



**Lancashire and  
South Cumbria**

# Joint Forward Plan Addendum March 2025

# A note about this document

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is required to review and republish its Joint Forward Plan (JFP) in March each year. In 2024, the national guidance was amended to shift the publication date to the end of July 2024.

Due to the planned publication of the Government's 10 Year Health Plan in spring 2025, we are intending to undertake a full rewrite of the JFP from June 2025 onwards with the full involvement of all our stakeholders.

This document should therefore be read as an addendum to the [existing plan](#)<sup>1</sup> which was approved by Board in July 2024.

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1 Lancashire and South Cumbria Joint Forward Plan for 2023 onwards  
(<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/strategies-and-plans/forward-plan>)

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# 1. Foreword



Emma Woollett,  
ICB Chair



Kevin Lavery,  
ICB Chief Executive

This Joint Forward Plan addendum highlights the significant financial challenge we are currently facing and our plans to face this head on with the development of our Lancashire and South Cumbria Roadmap 2030 which identifies our priorities for 2025/26 and beyond.

Such is the severity of our financial position, the ICB, along with three of our trusts, have been placed into NHS Oversight Framework Segment 4 and are receiving intensive support from the National Recovery Support Programme.

This means we will have to make some difficult decisions over the next few months. Some of these decisions may not always be popular, but as the single most financially challenged system in the NHS we must take immediate action to reduce our spending and live within our means.

However, despite the financial challenges we remain positive that there are excellent services, positive examples of collaboration, and passionate and dedicated staff to build upon to improve health and care across the system. We have opportunities to reduce waste, duplication and reconfigure services which will improve outcomes for our population and make services fit for the future. There is a core focus on improving productivity, improving quality and patient care, and achieving financial stability.

You will see our vision remains the same: to have a high-quality, community-centred health and care system by 2035. This means focusing on prevention, delivering care in people's homes or as close to home as possible and making the best use of technology.

This is very much in line with [Lord Darzi's report on the state of the National Health Service in England<sup>1</sup>](#), published in September 2024, as well as the Government's three 'big shifts' which we expect to be at the forefront of the new NHS 10-Year Plan.

Our responsibilities around health inequalities and addressing the unwarranted variation that we see in access and outcomes also remain a priority. The need to focus on addressing these inequalities must run as a golden thread through all the work that we do.

We will also be going into 2025/26 with a clear set of commissioning intentions, which will provide a robust prioritisation process for the way we commission, to ensure we remain within our budget whilst meeting

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1 <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

all nationally mandated requirements. This should ultimately move us away from micro-commissioning and result in more mature and systematic commissioning processes.

But we can't do any of this in isolation. We need to move away from a culture of six or more organisations working in splendid isolation, towards a positive 'can do' culture. Through close partnership working, a real focus on driving improvements, and a shared vision of longer and healthier lives for people in Lancashire and South Cumbria, over the next five years we will begin to see fundamental transformation take shape in our health and care system.

**Emma Woollett and Kevin Lavery**

## 2. Challenges

### 2.1. Financial challenge

Lancashire and South Cumbria is one of the most financially challenged systems in the NHS. We are currently spending beyond our means and without national support funding, our anticipated end of year system deficit would be approximately £350million. Our annual budget for 2025/26 is approximately £5.4 billion and we must take immediate action to reduce our spending.

In 2024/25, Lancashire and South Cumbria was one of several systems subjected to an investigation and intervention process. Despite support from NHS England North West, and the hard work of colleagues across our system, we haven't been able to make the progress we had hoped to with our spending.

As a result, NHS England (NHSE) recommended four organisations were placed into NHS Oversight Framework Segment 4 and for each organisation to receive intensive support from the National Recovery Support Programme. The affected organisations are:

- NHS Lancashire and South Cumbria ICB
- Blackpool Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Lancashire Teaching Hospitals NHS Foundation Trust

The main concerns from NHSE centre around our system's difficulty in managing financial deficits and meeting financial recovery plans. We recognise the severity of the situation that we are in – as such we welcome this additional support from NHS England for the ICB and our trusts.

### 2.2. Difficult decisions

Our financial position means we will have to make some difficult decisions over the next few months. Examples may include ward closures where we are not providing value for money or working in the most efficient way, or delivering services in a different way to how they are currently provided.

These decisions will require careful management, may not be quick to implement and, in some instances, will require engagement and consultation as per the NHSE service change process. Any proposed changes will be clinically led, subject to the necessary impact assessments, and we will commit to undertake the appropriate level of engagement with patients, members of the public, our staff and wider stakeholders.

Despite the financial challenges we remain positive that there are excellent services, positive examples of collaboration and passionate and dedicated staff to build upon to achieve our system's vision for improving health and care. We have opportunities to reduce waste, duplication and reconfigure services which will improve outcomes for our population and make services fit for the future.

### **2.3. Other significant challenges**

It is important that NHS organisations in Lancashire and South Cumbria continue to work in partnership. Although not all trusts in Lancashire and South Cumbria have been placed in the recovery support programme, we recognise we have significant system challenges, beyond our financial constraints, which we can only tackle by working in collaboration as a system and with wider health partners.

We have significant health and wellbeing issues within Lancashire and South Cumbria made worse by the COVID-19 pandemic. Health inequalities have widened in some areas. This means the differences which existed in the quality of life for people living in different areas is even bigger. Meanwhile, more people live with multiple and complex long-term conditions. Much of this is a result of the wider determinants of health, such as deprivation and poor housing. There is a huge backlog of appointments and other work, and people with long-term conditions aren't always seeing the best results from their treatment. In some of our communities, healthy life expectancy is as low as 46.5 years, which means that the frail population often includes people who are not elderly. The difference between areas which are most deprived and least deprived is stark with people in more deprived areas living more than 10 years longer in 'not good' health.

The demands and expectations on services are ever-increasing alongside the significant financial and workforce constraints. We have faced many of these challenges for some time and we cannot solve them without changing the way we work as an entire health and care system.

If we do not change the way we deliver services, we will have an unsustainable challenge. Our population will continue to change over the next 25 years. People aged over 85 with multiple conditions are a small group but a big user of acute, primary and social care services – this group is set to double in 25 years. People over the age of 65 occupy almost half our hospital beds. We predict will increase by 40 per cent over the same period. If we keep our current delivery system, we will need 60 per cent more beds by 2038. This would mean three new hospitals in addition to the two new hospitals already anticipated as part of the New Hospitals Programme. This is clearly not possible.

Yes, Lancashire and South Cumbria has the most challenging financial position in the country, and we must address that. But we must also address the underlying issues around how services are configured and organisational culture. The reliance everyone places on hospitals needs to change. However, this is not just about hospitals, we need to transform care in the community and primary care also. We need to move away from a culture of six or more organisations working in splendid isolation towards a positive 'can do' culture. We want Lancashire and South Cumbria to be a system where difficult problems get solved, quickly and through collaboration.



## 3. Lancashire and South Cumbria 2030 Roadmap

Despite the incredibly challenging position we find ourselves in, we know there are some real opportunities for effective change, which involves more fundamental transformation and not just a focus on the finances.

Our vision is to have a high-quality, community-centred health and care system by 2035. This means focusing on prevention, delivering care in people's homes or as close to home as possible and making the best use of technology.

This is very much in line with [Lord Darzi's report on the state of the National Health Service in England<sup>1</sup>](#) and the three 'big shifts' which the Government says the NHS must undergo:

- moving care from hospitals to communities
- making better use of technology
- focusing on preventing sickness, not just treating it

In working towards achieving our vision we are developing a Lancashire and South Cumbria (LSC) 2030 Roadmap. This roadmap will detail what we are going to do and by when over the next five years to create a health and care system fit for the future. It sets out how we get from where we are, to where we want to be, through three lenses:

- Stabilise – improving today's operations
- Recover – delivering emerging opportunities
- Transform – strategic new models of care for LSC 2030

The Roadmap's four emerging priority areas of transformation for 2025/26 are managing long-term conditions in primary care, improving end-of-life and frailty care, intermediate care and service configuration. These are subject to future Board approval.

### 3.1. 2030 Roadmap emerging priorities

#### 3.1.1. Managing long-term conditions in primary care

The aim for general practice in 2025/26 is to provide consistent local enhanced services across all practices in Lancashire and South Cumbria, which doesn't currently happen. There will be a focus on long-term

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<sup>1</sup> <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

condition management which will help people to avoid being admitted to hospital. There will also be a review of the minor surgery local enhanced service. We will continue to roll out the 'Modern General Practice' model creating more accessible, efficient and patient-centred services.

In the longer term, we will continue to explore further opportunities for care to be delivered in the community, keeping people out of hospital. There will continue to be a greater focus on long-term condition management, which will see long-term condition consultants working in the community. We will develop an enhanced multi-disciplinary team (MDT) offer which goes beyond practices and will involve wider partners – teams of teams working better together.

### **3.1.2. Improving end-of-life and frailty care**

The overall aim is to improve the quality of end-of-life and palliative care by working better together – this includes NHS, community and hospice services. In 2025/26, there will be a focus on early identification of cases, ensuring all patients have care plans in place and a 24/7 access to specialist palliative and end-of-life care advice. This will lead to more people dying in a place they have chosen and improved experience of care quality.

In future years we have an ambition to put in place further transformation including access to timely bereavement support for all ages and a single point of access for patients, families and professionals for community services and medical care relating to end-of-life care. These aim to improve end-of-life care and support for our residents and families in addition to reducing pressure and the number of deaths in hospitals.

In terms of frailty, in 2025/26 we want to increase identification and make sure our frail people have the right support in place. This will include more use of frailty virtual wards, improved access to community services such as therapies, increasing the frailty hub model and having personalised care plans in place. There will be increased training for more staff to complete comprehensive geriatric assessment (CGA) which is used to identify frailty.

In the longer term we want to see more health and care workers undergoing ageing well education and training to improve skills, knowledge and confidence to better manage frailty. There will be a standard approach to commissioning community-based frailty services and pathways, and we will see frailty hubs linked to integrated neighbourhood teams in all of our places.

For both of these areas we will see a reduction in emergency department attendances, as well as unplanned admissions to hospital.

### **3.1.3. Intermediate care**

The overall aim for intermediate care in Lancashire and South Cumbria is to keep more people out of hospital by supporting them in their own homes or as close to home in the community as possible. This will be done by providing people with direct access to reablement, recovery and rehabilitation services provided by health and social care staff. In 2025/26 there will be a baseline assessment of intermediate care services to understand what we currently have and where things might need to change. This will allow us to design more effective models of care, which will include the strengthening of single point of access and transfer-of-care hubs development. We will work better together as a system and develop new commissioning arrangements with integrated funding, pooled budgets, clinical leadership and joint governance. We will also expand enhanced crisis and urgent response services, such as virtual wards, to prevent people from going into hospital unnecessarily.

In the following years, we will formalise joint commissioning arrangements and leadership structures across the system. There will be a single outcomes framework, and we will have pooled budgets to get best value for money. The bed-based model will undergo reconfiguration, and a flexible workforce will be developed with co-located teams working better together.

### **3.1.4. Service configuration**

The overall aim for service configuration is to make the necessary changes that will see services being delivered in the most effective and efficient ways, both in hospitals and the community. This includes:

- Mental health, learning disabilities, and autism
- Planned care
- Cancer
- Diagnostics
- Children and young people
- Clinical blueprint

#### **Mental health, learning disabilities, and autism**

The aim of our mental health, learning disability and autism (LDA) transformation is to focus on interventions that promote wellbeing and provide a greater understanding of mental health and LDA through inclusive and responsive communities and services. We will work with partners to reduce social isolation and support mental wellbeing by empowering people to be actively involved in their own support and care, and by providing resilient services that deliver a personalised and holistic offer to all people. We will enable people to remain well in their

community and reduce dependency on specialist services and ensure that we have integration of services within and across communities and partners. We will be using our plans as a platform over the next five years to redress the balance of care away from bed-based interventions.

## **Planned care**

The overall aim is to transform how planned care is provided across Lancashire and South Cumbria for the most fragile services, shifting from an acute-focused model to enhanced community-based provision. This will optimise workforce utilisation, reduce unwarranted service variation, and improve patient access, outcomes, and experience, allowing specialists to focus on complex care. In 2025/26 we will develop a system model of care for neurology to address gaps in South Cumbria. For gynaecology we are looking to develop a tier two 'out of hospital' community service model.

We will also carry out a review of both musculoskeletal (MSK) and pain management pathways. Longer term we will mobilise and deliver the new models of care and embed new pathways. These actions will allow us to achieve stability and resilience for services which are currently under-resourced and fragile. They will also help to improve patient access, making sure only those who really need secondary care are seen in hospital and everyone else is seen in a community setting.

## **Cancer**

The overall aim is to transform cancer care across Lancashire and South Cumbria by driving earlier diagnosis, improving survival rates, and reducing health inequalities. The programme will shift appropriate care into primary and community settings, ensuring timely, high-quality treatment, streamlining pathways, and improving patient experience. It focuses on three key priority areas of transformation that forms part of the LSC 2030 Roadmap: gynaecology cancer pathway review, centralised dermatology triage and oncology services.

Through the transformation we will reduce unwarranted variation, increase access, improve patient outcomes and experience as well as ensuring services are provided in the most appropriate setting by the most appropriate professional. By embedding innovative commissioning approaches, improving collaborative service models, and driving equitable access, this transformation will contribute to improved survival rates, reduced health inequalities, and enhanced patient experiences.

## Diagnostics

The overall aim is to provide efficient and effective diagnostic services within the community and hospital settings supported by emerging technology in order to improve patient outcomes. For 2025/26 we will look to commission single-service models for diagnostic provision for endoscopy and pathology. In the longer term we will look to expand single-service models in other diagnostic areas.

## Children and young people

There are a range of services in scope for paediatric services ranging from the neurodevelopmental pathway, specialist nursing, speech and language therapy and the coming together of acute paediatric provision. The overall aim is to make sure we deliver sustainable services with a robust flexible workforce model. We will reduce the current unwarranted variation in provision and the subsequent differences in the outcomes for children, young people and their families across Lancashire and South Cumbria. The new models will provide services as close to home as possible, exploiting innovative digital solutions to maximise access.

## Clinical blueprint

We have an emerging vision of networked acute system services that level-up performance, patient safety and quality and deliver a step change in value for money. Our acute clinical vision for the system and a clinical blueprint has been developing in collaboration with our five trusts. This is an approach that starts with the needs, behaviours and motivations of the people who use our services to arrive at new models of care that best meets those needs in a sustainable way.

### 3.2. Impact

As we start to see this transformation in action, we will not only see improvements in the areas described above, but we will see a direct and positive impact on our urgent and emergency care (UEC) services. It will support our overarching aim to improve UEC services, reduce demand, keep people out of hospital and treat more people in the community.

We published our five-year urgent and emergency care strategy: [Lancashire and South Cumbria urgent and emergency care five-year strategy \(2024/2029\)](https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/strategies-and-plans/urgent-and-emergency-care-five-year-strategy-2024-2029)<sup>1</sup> which was designed and developed collaboratively across the entire system. The vision is to have an urgent and emergency care system

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<sup>1</sup> <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/strategies-and-plans/urgent-and-emergency-care-five-year-strategy-2024-2029>

that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs and delivers better outcomes and affordability.

The strategy, and the commitments within it, are aligned with the three areas of focus in our system recovery and transformation plan to reduce waste and duplication, improve quality and transform services. Our places are developing improvement plans to support and lead the delivery of the strategy so they can meet the needs of our local communities. These plans will include measurable goals and annual milestones. Local data and evidence about local populations (now and in the future) will be used to inform planning.

### 3.3. Enablers

It should also be noted, in order to effectively transform these areas, particular importance will be placed on the development of key enablers, such as integrated neighbourhood teams and better use of digital and data as described below.

#### 3.3.1. Strengthening neighbourhood models

Neighbourhood health aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible. It looks to improving their experience of health and social care, as well as increasing their ability to better manage their own care.

We will build on successful models of working that have been put in place through Integrated Care Communities and Integrated Neighbourhood Teams in parts of our system.

We will work with partners as well as our four places and primary care networks (PCNs) to ensure the core components of NHS England's [neighbourhood health guidelines for 2025/26<sup>1</sup>](https://www.england.nhs.uk/publication/neighbourhood-health-guidelines-for-2025-26/) are in place across Lancashire and South Cumbria. These include:

- Population health management
- Modern general practice
- Standardised community health services
- Neighbourhood multi-disciplinary teams (MDTs)
- Integrated intermediate care
- Urgent neighbourhood services

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1 <https://www.england.nhs.uk/publication/neighbourhood-health-guidelines-2025-26/>

### 3.3.2. Digital and data strategy

Another key enabler for the roadmap work is the [Lancashire and South Cumbria Digital and Data Strategy 2024-2029](https://www.healthierlsc.co.uk/ICB/about-us/publications/strategies-and-plans/digital-and-data-strategy-2024-2029)<sup>1</sup>. This is a comprehensive framework that updates and builds upon Our Digital Future (2018) and the Digital Transformation and Investment Plan 2022–2027. This strategy is a key document for the ICB and our partner organisations which outlines the following strategic priorities to drive transformation across the system: single digital infrastructure, single set of core strategic system platforms, single data architecture, and single digital and data service delivery and support model

This strategy is important for several reasons:

- Enabling transformation: it supports innovation and progress in primary, secondary, tertiary, and regulated care.
- Fostering collaboration: enhances partnerships with academia, the voluntary, community, faith, and social enterprise (VCFSE) sector, and other stakeholders.
- Promoting prevention: facilitates a shift towards prevention, self-care, and earlier patient management.
- Aligning with strategic goals: supports the ICP strategic priorities and the ICB strategic objectives by aligning each digital and data priority to system goals

The strategy also adheres to the NHS What Good Looks Like framework. Work is now under way to develop a digital and data plan for 2025/26 and a longer-term delivery plan aligned with the Roadmap.



1 <https://www.healthierlsc.co.uk/ICB/about-us/publications/strategies-and-plans/digital-and-data-strategy-2024-2029>

## 4. Engagement and involvement

We can't do any of this alone. To successfully implement change and deliver meaningful transformation across Lancashire and South Cumbria we will continue to involve patients and the public, staff and wider stakeholders in developing our plans.

Between September and November 2024, the ICB delivered a programme of public and partner engagement under the banner 'Your health. Your future. Your say.' Events took place in seven locations across Lancashire and South Cumbria designed to support an honest and open dialogue with members of the public. It gave us the opportunity to share the challenges faced by health and care services, opportunities for improvement and to listen to views of local people about what is important to them. We spoke to more than 240 people at the public engagement events, as well as several community groups and networks. More than 1,800 people shared their views online.

### 4.1. What people told us

There were some common themes which informed the development of our transformational priorities and the enabling workstreams, including:

- Care in the community: support for more services to be delivered in the community and as close to home as possible.
- Capacity and waiting times: issues relating to the backlog of patients occupying hospital beds, leading to longer wait times and forcing patients to go to A&E for non-emergencies due to limited access to other healthcare services.
  - GP appointments in particular were raised. And people also cited a need for a consistent offer across all GP practices.
- Integration of services: the necessity for improved coordination among healthcare providers to avoid patients having to repeat their medical histories and ensure smoother transitions between services.
- Care for vulnerable populations: highlighting special considerations for vulnerable groups, such as the elderly.
- Right care, right place, right time: and with a preference for a single point of access.

The [full engagement report](#) can be viewed on our website<sup>1</sup>.

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<sup>1</sup> [https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your\\_health\\_your\\_future\\_your\\_say\\_roadshows\\_listening\\_report\\_V1.pdf](https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your_health_your_future_your_say_roadshows_listening_report_V1.pdf)



We will continue these open and honest conversations as our plans progress. Listening to all our communities is an essential part of making sure we deliver effective and efficient health and care services. By reaching, listening to, involving and empowering our people and communities, we can make sure they are at the heart of decision making, as is our statutory duty.

You can find out more about our [commitment to keeping people involved](https://www.healthierlsc.co.uk/ICB/have-your-say/get-involved-across-lancashire-and-south-cumbria/our-commitment-keeping-you-involved) on our website<sup>1</sup>.

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1 <https://www.healthierlsc.co.uk/ICB/have-your-say/get-involved-across-lancashire-and-south-cumbria/our-commitment-keeping-you-involved>

## 5. Other core programmes of work for 2025/26

### 5.1. Prevention and tackling health inequalities

The health of our most disadvantaged communities is in decline. Life expectancy in some areas has decreased in recent years and the cost-of-living crisis has exacerbated already complex social needs. Change is necessary to make sure our services meet the current and future needs of our population. We will reach into parts of the community that face additional barriers to good health, and offer preventative action to avoid more costly and less effective intervention further down the line.

We will support partners across LSC to continue a shift towards preventative action against specific disease areas and for specific population groups, including:

- A continued focus on cardiovascular disease (CVD).
- Increasing prevention such as screening and vaccinations targeted with communities who face barriers to accessing existing services.
- Developing proactive ways to identify and support people to better manage their health.
- Developing the skills and understanding of staff across the system, to work alongside communities, and enable people to make lasting change.

### 5.2. All-Age Continuing Care (AACC)

We have introduced a new model for AACC to improve performance in relation to the timeliness of assessments and three monthly and yearly reviews. The new model includes changes in staffing arrangements, the introduction of a Quality Hub, changes in commissioning and contracting arrangements and business processes. There is also a strengthened approach to integrated working with our local authority colleagues and stakeholders.

By the start of quarter one in 2024/25, all the NHSE key performance indicators were being met and the service is on track to meet these consistently. Through a more effective model and a programme of recovery the service is now completing 80% of assessments within 28 days, there are zero incomplete assessments over 12 weeks and zero fast track breaches.

The value of these improvements mean that the most complex and vulnerable individuals are cared for in the most appropriate place and are assessed in a timely manner by a team who provide a responsive and person-centred service.

### 5.3. New Hospitals Programme

In January 2025, the Secretary of State for Health and Social Care made a statement on the outcome of the Government's review into the national New Hospital Programme. The outcome of the review showed an ongoing commitment to delivering two brand-new hospitals on two new sites to replace Royal Preston Hospital (Lancashire Teaching Hospitals NHS Foundation Trust) and Royal Lancaster Infirmary (University Hospitals of Morecambe Bay NHS Foundation Trust), which will create better outcomes for patients and staff across Lancashire and South Cumbria. However, the timescales for delivering these two hospitals are now delayed, with construction expected to begin between 2035 and 2039.

Under a [revised delivery timetable](#)<sup>1</sup>:

- Construction work on a replacement Royal Lancaster Infirmary is expected to start between 2035 and 2038.
- Construction work on a replacement Royal Preston Hospital is expected to start between 2037 and 2039.

As you can see from what you have read so far, new hospitals are just part of the picture for health services. The NHS in Lancashire and South Cumbria will continue to deliver improvements in health and care across the region, in line with our Roadmap, to deliver the best possible outcomes for our population.

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<sup>1</sup> <https://www.gov.uk/government/publications/new-hospital-programme-review-outcome/new-hospital-programme-plan-for-implementation>

## 6. Commissioning intentions

Our commissioning intentions describe the commissioning delivery plan to achieve our system vision and clinical strategy. They were formally published as part of our public board meeting in March 2025.

The importance of setting appropriate commissioning intentions is critical given the significant challenges faced within our system. We have undergone a revised process for 2025/26, designed to allow the ICB to inform intentions that are both in-year tactical intentions and strategic, to ensure timely and effective delivery of our key strategic objectives. The 2025/26 commissioning intentions include specialised services delegated to ICBs as of 1 April 2024. Through this broader range of responsibility for direct commissioning, ICBs will be able to better join up health and care for patients, design services and pathways of care that better meet local priorities, improve population health, reduce health inequalities, and ensure efficient use of NHS resources.

There are examples in the commissioning intentions which will lead to services being decommissioned or planning work to take place to review some services with the aim of these being reconfigured to deliver better quality, support the shift from acute to community or improve financial sustainability. To reiterate, in such instances, any proposed changes will be clinically led, subject to the necessary impact assessments, and we will commit to undertake the appropriate level of engagement and/or consultation with patients, members of the public, our staff and wider stakeholders as per the NHS England service change process.

## 7. People and culture

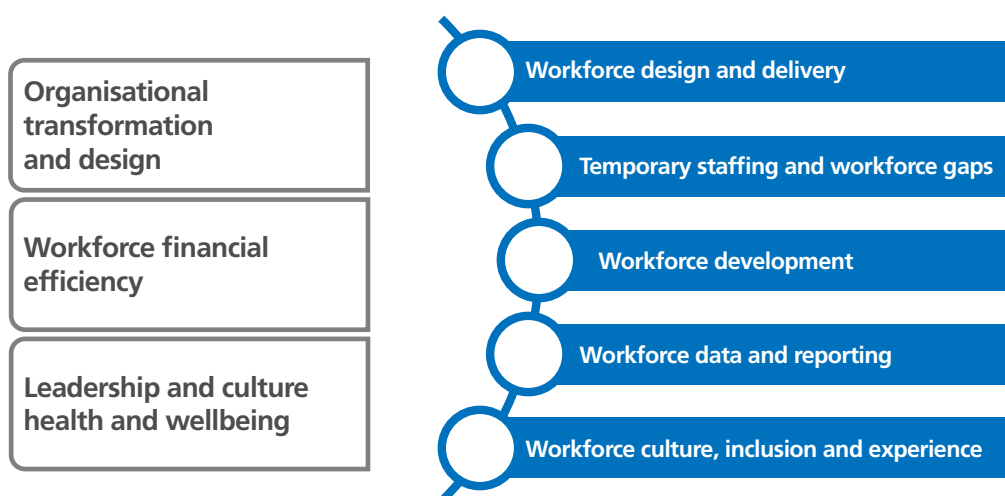
We know the financial challenges we are currently facing are felt directly by our frontline staff. It goes without saying our NHS workforce in Lancashire and South Cumbria remains fundamental to our ambitions and is dedicated to providing the highest standard of care for our communities. Colleagues are working incredibly hard under difficult circumstances to deliver the best care. They should continue to be proud of the hard work and dedication they display day in, day out.

However, there are gaps in our workforces in hospitals, in the community and across primary care services, which means we are spending more on agency staff. Our staff resilience is a real concern. We want to retain the right skills and reverse the trend of skilled people leaving healthcare.

The growing demands and expectations on our staff are changing rapidly and it is more critical than ever that we focus on what we do, how we do it, and where we do it. So, while our workforce is one of our key assets, it also remains a significant challenge.

To make the changes necessary to transform our health and care services, we will focus on five priority workforce areas, working with partners from across the system and ICB to ensure a people-centric approach is embedded within design activities. We will ensure we engage our staff in conversations about future services, putting them, as well as patients, at the heart of decision making.

### Valuing our staff



## 8. Achievements and progress in 2024/25

We are already laying strong foundations for the 'three shifts' that have been outlined as part of the Government's plans to reform the health system. The case studies that follow, demonstrate how the system is starting to make the move from:

- Hospital to community – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.
- Treatment to prevention – increasing people's knowledge and understanding of health, supporting early intervention and stopping existing health problems from getting worse.
- Analogue to digital – greater use of technology to improve care.

Further examples will be provided in the forthcoming Annual Report.

### 8.1. Acute to community: the integrated wellness service, Barrow-in-Furness

The integrated wellness service is a pilot programme supporting a targeted cohort of patients. It was developed in partnership with University Hospitals of Morecambe Bay NHS Foundation Trust, South Cumbria place team, primary care and local community partners. The Centre supports people within the community, following an emergency attendance at Furness General Hospital, or those at risk of ending up in hospital due to their health deteriorating. It provides intensive, holistic wrap-around support and a responsive action plan, tailored to the individual to maintain their health and independence at home. This is having real impact and enabling the shift from hospital to community-based treatment.

In the first two months of the pilot programme there was a 90 per cent reduction in re-admissions and more than an 85 per cent reduction in length of stay for the patients. Much of this has been achieved independently of social care by better medicine management and therapy. The pilot demonstrated that by early focussed interventions, individuals can retain their independence within their own home and avoid unnecessary hospital stays. This enhances quality of life, and the quality of care received, whilst reducing the burden on health and social care resources. This work is now being developed across the Morecambe Bay area with an aim to see examples of this approach in other areas of Lancashire and South Cumbria.

### Case study

Mr H participated in the pilot in the summer of 2024, he'd previously been admitted to hospital multiple times. His GP had diagnosed him with an underlying health condition, linked to his blood pressure.

The integrated wellness service assessed his needs and requested an urgent review of medication. The early diagnosis allowed for Mr H to be assessed, treated, and supported to stay well quickly, and within his own home.

The correct medication also prevented potential complications associated with his condition, most commonly a fall, which would have likely resulted in a hospital visit and admission.

## 8.2. Analogue to digital

As we increasingly adopt digital tools in our everyday lives, we recognise digital has the potential to transform the health and care system in a number of ways:

- How patients and public stay well, interact with services and proactively engage in their care
- How our workforce can do their job more efficiently and effectively
- How the system can plan and deliver high quality, equitable and affordable services through the data we collect during care episodes.

In supporting the shift to digital, 2024-25 has seen the Lancashire and South Cumbria Connected Care Record regularly viewed by 30,000 clinical users across general practice, our five trusts, social care and, more recently, hospices. Our Patient Engagement Portal has been deployed in three of our four acute trusts, with the remaining one likely to deploy in March 2025, allowing patients increased flexibility and control. We have piloted the use of smart lamps in care homes which have shown remarkable reduction in fall incidents by up to 80% and an improvement in response times by 90%, and plan to install 800 in the coming year. Our Secure Data Environment is now supporting safe, secure access to health data for research purposes. We continue to promote video consultations and remote monitoring in a person's home to support more personalised care, and support transformation of pathways of care.

In an increasingly digital health and care system, however, it is important that we do not leave people behind. In partnership with Age UK Lancashire, we also supported more than 800 people to safely and confidently learn digital skills to support their care.

### Case Study

Mrs A was referred to orthopaedics by her GP for consideration of a knee replacement. She subsequently received a text message inviting her to complete an online form via 'PEP+', the Patient Engagement Portal. This helped her care providers confirm her ongoing need to see a surgeon.

When it was time to book her appointments, she was able to book and change her appointments to suit her needs via the online portal, find information about her care and directly contact the team supporting her.

### 8.3. Treatment to prevention

As the population is living longer and the demand for NHS services increases, there has never been a more important time to focus on prevention. Hypertension (high blood pressure) is a risk factor for heart attacks, the major risk factor for strokes, and an indicator for many long-term conditions such as chronic kidney disease and diabetes. It is often symptomless, so a completely unknown risk. However, it can be identified through a simple blood pressure (BP) test and controlled through medication and lifestyle changes, often preventing life-limiting heart attacks and strokes from occurring.

Supporting the shift to prevention rather than treatment, we undertook a case finding project to try and identify anyone with unknown hypertension, to prevent later presentation with increased and more damaging health issues.

A lead voluntary, community, faith and social enterprise (VCFSE) provider, Heartbeat, was identified and tasked with providing BP testing in local wards across Lancashire and South Cumbria. Activity was targeted in the wards where hypertension prevalence was low, but emergency admission for myocardial infarction or stroke were high (missed prevention opportunities) against 29 other health inequalities indicators.

This led to Heartbeat, working with other community charity organisations, providing free, easy to access BP and pulse testing in 16 wards. Working in this way, resulted in almost 400 BP tests being taken on the doorstep of the communities identified, with 23.4% of those tested requiring further intervention for possible hypertension, as well as almost 30 people being identified for having possible atrial fibrillation.



### Case study

Mr P was attending a sports session at the local leisure centre when he was offered a free blood pressure check by Lancashire based charity Heartbeat. Whilst preparing for the test, the charity supported Mr P with knowledge around what blood pressure is, why it is important and what can happen if it isn't kept under control.

His first and second test results came back raised, therefore Mr P was given the relevant advice to get support for possible hypertension. However, whilst waiting for the second test, informed with knowledge around the importance of knowing your blood pressure numbers, he ordered a home BP machine, to check his whole family and keep an eye on the numbers.

In 2024-25 the ICB worked with the VCFSE Alliance to invest in community-based schemes to manage demand for urgent and emergency care over the winter period. The Alliance selected two pilot areas – Blackburn with Darwen and Blackpool – to test and learn from the inclusion of the VCFSE sector in supporting system partners with admission avoidance schemes.

Schemes included:

- Community connectors/link workers engaged to work alongside the acute respiratory infection (ARI) Hub in Blackpool.
- Falls prevention and support for frail elderly in Darwen.
- Outreach in Blackburn town centre and surrounding areas to vulnerable individuals and families.

Early evidence is demonstrating the impact that person-centred and holistic approaches can make to individuals. More than 2,000 individuals have directly benefited from the schemes in just five months. Case studies are demonstrating the ways in which earlier intervention can help to manage demand more effectively, avoiding the need for acute and more costly services.

### **Case study**

Mrs C, a 66-year-old woman with disabilities, accessed the ARI Hub in December and was referred to a respiratory link worker. Last winter she became unwell and was admitted to hospital with flu. She was living in a cold flat and worried about money.

She met with the link worker and said that she did not have enough money to heat her home and eat healthily. She said she was worried about fuel bills and this was having a negative impact on her mental health. The link worker reassured her that help was available and looked at her income and expenditure. A winter support grant was applied for and awarded, as well as items that would help her to stay warm whilst she was at home, including a heated throw and warm bedding. A voucher for food was given to her to help with her shopping bill. Following this initial support, a referral was made to Citizens Advice for a benefit check and the adviser was able to establish entitlement to pension credit.

Pension credit was awarded at £78 per week making her £4,056 better off each year and meaning next December she will get the Winter Fuel Payment of £200. This meant she was able to stay well at home throughout the colder weeks of December and January and is likely to remain well over subsequent winters. The link worker has continued to work with her to help her access groups and activities in her local community. On Valentines Day she attended a coffee morning at a community centre and intends to keep going to this every Friday.

## 9. Provider Collaborative

The Provider Collaborative brings together the five NHS provider trusts in Lancashire and South Cumbria to improve health and health care. There are a broad range of transformation programmes being progressed to ensure the sustainability of services. This includes:

- The clinical portfolio – continuing with our established reconfiguration programmes and priorities in 2025/26 to develop more sustainable models of care in medical pathways, including urgent and emergency care and elective care.
- Clinical support services portfolio – includes pathology services, endoscopy transformation programme, imaging network transformation programme and the physiological sciences transformation programme.
- Central services – within this portfolio 'One LSC' has been the most substantive programme of the past two years, along with market management of nursing agency and a programme which concluded in February 2025 to create shared outpatient dispensing services.

There are real opportunities to remove waste and duplication, improve quality and create an environment that attracts and retains our brilliant workforce. There is a considerable opportunity to modernise support services by creating shared services to eliminate competition between trusts. This change is well underway, with the 'transition' phase of the programme transferring more than 3,500 'back-office staff' into One LSC in November 2024.

We are now actively entering the 'transformation' phase of this programme and a workplan has been agreed by the Provider Collaborative Board which includes:

- Moving to an overarching shared service architecture and individual service transformations and productivity improvements within One LSC.
- Resumption and expansion of the Workforce Resilience and Sustainability Target Operating Model programme.
- Optimising the scope and scale of One LSC and considering additional scoped areas.

Further information can be found at [www.lscprovidercollaborative.nhs.uk](http://www.lscprovidercollaborative.nhs.uk).

## 10. Partnerships and collaboration

The ICB continues to work with partners in place and at system level to deliver the ambitions of our Integrated Care Strategy.

Harnessing our role as anchor institutions, the ICB and our partner NHS providers continue to support the development and delivery of local strategies that influence the social, environmental, and economic factors that impact on the health and wellbeing of our population.

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

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

The Integrated Care Partnership (ICP), convened by the ICB and upper tier local authorities, continues to bring together stakeholders from across Lancashire and South Cumbria who have a shared focus on improving the health and wellbeing of our residents. Its focus remains on tackling the most complex issues that cannot be solved by individual organisations or sectors.



### 10.1. VCFSE Alliance

Voluntary, community, faith and social enterprise (VCFSE) organisations in Lancashire and South Cumbria have been working together over a number of years to build partnerships aiming to establish the sector as a valued partner within the health and care system. The ICB continues to work closely with the VCFSE Alliance to strengthen partnerships and collaboration with VCFSE organisations.

There is recognition of the deep-rooted social value that the sector delivers and the role it plays in tackling inequalities in outcomes and access within some of our most marginalised communities. We will continue to pursue strategic opportunities for joint working on priority programmes.

Our joint work plan for 2025/26 is informed by the NHSE Quality Development Tool and focuses on:

- Leadership development and capacity
- Strategic influence and co-design of core programmes
- Fair and accessible commissioning and contracting

Further information can be found at [www.healthierlsc.co.uk/VCFSE](http://www.healthierlsc.co.uk/VCFSE).

### 10.2. WorkWell

The work, skills and health agenda is one area where the ICB has taken a leadership role in the past year. Working with local authority, business and VCFSE sector colleagues, and NHS provider partners, we have implemented the Vanguard programme which will run until March 2026. The programme helps people with low level physical and mental health conditions to start/return to work or stay in work.

WorkWell is part of a national evaluation, but locally the ICB is working with partners to devise a local evaluation aligned to local priorities. This will help to shape our learning and build the evidence base for an integrated work, skills and health strategy. Further information about the programme can be found at: [www.lancashireandsouthcumbria.icb.nhs.uk/workwell](http://www.lancashireandsouthcumbria.icb.nhs.uk/workwell).

### 10.3. Supporting our armed forces community

The ICB has a statutory role to play, both as a major employer in the region and as a planner and commissioner of NHS services. We will build on the signing of the Armed Forces Covenant by gaining accreditation through the Covenant Employer Recognition Scheme, raising awareness and collaborating with our service providers.

#### 10.4. Lancashire and South Cumbria ICB and Hospices Together

Lancashire and South Cumbria ICB and Hospices Together (a collaboration of all hospices across Lancashire and South Cumbria) are working together in a strategic hospice forum to:

- Improve end of life care.
- Use regional/partner resources to best effect.
- Ensure joint/partnership approach to financial sustainability and provision of palliative services.
- Discuss and resolve barriers to improving end of life care and support.

Not only are we working together to achieve the highest standard of end-of-life care, but we are working to take advantage of the significant opportunities for transformational change to how we support patients who are on an end of life pathway.

Often patients, who are at the end of their life, are admitted to hospital and unfortunately do not die in their preferred place. Our hospices provide an essential service for patients to enable this to happen. By working together and co-designing our approach we will be able to provide the most appropriate care, in the right place, at the right time for our Lancashire and South Cumbria residents.

# 11. Next steps

As noted at the outset, this document is an addendum to the [existing Joint Forward Plan \(JFP\)](#)<sup>1</sup> which was approved by the Board in July 2024.

Due to the planned publication of the Government's 10 Year Health Plan in spring 2025, we will undertake a full rewrite of the JFP from June 2025 onwards with the full involvement of all our stakeholders.

We know our plan will need to address the significant financial challenge we are facing. But by working better together as a system, with a shared determination to drive improvements, we will begin to see our health and care system transform over the next five years. We will realise our vision of longer healthier lives for the people of Lancashire and South Cumbria.

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<sup>1</sup> <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/strategies-and-plans/forward-plan>

