

## Integrated Care Board

<b>Date of meeting</b>	24 July 2025
<b>Title of paper</b>	Lancashire and South Cumbria Integrated Care Partnership and Strategy Update
<b>Presented by</b>	Professor Craig Harris, Chief Operating Officer
<b>Author</b>	Claire Roberts, Associate Director, Health & Care Integration, and Lisa Roberts, Senior Programme Manager
<b>Agenda item</b>	16
<b>Confidential</b>	No

### Executive summary

This report provides Board members with an update on the Lancashire and South Cumbria Integrated Care Partnership (ICP) and the contributions that are being made by the Lancashire and South Cumbria Integrated Care Board (ICB) through the Joint forward Plan to deliver against the Integrated Care Strategy. It also provides members with an update on the future of ICPs as outlined in the recently published 10 Year Health Plan.

ICPs were established in 2022 under the Health and Care Act. They are committees jointly formed between the ICB and all upper-tier local authorities within the Integrated Care System (ICS) area. ICPs bring together an alliance of partners concerned with improving the care, health and wellbeing of their population, with membership determined locally.

ICPs have one important statutory responsibility, which is to develop, publish and keep under review their integrated care strategy.

This paper provides members with an update on the development of the ICP and the contribution that LSC ICB has made, through the Joint Forward Plan on delivery against the Integrated Care Strategy.

Following the publication of the 10 Year Health Plan for England, ICPs will no longer be a statutory requirement, but the importance of building on strong and effective partnership working at strategic authority, upper tier authority and neighbourhood level remains.

### Recommendations

Members of the Board are requested to:

- Note the updates provided in this report on delivery against the Integrated Care Strategy and development of the Integrated Care Partnership.
- Note that the statutory requirement for ICPs will be removed

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
Not applicable		

#### 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		✓		

<b>Report authorised by:</b>	Professor Craig Harris, Chief Operating Officer
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# **Integrated Care Board – 24 July 2025**

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## **Lancashire and South Cumbria Integrated Care Partnership and Strategy Update**

### **1. Introduction**

- 1.1 Board members received a paper in November 2024 which provided an update on the Lancashire & South Cumbria Integrated Care Partnership. Members requested an update be brought a future meeting to support an understanding of:
- Progress being made against the Integrated Care Strategy
  - The connection between the ICP and existing partnership boards
  - The role of the VCFSE sector in delivering the Integrated Care Strategy
- 1.2 Members also requested qualitative information such as case studies be included to illustrate the impact of the ICP.
- 1.3 Integrated Care Partnerships (ICPs) were established in 2022 under the Health and Care Act. They are committees jointly formed between the Integrated Care Board (ICB) and all upper-tier local authorities within the Integrated Care System (ICS) area. ICPs bring together an alliance of partners concerned with improving the care, health and wellbeing of their population, with membership determined locally.
- 1.4 The sole statutory duty of an ICP is to produce an integrated care strategy setting out how the ICB and the local authorities concerned will meet the health and wellbeing needs of its population.
- 1.5 The first formal Lancashire and South Cumbria ICP meeting took place on Friday 30 September 2022, and the Integrated Care Strategy was agreed in April 2023 following a period of co-design with residents, communities and partners.
- 1.6 This paper provides members with an update on the development of the ICP and on delivery against the Integrated Care Strategy. It notes that, as outlined in the 10 Year Health Plan for England (July 2025), the statutory requirement for ICPs will no longer exist. However, as the ICB moves towards a new operating model, the focus on partnership working with wider system partners and communities will remain a priority.

### **2. ICP Developments**

- 2.1 Following a Development Session held in July 2024, changes were made to the way that the ICP operates in order to support effective partnership working at system level, to enable oversight of the Integrated Care Strategy and to improve connectivity between the ICP and wider system governance.

- 2.2 Developments over the past 12 months have included a greater focus on impacts and delivery against the Integrated Care Strategy through dedicated workshop sessions as part of the ICP quarterly meetings schedule. Sessions to date have focused on 'Transforming Community Care', 'Health Inequalities and Prevention' and 'Work & Health'. The session in June focused on a review of the Integrated Care Strategy and encouraged partners to share examples of good practice, learning and opportunities for 'scale and spread' to realise the ambitions of the strategy.
- 2.3 There have been improvements in the connectivity between the ICP and other partnership groups and boards through the introduction of Domain Sponsors who champion aspects of the Integrated Care Strategy, better connect the ICP's 'line of sight' to existing governance, partnerships and delivery mechanisms and strengthen the assurance of where and how the Integrated Care Strategy is being delivered.
- 2.4 For example, through the Domain Sponsor for Working Well, the ICP is connected into Lancashire Skills & Employment Panel and LCCA Skills Advisory Board, ensuring coherent governance across the employment, skills, and health systems. Similarly, the Domain Sponsor for Living Well attends the ICP as a representative of the Public Health Collaborative and therefore supports connectivity across a wide range of system wide programmes focused on improving population health.
- 2.5 Briefings are shared with the ICB Executive following each ICP meeting and quarterly update reports are now being shared with each of the Health & Wellbeing Boards. Updates on the ICP are also included in staff newsletters.
- 2.6 The ICB is connected into the national ICP Development Support Group which is facilitated through the NHS Confederation and provides a forum for sharing learning and good practice across the country. There is a mixed picture across ICPs with differing levels of maturity often dependent on historical partnership models, leadership and geographical context. The variation across ICPs is also driven by the fact that there was no nationally mandated approach for ICPs.

### 3. The Integrated Care Strategy

- 3.1 The Integrated Care Strategy was developed in partnership with local stakeholders, including residents and communities, and focuses on the 5 domains of the life course. It is built from the Joint Strategic Needs Assessments (JSNAs) undertaken in our 4 Places and aligns with each of the Health & Wellbeing Board (HWBB) strategies. The role of Place is at the centre of delivery of the strategy: ***"Our places will be at the centre of our system, making sure we deliver the integrated care strategy."***
- 3.2 The role of Places in delivering against the Integrated Care Strategy is reported through Place Partnerships and Health & Wellbeing Boards and is described in the Annual Reports that will be presented to Board in July 2025.

- 3.3 The ICB's Joint Forward Plan details how the NHS will meet its commitments to the population, including its contribution to delivering the ICP strategy. The interface between the Joint Forward Plan and the Integrated Care Strategy is illustrated below.



- 3.4 There are multiple ways in which the ICB contributes to the delivery of the Integrated Care Strategy in all the domains. From system wide work on Children's & Maternity Services to support the objectives of Starting Well; Population Health and screening programmes that promote the early identification and prevention of illness to support the ambitions of Living Well; action on dementia and frailty to support the objectives of Ageing Well; and work to improve the quality of end of life care through the Gold Standard Framework as part of the Dying Well agenda.
- 3.5 The ICB has clearly set out its commissioning intentions which will significantly contribute to the delivery of the Integrated care Strategy ambitions. The table below illustrates a number of the ways in which the ICB will continue to support the delivery of the Integrated Care Strategy through its 2025/26 commissioning intentions.

Strategy Domain	Examples drawn from the ICB Commissioning Intentions 2025-26
Starting Well	Ensuring all women have a co-developed, meaningful personalised care and support plan as part of the comprehensive three-year delivery plan for maternity and neonatal services.
	A redesign of the neurodevelopmental pathway across Lancashire and South Cumbria with the aim of addressing increase in demand, the inconsistent offer, long waits and meet the requirements of guidance and the SEND inspection.
Living Well	Investments in diagnostics to improve the early diagnosis of cancers
	Promote and drive smoking cessation through the introduction of the highly effective treatment CURE model, which provides support to help smokers quit when admitted into hospitals and transition to returning to their home environment

	Develop priority care models through applied learning from priority wards engagement and urgent care activity analysis to consider how we can test new ways of delivering secondary prevention activities that are aimed at reducing urgent care demand, connected into neighbourhood health delivery
<b>Working Well</b>	System leadership for the WorkWell programme which provides holistic support for people who have recently fallen out of employment or are at risk of losing their job due to health issues.
<b>Ageing Well</b>	Establishing consistent provision in frailty care by determining best practice standards for elderly or frail patients and thereby reducing inpatient length of stay
	Standardise and enhance the role of district nurses within integrated neighbourhood teams by reviewing the key components and deliverables of district nursing to support consistency and improved outcomes for the services that are provided.
	Commission the care home admission avoidance service to reduce unplanned hospital admissions by improving service provision for vulnerable patients in care homes who are at high risk of hospital admission or readmission
<b>Dying Well</b>	For end-of-life care, 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

- 3.6 The ICP meeting held in June 2025 included a session focused on a review of the strategy and the impacts that were being made across Lancashire & South Cumbria. Partners were asked to share examples of programmes and approaches that had the potential to be scaled or replicated in other areas, and to start to identify learning and success criteria. Appendix 1 includes examples of programmes and approaches that have been shared as part of the review.
- 3.7 The examples and case studies included in Appendix 1 describe some of the ways in which the work of the ICB contributes to the delivery of the strategy. They also highlight the important role of VCFSE organisations across each of the domains, whether that be through system leadership in aspects such as community-based responses to Dying Well or as place-based partners working directly with communities to address the complexity of issues that impact on health and wellbeing.
- 3.8 One of the challenges in undertaking the review has been gaining access to consistent and comparable data and outcome measures at system level. There has been no capacity across the convening partner organisations to provide analytical and business intelligence support to enable a data driven assessment of progress against the strategy's core objectives.

## 4. Future Developments

- 4.1 The 10 Year Health Plan for England (Fit for the Future) published on the 3<sup>rd</sup> July recognises the complex environment that Integrated Care Partnerships have

operated within and seeks to create a simplified landscape where there is greater clarity on roles, responsibilities, functions and accountabilities. The statutory requirement for ICPs is therefore to be removed.

- 4.2 The importance of effective partnership arrangements between the NHS, local government and wider system partners is reiterated within the plan and is reflected in the draft Model ICB Blueprint. The Plan references partnership working at upper tier authority level under the leadership of the Health and Wellbeing Board with partners working together to draw up neighbourhood health plans.
- 4.3 Partnerships between the NHS, upper tier authorities and strategic authorities to trial new innovative approaches to prevention will be established in those areas where devolution is most advanced. At this spatial level, the plan signals the importance of aligning NHS decision making to support the strategic authority as the key body for growth and prosperity and contributing to the work and health agenda.
- 4.4 The ICB will work with system partners, in particular through Health & Wellbeing Boards to ensure that strong and effective arrangements are in place to continue to drive collaboration opportunities at all spatial levels to support implementation of the 10 Year Plan and improve outcomes for the population of Lancashire and South Cumbria.

## **5. Conclusion**

- 5.1 The Lancashire & South Cumbria ICP has operated in a complex partnership environment but over the past 12 months has started to more clearly define its role as a system convenor, supporting shared learning, and helping to make connections across programmes and partnerships. The introduction of a new approach to quarterly meetings and the role of domain sponsors has supported the move towards a more mature partnership.
- 5.2 Partners across the system have contributed to the delivery of the Integrated Care Strategy and have started to share examples of good practice and approaches that can be scaled and spread in order to achieve the best outcomes for our local population. The contributions of the ICB are outlined in this Appendix 1 but are also articulated through the recently published Place Annual Reports.
- 5.3 The 10 Year Health Plan has outlined a simplified landscape in which ICPs will no longer be a statutory requirement. There will still be a requirement for ICBs to support and develop effective strategic partnerships which enable cross sector collaboration in providing joined up approaches to strategy development and planning. Working through neighbourhoods and places to meet the specific needs of local populations will be a key feature, with system level structures aligned to emerging Strategic Authorities providing added value on specific agendas such as economic inactivity, growth, prosperity and prevention.

## **6. Recommendations**

6.1 The Board is requested to:

1. Note the updates provided in this report on delivery against the Integrated Care Strategy and development of the Integrated Care Partnership
2. Note that the statutory requirement for ICPs will be removed but the need for strategic partnerships in particular through Health & Wellbeing Boards and at Strategic Authority level will remain a key function for ICBs.

**Claire Roberts & Lisa Roberts**

**8 July 2025**