

Integrated Care Board

Date of meeting	24 July 2025
Title of paper	The Future of Community Services
Presented by	Craig Harris, Chief Operating Officer
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Agenda item	14
Confidential	No

Executive summary

Our local health and care system faces significant challenges which will require transformation and collaboration across all partners. These challenges provide a compelling case for change which is required at pace. Our current strategic focus is on moving from care in acute Trust settings to a more community-centred health and care model with the maximum use of digital technology and a strong focus on wellness, prevention, proactive care and demand management.

We need to agree and develop a clear vision for community services across Lancashire & South Cumbria, co-produced with our system partners, residents and communities. This work started through the Transforming Community Care (TCC) programme, the recent review of community contracts (known as the Kingsgate Review) and through aligned priority work programmes which form part of the LSC 2030 Roadmap.

In clearly defining core standards for community services and a consistent delivery model that will reduce unwarranted variation, we will aim to improve quality, experience, access and outcomes for our residents and communities. A consistent model will support funding and investment/ disinvestment decisions. It will underpin our commissioning intentions and will ensure that programmes with high levels of interdependencies align in a way that delivers maximum impact and benefits.

The presentation articulates the national context and presents a high-level overview of options and potential service configurations for community services. Current commissioning has led to a variation in investment per head of population, in service provision, and in workforce leading to variation in outcomes, efficiency and productivity that the commissioning review would seek to address.

The recently published draft model ICB blueprint followed by the 10-year Health Plan, sets out clearly the introduction of Integrated Health Organisations and Neighbourhood Health Models. The options outlined in the paper should be considered in light of the National direction of travel.

A series of next steps are proposed which the Board is asked to support.

Recommendations				
The Board are asked to note the contents of the paper and to approve the proposed next steps.				
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	✓			The capacity within the future ICB to lead a large-scale transformation programme with a significant reduction in the workforce
Are associated risks detailed on the ICB Risk Register?	✓			It is anticipated that the risk will feature on the ICB Risk Register
Financial Implications			✓	Unknown at present
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
ICB Executives	5 May 2025		Comments provided & slide deck updated	
ICB Closed Board Session	22 May 2025		Comments provided and updates included.	
ICB Closed Board Session	25 June 2025		Agreement to present to ICB formal Board session	
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
Report authorised by:		Craig Harris, Chief Operating Officer		

Integrated Care Board – 24 July 2025

The Future of Community Services Strategy

1. Introduction

- 1.1 Our local health and care system faces significant challenges which will require transformation and collaboration across all partners. These challenges provide a compelling burning platform for change which is required at pace. Our current strategic focus is on moving from care in acute Trust settings to a more community-centred health and care model with the maximum use of digital technology and a strong focus on wellness, prevention, proactive care and demand management.
- 1.2 **Our vision is clear**; to have a high quality, community-centred health and care system by 2035 and to achieve this will require high quality community services across Lancashire & South Cumbria, co-produced with our system partners, residents and communities. There is already a firm foundation for this transformation with the Transforming Community Care (TCC) programme, the recent review of community contracts (known as the Kingsgate Review) and through aligned priority work programmes which form part of the LSC 2030 Roadmap.
- 1.3 In clearly defining core standards for community services and a consistent delivery model that will reduce unwarranted variation, we will aim to improve quality, experience, access and outcomes for our residents and communities. A consistent model will support funding and investment/ disinvestment decisions. It will underpin our commissioning intentions and will ensure that programmes with high levels of interdependence align in a way that delivers maximum impact and benefits.
- 1.4 We are not starting with a blank piece of paper. We need to build on the work that has progressed through the TCC and LSC 2030 Roadmap programmes and to build on and spread good practice, as we have multiple examples across the system. We should also explore innovative approaches from other systems and seek to understand and put in place the conditions that will promote a 'left shift'.

2. National Context

- 2.1 The national report on the state of the National Health Service in England by Lord Darzi [Independent investigation of the NHS in England - GOV.UK](#), published in late September 2024, and the subsequent announcements from the Secretary of State for Health and Social Care have signalled a move

towards a more community-centred health and care model. This is often referred to as the ‘**left shift**’.

- 2.2 The recently published **10 year health plan for England; fit for the future** [10 Year Health Plan for England: fit for the future - GOV.UK](#), will ignite a renewed interest in collaborative place-based models which support integrated approaches, risk share and population health approaches, building on previous models associated with accountable or local care organisations.
- 2.3 The plan sets out a clear direction for the introduction of **Integrated Health Organisations** where the highest performing new Foundation Trusts will be able to manage the entire healthcare budget for a local population. This will generate a greater focus on partnership working and realising population health outcomes.
- 2.4 Alongside this, the plan details how ICBs should seek to procure “**neighbourhood health services**” from a wide range of NHS and non-NHS providers with a greater focus on the healthcare provision in more deprived areas. Community services are a vital component of this new model of care, not only supporting people to stay in their own home but also providing targeted services to prevent more people getting sick in the first place and helping them at the earliest point possible.
- 2.5 A **standardised community health services** offer is a core component of the model and NHSE recently published an overview of the core community health services that integrated care boards (ICBs), service providers and partners should consider when planning services for their local population ([NHS England » Standardising community health services](#)).
- 2.6 The case for **investment in community services** is strong. A recent report from the NHS Confederation on the future role of ICBs [Pioneers of reform | NHS Confederation](#) suggests that ICSs that invest more in community care have 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates. Every £1 spent on public health, primary and community care is correlated with £14 in gross value added to the economy.
- 2.7 The model ICB Blueprint places a strong emphasis on setting strategy to inform the allocation of resources, and we are designing our ICB strategic commissioning function to respond to this blueprint. This will include the commissioning of neighbour health approaches which will build upon the two neighbourhood health trailblazers that will focus on Blackburn with Darwen and Morecambe Bay areas and a specific focus on frailty in Central Lancashire as part of the National Frailty Collaborative.

3. Five Principles to Support a Left Shift

3.1 The NHS Confederation, in a recent report [Is the left shift mission impossible? | NHS Confederation](#) identified five principles that underpin successful community care models.

1. **A strong role for system** even where trusts or other providers are driving the left shift, the leadership and co-ordination offered by systems (ICBs) is essential, bringing stakeholders together and ensuring a unified approach
2. **Clinical and managerial alignment:** agreement, not conflict, between clinical and administrative staff is crucial to transforming services. A clear strategy and an early focus on consensus building can ensure that all stakeholders can contribute to a new way of working
3. **Responsive, flexible financing** while reforming payment mechanisms would empower more of the NHS to pursue the left shift. Those who have made progress already have shown what flexibility and imagination within the existing framework can achieve
4. **Patient centred service redesign:** although there are clear and welcome financial gains to be made through the left shift, a focus on improving outcomes for patients unites each of the approaches taken by successful systems
5. **Measuring what has changed:** calculating the movement of resources versus an agreed baseline and projections of what future costs could be without any change to services has proven central to both justifying and demonstrating the left shift.

3.2 These principles should underpin the way we approach the development of a vision for community services and influence the development of delivery programmes to drive the change.

4. Current Position across Lancashire and South Cumbria

4.1 The strategy for Community Service transformation across Lancashire and South Cumbria is clear. It aligns with the ambitions of the 10 year health plan and seeks to ensure that our ambitious vision is achieved.

4.2 For transformation to occur, it is important that, in the first instance, community service provision is aligned to support the neighbourhood model approach as well as the proposed Integrated Health Organisations before redesign can be considered.

4.3 Community services are currently commissioned from a wide range of providers including from four of the large NHS Provider Trusts, from the independent sector and from voluntary sector organisations. The main providers of community services are listed in Table 1. The current contract with HCRG

Group will cease at the end of March 2026, therefore a procurement exercise is currently underway. It is anticipated that the announcement regarding the appointed bidder following the procurement will be made in early September 2025.

Table 1:

Provider	Locality Covered	Issues to be addressed
East Lancashire Hospitals NHS Trust	Pennine (East Lancashire and Blackburn with Darwen)	<p>Current commissioning has led to variation in investment:</p> <ul style="list-style-type: none"> • Per head of population • Service provision • Workforce <p>Leading to variation in efficiency and productivity that must be addressed</p> <p>* Depicts Providers who do not provide acute services. This will impact on achieving the option for Horizontal Integration</p>
Lancashire and South Cumbria NHS Foundation Trust *	Central Lancashire (Chorley, South Ribble and Greater Preston)	
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool, Fylde & Wyre	
University Hospitals Morecambe Bay NHS Foundation Trust	North Lancashire & South Cumbria	
HCRG Care Group*	West Lancashire	

4.4 A baseline review of community contracts has identified considerable variation in investment per head of population, service provision, workforce, efficiency and productivity. These are being further explored with providers to inform future planning and commissioning intentions.

4.5 There are significant gaps in the community data set which limits the ICB's ability to understand levels of investment and related outcomes, enable effective performance and activity review and support commissioning decisions. This is a national issue which has been identified as a core enabler to the delivery of a community centric care model.

5. Commissioning Options

5.1 As the strategic commissioner across the health system and to achieve our vision, the ICB will convene system partners to agree a community services model and ensure services are equitable and accessible, based on population need, are delivered in a person-centred way and achieve the best possible outcomes for the population, whilst being cost effective and efficient.

5.2 In developing the model, the ICB will need to consider delivery models, best practice and evidence from other systems, and give due regard to the emerging

national policy context. We should transact and transform services and be ambitious in our design.

5.3 The future model for community services will be co designed with our NHS Provider partners, primary care, local authorities and the Voluntary, Community, Faith and Social Enterprise Sector.

5.4 The table below presents a high-level overview of options to realign the provision of community services with several key points for consideration.

Table 2:

Options	Points to consider
1. Maintain the current provider model	<ul style="list-style-type: none"> • Less system, staff and service disruption • Opportunity to re specify requirements from existing partners following a period of co – design to develop an optimum model • What are the opportunities for innovation? • Need to understand the aspirations of existing providers regarding community services • Maintains current level of variation / performance where there is no integrated function
2. Commission a single provider across the Integrated Care System	<ul style="list-style-type: none"> • Option could provide consistency in service provision • May not encourage more innovative partnerships at neighbourhood level that could bring about service change more quickly and / or effectively • Significant disruption for staff • Lengthy procurement process leading to disruption and delays in implementation of new models of care
3. Commission Providers to work in a more collaborative way	<ul style="list-style-type: none"> • Could provide consistency in service provision • May not encourage more innovative partnerships at neighbourhood level that could bring about service change more quickly and / or effectively • Service provision could be incentivised via a shared outcomes framework • Disruption to staff • May not achieve the savings because of a lack of streamlined leadership arrangements
4. Horizontal integration	<ul style="list-style-type: none"> • Opportunity to share some functions to deliver more cost – effective services • Opportunity to standardise approaches and for Trusts to identify areas of expertise in community service delivery (play to the different organisational strengths) • The priority often navigates towards acute service delivery at the expense of community service provision
5. Vertical integration	<ul style="list-style-type: none"> • Would support a move towards integrated provision through a Neighbourhood Health Model

	<ul style="list-style-type: none"> • Could lead to innovative partnerships bringing together key stakeholders to improve services and outcomes • Opportunities for risk sharing and pooled resources in a mature model
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6. Creating the Case for Change

6.1 National guidance for transformation and service change dictates that the following should be considered:

- The rationale is clearly articulated
- The transaction is rooted in the ICP's integrated care strategy and the ICB's five-year joint forward plan
- A robust options appraisal process has been considered to ensure that this is the best move for the system

6.2 To ensure that community services are aligned effectively to support future transformation will require a collaborative effort to codesign the model for the future, an understanding of the interdependencies across the System and a clear description on the improved outcomes that any transformational change will realise

6.3 To do this, we will seek to align our community services to the neighbourhood footprints and consider what services should be delivered in which location to support the achievement of the left shift. All options available for the provision of services will be considered so that we are ambitious and transformational in our approach while identifying opportunities to integrate service delivery with local partners

6.4 The Board will wish to be assured that the case for change is robust, is transformational, affordable and improves both the services and outcomes for patients and residents of Lancashire and south Cumbria

7. Considerations

7.1 In advance of any change process initiation. It is important that a clear **explanation** for each option is provided so that we all work from the same definition and understanding. This will then assist with identifying the **conditions** that need to be in place for different options to be implemented.

7.2 In addition, the **minimum standards and outcomes** expected should be clearly defined, once across Lancashire and South Cumbria while affording local areas to determine how these services will be provided. This will help to caution against **unwarranted variation**.

- 7.3 Finally, the **current challenges** in the provision of community services should be considered as part of the baseline assessment.

8. Proposed Next Steps

- 8.1 The 10-year health plan and the model ICB blueprint set out clearly the introduction of the Neighbourhood Health Model and the ambition to move towards Integrated Health Organisations which will influence the alignment of community services across Lancashire and South Cumbria.
- 8.2 However, it is important that all available options are considered. To achieve this, we must:
- 8.2.1 Convene system leaders to agree the strategy and vision and address concerns / issues at the earliest opportunity
 - 8.2.2 Complete a robust options appraisal and confirm a preferred option which will be co designed with system partners
 - 8.2.3 Undertake engagement on potential options for the strategic commissioning of community services
 - 8.2.4 Consider the option to take incremental steps towards a preferred option as an alternative to an immediate and full procurement process
 - 8.2.5 Align our proposal with the NHS England service change process and map out the milestones.
 - 8.2.6 Undertake a process of engagement in advance of finalising the business case for service change
 - 8.2.7 Establish a project team to lead the engagement, consultation and service change process with clear associated timelines.

9. Recommendations

- 9.1 The Board are requested to:
- i. Note the current service provision and national direction of travel
 - ii. Consider the options and associated points to consider
 - iii. Support the proposed next steps to establish a project team to progress the process in aligning community services to support future transformation
 - iv. Support the development of a full strategic outline case with timelines to be brought back to the Board

Jane Cass - Director of Partnerships & Collaboration

4 July 2025