during 2023/24 and a turnaround programme is implemented by June 2023.</li> <li>✓ We will ensure the cancer performance is improved during 2023/24 and the cancer targets are met over the next three years.</li> <li>✓ We will ensure the SOF ratings are improved</li> </ul>
	<i>University Hospital of Morecambe Bay</i>	<ul style="list-style-type: none"> <li>✓ We will ensure the SOF and CQC ratings are improved</li> </ul>

	<ul style="list-style-type: none"> <li>✓ We will ensure capacity continues to be optimised, reducing the number of patients who do not meet the medical criteria to reside.</li> <li>✓ We will ensure efficiency continues to be improved.</li> </ul>
<i>Blackpool Teaching Hospital</i>	<ul style="list-style-type: none"> <li>✓ We will ensure the SOF and CQC ratings are improved</li> <li>✓ We will ensure the operational performance is improved</li> <li>✓ We will ensure the financial performance is improved</li> <li>✓ We will ensure the agency spend is reduced</li> </ul>
<i>East Lancashire Hospital Trust</i>	<ul style="list-style-type: none"> <li>✓ We will ensure the financial performance is improved</li> <li>✓ We will ensure the CQC and SOF ratings are improved. We will ensure the profile is raised nationally.</li> </ul>
<i>Lancashire and South Cumbria Foundation Trust</i>	<ul style="list-style-type: none"> <li>✓ We will ensure the CQC and SOF ratings are improved</li> </ul>

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## 12. Next Steps in the development of this plan

This first draft Joint Forward Plan is described at an intentionally high level – nonetheless, we hope that it provides a clear statement of intent regarding our future vision, strategy, and priorities for action. Our new system offers an opportunity to work differently to tackle the urgent challenges that we face, and the next stage of development of our plan will include working through the detail with our partners, our workforce, and our population to ensure our plans, our infrastructure and our services are sustainable and facilitate integrated delivery of care.

Between the end of March, when the ICB Board will be asked to agree this draft Joint Forward Plan, and the sign-off of the final plan in June, we will undertake the following actions:

- **Address the gaps in our plan**
  - We will consider the draft plan against national expectations; undertake a peer review; and engage with partners and the public to ensure that any gaps in our plans are addressed and that we enhance the detail as required.
- **Consult and engage with our population**
  - We will develop a public facing summary of the draft Joint Forward Plan to use to engage with our population to ensure that we are focused on the right priorities
  - We will hold regular listening public group events with local people (including PPG members, community representatives, local Healthwatch)
  - We will reflect comments and feedback into the final document and set out the detail for publishing the public facing version of the final plan
- **Engage with all our partners to ensure there is a full systems approach**
  - Our NHS provider partners
  - Our Local Government Partners
  - Health & wellbeing Boards (Lancashire, Blackpool, Blackburn with Darwen, Cumbria)
  - Integrated Care Partnership
- **Undertake a health equity impact review** and revise the plan as required
- **Seek a 'critical friend' review**
  - NHS England will review and comment on the plan and our adherence to associated guidance
- **Update and publish the final version of the plan**



In parallel, with the development of the final plan, we will work with provider and Local Authority colleagues, ICB service leads and place directors to:

- to ensure that all strategies and plans across all partner organisations and services are aligned with the Joint Forward Plan
- to develop a detailed delivery plan with measurable goals, annual milestones, targets, performance ambitions and trajectories
- to set clear deliverables for places and neighbourhoods
- to develop a clear accountability framework for delivery between organisations and residents and patients
- to agree clear governance and oversight arrangements

We will publish an updated plan for 2024/25 and every subsequent year, with opportunity for further engagement and collaboration and for the most appropriate delivery mechanisms and actions of partners to be included.

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