

Integrated Care Board

Date of meeting	22 May 2025
Title of paper	LSC ICB 2030 Roadmap
Presented by	Prof Dr Andy Knox, Interim Medical Director
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Agenda item	11
Confidential	No

Executive summary

The vision of this ICB is clear: **to have a high quality, community-centred health and care system by 2035**. To achieve this, we must align our commissioning intentions, annual plan and work around recovery and transformation. The new model ICB blueprint from NHS England sets out the role of ICBs will be to work as strategic commissioners and system conveners. We must understand our local context, to develop a long-term population health strategy, to deliver this strategy through payer functions and resource allocation, and to evaluate the impact.

This will be achieved through the quadruple aim: to improve population health and tackle health inequity, to ensure our clinical services are safe, effective and continuously improving, to have health and care teams who feel a sense of joy and pride in their work, to deliver our services in a way that is financially sustainable and within in the resource envelope we have available.

The LSC ICB 2030 Roadmap details how this work will be done through a resolute focus on end-of-life care/frailty, long-term condition management, intermediate care and service reconfiguration with a health equity lens. Plans are now in place to drive this work forward, with widespread support across our health and care system.

Recommendations

The Board is requested to:

- Note that the ICB has now prioritised work under the LSC 2030 Roadmap for medium to longer-term transformation, ensuring this is coordinated with short-term commissioning intentions and annual plan priorities.
- Note that commissioning teams are working with providers and partners to mobilise actions under the Roadmap.
- Note that further items for Board decision-making will emerge from work on the Roadmap including plans for service reconfiguration.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓

SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓		
SO4	Meet financial targets and deliver improved productivity	✓		
SO5	Meet national and locally determined performance standards and targets	✓		
SO6	To develop and implement ambitious, deliverable strategies	✓		
Implications				
	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
ICB Executive Team	13/05/2025		Agreed support and for board to approve	
Conflicts of interest associated with this report				
N/A				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed		✓		
Equality impact assessment completed		✓		
Data privacy impact assessment completed		✓		
Report authorised by: Prof Dr Andy Knox, Interim Medical Director				

Integrated Care Board – 22 May 2025

Lancashire and South Cumbria 2030 Vision and Roadmap

1. Introduction

1.1 We have a vision and plan for recovery and transformation in Lancashire and South Cumbria which is very much in line with the national report on the state of the National Health Service in England by Lord Darzi, published in late September 2024, 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

1.2 **Our vision is to have a high quality, community-centred health and care system by 2035.** 'Community-centred' means a focus on keeping our communities well, rather than a 'sick care' model which we recognise currently. An emphasis on prevention, wellbeing and healthy communities, rather than solely on a specific health issue and/or clinical visit of a patient. A shift towards delivering care in the home and community over a person's lifetime, considering the context of family, community and the holistic person at the centre of the care and making best use of digital technology. Everything we do as a partnership is focused on improving the health and wellbeing of our population and to move towards a more equitable health and care system.

1.3 To develop our vision further and to provide colleagues across the system with a clear roadmap that describes not only the 'what' but the 'how', system colleagues have developed our **Lancashire and South Cumbria 2030 Vision and Roadmap (LSC 2030)**. This work, using evidence and data regarding our population's needs, will help the ICB strategically commission services. We will make sure these services meet the population's needs and reduce inequalities and service risks. We will make the best use of the resources across the system and ensure services are both clinically and financially fit for the future, while being increasingly delivered in neighbourhood and community settings.

1.4 It is essential the ICB balances the needs of today with the ambitions for tomorrow. For us, as an ICB, to get into the work of transformation set out in **LSC 2030**, we must first ensure that we address our financial position and use the resources we have available in a way that is sustainable for the future. Although it is a difficult task, this is in line with the quadruple aim of the ICB and is part of responsible governance. The quadruple aim is:

- to improve population health and tackle health inequity,
- to ensure our clinical services are safe, effective and continuously improving,
- to have health and care teams who feel a sense of joy and pride in their work,

- to deliver our services in a way that is financially sustainable and within the resource envelope we have available.
- 1.5 Therefore, throughout 2025/26, plans are in place and are being implemented to do this through Quality, Innovation, Productivity and Prevention (QIPP) initiatives and Continuous Improvement programmes (CIs), Waste Reduction Plans (WRP), transformation of primary care and community services and a full review and reconfiguration of our most fragile clinical services. Furthermore, in line with the newly published blueprint for the ICB, there will be a significant decrease in our staffing numbers and a refocusing of our core vision and purpose with a radical reform of the current operating model.
- 1.6 The model ICB blueprint, recently published by NHS England, highlights a shift in focus and priorities. The ICB will become more focused on strategic commissioning, with some functions previously held, moving either into neighbourhood level or regional level.
- 1.7 The role of the ICB within the wider health and care system will be to understand our local context, develop a long-term population health strategy, deliver this strategy through payer functions and resource allocation, and to evaluate the impact. This means being responsible for making high-level decisions about how we will spend the funding we receive nationally, how resources should be allocated, and what services should be delivered for the benefit of our population, all the time ensuring best value for money. We will bring stakeholders across the system together to make sure we work seamlessly to improve overall system performance and patient care.
- 1.8 This paper sets out how various pieces of work will come together to help us achieve this, with a particular focus on LSC 2030. This area of work will continue to be developed and we will make sure it aligns with national plans when the Government publishes the 10 year health plan, which is expected in the summer.
- 2. Aligning LSC 2030 to commissioning intentions and annual plan priorities**
- 2.1 LSC 2030 sets out our transformational ambitions for the medium to long-term. In the short to medium-term there are two further major initiatives being undertaken which overlap with one another and that together will help us achieve our vision. These are our **commissioning intentions** and our **annual plan priorities**.
- 2.2 Our **commissioning intentions** have already been prioritised by the ICB's commissioning teams and reported to ICB Board separately. Firstly, we have those which are nationally mandated or that directly link to annual plan necessities. Secondly, some are aligned to LSC 2030 but require multi-year transformation. Thirdly, we continue to commission 'business as usual' (BAU) where services are still required. Fourthly, we decommission services which are no longer required.
- 2.3 As part of the commissioning work, we further group the work involved.
 - 2.3.1 Items not currently funded or no longer provided.
 - 2.3.2 Actions trusts can take independently or with bilateral ICB / trust agreement.
 - 2.3.3 Programmes which require collaboration between multiple providers.

2.3.4 Long-term / transformational changes.

- 2.4 Our **25/26 annual plan necessities** have been reported to ICB Board elsewhere but in summary are as follows: There will be delivery of local CIP/QIPP/WRP of five per cent. Alongside this, we have five areas of focus: urgent and emergency care (UEC) de-escalation (£60-£70m), elective care NHS and independent sector (£TBC), One LSC corporate services (£20m), All Age Continuing Care (£50m), out of area placements (OAPS) (£20m).
- 2.5 The now published national model ICB blueprint gives a much clearer steer on a neighbourhood and place-based approach to delivery of integrated care. We have some excellent models of this already working across the ICB footprint, which we can scale and spread, and this will help to further develop our longer-term transformation plans under the banner of LSC 2030.
- 2.6 There is a clear sense of direction for the ICB towards a greater focus on improving population health and tackling health inequity. We have good examples of where this work is now embedded in some of our priority wards and there is a clear commitment to it continuing and spreading. Furthermore, we have had three years of the Population Health Leadership Academy, with alumni from across all parts of the NHS. Those who have graduated from this programme are now actively involved in this work.
- 2.7 Commissioners are ensuring these transformation efforts are hard wired into our commissioning intentions for the medium and longer-term.

3. Developing the LSC 2030 Vision and Roadmap

- 3.1 The LSC 2030 Vision and Roadmap has been developed with clinical, operational and financial input from colleagues across the system during the last three months. This included colleagues from the ICB, the acute trusts, primary care, place and through place local stakeholders including local authorities and ICB Board developmental discussions in December 2024 and February 2025.
- 3.2 While transformational and strategic in intent, the LSC 2030 Roadmap sets out how the system will get from where it is now to where it aspires to be through three lenses.
 - 3.2.1 **Stabilise** – improving today's operations (25/26).
 - 3.2.2 **Recover** – delivering emerging opportunities (26/27).
 - 3.2.3 **Transform** – strategic new models of care for tomorrow's services to deliver the vision for LSC 2030 (2026-2030).
- 3.3 The Roadmap's priority areas have been identified as managing long-term conditions in primary care, improving end-of-life and frailty care, intermediate care and service configuration. The intention with the first three is to shift activity out of hospitals and closer to home (summarised as "left shift"). More detailed plans have been developed for each of these areas and a visual summary is attached as an appendix.
- 3.4 Further development and delivery of these priority areas will enable reduction in system pressures in our urgent and emergency care pathways (UEC). We want to move from acute based reactive services, toward community based proactive services. We will also make better use of resources as the system meets short

and medium-term financial planning essentials. In doing this, we can address the quality and safety issues faced by some patients who experience admission to hospital, when a well-designed service in the community would have been a more appropriate alternative for them.

- 3.5 There have been various workshops with system partners to develop this work. There is significant support across our teams and partners for the three left shift transformation areas and the work of service reconfigurations is underway.
- 3.6 Colleagues in other teams and partners are indicating a willingness to lean in, support or lead on aspects of LSC 2030. Examples include the Hospice Collaborative (in support of palliative and end-of-life care) and the population health team (in support of long-term conditions management) and the recently agreed local enhanced services (LES) with primary care that contributes directly to improved management of long-term conditions.
- 3.7 There are more opportunities available to utilise improvement models and methods to support transformational change, which will also enable the harnessing of much goodwill and appetite to play a role through provider organisations. This is the focus of the workshop on Friday 27 June to ensure we are driving this work forward across the system, building on the action plans supporting LSC 2030.

4. Conclusion

- 4.1 There is no doubt that the Lancashire and South Cumbria ICS is under unprecedented pressure. However, our vision and resolve are clear. We aim to have a high quality, community-centred health and care system by 2035. To achieve this, we are aligning our annual plan, our commissioning intentions and our 2030 Roadmap to ensure we improve the health of our population, tackle health inequity, spend our resources responsibly and enable our teams to have a sense of joy and pride in their work. There are multiple schemes at work, but our focus is particularly on end-of-life care/frailty, long-term conditions management, intermediate care and service reconfiguration.
- 4.2 There will be further work as next steps to develop LSC 2030 further, including
 - Aligning LSC 2030 to the 10-year plan.
 - Using LSC 2030 to drive our three-year financial plan in the summer.
 - Using LSC 2030 to inform and shape 26/27 commissioning intentions.
 - Using LSC 2030 to help inform ICB operating model and using a re-focused ICB blueprint and operating model to resource delivery of the LSC 2030 Roadmap.

5. Recommendations

- 5.1 The Board is requested to:
 - Note that the ICB has now prioritised work under the LSC 2030 Roadmap for medium to longer-term transformation, ensuring this is coordinated with short-term commissioning intentions and annual plan priorities.
 - Note that commissioning teams are working with providers and partners to mobilise actions under the Roadmap.

- Note that further items for Board decision-making will emerge from work on the Roadmap including plans for service reconfiguration.

Andrew Bennett, Terry Whalley, Andy Knox

12 May 2025