

# Appendix 4a

# Lancashire and South Cumbria Integrated Care System

**Our NHS Joint Forward Plan  
for 2023 onwards**

V7.1 For engagement prior to Board

31.05.23

Draft

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## Foreword



**Kevin Lavery**  
Chief Executive of the Lancashire and  
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**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 healthcare services are provided.

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

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

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

*We need to work with partners and local communities to prevent people from becoming ill in the first place by tackling the wider determinants of health and supporting people to make positive health and well-being choices, while also improving access to health and care services.*

The establishment of our Integrated Care Board is an opportunity to make a real difference to the health and lives of the people who live here and the quality of care in Lancashire and South Cumbria. This Joint Forward Plan outlines, at a high level, how we will work alongside our providers and other partners to meet the challenges set out above. It builds upon existing system strategies and activity that is already 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 well-being of our population. This Joint Forward Plan responds to the commitments made by the NHS within this Strategy.

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

Our communities will be at the centre of everything we do. With our partners, we have agreed on how we will work with people and communities to listen, involve, and co-produce our plans together. This will help to develop ways of working that focus on local people and their lived experience, putting our population's needs at the heart of all we do.

**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 of the NHS - have changed.

More people than ever are living longer with multiple, complex, long-term conditions and often need support from many different services, sectors, and professionals. Unfortunately, people often receive care from different services that aren't joined-up and are not effectively centred around their needs. This is not a good use of vital NHS 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 teams.

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



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

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

ICSs are tasked with improving the health and well-being of the whole population by harnessing the knowledge, skills and talents of 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 collaboration at every level.

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

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

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

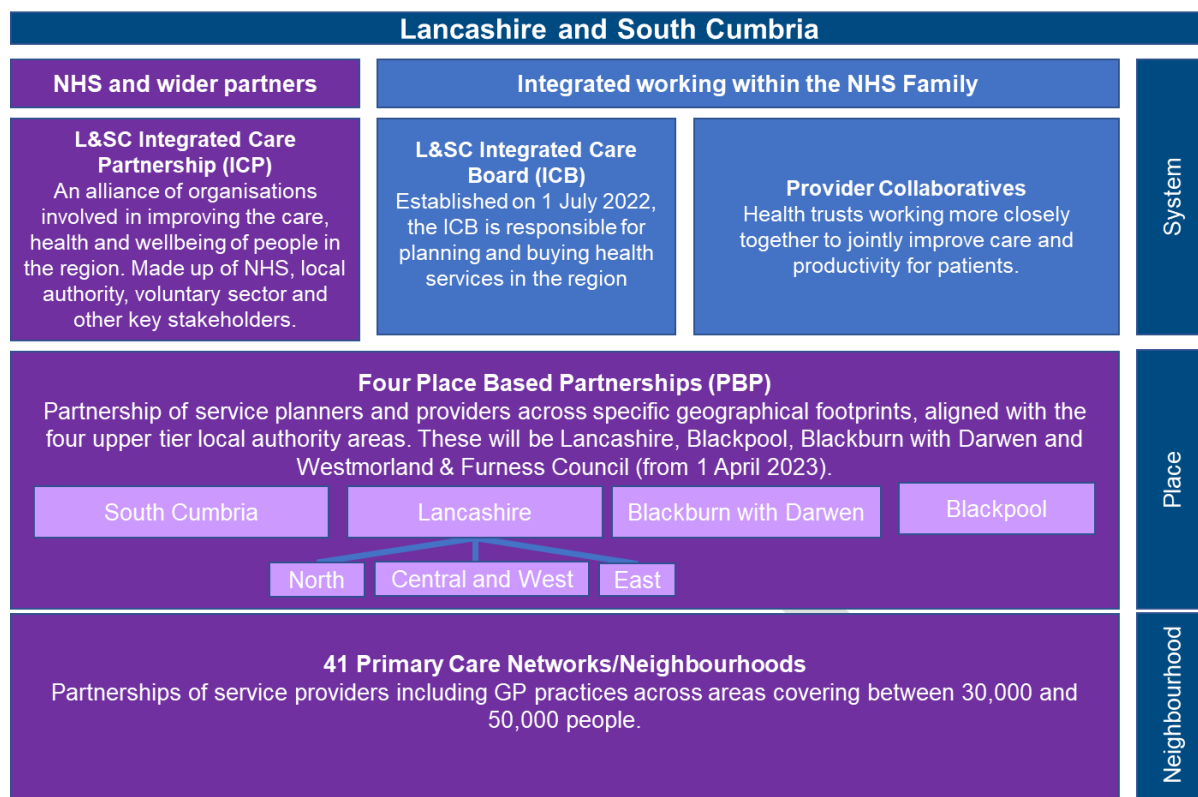
### A new way of working

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

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

- **System:** Integrated working across Lancashire and South Cumbria.
- **Places:** Integrated working in the areas covered by our four place-based partnerships, covering Lancashire, Blackburn with Darwen, Blackpool and South Cumbria.
- **Neighbourhoods:** Integrated working in the areas covered by our 41 primary care networks, and local neighbourhood teams.

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



### The structure of the ICS

The Integrated Care System in Lancashire and South Cumbria was established 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 well-being. Members of the ICB Board include representatives from NHS providers, primary medical services, and local authorities.





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

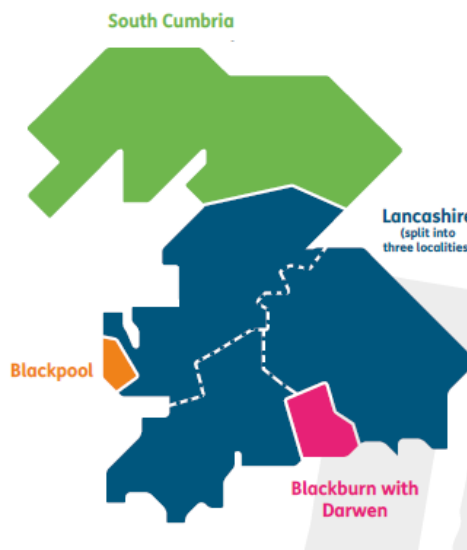


*Our provider collaborative will be the engine room for improving sustainability and transforming the delivery of acute care across the system.*

**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 (unitary), Cumberland Council (unitary), Westmorland and Furness Council (unitary), Blackpool Council (unitary), Blackburn with Darwen Council (unitary).</i></p> <p><b><u>Twelve district councils</u></b>  <i>Lancashire: Preston City Council, Chorley Council, South Ribble Borough Council, Fylde Council, Wyre Council, West Lancashire Borough Council, Lancaster City Council, Burnley Borough Council, Hyndburn Borough Council, Pendle Borough Council, Ribble Valley Borough Council, Rossendale Borough Council.</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>  <i>Healthwatch: 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 a resident population of around 311,000 people.
  - A mixture of coastal and rural areas, with some wealthy and some disadvantaged communities.
  - The area stretches from Barrow-in-Furness, a busy shipbuilding town and port, and Millom on the west coast, through South Lakeland with its rural, land-based and thriving visitor economy, across to the area around Bentham in North Yorkshire.
  - This is England's most sparsely populated local authority area, which makes it hard to deliver services, and to provide public transport and transport connections.
- **Lancashire** has a resident population of around 1.2 million people.
  - It is a varied place from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the countryside of the Ribble Valley and Forest of Bowland.
  - A combination of urban areas including Preston and Lancaster, former textile towns such as Burnley, coastal resorts, and market towns.
  - A mixture of wealthy and disadvantaged communities. In the more rural areas, poverty and social exclusion happen alongside people living in luxury. Large areas of deprivation can be found in East Lancashire, Morecambe, Skelmersdale and Preston.

- **Blackpool** has a resident population of around 153,000 people.
  - An urban coastal area, with a thriving tourist economy and a strong sense of community.
  - With high levels of deprivation and a transient population, Blackpool residents have some of the most difficult health needs in the country.
- **Blackburn with Darwen** has a resident population of around 163,000 people.
  - A semi-rural borough with small urban areas around the towns of Blackburn and Darwen, and several small rural villages and hamlets.
  - A multicultural borough, the area is home to many people with diverse ethnicities and identities.

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

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

<b>Mission</b>	<p><i>We are committed to improving the health and well-being of the 1.8 million people of Lancashire and South Cumbria, by working collaboratively with partners to:</i></p> <ul style="list-style-type: none"> <li>• <i>Reduce health inequalities</i></li> <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 healthcare</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 the three triple aims of Integrated Care Systems, as outlined below:

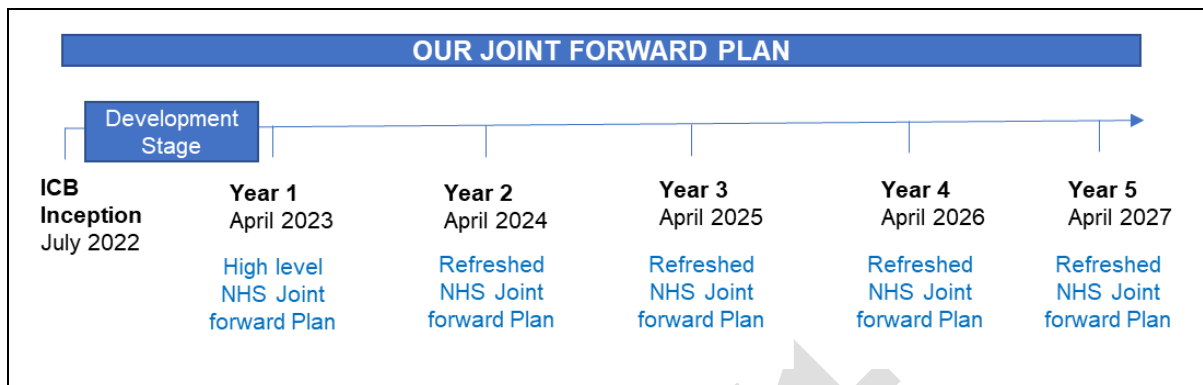
<b><i>The health and well-being of our population</i></b> <i>(including inequalities)</i>	<b><i>The quality of services provided</i></b> <i>(including inequalities in benefits from those services)</i>	<b><i>The sustainable and efficient use of resources</i></b>
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The NHS services that the ICB is responsible for are 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 healthcare needs of our population, from cradle to grave. Our valued service providers include the NHS, the independent sector, and the voluntary sector.				

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

## Our development journey



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

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

The final version of the Joint Forward Plan for the ICB Board in July will provide a summary of our statutory responsibilities and how we intend to deliver them.

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.

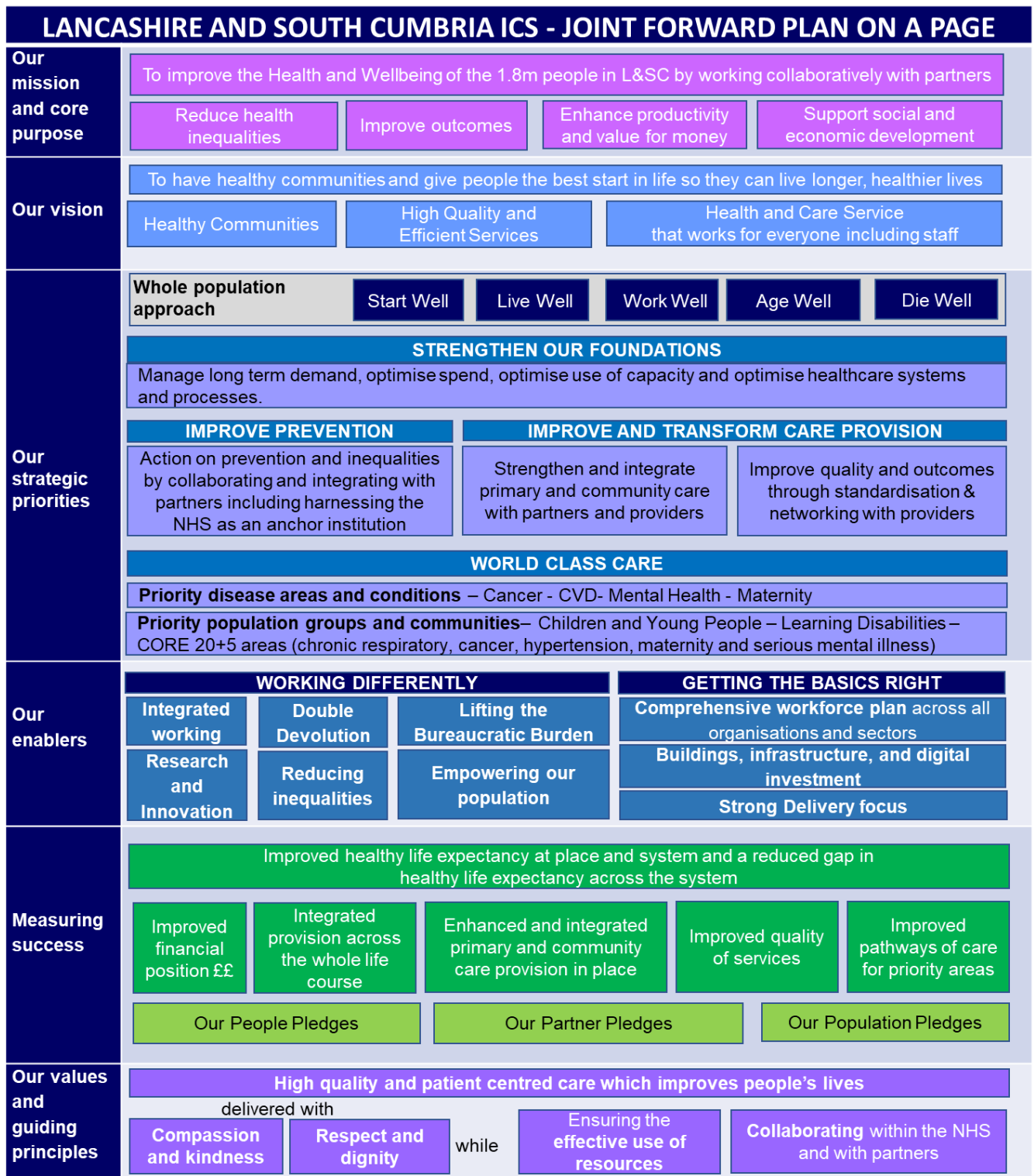
This document builds on existing strategies and plans and sets out our aspiration to engage with our partners, staff and population to refresh and further develop this plan for 2024/25 and beyond.

This Joint Forward Plan should be considered alongside the following documents:

- The **Integrated Care Strategy** has been developed through our Integrated Care Partnership and proposes how the ICB will work with local authorities and other partners to meet the health and well-being needs of our population.
- The **State of the System report** was published by ICB Chief executive, Kevin Lavery, 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 people of Lancashire and South Cumbria.



## 4. Our current challenges

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

In the financial year 2019/20, five of the six hospital trusts were overspending. During the pandemic, funding was provided to cover all the costs in the system, but this masked the true underlying position that has not been addressed. The CCGs also had underlying deficits that were being covered each year through non-recurrent means. The underlying system financial risk is significant and the additional funding we have been receiving is being reduced over the next three years.

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

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



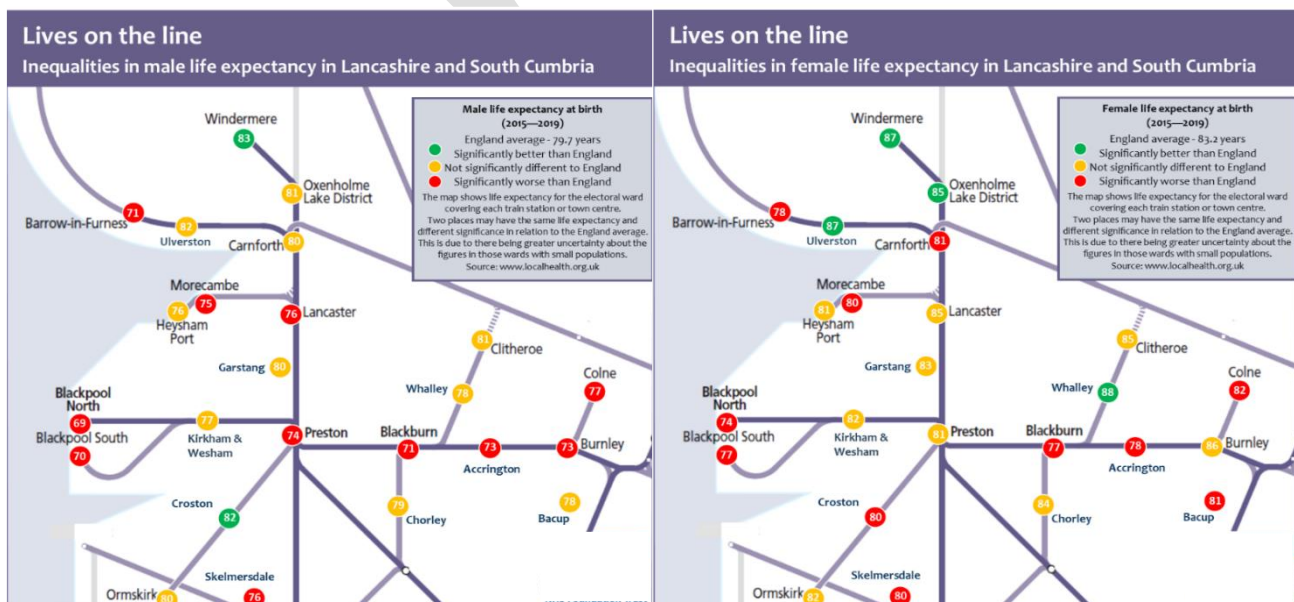
*To ensure that our strategic priorities over the next ten years are the correct ones, it is critical that we have a detailed understanding of all the issues that are driving our financial position and how the issues are interconnected.*

## Increasing demand

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

## Life expectancy

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



Driven by

### **Disease burden**

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

Impacted by

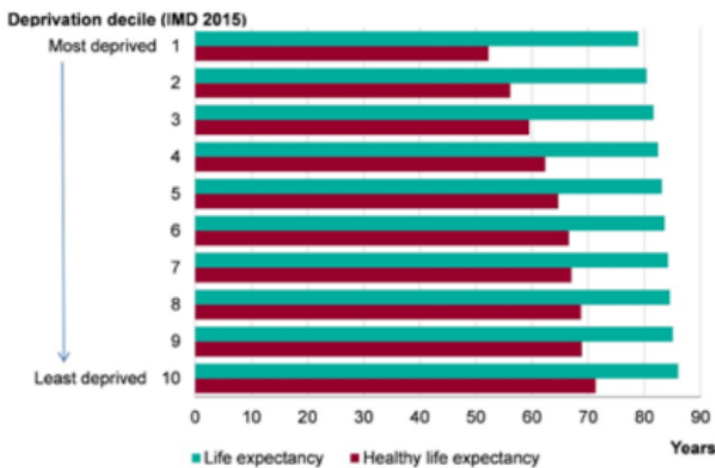
### **Lifestyle choices**

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

Driven by

### **Demographics and deprivation**

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



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

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

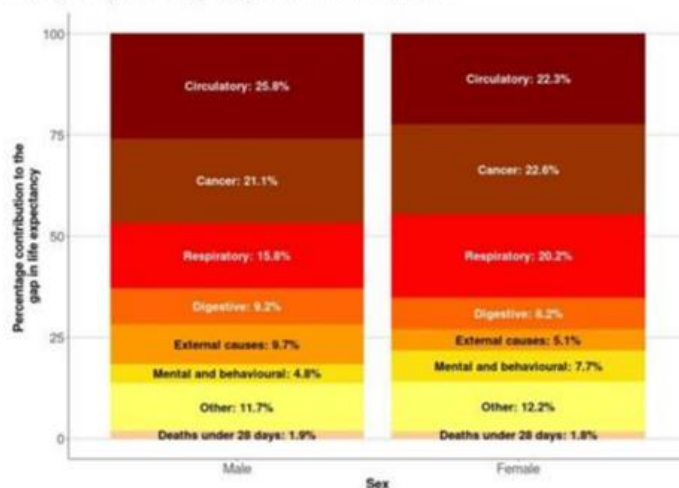
Area	2015		2019		2015 to 2019	
	Percentile	Decile	Percentile	Decile	Change in percentile	Change in decile
Burnley	5.2%	1	3.5%	1	-1.7%	0
Chorley	57.1%	6	60.6%	7	3.5%	1
Fylde	66.9%	7	62.5%	7	-4.4%	0
Hyndburn	8.6%	1	5.7%	1	-2.9%	0
Lancaster	38.3%	4	35.3%	4	-3.0%	0
Pendle	12.9%	2	11.4%	2	-1.5%	0
Preston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

Our areas of significant deprivation include wards within Blackpool, Blackburn with Darwen, Burnley, Hyndburn, and Barrow. It's a real concern that eleven of the fourteen areas in Lancashire became more deprived between 2015 and 2019. At ward level,

17 (or six per cent) of the wards in the Lancashire area are in the one per cent most deprived of all the 7,408 wards in England. These include six wards in Blackpool, eight in East Lancashire and one each in Preston, Lancaster, and Wyre.

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

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 that contribute to the gap in life expectancy between the most and least deprived areas is shown in the chart. Circulatory diseases (ones that affect the heart and circulation, like stroke) cancer and respiratory conditions that affect your lungs and breathing all play a significant role for both men and women.

## Rising numbers of older people

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

## Carers

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

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

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

### Our operating model

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



The table on the next page highlights the range of organisations which are involved in supporting our population's health and wellbeing and the role 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 at system, place and neighbourhood.

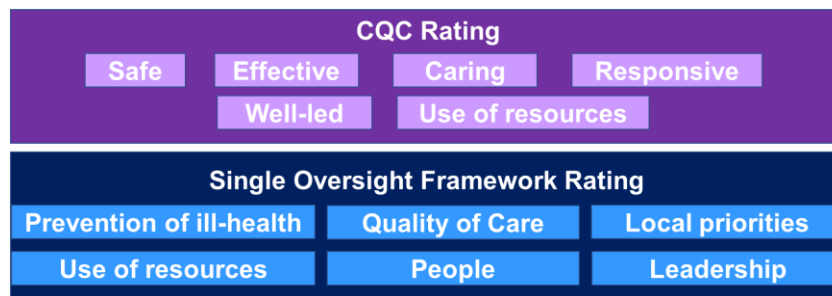
Health and well-being roles					
Organisation	Determinants of health	Health education	Social care	Healthcare	Well-being
<b>Council</b> <i>Provision varies depending on whether the council is upper tier* or district level.</i>	Education * Employment Housing Family Support Environment	Disease prevention *	Social Care*		Libraries * Physical environment Culture Creativity
<b>NHS</b>	Anchor Institutions  Greener NHS	Prevention NHS Awareness Campaigns Making Every Contact Count		Care provision	
<b>VCFSSE</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	Provision

## Capacity issues

The quality and outcomes of our healthcare in Lancashire and South Cumbria are affected by the availability of a skilled and talented workforce, the size and quality of our buildings and spaces, our underpinning system and processes around care and our operating model. The amount of care we can provide is limited by the capacity we have available, and our capacity is reduced by gaps in our workforce, the quality of our estate and our historic operating model which has not enabled us to share limited resources across our providers. Poor quality also impacts 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 our area varies depending on where they live. Four of our five hospital trusts are rated as ‘requires improvement’, while one – East Lancashire Teaching Hospitals NHS Foundation Trust – is rated ‘good’. This difference in standards also has an impact on our health inequalities.

Trust	CQC Rating	Single Oversight Framework
North -West Ambulance Service (NWS)	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.

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

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

Driven by

### **Workforce**

A significant factor which impacts the quality of our care is the 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 9per cent compared with 6.9per cent across England and some of the highest levels of sickness absence in England. Furthermore, more than 20 per cent of our staff, approximately 8,000 people, are over the age of 55 and will therefore retire in the not-too-distant future. Alongside this, our ability to recruit is impacted by the condition of our infrastructure and the reputation and quality of our services. The consequence is a high level of agency staff usage, which comes at a considerable financial cost to the system and impacts the quality of care. The workforce gaps are shared by hospitals across the country which means that hospital Trusts often compete for the same staff. We face significant problems with recruiting the people we need and retaining them.

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

Driven by

### **Estates**

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

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



Our capital allocation is being spent on maintaining our ageing estate and equipment rather than on innovative transformation projects. All our hospitals were built many years ago, developed for far fewer patients and developed to meet historic care standards. This impacts 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 the frequency of elective surgery being cancelled and contributes to the stress levels within our workforce.

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



Driven by

### **Operating model**

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

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

VCFSE sector into Integrated Neighbourhood Teams and harnessing the use of digital technology.

*However, this will not be easy.*

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 having low levels of engagement in managing their health and well-being.

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

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

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

Digital and data provide significant opportunities in supporting improvements in the outcomes of our population's 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 well-being of our population, and to reduce the inequalities, we need to:

### Where our Joint Forward Plan needs to focus

- 1**
- Ensure we are spending our £4 billion of healthcare resources wisely by exploring opportunities to work differently and reduce costs.**
- *Explore opportunities to reduce costs and increase value for money across the NHS by working differently including moving care closer to people's homes where possible.*
  - *Explore opportunities to share resources across the NHS family*
  - *Reduce long-term healthcare demand by supporting people to stay well for as long as possible, reducing the pressure on the healthcare system (as below).*
  - *Optimise the quality of care across Lancashire and South Cumbria this will also reduce costs (as below).*
  - *Variation in the quality, consistency, and processes for care, can create additional demands for care such as re-admissions.*

- 2**
- Reduce and manage the unsustainably increasing demand for care**
- Take action on prevention and address inequalities**
- *Provide targeted support for communities and demographics with the greatest health issues by undertaking targeted action at system, place, and neighbourhood.*
  - *Take joined-up action with partners on the social determinants of health such as unpaid care*
  - *Support our population to make healthy lifestyle choices by offering NHS support services and connecting them to the wider service offers from our partners.*
  - *Screen our population for diseases and intervene early to keep people well for as long as possible.*
  - *Empower our population to actively manage their health and well-being*
  - *Work with our population to understand the drivers of their health choices and co-produce the development of any solutions.*
- Proactive disease management**
- *Implement evidence-based standardised care pathways for our most significant disease areas, population groups and communities.*
- Integration**
- *Support the health needs of our ageing population and those with long-term conditions, by working in partnership*
  - *Integrate teams across the NHS and wider partners at neighbourhood, place, and system.*

- 3**
- Improve the Quality of care**
- Work collaboratively across providers to:**
- *Address the workforce gaps*
  - *Improve the quality of the hospital estate*
  - *Improve access to care*
  - *Standardise care and clinical pathways*
  - *Deliver world-class pathways for priority disease areas, conditions, population groups and communities.*

## 5. Our future vision

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

<b>Our Vision</b>	<p>We want our population to live longer and healthier lives which will be enabled by:</p> <ul style="list-style-type: none"> <li>• Healthy communities</li> <li>• High-quality and efficient services</li> <li>• Health and care services that are centred around the needs of our communities and offer high-quality employment opportunities for our workforce</li> </ul>
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*Together, we will measure our long-term success over the next 7-10 years, by our ability to increase the healthy life expectancy of our population. We will track this across the system and within each of our places and communities, to ensure inequalities are reduced.*

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

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

<b>Our pledges to our partners</b>	
<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 well-being 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 well-being 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>

<b>Our pledges to our people</b>	
<b>You will have access to more opportunities and more support for your health and well-being.</b>	<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 well-being support</i> including assistance with financial issues and mental health.</li> </ul>

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

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

The Lancashire and South Cumbria Integrated Care Partnership has developed an ambitious vision; it will work to harness the collective knowledge, skills, and talents of partners to improve our population's health, wealth, and happiness. The Partnership has already agreed on outline priorities for collective action, to enable our population to start well, live well, work well, age well and die well, as detailed in the Integrated Care Strategy. This joint programme of work has built upon a review of health equalities by the Health Equity Commission and the Joint Strategic Needs Assessments (JSNAs) for each of the places across the system: Lancashire, South Cumbria, Blackpool, and Blackburn with Darwen.

## Engagement on our plans

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.

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

Having laid out the foundations of our draft Joint Forward Plan in March 2023, we are undertaking further engagement with partners and the public on elements of this plan to gain more detailed and informed views and feedback from our population, staff, partners and other stakeholders. The final version of the plan – taking account of this feedback – will be received by the ICB Board in July 2023, alongside a public facing summary of the plan.

## 6. Our system strategy

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

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

### The problem

There is a mismatch between the demand for healthcare in Lancashire and South Cumbria, and the available capacity.

The cost of the healthcare we provide in this system is greater than our level of income, and the gap is widening.

We have identified five strategic priorities which will together enable our population to live longer and healthier lives.

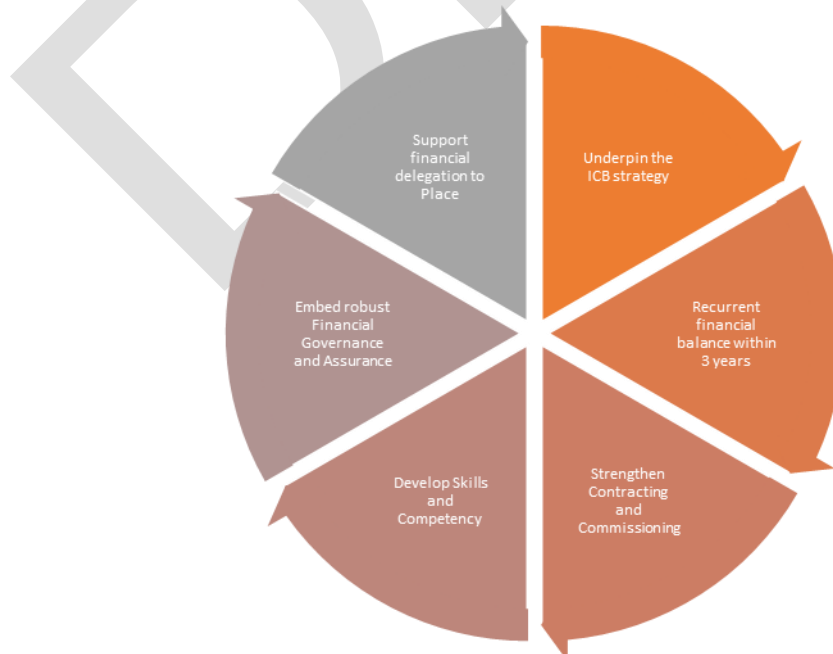
1. We must strengthen our foundations by improving our financial situation with a fully-fledged financial recovery programme
2. We must take urgent action to reduce the unsustainable level of long-term disease, working with partners to prevent illness and reduce inequalities.
3. We must move care closer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

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

Our 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 expertise to ensure we make rapid progress in this area. The underlying financial risk that was forecast for 2023-24 was significant – in agreeing our system financial target for the year, we have accepted the need to take urgent joint action on recovery across the whole NHS and with our partners, overseen by the establishment of our Recovery and Transformation Board.

**Our financial strategy**

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





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

### Our Enablers

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

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

<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 focus on delivery</b> with clear plans, joint accountability frameworks and performance metrics

### Measuring Success

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

<b>MEASURING OUR LONG-TERM SUCCESS – AMBITIONS FOR 2033</b>		
<b>STRENGTHEN OUR FOUNDATIONS</b>		
Improved sustainability of the system as measured via the overall financial position.		
<b>IMPROVE PREVENTION</b>	<b>IMPROVE AND TRANSFORM CARE PROVISION</b>	
Improved healthy life expectancy at system and place.	Enhanced and seamless care provision within our neighbourhoods.	Improved quality of care across all our providers as measured via their CQC and Single Operating Framework assessments.
<b>WORLD CLASS CARE</b>		
Improved pathways of care across the system as measured via our adherence to national recommendations for World-class Care within the NHS Long Term Plan.		

### Delivering the aims of the ICB

The strategic priorities can be mapped to delivery of the four key ICB strategic aims:

<b>Contribution to our four key strategic aims</b>					
		Reduce Inequalities	Improve Outcomes	Enhance Productivity	Support broader social and economic development
1	Strengthen our foundations			✓	
2	Improve prevention and reduce inequalities	✓	✓	✓	✓
3	Integrate and strengthen primary and community care	✓	✓	✓	
4	Improve Quality and Outcomes	✓	✓	✓	
5	Deliver world class care for priority areas	✓	✓	✓	



### Our new Operating Model



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

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



An essential part of this new way of working will be making the best use of all our combined assets: our people, our partners, our infrastructure, and our resources. We need to make this change in our ways of working quickly, and this will require innovation, commitment, and collaboration, together with a great deal of enthusiasm. We must look for opportunities to innovate while being realistic about which factors are within our control. The table below outlines our historic operating model and the opportunities that we must urgently harness as we move forward.

	Our historic operating model	Our opportunity
<p><b>Our people</b>  <i>Workforce across the NHS and partners</i></p> 	<p>Organisations working largely independently with a fragile workforce across providers and partners.</p>	<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 had low involvement in their care, with some choices 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 take a lead in choices about their health and care.</li> <li>To harness local knowledge to co-produce initiatives and service developments to respond to the increasing demand for care.</li> </ul>

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

## 7. Our strategic priorities

### Strategic priority one - Strengthening our foundations

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

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

We will eliminate our system's financial deficit over the next three years. However, our financial position is merely a symptom of how our services are delivered.

To strengthen the long-term sustainability of the NHS within Lancashire and South Cumbria, we need to manage demand for healthcare services over the long-term and make the best use of our budget, our capacity to deliver care and our systems and processes. Some of the promises detailed below also cross over into the other five priority areas.

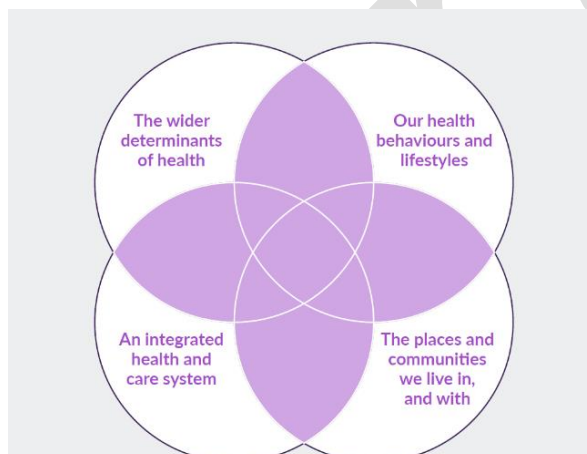
A formal System Recovery & Transformation Board will be established to oversee the work plan and provide assurance to the ICB board. A five-year plan will outline how the financial gap will be closed.

The strategic priorities		Our promises
1	<b>Reduce and manage demand for healthcare services over the long-term</b>	<ul style="list-style-type: none"> <li>✓ We will work with our partners to prevent ill health and reduce the long-term demand for healthcare. This will include integrating health and social care teams and working closely with our wider partners at system, place, and neighbourhood.</li> <li>✓ We will work with local people to empower them to take more responsibility for their health and well-being, signposting them to services and providing coaching.</li> </ul>
2	<b>Optimise the spend and value for money of the system's £4 billion budget</b>	<ul style="list-style-type: none"> <li>✓ We will develop programmes to make the ICB and our providers more efficient</li> <li>✓ We will secure the expertise of a regional turnaround team and 'leave no stone unturned' in the search for efficiency and effectiveness.</li> <li>✓ We will take tight control of spending and remove any unfunded costs.</li> <li>✓ We will reduce duplication, combine back-office functions across providers and reduce administrative costs wherever possible.</li> <li>✓ We will reduce the ICB back-office costs and our carbon emissions, by enabling our workforce to work in an agile way.</li> <li>✓ We will work with our local authorities to ensure the use of Better Care Funding is used to enable patients to be discharged from hospital when they no longer need to be there.</li> </ul>

The strategic priorities		Our promises
3	Make the best use of our capacity to deliver health and care healthcare	<ul style="list-style-type: none"> <li>✓ We will network and reconfigure our clinical teams to increase their resilience and reduce costs.</li> <li>✓ We will reduce the environmental impact of our buildings and vehicles.</li> <li>✓ We will improve patient experience and reduce the cost of delivering healthcare by moving care closer to home wherever possible:               <ul style="list-style-type: none"> <li>○ expanding and strengthening primary and community care including integrated neighbourhood teams.</li> <li>○ enhancing intermediate care including the use of remote monitoring and virtual wards</li> </ul> </li> </ul>
4	Make the best use of our systems and processes	<ul style="list-style-type: none"> <li>✓ We will increase the efficacy of clinical and care pathways</li> <li>✓ We will develop seamless pathways across providers and partners.</li> </ul>

## Strategic Priority two - Preventing ill health and reducing inequalities

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



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

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

population health and well-being. Underpinning this is the intention to level-up health and well-being for our population and to address with partners, systemic inequalities in their life chances.

We know that we need to work together with our partners to improve the overall health of the Lancashire and South Cumbria population. As the diagram above shows, to

make a real difference, action is needed across the wider determinants of health, health behaviours, communities, and the healthcare system.

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

A priority focus for support to encourage healthier behaviour is to address tobacco usage. A joint plan has been developed in collaboration with the L&SC Public Health Collaborative with the intention of making a concerted effort to reduce tobacco usage in all areas of L&SC to less than 5% by 2030.

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

The strategic priorities		Our promises
1	<b>Develop a joint programme of work across all partners to improve health and well-being</b>	<ul style="list-style-type: none"> <li>✓ We will review the joint strategic needs assessments for each place in Lancashire and South Cumbria to identify the areas we could collaborate on, so we can improve the life chances of our population.</li> <li>✓ We will implement an Integrated Care Strategy across all partners, detailing joint programmes of work across the whole life course of our population, integrating services, and improving people’s experiences of health and care</li> <li>✓ We will act at system, place, and neighbourhood levels, responding to different communities’ needs, 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 use population health management expertise to understand the reasons for differences in health across Lancashire and South Cumbria and use it to design innovative ways to improve health and well-being in our communities.</li> </ul>
2	<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 for as long as possible, including services for smoking, drinking and obesity.</li> </ul>
3	<b>Improve prevention</b>	<ul style="list-style-type: none"> <li>✓ We will undertake targeted action within priority pathways to help prevent the progression of key diseases. The priority work programmes as identified nationally in the NHS Long Term Plan, are cancer, mental health, and cardiovascular disease.</li> <li>✓ We will sign the NHS Smokefree Pledge as endorsed by the NHSE Chief Executive and various other esteemed organisations including the Association of Directors of Public Health. We will support regional models for tobacco control</li> </ul>

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

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





<b>Lancashire and South Cumbria Integrated Care Strategy priorities</b>	
<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 Lancashire and South Cumbria, providing integrated and joined-up support for children and their families, including carers who are parents, and young carers. This will include a comprehensive start-for-life offer.</li> <li>✓ <b>Supporting 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 improve health and well-being outcomes for children and their families, including parental carers and young carers. We will provide support for breastfeeding, reduce childhood obesity, promote safer sleeping, and reduce smoking during pregnancy.</li> <li>✓ <b>Support for children to achieve their potential at age three:</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>
<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 people 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 that can have an impact on health and well-being.</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 the 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 that enable them to compete for jobs as equals.</li> <li>✓ <b>Support for well-being at work:</b> we will create workplaces and cultures that encourage good health and well-being, identifying the signs of ill health and well-being early and offering support where needed.</li> <li>✓ <b>Support for local development:</b> we will encourage large organisations and local businesses to support social and economic development in their 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 frail older people:</b> we will provide joined-up, wrap-around support for our most vulnerable and frail residents, their families, and carers. This will include the development of older people's hubs.</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 people 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 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>

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

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

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

Enhancing and strengthening community care supports hospitals by:

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

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

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

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 review community services 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 that support proactive prevention and provide integrated care within the community, reducing downstream demand on hospitals, by September 2025.</li> <li>✓ We will empower people to take greater control over their health and well-being by offering them personalised choices about their care.</li> </ul>

<b>4</b>	<b>Transform intermediate care provision</b>	<ul style="list-style-type: none"> <li>✓ We will coordinate care and enhance services to avoid patients being admitted to hospital where it can be avoided and help them leave hospital faster when they are ready</li> <li>✓ We will transform intermediate care provision</li> </ul>
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## Strategic Priority 4 - Improving Quality and Outcomes

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

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

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

Our quality of care across Lancashire and South Cumbria is variable as evidenced by the NHS SOF ratings of our providers. As our financial situation shows, the way the system currently works is expensive and unsustainable. Our action in this area has the potential to improve quality and reduce spending in the medium term.

*We will measure success in the short term via an improvement in the CQC and the SOF ratings of our six trusts. In the medium and longer term it will be measured by better healthcare 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	2022-23	Plan
North-West Ambulance Service NHS Trust (NWAS)	Good	Maintain Good	2	Maintain SOF 2
East Lancashire Hospitals NHS Trust (ELTH)	Good	Maintain Good	2	Maintain SOF 2
Blackpool Teaching Hospitals NHS Foundation Trust (BTH)	Requires improvement	Good during 2024/25	3	SOF 2 by 2025-26
Lancashire and South Cumbria NHS Foundation Trust (LSCFT)	Requires improvement	Good during 2024/25	3	SOF 2 and maintain during 2023/24
Lancashire Teaching Hospitals NHS Foundation Trust (LTH)	Requires improvement	Good during 2024/25	3	SOF 2 by 2025/26
University Hospitals of Morecambe Bay NHS	Requires improvement	Good during 2024/25	4	SOF 3 by 2023/24 and SOF 2 by

Foundation Trust (UHMBT)				2025/26
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The strategic priorities		Our promises
1	<b>Enhance the consistency of the pathways and processes around care including access</b>	<ul style="list-style-type: none"> <li>✓ We will enhance clinical and care pathways across providers.</li> <li>✓ We will take action to ensure our pathways of care for key disease areas, conditions, population groups and communities are world-class (see in the next section).</li> <li>✓ We will improve our urgent care pathways including access to urgent care and better intermediate care.</li> <li>✓ We will improve our planned care pathways               <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	<b>Improve the estate/physical care environment</b>	<ul style="list-style-type: none"> <li>✓ We will significantly improve the quality of our estates via the new hospitals programme (subject to confirmation of national funding).</li> <li>✓ We will reduce the NHS carbon emissions and reduce our use of single-use plastics.</li> </ul>
3	<b>Increase the productivity and resilience of our workforce</b>	<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	<b>Robust governance and oversight</b>	<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>

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

The NHS Long-term Plan highlighted areas where resources and efforts needed to be targeted to improve the health outcomes for our population, these are detailed in the table below together with the core outcomes. There are national resources to support improvement in these areas. Achieving the desired outcomes will depend on workforce availability.

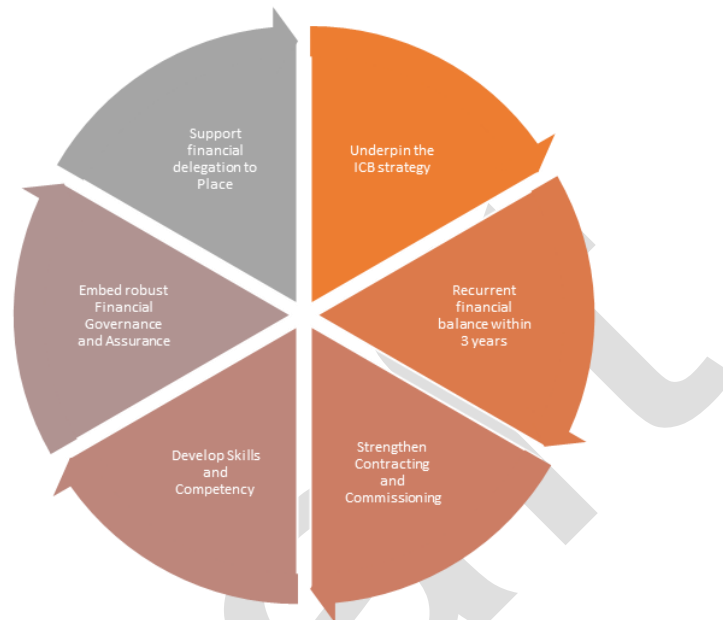
**Improving pathways and care for priority disease areas, conditions, population groups and communities**

**The strategic priorities | Our promises**

1	<p><b>Priority disease areas and conditions –</b>  <i>Cancer - mental health – maternity- Cardiovascular disease</i></p>	<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> <li>✓ <b>Cardiovascular disease:</b> We will improve 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 within acute hospital emergency departments.</li> <li>○ We will improve early intervention for people with psychosis</li> <li>○ We will provide more support for people with depression and anxiety</li> <li>○ We will improve the support for those with serious mental illness</li> </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> <li>○ We will increase the level of lung cancer spotted early via lung health checks.</li> </ul> </li> </ul>
2	<p><b>Priority population groups –</b>  <i>Children and Young People – Learning Disabilities</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Children and young people:</b> We will improve healthcare 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 healthcare outcomes for people with learning disabilities           <ul style="list-style-type: none"> <li>○ We will improve the quality of life for those with learning difficulties by moving people out of hospitals</li> <li>○ We will improve the health of people with learning difficulties and autism by ensuring they are registered with a GP, and we regularly monitor their health via regular checks.</li> </ul> </li> </ul>
3	<p><b>Reducing inequalities -</b>  <i>CORE 20 per cent and others as identified via PHM</i></p>	<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 per cent.</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>

## 8. Our financial strategy

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



The key areas of work within each of these principles is described as follows:

Our financial strategy principles	
Underpin the ICB strategic priorities	<ul style="list-style-type: none"> <li>✓ <i>Place devolution</i></li> <li>✓ <i>Community redesign and vertical integration</i></li> <li>✓ <i>Strong out of hospital offer</i></li> <li>✓ <i>Investment in population health through place</i></li> <li>✓ <i>Available Capital aligned to strategy</i></li> </ul>
Recurrent financial balance within 3 years	<ul style="list-style-type: none"> <li>✓ <i>Recovery approach to transform the system finances – joint ICB and Provider 3-year recovery plan</i></li> <li>✓ <i>Tight spending controls governance and process in line with national protocols firmly in place for ICB and Providers</i></li> <li>✓ <i>Effective efficiency delivery each year</i></li> </ul>
Strengthen Contracting and Commissioning	<ul style="list-style-type: none"> <li>✓ <i>Strong commissioning strategy and contract review</i></li> <li>✓ <i>Greater openness and transparency in working collaboratively with partners</i></li> <li>✓ <i>Mechanisms and governance to review acute contracts at place level</i></li> </ul>
Develop Skills and Competencies	<ul style="list-style-type: none"> <li>✓ <i>Strong focus on Finance Skills development and financial controls across the system</i></li> <li>✓ <i>Ensure the highest level of Finance staff Development accreditations</i></li> <li>✓ <i>Ensure all opportunities to attract and retain the best talent with a strong focus on Equality and Diversity</i></li> <li>✓ <i>Financial Training, development and tools for Senior Leaders and Clinicians across the system</i></li> </ul>
Embed robust Financial	<ul style="list-style-type: none"> <li>✓ <i>High level of assurance in audit opinions</i></li> <li>✓ <i>Strengthen financial governance in maturing ICB</i></li> </ul>

<p>Governance and Assurance</p>	<ul style="list-style-type: none"> <li>✓ <i>Ensure HFMA Governance Handbook recommendations in place across the system</i></li> <li>✓ <i>Develop the financial assurance framework for system working</i></li> <li>✓ <i>Memorandum of Understanding in place between organisations</i></li> </ul>
<p>Support financial delegation to Place</p>	<ul style="list-style-type: none"> <li>✓ <i>Senior Financial Leadership in each place</i></li> <li>✓ <i>Develop a clear financial framework for allocations and devolution to place</i></li> <li>✓ <i>Devolve Primary Care Population health and community budgets by 2024</i></li> </ul>

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## 9. Our enablers

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

Key enablers are as follows:

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

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

### Working Differently

#### 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.

### **Reducing inequalities**

To reduce inequalities, we will use population health data and intelligence to understand our communities' differing health. This will be combined with research, innovation, and best practice on what makes a difference. This population health management expertise will be critical to our strategic priority on prevention and inequalities. It will work hand in hand with expertise from our public health colleagues in the local authorities.

### **Empowering our population**

We want to completely change the relationship between our healthcare services and our population. Traditionally, our services have informed local people 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 stakeholders – patients and the public. We want to *involve* and work in *partnership* with our population to design new models of integrated healthcare delivery. We want to *empower* people to feel that they are in the driving seat of their health and well-being; to understand what they can do to improve their lives and to be able to make choices about their care.

We have agreed on principles across our partners for how we will work with people and communities to listen, involve, and co-produce our plans together. This will help to develop ways of working that really are focused on local people, their lived experiences and have our population's needs at the heart of all we do.

### **Integrated working and double devolution**

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

Our key vehicles to achieve this are:

- The provider collaborative

- Lancashire and South Cumbria 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.

#### Provider collaborative

The aim of the provider collaborative is to pool the collective knowledge, skills, and talent from across the system to quickly deliver a small number of high-priority Lancashire and South Cumbria-wide projects. At the same time, the providers will continue to improve the quality of their services at a local level. These projects will be underpinned by a joint turnaround team, with progress reported to the system recovery and transformation board, alongside the devolution programme and place-based investments.

#### Lancashire and South Cumbria Health and Care Partnership

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

#### Place based partnerships

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

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

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 unnecessary hospital admissions and integration between health and care.</li> <li>✓ We will develop an operating framework for place. It will include budget delegation, staffing, operating rules, roles and functions, and the culture needed to work well together and succeed.</li> </ul>

## Getting the basics right

### Workforce strategy

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

Our workforce strategy
<ul style="list-style-type: none"> <li>✓ <b>We will develop new roles within our providers</b>, to help with staff shortages. This includes roles such as nursing associates, physician associates and assistant practitioners, which can support GPs, nurses, and other health professionals to look after lower-risk patients, freeing them up to spend more time with their most complex cases.</li> <li>✓ <b>We will network our staff across a wider geographical area</b> to enable skills and expertise to be shared on a wider footprint. The new roles which will develop will cover a wider remit in terms of geography and the service they provide which will support gaps in the workforce. The national additional roles reimbursement scheme (ARRS) allows primary care networks to fund staff that work across all GP practices within their network. We will also explore the possibility of networking clinical teams across more than one trust to fill vital gaps and optimise care provision. This approach already exists for some services where there are clear opportunities for better use of a smaller number of people, such as stroke and maternity.</li> <li>✓ <b>We will harness digital technology</b> to reduce the amount of time clinical staff have to spend on administrative tasks.</li> <li>✓ <b>We will create job opportunities</b> within the NHS for those within our communities, harnessing the role of the NHS as an anchor institute. It will include careers and employment programmes designed to reach out to many different groups of people.</li> <li>✓ <b>We will explore how we can make our employment offer more attractive</b>. This will include flexible and portfolio career packages and agile working patterns for many support services, where appropriate.</li> <li>✓ <b>We will take action to bring the nursing vacancy rate</b> down to five per cent. This will involve working closely with chief nurses across the NHS and investing in developments to address the shortage of nurses both in hospitals and in care homes.</li> <li>✓ <b>We will provide additional health and well-being support</b> for our staff, to enable a reduction in sickness absences. The rates in Lancashire and South Cumbria are higher than the national</li> </ul>

- 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.

## Estates infrastructure, environment and digital strategy

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

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 outdated hospital buildings and develop new, cutting-edge hospital facilities. It will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next-generation hospital facilities and technologies. The hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.</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 focus on the role of infrastructure in prevention and reducing health inequalities.</li> </ul>

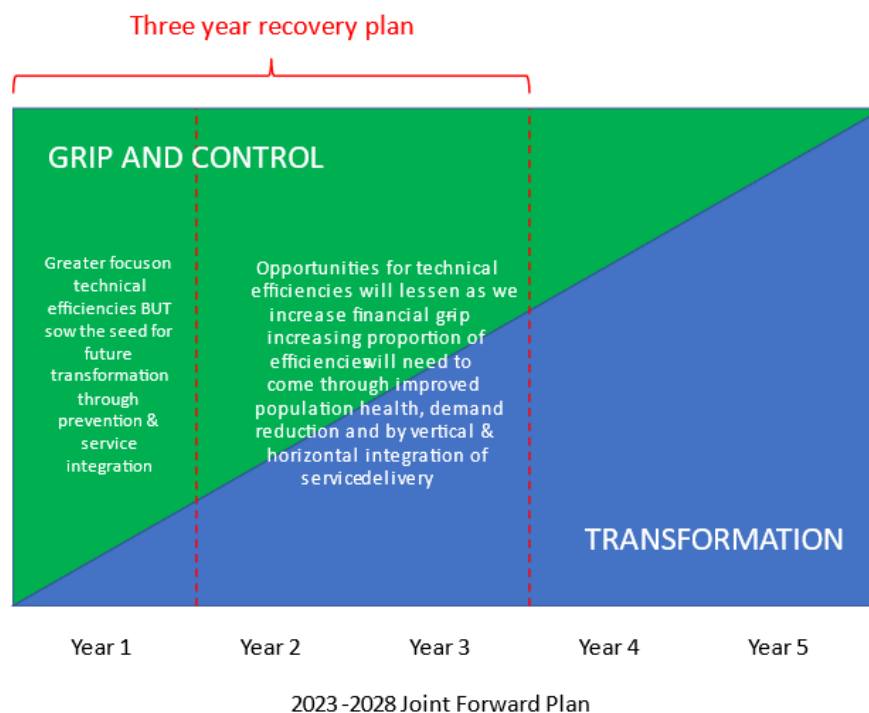
<p><b>Digital</b></p>	<ul style="list-style-type: none"> <li>✓ <b>We will improve the responsiveness of services</b> by utilising real-time information to change how care is provided, where resources are coordinated and plan future care.</li> <li>✓ We will develop a common electronic patient record (EPR) across the system to enable Lancashire and South Cumbria to be a digitally mature system. Other work includes the ongoing development of tele-health and tele-care and an assessment of the possibilities surrounding virtual and augmented reality, machine learning and Artificial Intelligence.</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>
<p><b>Green</b></p>	<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>

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## 10. A strong delivery focus

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

Considering the expectations of our three-year recovery plan alongside this phasing shows that in year 1 we would expect most savings to come from technical efficiencies with increasing contributions from transformation and integration in years 2 and 3, at the end of which we should have achieved financial balance.



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

### Delivering our five strategic priorities

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

Strategic priorities		Short-term 1-3 years	Medium-term 4-6 years	Long-term 7-10 years
1	Strengthen our foundations	Three-year system financial plan	Financial balance across the NHS system	
2	Improve prevention and reduce inequalities	Seamless and integrated provision is in place within every community.	Reduced admissions and disease prevalence	Seamless and integrated provision is in place within every community.
3	Integrate and strengthen primary and community care	Strengthened primary and community care Reduced demand on hospital services	Enhanced and integrated primary and community care provision in place	
4	Improve Quality and Outcomes	Improved CQC and SOF ratings for the six providers	<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	Short 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. There will be careful consideration of which metrics should be monitored at which level, system, place, or neighbourhood.

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

L&SC Joint Forward Plan Strategic Priorities		23-24 core objectives of the NHS	
		Recovering core services	LTP and transformation
Strengthen our foundations		Use of resources	
Improve prevention and reduce inequalities			Prevention and health inequalities
Integrate and strengthen primary and community care		Primary care Community health services	
Improve Quality and Outcomes		Urgent and emergency care Diagnostics Elective care	Workforce
World Class Care	Priority care and disease pathways	Cancer Maternity	Mental health
	Priority population groups		People with a learning disability and autistic people

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

## Our Risks

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

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

## What we can do

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



## 11. Next steps

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

A final version of this plan – amended to take account of feedback from partners and the public – will be received by the ICB Board at their July meeting.

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

We will work with partners to develop a more comprehensive updated plan for 2024/25 onwards with the opportunity for further engagement and collaboration and for the most appropriate delivery mechanisms and actions of partners to be included.