NHS
Lancashire and South Cumbria
Integrated Care Board

Five Year Strategic Commissioning Plan

June 2026 | Version 2.2

Change log

Version	Date	Author	Description
1.0	06/02/26	Jane Cass, Director of Partnerships and Collaboration, Claire Roberts, Associate Director, Health and Care Integration, Lisa Roberts, Senior Programme Manager	Final draft for Board approval 9 February.
1.1	09/02/26	Lisa Roberts, Senior Programme Manager	Replacement of diagrams to improve clarity.
1.2	10/02/26	Jane Cass, Director of Partnerships and Collaboration	Amendment to section 9 - addition of strategic commissioning committee assurance.
1.3	10/03/26	Neil Greaves, Director of Communications and engagement	Amendment to section 3 - amendment to 'What our residents and communities tell us' table.
2.0	23/03/26	Craig Harris, Chief commissioning officer	Publication following Board meeting on 19 March 2026.
2.1	31/0326	Jess Williams, Strategic Commissioner (Interim)	Addition of dying well commissioning intentions.
2.2	16/6/26	Claire Robberts, Associate Director, Health and Care Integration,	Updated strategic objectives

Contents

Section 1: Introduction 3

Section 2: Our role as a strategic commissioner 6

Section 3: Our population and system challenges 13

Section 4: Strategic commissioning priorities 19

Section 5: Strategic commissioning partnerships 34

Section 6: Strategic financial direction and thinking 39

Section 7: Enablers 43

Section 8: Strategic direction and delivery priorities 50

Section 9: Measuring success and delivering impact 64

Section 10: Next Steps 67

Foreword

Over the next five years, Lancashire and South Cumbria Integrated Care Board (ICB) along with our partners has a profound opportunity to shape and improve the future of health and care for our residents. This strategic commissioning plan sets out a clear and ambitious path. It is one rooted in partnership, shaped by insight, and driven by a shared determination and desire to improve health outcomes and reduce health inequalities in all the communities we serve in Lancashire and South Cumbria.

We begin this plan with optimism because we know the foundations for change are stronger and more sustainable than ever. Through the development of our integrated health needs assessment and refreshed clinical strategy, we have established a detailed, honest, and comprehensive understanding of the challenges facing our population. We have listened closely to residents, partners and colleagues who have given voice to the everyday realities of accessing and experiencing health and health care services. Their experiences and aspirations have directly shaped the priorities and commitments set out in these pages.

We are equally focused and realistic about the scale of the task ahead. We continue to face some of the most significant health inequalities in the country, alongside rising urgent and emergency care pressures, unwarranted and historic variation in access to services, and a tough financial climate that demands careful stewardship and bold choices. Yet these challenges do not weaken our ambition - they sharpen it. They strengthen our resolve to lead a strategic shift from reactive, hospital-centred care toward prevention, early intervention, neighbourhood-based models, and integrated, person-centred support.

This plan marks a decisive step in that journey. It outlines how we will target investment to strengthen neighbourhood health, transform clinical pathways, build resilience and prevention of ill health, and fundamentally shift resources towards models of care that deliver long-term health and social value. In doing so, it also confirms our commitment to the "three big shifts" set out in the Government's ten-year plan: from sickness to prevention, from hospital to community, and from analogue to digital. These principles will guide how we design services, allocate resources and work alongside our partners in the NHS, local authorities, the VCFSE sector and our communities.

We know that real transformation happens through relationships. Our experience has shown that we can achieve this through the partnerships that we have that bring together clinical teams, community organisations, local leaders, and residents around shared goals. Therefore, as an Integrated Care Board, we will continue to act as a convener and system leader to create the conditions that enable innovation, foster collaboration and support providers to deliver the highest standards of care while navigating the challenging economic climate and increasing demand and expectation.

Our commitment to our workforce is equally central. The success of this plan depends on the skills, experience, compassion, and creativity of those who work across our health and care system. We will invest in their development, support new ways of working and ensure they have the digital, analytical, transformational and leadership capabilities required for the future.

We are confident that, together, we can build a fairer, more resilient, and more sustainable health and care system. In doing so we are hopeful that this will improve the lives of the people of Lancashire and South Cumbria not only today, but for generations to come. This plan is our collective promise to do exactly that.



Aaron Cummins
Chief executive



Emma Woollett
Chair

Section 1: Introduction

Introduction

This Five-Year Strategic Commissioning Plan sets out how Lancashire and South Cumbria Integrated Care Board (ICB) will discharge its role as a strategic commissioner over the period 2026–27 to 2030–31.

It provides the medium-term strategic framework that connects national planning requirements with local delivery, articulating the ICBs ambitions and setting clear priorities for improving population health outcomes, reducing inequalities, and securing high-quality, sustainable services for the people of Lancashire and South Cumbria.

The plan has been developed in line with the priorities set out in the 10 Year Health Plan and Medium-Term Planning Guidance which signal a fundamental shift in how health and care services are planned, commissioned, and delivered. Central to this national direction are three major shifts: moving care closer to home, accelerating digital transformation, and re-orientating the system towards prevention and earlier intervention.

The Plan is informed by the ICB's Integrated Needs Assessment, baseline performance and quality analysis, and the lived experience of local residents and communities. This Five-Year Strategic Commissioning Plan provides the strategic anchor and provides coherence across, several inter-related planning documents:

- National three-year planning returns, which set out system activity, workforce, and financial trajectories in line with NHS England requirements
- Annual commissioning intentions, which translate strategic priorities into specific actions, investments, and contractual commitments for each financial year
- Neighbourhood Health Plans, which are currently being developed and will describe how care and support will be delivered locally through integrated neighbourhood models

The Plan serves as the ICB's primary strategic commissioning document and replaces the Joint Forward Plan (JFP). It incorporates the statutory requirements of the JFP and will be refreshed annually to meet national planning expectations, provide assurance on delivery, and respond to emerging pressures and opportunities.

The Plan also builds on the work undertaken through Lancashire and South Cumbria 2030 (LSC 2030) which sets out a series of delivery plans detailing what we are going to do and by when to create a health and care system fit for the future.

It is also explicitly aligned with the ICB's refreshed Clinical Strategy, which defines the clinical priorities, models of care and quality ambitions required to improve outcomes and experience. The Five-Year Strategic Commissioning Plan translates this clinical vision into commissioning priorities, investment decisions, and system-wide transformational programmes, ensuring that resources are directed towards interventions that are evidence-based, clinically effective and deliver the greatest population value. Together, the Five-Year Strategic Commissioning Plan and the Clinical Strategy seek to provide a coherent and credible framework for action.

Delivery of this Plan will depend on strong, mature, and effective strategic partnerships. The ICB is operating in a highly challenging environment, characterised by significant system change, financial constraint and reduced organisational capacity. In this context, collaborative working with NHS providers, local authorities, Combined County Authorities, the voluntary, community, faith and social enterprise (VCFSE) sector, universities and industry partners will be more important than ever.

As a strategic commissioner, the ICB will focus on creating the conditions for success through shared priorities, aligned incentives and outcomes-based approaches. Working in partnership with our system partners and the people we serve, to deliver better outcomes, improved experience and a more resilient and sustainable health and care system for the people of Lancashire and South Cumbria.

How our vision shapes how we operate

Fig 1 below brings together the ICB's vision, mission and strategic objectives on a single page, illustrating how our new Operating Model – developed in response to the Strategic Commissioning Framework – will guide the way we work across Lancashire and South Cumbria. It highlights our shared ambitions to deliver the three system shifts set out in the 10-Year Health Plan and reflects our intention to make commissioning decisions that will drive coordinated action across the life course.

Our Vision and Mission **Why we are here**	**Our Vision is to commission a high-quality community centred health and care system by 2035.** Our mission is to commission healthcare services in Lancashire and South Cumbria to improve population health, reduce health inequalities and improve equitable access to consistently high-quality healthcare
ICB quadruple aims	▪ To improve outcomes in population health and healthcare ▪ To tackle inequalities in outcomes, experience, and access ▪ To enhance productivity and value for money ▪ To help the NHS support broader social and economic development
Our strategic objectives **What we are striving to achieve**	▪ Improve population health and reduce inequalities through effective strategic commissioning. ▪ Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience. ▪ Develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner. ▪ Improved financial sustainability through directing available resources to deliver the greatest possible value. ▪ Deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.
Our Operating Model **How we work together**	The key components of our operating model: ▪ Convening, influencing and leading across Lancashire and South Cumbria ▪ Acting as ambitious commissioners in neighbourhoods, localities and across Lancashire and South Cumbria ▪ Working in effective multi-disciplinary and matrix teams
Our ambitions	▪ **Sickness to prevention** - deliver care proactively to help people live longer, healthier lives ▪ **Care closer to home** - strengthen community-based care and repatriate specialised services to the local system ▪ **Analogue to digital** - harness data and technology for efficient accessible healthcare and to enable transformation ▪ **Social and economic development** - work with partners to enable resilient communities and tackle the wider determinants of health

Action across the life course	Starting Well	Growing Well	Living Well	Working Well	Ageing Well	Dying Well

Fig 1. Our strategy on a page

Section 2: Our role as a strategic commissioner

The role of the ICB as a strategic commissioner

The ICB will ensure the delivery of this Five Year Plan through its function as a strategic commissioner and system leader. In line with the expectations set out in the Strategic Commissioning Framework published by NHS England in November 2025, the ICB will focus on shaping the system, aligning partners around shared outcomes and stewarding resources to achieve the greatest possible population benefit. To support this, our local commissioning teams will reorganise to focus on NHS population footprints in Morecambe Bay, Fylde Coast, Central and West Lancashire and Pennine Lancashire.

The Strategic Commissioning Framework establishes a clear shift away from transactional, activity-based commissioning towards a long term, outcomes focused approach. It positions the ICB as a leader of whole-system change, responsible for understanding population need, setting strategic priorities, building on best practice, shaping markets and enabling providers and partners to work collaboratively to deliver integrated models of care. For Lancashire and South Cumbria, this means using commissioning as a lever to support prevention, reduce health inequalities, improve access and accelerate transformation at system, place and neighbourhood level.

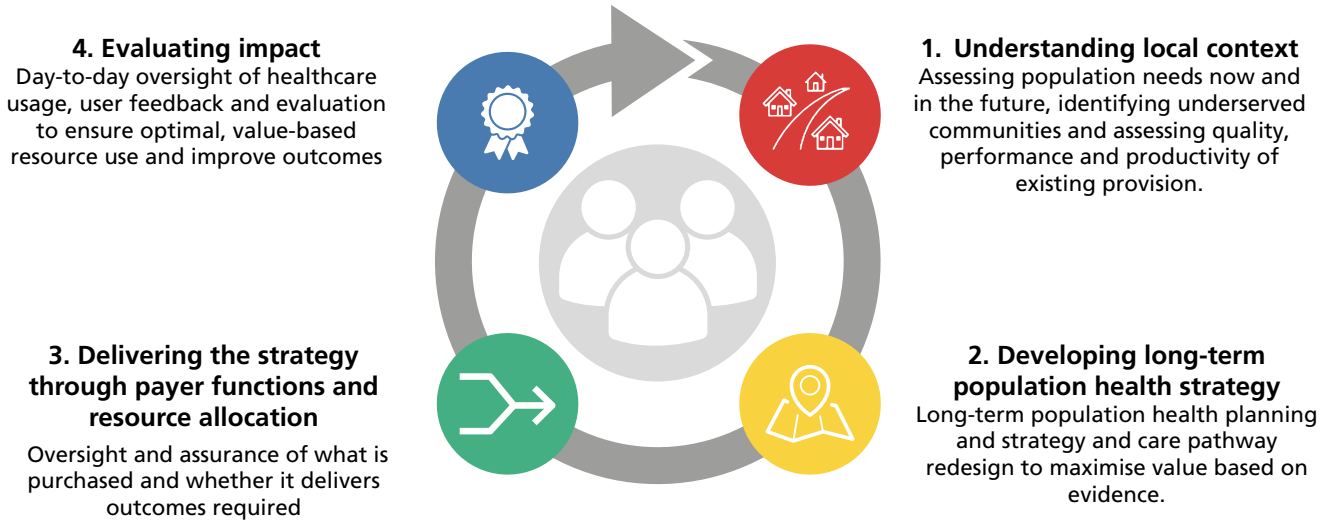


Fig 2. Model ICB - System Leadership for improved population health

As a strategic commissioner, the ICB will ensure the delivery of this plan by:

- Setting a clear direction informed by the Integrated Needs Assessment and Clinical Strategy
- Translating strategic priorities into coherent commissioning intentions and investment decisions building on evidence of best practice
- Aligning financial, workforce and service transformation plans over a multi-year horizon
- Discharging its payor functions, ensuring that public funds are used lawfully, transparently and effectively by embedding evidence-based processes to plan, purchase, monitor and evaluate services over the longer term.
- Using Values Based Commissioning to balance outcomes, experience, equity and value, ensuring decisions reflect what matters most to people and communities, not solely activity and cost and holding the system to account for delivery against agreed outcomes
- Improving allocative efficiency and directing resources to the most clinically appropriate and cost-effective activities.
- Explore the potential of new contract models such as Integrated Health Organisations (IHO) or Multiple Neighbourhood Providers (MNP) to enable local NHS trusts and community-based providers to receive a delegation of responsibility for commissioning local services.

Commissioning approaches will be focused on enabling the conditions for delivery, including robust governance arrangements, effective partnerships, meaningful incentives and improved capabilities, while supporting subsidiarity so that decisions are taken as close as possible to the communities affected. There will be a focus on collaboration and shared accountability using tools such as alliance contracting, lead provider arrangements and outcomes-based specifications where appropriate. The ICB will play a key role in market shaping, supporting provider collaboration, encouraging innovation and addressing gaps in provision, including through strategic commissioning partnership arrangements with local authorities and the VCFSE sector. An Organisational Development (OD) plan will support our workforce in developing strategic commissioning capacity and capability. This will be supplemented by the NHS England Strategic Commissioning Development Programme from April 2026.

New specialised and Joint commissioning arrangements

From 1 April 2027, the commissioning of specialised services including screening, immunisations and health and justice will be delegated from NHSE to ICBs, with a small number of functions retained nationally to ensure consistency and efficiency. This shift will help us to strengthen local population health and prevention through clearer levers in relation to service design, delivery and improvement. These will be commissioned either on a single or multi-ICB footprint, but coordinated at system level for consistency and to enable us to work with specialist providers and other ICBs across the wider Northwest footprint. In addition, the three ICBs in the Northwest are working together to explore opportunities, scope and implications of moving towards single or shared service models for certain functions. The expectation is that a Northwest Oversight Board will be empowered to lead this approach in 2026/27.

A data-led organisation

The Strategic Commissioning Framework requires that strategic commissioning be strengthened by better using data, intelligence, and strategic analytics. A data led approach will enable us to target unwarranted variation, monitor performance and outcomes, anticipate emerging trends and support proactive, evidence-based commissioning decisions that advance the three strategic shifts. By harnessing population health management tools, predictive analytics and timely intelligence, we will improve our understanding of local need, better manage demand (including failure demand) and reduce inequalities through more precise and equitable allocation of resources and services.

Strategic Insight and understanding	▪ A detailed understanding of current and future population need ▪ The identification of actionable opportunities ▪ A value led quality and performance management ▪ Embedded insights from our residents and communities	**Data driven workforce**	▪ A shift in organisational culture and ways of working ▪ Trust – to facilitate data sharing ▪ Staff supported to harness data and be transformative ▪ A phased approach, delivered with partners
Training and Support	▪ Building staff capability and confidence ▪ Both structured and self-directed learning ▪ Self-service tools, navigation and access to experts	**Access to expert support**	▪ Accessing, understanding and interpreting data ▪ Specialist analysis and advice, e.g., statistical analysis, data science, health economics, epidemiology, research etc.
Tools and technology	▪ Access to linked health and social care data ▪ Intuitive and accessible tools ▪ Right data, right place, right time ▪ Harnessing new technology, e.g. Artificial Intelligence		

Fig 3. The role of data in strategic commissioning

Market shaping

As a strategic commissioner, the ICB has a critical role in shaping a provider market that can deliver the ambitions of the Five-Year Strategic Commissioning Plan. The ICB will move beyond transactional contracting towards an active market stewardship role, creating the conditions for sustainable, consistent and high-quality provision that improves outcomes and delivers best value. We will take advantage of opportunities to collaborate with partners, including local authorities, to maximise the benefits of market shaping together.

The ICB will play a proactive role in enabling the development of general practice at scale, recognising this as a key enabler of improved access, resilience, consistency and population health management. This includes supporting the evolution of provider arrangements that can deliver the shift from acute to community, make effective use of multi-disciplinary teams and support the proactive management of people with long term conditions and complex needs. Through market shaping, the ICB will work with general practice leadership to support collaboration, reduce unwarranted variation and strengthen the capability of general practice to act as a co-ordinating hub within neighbourhood models of care.

The ICB will work strategically with providers of NHS services to shape the provision of consistent, high quality community services across Lancashire and South Cumbria. This will include setting clear commissioning expectations for service scope, access, quality and outcomes while allowing flexibility for delivery that meets the needs of local populations. By signalling long term strategic intent and aligning investment with agreed models of care, the ICB will support providers to redesign services, develop workforce capability and invest in community-based alternatives to acute care. This approach will help to reduce unwarranted variation, support earlier intervention and contribute to the strategic shift from hospital-based to community-based care. Working in collaboration with our providers we will deliver the ambition of networked acute system services that level-up performance, patient safety and quality and deliver a step change in value for money.

The ICB fully supports the development and growth of General Practice Federations across all Lancashire and South Cumbria population footprints and the emergence of an overarching system Confederation of Federations. The ICB views these at scale collaborative provider arrangements, alongside other at scale primary care providers, including Primary Care Networks and Out of Hours providers, as critical to meeting the strategic ambitions outlined in this strategic Plan. At scale provider arrangements will be particularly important in enabling the left shift of hospital to community, delivering integrated neighbourhood care and providing resilience to support primary care providers.

The ICB recognises the VCFSE sector as a vital part of the provider market and will take an active role in enabling the sector to respond to strategic commissioning priorities. This includes using outcomes-based approaches to clearly articulate the outcomes the system is seeking to achieve, rather than prescribing activity or service models. Through early engagement, proportionate contracting and longer-term partnerships, the ICB will support VCFSE organisations to build capacity, collaborate and innovate in response to commissioning intentions.

We will challenge ourselves, using the following prompts, to ensure we are shaping a resilient, sustainable and future-ready health and care market:

- **Workforce Sustainability**: Do we have the workforce capacity and capability required to meet future population needs and deliver new models of care?
- **Impact of the Three Shifts**: What risks might the implementation of the three strategic shifts pose to the stability of providers, sectors or sections of the market?
- **Provider Landscape**: Is there a diverse and sufficiently capable range of providers able to deliver the services we intend to commission, both now and in the future?
- **Commissioning Footprint**: Are we commissioning services at the most effective geographical footprint to maximise efficiency, quality and long-term sustainability?
- **Collaborative Approaches**: Where would a joint approach, working with local authorities, other ICBs or regional partners strengthen market-shaping and provider development?

- **Quality and Improvement Needs**: What quality gaps or areas of under-performance exist in the market, and how can we work collectively with partners to address them?
- **Productivity Impacts**: Could moves towards greater productivity or adoption of new service models create disproportionate or unmitigated impacts for particular provider groups?
- **Market Fragility**: Are we dependent on any services or providers that are clinically, financially, or workforce-fragile, and what mitigation is required?
- **Sector-Specific Pressures**: Are there wider themes or pressures – such as rising costs or workforce constraints – that are impacting specific market sectors and require targeted intervention?

New contracting mechanisms

The ICB will use a range of contracting models to support the delivery of strategic commissioning objectives, enable transformation and deliver improved outcomes and value for the people of Lancashire and South Cumbria. The ICB will move away from a predominantly transactional approach to contracting towards models that promote collaboration, integration and accountability for outcomes whilst ensuring probity, affordability and value for money.

Contracting approaches will include:

- **Outcomes-based and Population Focused Contracts** - supporting the delivery of joined up pathways, incentivising prevention and early intervention and enabling providers to innovate in how services are delivered.
- **Alliance and collaborative models** - promoting shared responsibility for outcomes, risk and reward across multiple providers, reducing organisational silos and enabling collective problem solving.
- **Lead provider and Provider Partnership Models** - supporting clarity of accountability, pathway integration and consistent delivery at scale.

Integrated Health Organisations (IHOs) have the potential to play a pivotal role in the evolving landscape of health and care delivery in Lancashire and South Cumbria. As the NHS and its partners move towards more collaborative and person-centred models of care, IHOs are central to the ambition of improving outcomes, reducing health inequalities, and delivering value for money. IHOs have the potential to contribute to the ambitions set out in this Strategic Commissioning Plan in the following ways:

- **Service Coordination**: facilitating the seamless coordination of care pathways, enabling patients to move smoothly between primary, community, acute, and social care settings. This reduces duplication, minimises gaps in care, and supports continuity.
- **Population Health Management**: pooling data and resources, analysing population health trends, identifying at-risk groups, and targeting interventions that promote prevention and early intervention.
- **Collaborative Commissioning**: IHOs have the potential to support the ICB's ambitions by co-designing and co-commissioning services that reflect local priorities, harnessing the expertise of multiple partners to ensure that commissioning decisions are informed by a broad range of perspectives.
- **Workforce Integration**: Through shared workforce planning and development, IHOs can help to ensure that staff are equipped to work across organisational boundaries, fostering a culture of collaboration and shared responsibility.
- **Financial Efficiency**: By integrating budgets and aligning incentives, IHOs can drive efficiency and reduce waste, enabling resources to be targeted where they are most needed.
- **Innovation and Transformation**: IHOs can act as hubs for innovation, testing new models of care and adopting digital solutions that improve access, quality, and patient experience.

Over the next 12 months, the ICB will begin to work with our providers on a set of key considerations which will inform the development of IHO models in Lancashire and South Cumbria including strategic alignment and purpose; governance and structure; capabilities and culture and financial and legal frameworks.

Values-Based Healthcare

The ICB will use the Values Based Healthcare framework to guide how it commissions services, allocates resources and assesses impact. This approach ensures that commissioning decisions are driven by the outcomes that matter most to people and communities, the effective use of public resources and the delivery of wider social value.

The ICB will define clear outcome-focused expectations for services using the four dimensions of:

- **Personal value** - ensuring care is personalised, responsive to individual needs and preferences, and improves people's experience and quality of life
- **Technical value** - maximising health outcomes through the effective and efficient use of evidence-based interventions and high-quality services
- **Allocative value** - ensuring that resources are distributed fairly and in a way that addresses population need and reduces health inequalities
- **Societal value** - delivering wider benefits to communities and society, including social value, community resilience, economic participation and reduced dependency on high-cost services

Values based healthcare provides a consistent framework for making difficult investment choices in a constrained financial environment. By focusing on outcomes and long-term value, the ICB will shift a greater proportion of resources into prevention, early intervention and community-based care, support the strategic shift away from reactive, acute led models. This approach will help to manage demand, improve population health outcomes and contribute to the long-term financial sustainability of the health and care system.

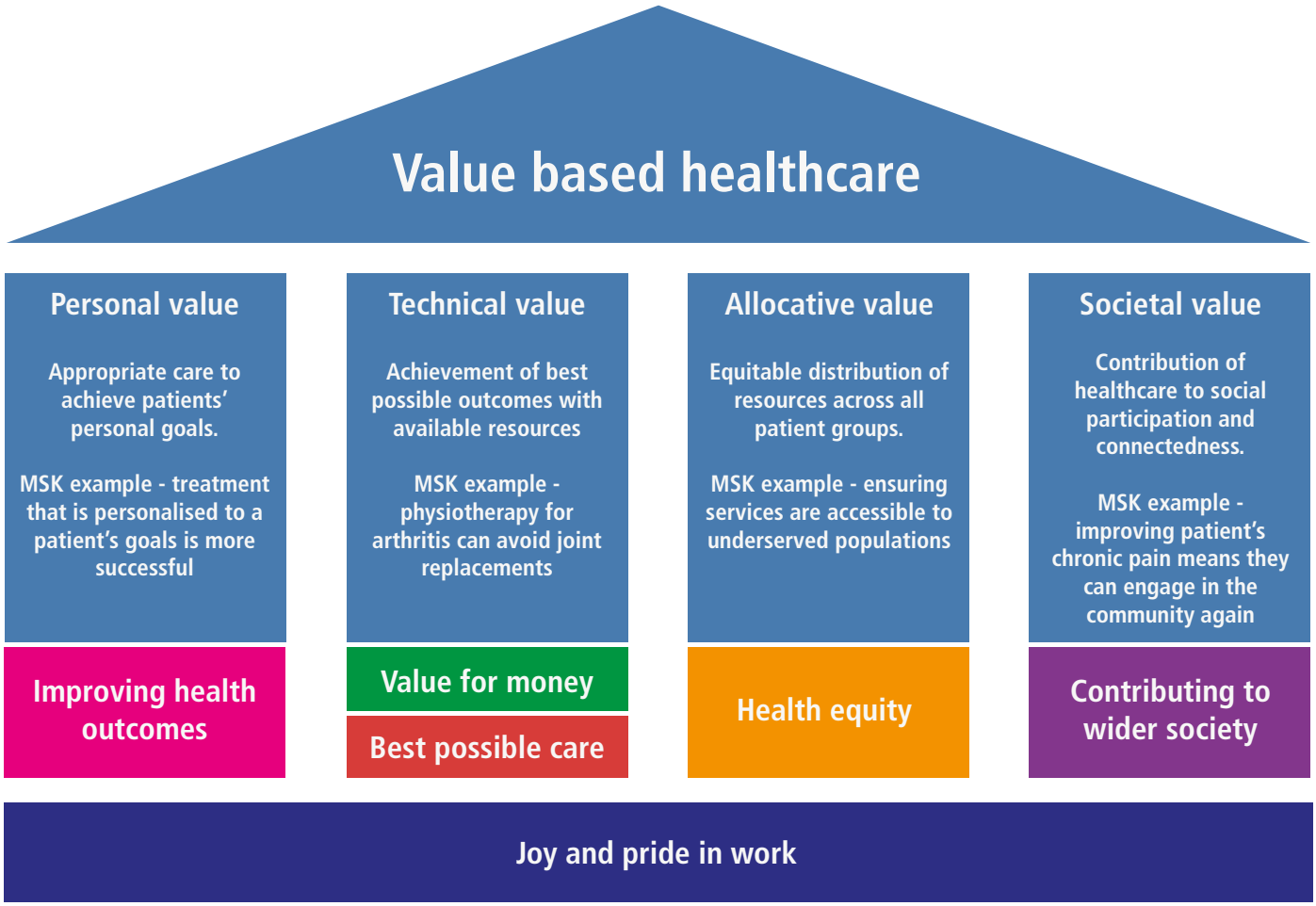


Fig 4. The ICBs Values Based Healthcare Framework (adapted from the European Commission's Expert Panel on Effective Ways of Investing in Health, 2019)

Supporting wider social and economic development

The fourth purpose of an Integrated Care Board (ICB) is to help the NHS support broader social and economic development.

This purpose is important because it formally recognises the significant role the NHS can play as a major employer, purchaser, commissioner, and anchor institution in improving the wider determinants of health, such as employment, housing, and education, beyond just healthcare provision. 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.

Social value

Delivering social value and sustainability is not a separate programme but a unifying approach connecting all our priorities - from neighbourhood health and quality improvement to digital transformation. It defines how we work with our communities to deliver long-term wellbeing, inclusive growth and a healthier, more resilient future.

The Social Value Act 2012 requires public bodies to consider how the services they commission and procure can improve the economic, social, and environmental well-being of the area. Social value in NHS commissioning extends to factors such as:

- Employment and skills development for local people
- Supporting the local economy and small businesses
- Reducing inequalities and addressing health disparities
- Improving environmental sustainability
- Promoting community resilience and social inclusion
- Fostering genuine co-production with service users and communities, enhancing service efficacy and acceptance.

As a strategic and socially responsible commissioner and purchaser of over £5bn of services, the ICB plays a vital role in supporting the local economy. Embedding social value will ensure that our commissioning decisions will bring wider benefits to individuals and communities and contribute to long-term, sustainable health improvement outcomes for the population. We will develop a coproduced set of outcomes-focused, social value measures that are applicable to local issues to support our role as an anchor institution and embed them in our procurement processes.

Focus on social and economic factors to address the root causes of ill health

Utilising our purchasing power and role as a major employer to drive growth

Investing in prevention and community wellbeing to improve long term sustainability

Strengthening health and care partnerships and collaboration to integrate care

Ensure NHS services maximise community benefit and improved overall population health

Strategic commissioning role for Work Well Supporting people with health conditions or disabilities stay in work or return to work

Meeting our statutory duty to commission in a way that improves the economic, social and environmental well-being of the area

Section 3: Our population and system challenges

Lancashire and South Cumbria

The Lancashire and South Cumbria footprint is a complex one, incorporating the unitary authority areas of Blackburn with Darwen and Blackpool, as well as the upper tier authority area of Lancashire county. It also includes the Westmorland and Furness Council, excluding the previous Eden District, some of the previous Borough of Copeland (around Millom) which is within Cumberland Council and some of the previous District of Craven (around Bentham) which is within North Yorkshire Council.



There is a diverse geographic and demographic makeup which includes a mix of rural, coastal and urban communities. Significant areas of rurality and dispersed populations in Lancashire and South Cumbria present significant challenges for the delivery of services and equitable access across our communities.

There is marked variation in deprivation both between and within the areas of Lancashire and South Cumbria. 31% of the ICB's Lower Super Output Areas (LSOAs) fall within the most deprived 20% nationally.

The highest concentrations of deprivation are found in Pennine Lancashire (particularly Blackburn with Darwen, Burnley, and Hyndburn) and across the Fylde Coast, notably within Blackpool. Blackpool contains one of the largest continuous clusters of the most deprived (10%) wards in England. Significant pockets of deprivation are also present in Preston, parts of Pendle, and around Morecambe and Skelmersdale in West Lancashire. When aggregated up to form Lancashire and South Cumbria ICB, these important variations will not be ignored.

Our population and system challenges

A robust and shared understanding of need is fundamental to effective strategic commissioning. To underpin this, the ICB has started to develop a comprehensive Integrated Needs Assessment which brings together evidence on population health, service performance and the lived experience of our residents.

The Integrated Needs Assessment builds on a thorough Population Health Needs Assessment, drawing together data from local authority Joint Strategic Needs Assessments (JSNAs), demographic trends and analysis of wider determinants to understand current and future patterns of need across Lancashire and South Cumbria. The full Population Health Needs Assessment will be updated on a regular basis and can be found here. This is complemented by performance and benchmarking data to enable an assessment of how well services are meeting population needs and where variation, unwarranted inequality or inefficiency exists within and beyond the system.

Crucially, the assessment is grounded in resident insight, incorporating feedback from patients, residents and communities, as well as intelligence from partners across local authorities, the voluntary, community, faith and social enterprise (VCFSE) sector and frontline services. This ensures that the assessment reflects not only what the data tells us, but also how people experience health and care services, the barriers they face in accessing support, and what matters to them most in maintaining health and wellbeing.

By integrating these sources, the Integrated Needs Assessment seeks to provide a single system wide view of need at system, place and neighbourhood level. It seeks to highlight priority population cohorts, emerging risks and opportunities for prevention and early intervention and areas where service models require transformation to improve outcomes and reduce inequalities.

The Integrated Needs Assessment presented in the Strategic Commissioning Plan provides a high-level assessment of the current position. It will be regularly refreshed as new data and insights become available and will be refined to provide more detailed analysis at different spatial levels. Through this data-led approach, the ICB will target resources where they will have the greatest impact on both health outcomes and system efficiency and sustainability.

What our residents and communities tell us

Lancashire and South Cumbria ICB has gathered a significant amount of insight in relation to people's experiences of services through a range of engagement events, surveys, through the ICB Citizen's Panel and working with our partners. The key themes are summarised below:

Primary care	Community service	Acute services
▪ **Community centred care**: flexible, accessible care as close to home as possible ▪ **Coordination and integration**: There is a strong desire for care to be joined up and coordinated. ▪ Effective, clear and understandable **information and communication** ▪ **Better use of technology**: Many already using or willing to use technology. Some see technology as a barrier. ▪ **Person-centred care**: Care should be tailored to the individual needs of patients and involve them in decision-making processes. ▪ **Waiting times and direct access**: Timely care, reduced waiting times and direct to services. ▪ **Accessible and equitable services**: People want to be able to access services easily with the same opportunities for all. ▪ **Support for carers ADHD and Autism**: Both children and adults would like reduced waits for assessment and delays. Right to choose, shared care arrangements, referrals, prescribing, and post diagnosis support are important in this area. ▪ **Continuing health care**: Important to have timely assessments, consistency in eligibility and funding, responsiveness of care, provision of care and clear communication.	▪ **Appointments**: Being able to get an appointment with the majority still preferring for that to be face-to-face. Patients prefer to see a GP, rather than another clinician. ▪ **Contact**: People still prefer to be able to contact their surgery by telephone. Online services need to work well. Technology can be a barrier not an enabler. ▪ **Accessibility**: Availability of local services, close to home and suitable for people with disabilities. ▪ **Local arrangements**: Rural communities and local geography should be considered for services that communities come to depend on. ▪ **Consistency**: People value consistency. For example, seeing the same GP for each appointment or going to the same known location. ▪ **Medicines management and prescribing**: access to weight loss services and medication, prescribing rules and availability of branded medication. Community pharmacy is described as working well and people feel this should be used more often. ▪ **Dental access**: people have said they want more availability and reduced cost.	▪ **Accessibility**: Public transport needs to be robust, access for people in rural or remote areas, working people need 24-hour access. ▪ **Parking at hospital**: Availability of parking spaces, cost and proximity to entrances. ▪ **Navigating complex services** through better information, awareness and communication. ▪ **Services in the community**: Integrated local health and social care services with more urgent care. ▪ **Reduced waiting times and capacity** ▪ **Appropriate staffing of services** ▪ **Integration of services**: Improved coordination, smoother transitions, common data/information to avoid repetition. Avoiding multiple appointments at different locations. ▪ **Digital barriers**: Fear of scams and fraud. Incompatibility of IT systems between different healthcare providers. Tech seen by some as a barrier. ▪ **Greater clarity, excellent communication and direct access** to named healthcare workers when transitioning from child to adult services. ▪ **Designing buildings and services** that cater for everyone's specific needs, including people with disabilities, frailty, specific sensory needs, and people with mental health conditions. ▪ **Greater transparency and trust** in decision-making for commissioning decisions.

Population health needs assessment: summary

Population	Access
An increasingly ageing population , living longer in ill health, which will heighten demand and pressure on all health and social care services Some of the worst health inequalities in the country. Significant disparities in life expectancy between our poorer communities and more affluent ones, particularly in Blackpool, Burnley, Blackburn with Darwen and Barrow-in-Furness.	Inconsistent and inequitable access to some primary care services (such as GP and dental) in the most disadvantaged communities. Capacity issues in hospitals, with emergency departments seeing far more patients than they were designed for, leading to delays and overcrowded waiting areas
Burden of disease, risk and mortality	
Higher than average prevalence of chronic conditions and multi-morbidity contributes to a higher-than-average mortality rate both overall and per condition Worse health outcomes are more evident in some population groups, including disadvantaged communities, people with learning disabilities, ethnic minority groups and people with complex disadvantage Factors such as child poverty, psychological trauma, employment, education, housing quality and cultural barriers are fundamental key drivers of inequalities There are inequalities between population groups for infant mortality, babies born with low birth weight and babies born to mothers who smoke	Variation by gender is evident. Males are more likely to die earlier. Women spend on average more of their lives in debilitating health or disability. Higher than average prevalence of adverse lifestyle risk factors that are particularly impactful in terms of mortality and years lived with disability. This is particularly worse in poorer communities. A mixed picture for children and young people with CORE20PLUS5 clinical conditions*. There are both encouraging and adverse trends and variation in patterns relating to prevalence, admissions and correlation to socio-economic group
Enablers	
Evidence that where collaborative, community-insight informed approaches are used, we see reductions in inequalities and improved performance, e.g. children's admissions and cancer early diagnosis	VCFSE and communities are key enablers, particularly in accessing our most marginalised communities who experience barriers in accessing NHS services

*Asthma, diabetes, epilepsy, oral health and mental health

Integrated needs assessment: summary

1 Lancashire & South Cumbria (LSC) faces population health and inequalities challenges, linked to deprivation and other wider determinants of health

An increasingly ageing population, living longer in ill health

Higher than average prevalence of chronic conditions and multimorbidity contributes to higher-than-average mortality rate both overall and per condition. Worse health outcomes are more evident in some population groups, e.g. those with learning disabilities, ethnic minority groups

Facing some of the worst health inequalities in the country – significant disparities in life expectancy between our poorer communities and more affluent ones, particularly in Blackpool, Burnley, Blackburn with Darwen & Barrow

2 Linked to this, LSC faces a significant challenge of rising Urgent & Emergency Care (UEC) demand and Non Elective (unplanned) admissions

From 2018/19 to 2023/24, LSC faced a 'right drift' of activity towards UEC in the acutes:

A&E attendances have grown significantly faster than national average (+19% vs +5.8% nationally)

Emergency admissions have also grown significant faster than national average (+18% (vs +0.7% nationally)

Occupied bed days rose by 11%

LSC has consistently higher UEC demand per capita than the national average.

This rise in UEC demand is believed to be in part exacerbated by:

Primary care constraints and variation

- LSC has 12.5% fewer GPs per capita than the national average, with a steeper decline since 2018.
- Low appointment volumes per weighted population (including GP-delivered appointments and same-day access).
- Primary care consultations which have grown since pre-COVID, but more slowly than nationally.
- Variation in primary care expenditure and lower per-capita spend.

Social care pressures and variation

- Adult Social Care (ASC) spend has increased, but more slowly than UEC costs.
- Large local variation in ASC spend per person.
- Rising **unit** costs for home care and increasing numbers of long-term clients.

3 LSC also faces challenges with delivering its elective activity – although this is more in line with the rest of the country

All providers face long waitlists and are far from Referral to Treatment (RTT) best practice, with under 60% of patients waiting under 18 weeks for a first appointment in Blackpool and Lancashire Teaching Hospitals

There are also opportunities to reduce long waiters for elective treatment at Blackpool and East Lancashire Hospital Trust (over 3.5% waiting over 52 weeks)

Referrals grew at faster than demographic rate across LSC between 2021/22 and 2023/24

4 This results in outcomes, performance, quality, and financial challenges:

Outcomes challenges

- Gap in infant mortality
- Gap in life expectancy
- Gap in healthy life expectancy

Performance challenges

- Cancer: Significant room to improve early diagnosis and treatment pathways, especially in Blackpool.
- Urgent & Emergency Care (UEC): High proportion of patients waiting >12 hours in ED, across the patch (including >25% at Blackpool in September 2025)
- Elective Care: There are persistent long-wait backlogs, particularly at Blackpool and ELHT. All providers are struggling to meet 18-week RTT
- Community & Mental Health: UCR 2-hour response performance needs improvement

Quality challenges

- Long waits –RTT, cancer pathways, urgent & emergency care delays.
- Transitions delays –integrated community response required to improve discharge delays and reduce repeat admissions.
- Primary care – Access and continuity. Proactive management of multimorbidity's.
- Children & young people – to strengthen CORE20PLUS5 outcomes, trauma-informed practice, early intervention.
- Frailty and End of Life – increase personalised care planning, dignity and support for carers.

Financial challenges

- High unit costs in NEL inpatient care and emergency care services
- High costs linked to a high proportion of beds occupied by patients not meeting medical criteria to reside (NMCTR)
- Low allocative efficiency, with very high spending in UEC which crowds out expenditure on secondary prevention

Section 4: Strategic commissioning priorities

Strategic Commissioning Priorities

The findings of the Integrated Needs Assessment point to a set of strategic priority areas that will guide commissioning decisions and investment over the next five years. The strategic priorities form the basis of a framework for targeting resources to where they will deliver the greatest impact on outcomes, reduce inequalities and support longer-term system sustainability. These priority areas for action will be delivered across the life course and seek to deliver improvements in both physical and mental health outcomes.

In response to the evidence provided by the Integrated Needs Assessment, the ICB will focus on the following areas:

Prevention and action on health inequalities	▪ Targeting communities and cohorts experiencing the poorest outcomes ▪ Maximising the data and population intelligence and insight to inform action on health inequalities ▪ Shifting investment upstream to address risk factors and working with partners to tackle wider determinants
Neighbourhood-based integrated care	▪ Strengthening neighbourhood models to proactively support people across all ages to maximise our focus on long term conditions, frailty and complex needs (including those at the end of life) ▪ Working across the life course to prevent ill health and improve continuity, co-ordination and personalised care ▪ Improving access to Primary Care and the delivery of Modern Primary care
Transforming and optimising planned care pathways	▪ Reducing unwarranted variation in referral, triage and treatment ▪ Improving productivity and access across elective pathways
Urgent and emergency care demand management	▪ Supporting alternatives to hospital admission ▪ Improving flow and discharge through integrated community capacity
Mental health, learning disabilities and autism	▪ Increasing parity for mental health ▪ Whole scale transformation of mental health pathways to support a shift to community-based care and support ▪ All age neurodevelopmental pathway transformation
Early diagnosis and timely intervention	▪ Prioritising early cancer diagnosis and faster access to diagnostics ▪ Supporting primary and community-based detection and referral
System performance and sustainability	▪ Addressing structural performance challenges ▪ Maximising strategic commissioning partnerships ▪ Achieving financial sustainability ▪ Aligning workforce, digital and estates investment to new models of care and the 'Three Shifts'

The Three Big Shifts

The "three big shifts" in the NHS's strategy, outlined in the 10-Year Health Plan, focus on moving care from hospitals to communities, from analogue to digital, and from treating sickness to preventing it. These strategic shifts aim to create a more sustainable health system by shifting resources and focus to proactive, community-based, and digitally-enabled care. Our strategic priorities will support the delivery of the 3 shifts.



Working with Public Health, primary care and VCFSE teams and our communities to embed health creation, prevention and early detection.

This means:

- Tackling obesity, including the continued roll out of weight loss medicines and weight management services
- Supporting the target of 25% reduction in CVD related premature mortality
- Implementing opt-out models of tobacco dependent services
- Reducing antibiotic use and polypharmacy



Working with our NHS Trusts to shift resources from hospital to community settings.

This means:

- Accelerating progress on Neighbourhood Health
- Same day appointments for urgent cases in general practice
- Increasing community service capacity and productivity
- Greater use of community pharmacy
- Additional dental appointments



With leadership and insight from the ICB, partners across all sectors will work together to modernise services using digital tools, virtual care, shared records and Artificial Intelligence (AI) to empower citizens and transform care delivery.

This means:

- Making full use of the NHS App
- Using the NHS Federated Data Platform to improve care through the better use of data
- Deploying AI tools such as digital therapeutics and ambient voice

Clinical strategy

Our refreshed Clinical Strategy sets out a 5-year vision for high-quality, connected care – focused on improving population health through prevention, personalised support and strong partnership working. It describes how the ICB, as the Strategic Commissioner of health care, will anticipate, identify and meet the clinical needs of the people of Lancashire and South Cumbria making the best use of the resources available. The Strategy centres on five priorities which provide a clear framework for delivery, helping us move from ambition to sustained, measurable progress. These are:

- Neighbourhood Health Models We will work with partners to reduce inequalities and provide care closer to home with an increasing focus on prevention.
- Delivering High-Quality Care We will provide safe, reliable and compassionate care for our patients and those who care for them.
- Supporting Our Clinicians We will inspire and enable our clinicians to make a difference for our patients, colleagues and communities.
- Providing Better Value We will use our resources wisely to deliver high-quality, financially sustainable clinical services.
- Building Modern, Digitally Connected Environments We will create modern, sustainable environments and digital tools that make clinical care safer, greener and easier to deliver.

Much of the demand we see comes from adults with multiple long-term conditions, older people living with frailty, and children and young people at risk of poorer health. We will reshape care around these groups alongside a unified offer to all groups, ensuring support is proactive, better coordinated and delivered closer to home.

The Clinical Strategy will enable a modern, sustainable and digitally connected future, providing environments designed for collaboration and personalised care. But technology alone will not deliver the change we need. Real transformation will come from integrated teams, shared outcomes, reducing inequalities and the collective commitment of partners across our Population Footprints. We will combine clinical excellence, digital innovation and strong partnerships to deliver better outcomes for the people we serve. Across Lancashire and South Cumbria, we will work with partners to strengthen neighbourhood integration, connect care across settings, and develop the people, relationships and technology that make great care possible.

Lancashire and South Cumbria 2030

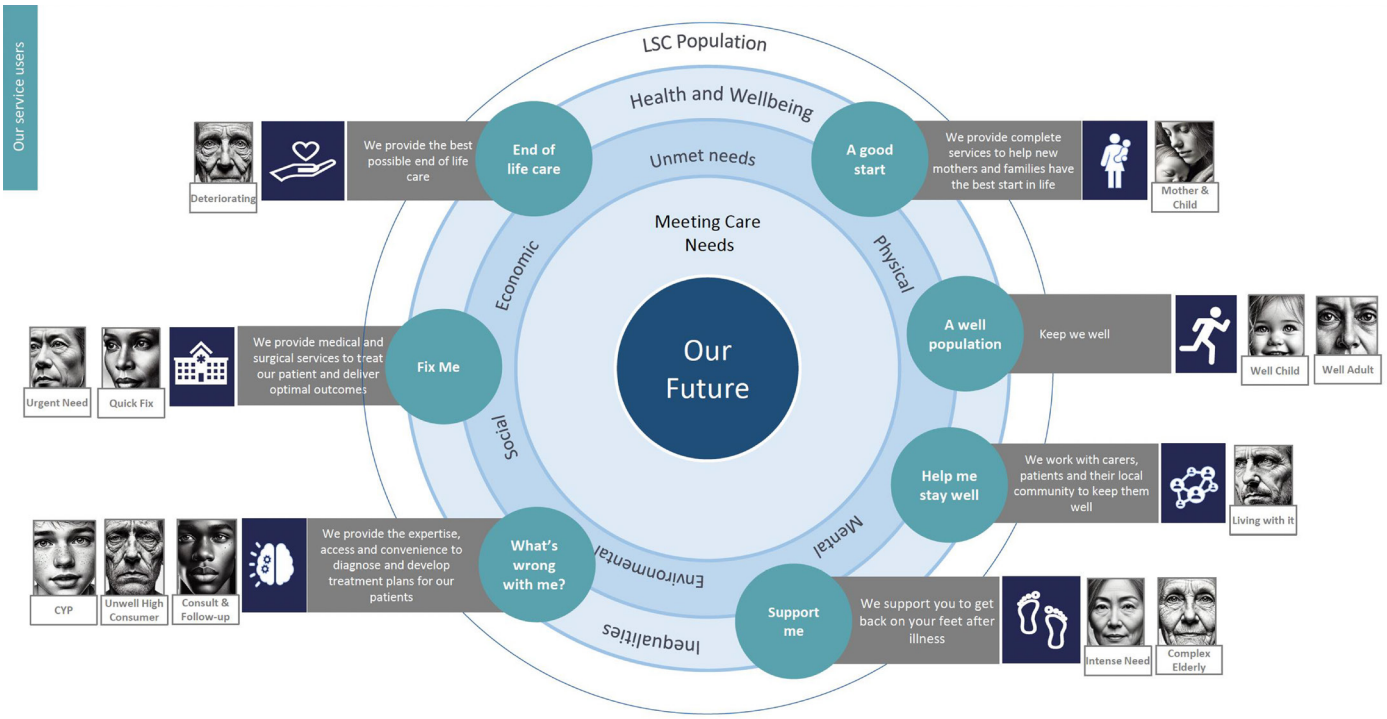
Developed by the Provider Collaborative and the ICB Commissioning teams, Lancashire and South Cumbria 2030 (LSC2030) outlines transformation priorities for the system which will improve clinical care and health outcomes. Each programme is underpinned by a practical, actionable plan with clear priorities and programmes, supported by a strong delivery framework. Outlined below are the LSC2030 portfolios, detailing the constituent programme and project areas. Alongside these are the key enablers that will support successful implementation.

LTC management	End of Life and frailty	Intermediate care	Mental health and learning disabilities	Cancer	Children and Young people	Planned Care	Clinical Support Services	Acute reconfiguration
Primary care LES LTC service INT developments PHM - CVD initiatives Health Inclusion and outreach within communities PHM - proactive care programme PHM - Tobacco prevention	Early identification and personalised care planning Workforce development and training Access to specialist palliative and end-of-life care Frailty management and community based support Improving access to community services Service integration and commissioning alignment	Baseline assessment and strategic alignment Place based tactical improvements Detailed design Further projects mobilised following detailed design	Impatient / rehab / community transformation Neurodevelopment pathway	Gynaecology cancer pathway review. Centralised dermatology triage Oncology Services	CYP, community specialist nursing Neurodevelopment pathway CYP speech therapy Paediatric audiology Community paediatricians Safeguarding and children in care Acute services redesign	Neurology redesign MSK redesign Pain management redesign Gynaecology - fertility services	Single service pathology Imaging	Single managed network - vascular Single managed network - orthodontics Urology (TBC) Head and neck (TBC)

Technology and digital | People and workforce | Data, analytics and population health | Stakeholder and system partnerships | Finance | Estates

Models of Care

Based on assessment of the users of acute services undertaken in 2024 we will organise our services around our Models of Care, each describing what people can expect and need from services commissioned by Lancashire and South Cumbria ICB at different stages of their life and health journey. Underpinning all of this will be a focus on empowerment and support that recognises holistic care needs.



Prevention and Action on Health Inequalities

ICBs have a statutory duty to reduce health inequalities and the ICB Model Blueprint has confirmed the continuing role of ICBs in reducing health inequalities. This is especially important in Lancashire and South Cumbria where there are significant levels of inequality in health. 31% of the ICB's electoral wards fall within the most deprived 20% nationally.

The 10 Year Plan for the NHS includes a much stronger focus on prevention and reducing inequalities. Our role as a strategic commissioner is to understand the health and care needs of the population, work with communities to improve health and tackle inequalities and contract with providers to ensure high-quality care that meets the needs of the population.

Over the past three years, the ICB has been testing out and starting to embed population health approaches in how it works but there is much more to do. In the next phase of the ICB we will strengthen these approaches and build on the lessons of what works. The work of reducing health inequalities is woven throughout the ICB ethos and can be seen in the ICB's new Operating Model, its role as a Strategic Commissioner and in the emerging commissioning intentions.

The ICB has agreed three unifying goals aimed at reducing inequalities.

- To reduce the gap in healthy life expectancy by 50% between our most and least disadvantaged communities
- To decrease non-elective (unplanned) admissions by 20% for people from IMD (index of multiple deprivation) 1 and 2
- To optimise the health of children with a long-term condition in IMD 1 and 2 with a dedicated focus on addressing the health needs of children frequently attending urgent care.

Embedding health inequalities across our ICB means that every member of our workforce should be supported to:

- Know about the ICB's unifying goals to address health inequalities and understand how they can contribute to the work
- Be able to access and use data and intelligence to understand how health inequalities manifest within their portfolio of work
- Be able to see, through performance reporting, whether we are making a difference to health inequalities
- See how health inequalities are being used to drive our planning, commissioning intentions and decision-making
- Access appropriate training and development opportunities

Addressing health inequalities is a fundamental priority within our Five Year Strategic Commissioning Plan, underpinning our commitment to improving outcomes for the people and communities of Lancashire and South Cumbria. By strengthening leadership, enhancing the use of data and insight, embedding a culture of values-based commissioning, and designing services that go furthest for those with the poorest outcomes, we aim to create a more equitable and preventative health and care system. These priorities set out a clear and collective approach to tackling the widest drivers of inequality, ensuring that every decision we make actively contributes to fairer access, improved experiences, and better health for all.

Key priorities to address health inequalities

Leadership and governance	▪ Use the NHS Inequalities Improvement and Assurance Framework to assess progress, ensure legal duties are met and support continuous improvement and assurance on the delivery of strategic objectives. ▪ Provide clear leadership and accountability so that reducing inequalities is a priority across the organisation ▪ Develop longer term funding allocations which allow us to address inequity of outcomes for our population
Data and insight	▪ Strengthen the data and population intelligence function including understanding population need, predictive analysis and actuarial modelling ▪ Continue the bi-monthly Integrated Performance Report to the Board including accountability and oversight for health inequalities and quality ▪ Provide disaggregated data to inform and drive commissioning, including improving understanding of ethnicity, deprivation and inclusion groups
Knowledge, skills and culture-change	▪ Embed knowledge and skills about health inequalities and how to understand and take action to address them across our workforce, using the tools available and learning from existing good practice. ▪ Embed values-based commissioning into our culture and processes to maximise heath gain and social value ▪ Build on tested and evidence-based approaches that have been proven to impact on health inequalities
Commissioning and service design	▪ Health inequalities will be systematically considered within commissioning decisions. This includes: - Using population health intelligence and lived experience to target investment towards people experiencing the poorest outcomes - Designing and commissioning services that reduce unwarranted variation in access and outcomes - Supporting the shift towards prevention with a consistent focus on going furthest, fastest for people facing the poorest outcomes
Targeted approaches for particular groups	▪ Work with communities to understand local needs and join with local partners to work on wider social, economic and environmental factors ▪ Commission targeted outreach approaches to identify and support people who face the greatest barriers to access e.g. CVD, cancer ▪ Improve access to physical health interventions for people with learning disabilities and serious mental illness
Reducing risk factors	▪ Continue the focus on reducing use of tobacco as the biggest single action that can be taken to reduce inequalities ▪ Take action on the risk factors to reduce prevalence of CVD and cancer, with a focus on target groups
Maternity and children	▪ Reduce variation in maternity outcomes and neonatal health ▪ Continue the focus on improving health outcomes for children and young people with chronic conditions in IMD 1 and 2 ▪ Address long waiting times for community services

Prevention

The Lancashire and South Cumbria Prevention Framework provides a shared framework for prevention which can be applied consistently across our priority programmes. It offers the basis for a shared understanding of the range and scope of prevention that can be used to shape strategy, policy and services, drawing upon the evidence base of what works for prevention.

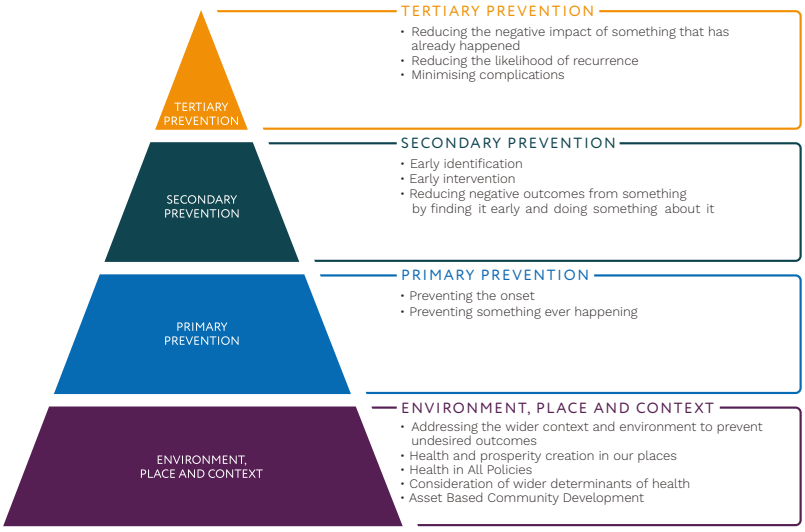


Fig 5. Developed from the Bolton Prevention Framework

The ICB's role in prevention encompasses:

Tertiary prevention	▪ Improve access to personal health budgets ▪ Ensure complex patients have personal care plans ▪ Rehabilitation and condition management e.g. cardiac or stroke rehabilitation ▪ Improve integrated care through our neighbourhood health model
Secondary prevention	▪ Identify chronic disease earlier and ensure people receive optimal treatment (e.g. Type 2 diabetes and cardiovascular disease) ▪ Provide targeted support to people who are least likely to access preventative care ▪ Continue our work to identify cancer earlier and ensure prompt diagnosis and treatment ▪ Continue to improve the number of people with learning disabilities and people with serious mental illness who have an annual health check so that their physical health needs are identified and they receive optimal treatment ▪ Invest in approaches to support people in managing their health, for example through social prescribing
Primary prevention	▪ Reduce dependence on tobacco through our continued investment in tobacco dependency services and working with partners on the implementation of the Lancashire and South Cumbria Smoke-Free Strategy ▪ Increase uptake of vaccinations, working with local partners to understand and address barriers
Environment place and context	▪ Work with communities and other local partners, listening and responding to ideas which can improve health and wellbeing ▪ Support broader social and economic development (e.g. WorkWell programme supporting people to remain in work or get back into work) ▪ Work with partners on addressing the wider social and economic challenges (e.g. collaboration with public health) ▪ As an employer and a commissioner, we will seek to maximise social value, including taking action towards environmental sustainability

Neighbourhood health

In line with NHS England Guidance and the Government's 10 Year Health Plan, Lancashire and South Cumbria ICB will prioritise the development of Neighbourhood Models as the primary vehicle for delivering the shift to community-based models of care. A neighbourhood represents the most local footprint at which integrated, proactive and person-centred care is delivered, bringing services and support closer to where people live and supporting the shift from reactive, hospital-centric care towards community-based health and wellbeing. National guidance identifies neighbourhoods as smaller geographies within an Integrated Care System, typically covering populations of around 30,000- 50,000 people, where groups of general practices, community services, social care, VCFSE sector organisations and other local partners work to join up care.

The 10 Year Health Plan sets a clear expectation that care should be organised around people and communities with more services delivered closer to home with a strong focus on prevention, early intervention and action on the wider determinants of health. Lancashire and South Cumbria ICB will not achieve this in isolation and is working closely with partners through local Health and Wellbeing Boards and local partnership structures to develop neighbourhood plans that address the specific needs of communities.

Neighbourhood health is critically important right now because the health and care system faces an urgent need for transformation. Moving towards a neighbourhood-based approach will allow more care to be delivered closer to, or at home, improving people's access, experience and outcomes while supporting long-term sustainability. As more people live with multiple and increasingly complex physical, mental health and social needs, and as the proportion of life spent in ill health continues to rise, the system must adapt accordingly.

Addressing these challenges requires a genuinely integrated response. Neighbourhood health strengthens the shift toward a new way of working across the NHS, local government, social care, the VCFSE sector and wider partners, where collaboration becomes standard practice rather than the exception. To support people effectively, every part of the health and care system – both physical and mental health services – must work together systematically, building on the cross-team arrangements already in place.

Neighbourhood health also plays a vital role in the broader agenda of public sector reform and should be seen as everyone's responsibility. It includes improving the experience and convenience of elective care by increasing direct access to tests, scans and surgery through dedicated local centres. Looking ahead, multi-neighbourhood providers and Integrated Health Organisations will be commissioned to deliver a single-agency approach to neighbourhood health over the medium to long term.

To accelerate this work, national Neighbourhood Health Implementer sites have been established to rapidly develop new models of care. Blackburn with Darwen and Morecambe Bay have both been selected as phase 1 sites, helping to lead the way in shaping neighbourhood-based health and care delivery.

The ICB's commitments to neighbourhood health

- Support prevention and long-term conditions: Strengthen neighbourhood-based prevention and long-term-condition management – including where different mental, physical or neurodiverse needs sit together – helping people maintain independence, stay well and avoid deterioration.
- Strengthen support for children and young people: Work with partners to improve early help, aligned to wider Start for Life delivery, respond to rising neurodiversity needs and strengthen transitions into adult services, creating more consistent support across our neighbourhoods.
- Enable older people to stay well for longer: Strengthen proactive, neighbourhood-based support that promotes independence, stability and prevents deterioration – contributing to some of the lowest emergency admission rates in the Northwest by 2035.

- Help people who need hospital care recover well at home: Increase the proportion of people – especially older people and those with frailty – to return home and remain independent, achieving leading recovery outcomes by 2035.
- Improve healthy life expectancy and reduce inequalities: Work with partners to contribute to improvements in healthy life expectancy for people of all ages and narrow the gap between our most and least deprived communities.
- Prevent avoidable deterioration at home: Strengthen virtual wards, rapid response and other home-based support so more people can be safely cared for at home, approximately doubling our 'beds at home' capacity by 2035.
- Empower communities and the voluntary sector: Strengthen volunteering, peer support and community assets – building local participation, resilience and connection through a commitment to careful paced co-production.

Our Neighbourhood model is based on six key components with a central focus on empowering and activating communities. A range of commissioning intentions and transformational programmes will underpin and support the development of neighbourhood models which will be developed in partnership with NHS providers, local authorities and the VCFSE sector and overseen by Health and Wellbeing Boards.



Fig 6. Components of our neighbourhood model

Modern Primary Care

Modern Primary Care is central to the development of effective neighbourhood health models and to the delivery of the strategic ambitions of this plan. As the first point of contact for many people, primary care services a critical role in prevention, early identification, continuity of care and co-ordination across the wider health and care system.

The ICB will progress the delivery of implementation plans that were developed as part of LSC2030 for General Practice, Pharmacy, Optometry and Dental services, including:

- Modern General Practice access improvement plan
- Reviewing and recommissioning Integrated Urgent Care services
- General Practice proactive and reactive improvement visits
- Maximising uptake of pharmacy first and developing new services such as chronic disease management clinics
- Expanding integrated dental access scheme to reduce inequalities
- Delivering national dental contract reform including urgent access to dental services
- Commissioning sight testing in special educational settings
- System spread of eye care support pathway

The programme of Modern Primary Care will be a key enabler of the system demand management plan. By maximising the use of advice and guidance, digital triage and multidisciplinary working, general practice will be supported to manage care closer to home, reduce avoidable referrals and ensure patients are directed to the right support.

The programme will be enabled by contractual oversight and through strong collaborative working with representative committee colleagues.

Transforming and optimising planned care pathways

Transforming and optimising planned care pathways is a critical strategic priority for Lancashire and South Cumbria ICB and a key enabler of both financial sustainability and improved population health outcomes. The Integrated Needs Assessment identifies growth in acute activity as a primary driver of the system deficit, with activity growth consistently outpacing demographic change. This indicates a sustained 'right drift' of expenditure towards acute services which is misaligned with the strategic ambition to deliver a 'left shift' towards prevention and community-based care.

The ICB will work with providers to actively reshape planned care pathways, ensuring that people receive the right care in the right setting at the right time whilst making the best use of finite system resources. Over the next five years the ICB will prioritise transforming those pathways where demand growth, variation or poor outcomes are evident. Pathway transformation will be clinically led, with a strong emphasis on better managing the demand for services, reducing avoidable referrals, streamlining patient journeys and improving access to advice, diagnostics and treatment outside of traditional secondary care settings where this is clinically appropriate.

Our commissioning intentions, which are detailed in section 8, demonstrate how we will commission service to transform and optimise planned care pathways. These include:

- The extended use of Advice and Guidance
- Addressing unwarranted variation in GP referral rates
- Commissioning with a focus on prevention and scaling community-based alternatives to secondary care
- The development of a Single Point of Access (SPOA) for selected planned care pathways in at least ten of the high-volume specialties.
- Outpatient Transformation programme -working with providers to achieve a reduction in outpatient activity including follow ups in line with national GIRFT (Getting It Right First Time) pathways

Our priority will support delivery of the national targets outlined in the Medium-Term Planning Guidance to deliver at least a 7% improvement in 18-week performance or a minimum of 65%, aiming for a national target of 70% by 2026/27; by 2028/29, at least 92% of patients should wait 18 weeks or less.

Urgent and Emergency Care (UEC)

Urgent and Emergency Care (UEC) and non-elective (NEL) admissions represent a significant pressure on the Lancashire and South Cumbria health and care system and are drivers of cost, quality and operational challenges. Analysis of activity data for 2024/25 indicates that LSC faces higher demand for NEL services, per weighted capita than the national average.

In 2024/25, emergency and non-elective (NEL) admissions per weighted capita reached 20% higher than national average – this corresponds to over 30,000 NEL admissions. In 2024/25, occupied general and acute beds and A&E attendances per weighted capita were each roughly ~1% higher than the national average.

This pattern of demand reflects a combination of population need, service configuration and system wide reliance on hospital-based responses to urgent care. The Integrated Needs Assessment highlights a consistent and pronounced deprivation gradient in how urgent and emergency care services are used across Lancashire and South Cumbria. In every urgent care measure, people living in the most deprived deciles use UEC services far more frequently than people in the least deprived areas. This has implications for our commissioning intentions and responses.

Over the next five years, the ICB will use its commissioning levers to moderate demand for urgent and emergency care and reduce avoidable non-elective admissions. Full details of the approach to UEC demand management is included in the ICB's Urgent and emergency care five-year strategy 2024-2029. Specific programmes and interventions include:

- Working with our partners to strengthen neighbourhood models of care to provide earlier intervention and proactive support for people at highest risk of admission, particularly those with frailty , multiple co-morbidities and vulnerabilities
- Continuing to work with VCFSE partners to target admission avoidance interventions to those living in our priority wards and within target population groups
- Coordinating care across the health and care system to ensure patients remain safe and well at home before accessing urgent care services and upon discharge from hospital
- Commissioning and scaling alternatives to admission, including community rapid response, same day emergency care and enhanced intermediate care
- Aligning commissioning, contractual and performance levers to support a shift away from reliance on hospital beds as the default position to urgent need.

- Joint working with North West Ambulance Service (NWAS) to manage 999 calls safely and reduce unnecessary conveyances to hospital

Further detail on commissioning intentions that will deliver against this priority area are included in section 8.

Mental health, learning disability and autism

Mental health care isn't just important to the service users who rely on care and support being available when they need it, it is also critical to the smooth running of health economies right across the NHS. In recognition of this, transforming Mental Health, Learning Disability and Autism pathways is a strategic priority for Lancashire and South Cumbria ICB.

The primary focus of our transformation is to expand and improve the quality and choice of community care for people with mental health problems in addition to people with a learning disability and those who are autistic. There is an emphasis on supporting more people with mental ill health to access community mental health services and a real commitment to ensuring timely access to high-quality, evidenced based community support, closer to their families and loved ones. This will allow people to live well at home, as independently as possible, ensuring that the care and support they experience is timely and builds on their strengths and those of the community around them.

To enable this to happen, we need to redesign and adapt models of care, services and provision to ensure that support and investment is incrementally transferred from unplanned, reactive and high-cost interventions to planned preventative support in people's community. This aim requires significant system redesign, a revised inpatient bed model and the potential recommissioning of existing services to:

- Provide integrated person-centred care in local communities, intervening early to keep people well and reduce the likelihood of escalating need and crisis
- Where people's needs do escalate, ensure access to a timely response and intensive community support when needed
- When required, ensure that any admission into hospital is on the same day, purposeful, planned (where possible) and that inpatient stay delivers an evidence-based assessment and treatment intervention for mental ill health with a timely and safe discharge back home once completed.

Our transformation will support the delivery of national targets outlined in the Medium-Term Planning Guidance to eliminate out of area placements, reduce length of stay in hospital admissions, reduce reliance on mental health inpatient care for people with a learning disability and autistic people and increase access to evidenced based services such as Talking therapies, Perinatal, Individual placement support and children and young people's mental health services.

Further detail on commissioning intentions that will deliver against this priority area are included in section 8.

Early diagnosis and timely intervention

Early diagnosis and timely intervention are critical to improving outcomes, reducing inequalities and creating a more sustainable health and care system by managing current and future demand across the system. Early diagnosis of cancer remains a national priority, with clear expectations set by NHS England to improve the proportion of cancer diagnoses at stages 1 and 2 and to deliver timely access to diagnostic and treatment pathways. Current benchmarking data demonstrates that Lancashire and South Cumbria performs less well than many comparable systems against key performance measures. Late diagnosis and poor attendance for cancer screening services contributes to poorer outcomes for residents, increased use of urgent and emergency care services and significantly higher treatment costs.

Early diagnosis is equally important in responding to the growing prevalence of long-term conditions and multi-morbidity. Delayed identification of conditions such as cardiovascular disease, respiratory illness and diabetes often leads to avoidable deterioration, higher rates of non-elective admissions and increased reliance on acute services. The Integrated Needs Assessment highlights a prevalence of chronic conditions and multimorbidity higher than national average rates which impact on mortality and healthy life expectancy. Taking a proactive approach to long term condition management remains a priority for the ICB through the commissioning of population health management approaches to improve case finding, opportunistic risk screening, improve health literacy, personalised prevention and early intervention offers.

The diagnostics programme is a critical enabler of the strategic priority to improve early diagnosis rates and ensure timely access to treatment, particularly for cancer, cardio-vascular disease and long-term conditions. Timely access to high quality diagnostics underpins effective clinical decision making, supports early intervention and is essential to improving outcomes and reducing avoidable demand on acute services. The Lancashire and South Cumbria Diagnostics Collaborative provides a system-wide mechanism to plan, co-ordinate and oversee delivery of diagnostic services more effectively across the LSC footprint. The ICB, through the work of the Diagnostics Collaborative, will be better able to monitor and assure system delivery improvements in 3 key areas:

- Optimising demand and capacity
- Improving productivity and performance
- Reducing unwarranted variation in access, quality and outcomes.

This collaborative approach enables the system to act at scale, making the best use of existing assets while supporting innovation and service transformation to achieve key targets including the national performance ambitions for timely cancer diagnosis and treatment. These are detailed further in section 8 of the plan.

System performance and financial sustainability

Improving system performance and securing long-term financial sustainability is a core strategic commissioning priority for the ICB and fundamental to the successful delivery of this Five-Year Strategic Commissioning Plan. The ICB will use its role as a strategic commissioner to address the structural drivers of cost, demand and inefficiency, ensuring that the system delivers better outcomes and value for the population within the resources available.

Restoring and sustaining financial balance - The ICB will lead a system-wide approach to restoring and sustaining financial balance. The ambition is to achieve recurrent financial balance within the next three to five years, moving away from historic reliance on non-recurrent funding and deficit support. Beyond this point, the system will aim to deliver a 1–2% annual surplus, enabling reinvestment in innovation, service improvement, workforce wellbeing and community resilience. Financial sustainability will be achieved through structural change rather than short-term mitigations, aligned to the strategic commissioning priorities set out in this Plan.

Improving efficiency, productivity and flow - The ICB will commission services and pathways that improve efficiency, productivity and patient flow across the system. This includes redesigning pathways to better manage demand, increase throughput and optimise the use of inpatient beds, theatres and diagnostics. Reducing unwarranted variation, shortening length of stay and returning to sustainable levels of activity per whole-time equivalent will be key components of this approach. A particular focus will be placed on reducing failure demand – activity generated by delays, duplication, poor coordination or avoidable deterioration. By addressing the root causes of failure demand through better pathway design, earlier intervention and improved transitions of care, the system can improve experience, reduce pressure on acute services and release capacity for higher-value activity.

Driving productivity through data, digital and technology - Data, digital and technology will be critical enablers of improved system performance. The ICB will support the adoption of digital-first models of care, including digital triage, patient-initiated follow-up, remote consultations and digitally enabled pathways that give patients greater choice and control. Investment in intelligent hospital capabilities, process automation and digital optimisation will support improved productivity and flow, with benefits expected to be realised progressively towards 2030.

Making best use of the workforce -The workforce is the system's most valuable asset. The ICB will commission and support models of care that optimise skill mix, embed multidisciplinary working and make best use of available expertise. This includes reducing reliance on premium-pay staffing, with an ambition to reduce premium-pay costs by up to 90% by 2028 and delivering a planned reduction in establishment over the next five years through service redesign rather than across-the-board cuts. Improving staff experience and productivity will be central to sustaining high-quality care.

Working as one system for value -Delivering financial sustainability requires the system to work as one. The ICB will align commissioning and delivery with partners to remove duplication, improve outcomes and deliver better value per pound spent. Shared system approaches will be developed for priority areas such as frailty, diagnostics and end-of-life care, supporting more consistent, integrated and efficient pathways across Lancashire and South Cumbria.

Supporting environmental and financial sustainability -The ICB will also support providers to reduce waste and energy consumption as part of a broader commitment to sustainability. Reducing waste-disposal costs and energy use will strengthen both financial efficiency and environmental performance, contributing to long-term system resilience. The Lancashire and South Cumbria Green plan can be viewed at: www.lancashireandsouthcumbria.icb.nhs.uk/GreenerNHS/greenplan.

Section 5: Strategic commissioning partnerships

Strategic commissioning partnerships

Strong and purposeful strategic partnerships are fundamental to the effective delivery of Lancashire and South Cumbria ICB's role as a system leader and strategic commissioner. In line with the NHS England Strategic Commissioning Framework and the expectations set out in the ICB Blueprint, the ICB will use partnership working as the primary mechanism through which population health outcomes, reduced health inequalities and high quality, sustainable services are achieved.

The ICB will move away from transactional contracting towards a strategic, relational and outcomes focused approach to commissioning. We will play a key role as a convenor and system leader, taking responsibility for shaping the health and care market, working with partners when it makes sense to do so, aligning partners around shared priorities and using collective resources more effectively. We recognise that this will require mature and trusted partnerships that extend beyond the NHS to include local authorities, the VCFSE sector and wider public services. We acknowledge that health outcomes are shaped by a broad range of social, economic and environmental factors and this will play a key role in delivering on the '4th purpose' of the NHS in supporting broader social and economic goals and tackling the wider determinants of health.

Robust and effective strategic partnerships will enable the ICB to align commissioning intentions with provider strategies, local authority plans and community priorities, ensuring transformation is co produced, jointly owned and co delivered. Through partnership working, the ICB will support co-production, encourage innovation and enable partners to collectively design solutions to complex challenges such as workforce sustainability, health inequalities and rising demand. This approach also supports more effective use of resources by reducing duplication, addressing fragmentation and enabling investment to be targeted where it can deliver the greatest population benefit. To this end, residents of Lancashire and South Cumbria will experience a much more streamlined and coordinated offer of health and care services that they will receive.

Over the next five years, the ICB will continue to strengthen its strategic partnerships through building trusted relationships, clear governance arrangements, transparent decision making and shared outcomes frameworks. Commissioning will be used as a lever to reinforce collaboration, including through aligned incentives, flexible contracting approaches and support for place-based and neighbourhood delivery.

Working with the VCFSE Sector

The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is a critical strategic partner in improving health and wellbeing across Lancashire and South Cumbria. It reaches deep into communities, builds trusted relationships, and provides early help, prevention, and personalised support in ways statutory services cannot easily replicate. The ICB recognises the VCFSE sector as an equal partner in improving population health, reducing health inequalities and supporting sustainable, person centred models of care. Joint working and co-production with the sector will be embedded at system, population footprint and neighbourhood level.

The sector has a strong track record in delivering health and care services, often working alongside traditional NHS providers to provide person-centred and integrated pathways. VCFSE organisations are particularly well-placed to support the delivery of holistic, wrap around support that helps individuals and families navigate complex systems and address the wider determinants of health that drive avoidable demand into NHS services. In addition, the sector is often able to attract and leverage external funding, enabling match-funding that amplifies NHS investment and increases overall system capacity and impact.

The ICB's commitment to working with the sector is outlined in the Partnership Agreement with the VCFSE Alliance (add link) which was re-signed in November 2025. Over the next five years, the ICB will strengthen the strategic commissioning partnership with the VCFSE sector through early and meaningful involvement in needs assessment, service design and priority setting. This includes co-producing commissioning intentions, shaping service specifications and contributing to the development of neighbourhood models of health and care. By doing so, commissioning decisions will better reflect lived experience, community assets and the social determinants of health.

The ICB will use the shared learning from recent events held with sector representatives to support more effective investment and commissioning approaches that enable VCFSE involvement in the delivery of this plan. A range of commissioning and funding mechanisms will be used, including long-term contracts where appropriate, simplified procurement processes and proportionate assurance arrangements. This approach recognises the diversity of the sector and seeks to reduce unnecessary burden while maintaining accountability for quality, outcomes and value for money. The ICB will also work with partners to support capacity building, development and workforce sustainability within the VCFSE infrastructure sector.



Enablers

- Strategic Partnerships
- Outcomes based commissioning
- Longer term investment
- Alternative contracting models,(including grants where appropriate)
- Market shaping & development
- Values based commissioning

Strategic partnerships with NHS Providers and contractors

Strong, mature and transparent partnerships with NHS providers are essential to the delivery of this Five-Year Strategic Commissioning Plan. The ICB will work strategically with individual NHS Providers and collectively through the LSC Provider Collaborative to move beyond traditional commissioner-provider relationships towards shared accountability for outcomes, quality and sustainability, grounded in a shared understanding of population need and aligned to our Clinical Strategy.

These strategic partnerships will focus on creating the conditions for sustainable delivery in areas such as workforce planning, digital enablement, estates and infrastructure. This will build on work led by the Provider Collaborative including One LSC Procurement, which brought together individual services across the five NHS trusts to form an integrated supply chain and procurement service, to drive efficiencies and standardisation.

Providers will play a central role in shaping models of care, service pathways and clinical standards, ensuring that commissioning intentions are clinically led, evidence based and deliverable. Through early engagement and co-design, the ICB and providers will jointly develop solutions to address unwarranted variation, improve access, experience and outcomes and reduce health inequalities across the system.

Over the next five years, the ICB will increasingly use collaborative commissioning and contracting approaches to support partnership working. This includes the use of outcomes focused specifications, alliance and lead provider models arrangements where appropriate, and payment mechanisms that incentivise integration, prevention and long-term value rather than activity alone. These approaches will support provider collaboration across organisational boundaries, including between acute, community, ambulance, mental health and primary care providers, and with local authority and VCFSE partners.

The ICB will work with providers to align investment decisions, manage system risk collectively and support service transformation that improves productivity while maintaining quality and safety. Financial transparency and shared understanding of system constraints will underpin honest, constructive dialogue and joint problem solving.

Governance and accountability arrangements will support these partnerships through clear roles, shared outcomes frameworks and proportionate performance oversight. While the ICB retains statutory accountability for commissioning decisions and system performance, providers will be empowered to lead delivery and improvement at system, place and neighbourhood level. This approach reflects the principle of subsidiarity and enables providers to innovate and adapt services in response to local need.

The ICB will work closely with primary care providers and representative bodies to implement system wide and new population footprint arrangements for engagement and leadership. It will also continue to support the ‘market development’ of footprint and system primary care providers in preparation for greater primary and community care integration and in time the potential delegation of some ICB functions.

Working with our Local Authority Partners

Across Lancashire and South Cumbria, the NHS Integrated Care Board (ICB) and Local Authorities (LAs) share a statutory responsibility to deliver high-quality, person-centred care and support to residents.

Given the context of significant financial constraints across both NHS health, Local Authority and social care systems, greater alignment of priorities, resources, and delivery models is required going forward. The ICB's transition toward a strategic commissioning model and local government reform and place-based transformation focus across Lancashire and South Cumbria, creates opportunities to strengthen the collective approach to health and care and prevent unintended redistribution or displacement of costs, ensuring no inappropriate transfer of funding responsibilities.



By working together from understanding the needs of our population, planning, scoping activity, co-production, to joint procurement, delivery and assurance, we can create a Lancashire and South Cumbria model that benefits both organisations and the people we serve. This is particularly important in areas such as Continuing Health Care and Intermediate Care provision. The memorandum of understanding in place between the LA and ICB will help facilitate this working.

Several service areas have been identified which provide significant opportunities for joint working, integrated approaches and commissioning, with a view to reduce duplication and waste and to promote joined up services to meet the needs of our residents. The development of our Neighbourhood Plans and our Better Care Funds provide a basis for driving this forward. Strategic Partnership working with the Combined County Authorities (CCAs) in Lancashire and Cumbria will be an important enabler of the ambitions set out in this strategic plan. Closer alignment between the ICB and the CCAs will support a more integrated approach to addressing health inequalities and the wider determinants of health, including employment, skills, housing and transport. Collaboration on work and health, economic inactivity and inclusive growth will be critical to improving long-term health and reducing demand on health and care services.

Section 6: Strategic financial direction and thinking

Purpose and role of the finance strategy

The Finance Strategy (currently in development) will set out how financial resources will support delivery of the Five-Year Strategic Commissioning Plan across Lancashire and South Cumbria. It will provide the framework within which commissioning ambitions will be prioritised, phased and delivered, ensuring that plans are affordable, realistic and sustainable while maintaining statutory financial balance and value for money.

The Finance Strategy will be a core enabler of the Strategic Commissioning Plan. It will ensure that commissioning decisions are grounded in financial reality and that strategic ambitions are translated into deliverable plans over the medium term; maximising the efficiencies of the Lancashire and South Cumbria pound.

Strategic and financial context

Lancashire and South Cumbria is one of the most financially challenged health and care systems in England. The system faces a sustained underlying financial gap driven by population health need, significant health inequalities, demand growth, workforce cost pressures and historic service configuration.

In recent years, financial balance has depended heavily on non-recurrent and deficit support funding, alongside strengthened controls and enhanced national oversight. While this has enabled short-term stability, it is not sustainable. The scale of the challenge requires a shift away from in-year financial mitigation towards a planned, multi-year approach focused on sustainability and structural change.

This context means that difficult prioritisation decisions are unavoidable. The Finance Strategy therefore provides a clear framework for aligning resources to population need and strategic priorities while managing financial risk over time.

Strategic financial direction

Over the life of the Five-Year Strategic Commissioning Plan, the system will transition from a predominantly short-term financial recovery approach to a medium-term model that integrates commissioning priorities, service transformation and financial planning.

Affordability, value for money and long-term sustainability will be central to all commissioning decisions. The system will increasingly focus on planned rebalancing of resources rather than reactive in-year actions, recognising that sustainable improvement requires time, transitional investment and coordinated system effort built up from our well-developed strategic commissioning partnerships.

Financial principles

The Finance Strategy will be underpinned by clear principles that guide commissioning and investment decisions. Resources will increasingly be allocated on a population-based and needs-led basis, moving away from historic baselines that no longer reflect current demand or inequalities. Investment will recognise value-based healthcare commissioning, prioritise prevention, early intervention and actions that reduce health inequalities, recognising their importance in improving outcomes and managing long-term demand.

Proportionate universalism will underpin our approach to resource allocation, ensuring that investment is made across the whole population while being weighted according to relative need, deprivation and health inequality. This means directing resource and support to communities experiencing the poorest outcomes, so that universal access to services delivers genuinely equitable impact and contributes to narrowing inequalities across Lancashire and South Cumbria.

A deliberate "shift left" will progressively rebalance investment away from avoidable acute hospital activity towards neighbourhood, community and home-based models of care. Subsidiarity will be strengthened through place-based decision-making aligned to population footprints within a clear system framework, and all plans will be realistic, deliverable and focused on medium-term value for money.

Resource Allocation and Financial Framework

The ICB will operate a transparent and consistent approach to resource allocation informed by national allocation methodology and local population need. Over time, this will include the development of indicative place-level financial envelopes that reflect population characteristics, service configuration and system priorities.

Investment decisions will be explicitly aligned to the priorities set out in the Strategic Commissioning Plan, including prevention, neighbourhood-based care and reducing inequalities. Where service change is required, the financial framework will support phased implementation and the use of transitional funding where appropriate. The ICB will retain overall responsibility for financial stewardship while enabling places and provider collaboratives to design and deliver locally appropriate solutions within agreed system parameters.

Commissioning and Investment Decision-Making

Over the five-year period, the system will strengthen commissioning-led financial decision-making to ensure that resources are aligned to outcomes, affordability and population need. This will include moving away from historic funding baselines as the default position for investment decisions, applying consistent affordability, value-for-money and opportunity-cost tests, and increasing the use of time-limited funding to support service change. Disinvestment and reallocation of resources will form part of routine commissioning, rather than being limited to periods of financial recovery.

Delivering the Strategic Shift in Care Models

The Finance Strategy will support the Strategic Commissioning Plan's ambition to shift models of care towards prevention, integration and care closer to home. Commissioning of acute services will focus on reducing avoidable demand, improving productivity and flow, and ensuring acute capacity is focused on high-value, specialist and complex care. Routine and lower-acuity activity will increasingly be delivered in community and neighbourhood settings. Commissioning of community, primary care, mental health and learning disability services will prioritise prevention, early intervention, crisis avoidance and integrated pathways. Investment will be targeted towards populations with the greatest need, supporting the reduction of health inequalities and improved outcomes for people with long-term conditions and complex needs.

Contracting, Incentives and Market Management

The Finance Strategy will be delivered through more active and strategic use of commissioning, contracting and incentive mechanisms. This will include greater use of blended payment approaches and aligned incentives to reduce reliance on activity-driven growth that does not support strategic objectives. Several of our main NHS healthcare providers are responsible for both acute and community services, so a key part of the contracting approach will be to incentivise a shift in resource from high-cost acute care to community care, closer to home. Contracting levers will support admission avoidance, early discharge, improved flow and enhanced community provision. The ICB will strengthen its role in market management to address cost pressures, fragility and unwarranted variation, working closely with providers to ensure financial and operational assumptions are realistic and transparent.

Medium-Term Financial Sustainability

Financial sustainability will be achieved over time through demand management, productivity improvement, pathway redesign and phased delivery of recurrent savings. To support this, the system will move through a clear, staged trajectory over the life of the five-year strategic commissioning Plan

Year 1: Grip and Stabilise (2026/27)	Year 2-3: Reset and Rebalance (2027-29)	Years 4-5: Transform and Sustain (2030-31)
The initial focus will be on maintaining strong financial grip and control across the system. This will include clear prioritisation of spend, delivery of recovery actions, robust governance and strengthened oversight arrangements to stabilise the system's financial position and establish a credible baseline for change.	As stability is secured, the system will progressively reset and rebalance investment in line with strategic commissioning priorities. This will include a shift towards prevention, neighbourhood and community-based care, alongside pathway redesign to improve flow, productivity and value for money, while maintaining overall financial balance.	In the later years of the Commissioning Plan, transformation will be embedded to support a financially sustainable system aligned to population need and health inequalities. Mature neighbourhood-based models of care and reduced reliance on avoidable acute activity will underpin improved outcomes, productivity and long-term affordability. All schemes will be subject to robust prioritisation, governance and benefits realisation tracking to ensure delivery of sustainable financial and service benefits.

Place-Based Financial Framework

The Finance Strategy will support increased subsidiarity through a progressive approach to place-based financial working. Indicative place-level financial envelopes will be developed over time, supported by clear expectations regarding financial balance, risk management and contribution to system objectives.

Delegation of financial responsibility will increase as place-level capability and maturity develop, within a robust governance framework and clear system boundaries.

Invest-to-Save and Medium-Term Sustainability

Targeted invest-to-save approaches will support delivery of strategic priorities and medium-term sustainability. These will be prioritised using clear criteria, including affordability, deliverability, benefit realisation timescales, and system-wide impact, and will be subject to robust governance and benefits realisation tracking.

Financial sustainability will be achieved through a multi-year approach that balances investment, cost control and transformation. The system will focus on managing demand growth through prevention and pathway redesign, improving productivity and reducing unwarranted variation, and phasing delivery of recurrent savings linked to service change.

The Finance Strategy will provide the financial discipline and flexibility required to deliver the Five-Year Strategic Commissioning Plan. It will recognise the scale of the financial challenge while setting out a credible medium-term approach to sustainability, transformation and improved outcomes for the population of Lancashire and South Cumbria.

Section 7: Enablers

Enablers

Data and digital, workforce, estates, innovation and working with people and communities, are critical interconnected enablers the ICB will use to drive transformation of health and social care, manage resources effectively across the system and deliver the ambitions of the NHS10 Year Health Plan.

Data and Digital: Foundational for modern healthcare, focusing on using technology and information to improve patient care, operational efficiency, and population health management. We will focus on leveraging service user apps, AI, virtual wards, and a "single patient record" across care settings to connect services and enable evidence-based decision-making and effective data sharing, to use combined data for enhancing care and predicting population health needs.

Workforce and Organisational Development (OD): The workforce is the NHS's greatest cost yet the most critical asset. The enabler role involves strategic planning, organisational development, and creating a positive work environment to deliver future service models. Developing a comprehensive, long-term approach to workforce planning, building digital skills and capabilities, and changing ways of working to release staff time for patient care are key areas of focus.

Estates: The physical infrastructure is a key enabler for service delivery and transformation, ensuring buildings are fit for purpose, efficient, and support modern models of care, such as "out-of-hospital" services and primary care networks. Alongside this, we will focus on developing 10-year infrastructure strategies and asset management plans with system partners, to align capital investment with national priorities and achieve net-zero carbon goals.

Innovation: We must respond to the changing time and innovation adoption is critical to achieving this. With increased demand and limited resources putting pressure on the health and care sectors, innovation adoption will help us to both meet the transformation challenges we are facing as an ICB, address fragility and economies of scale and respond to how people want to receive health care services in the future.

Working with people and communities: ICBs have a legal requirement to involve the public in planning and decisions that affect health services, as outlined in guidance from NHS England. LSCs Working with People and Communities strategy focuses on "Power to the People," developing strategies with communities to meet their priorities, not just applying a one-size-fits-all approach.

Data and digital

The ICBs Digital and Data Strategy (2024–2029) sets out a five-year roadmap to transform health and care delivery through digital innovation, including the use of artificial intelligence (AI), and data-driven decision-making. This provides the system framework for investment, sequencing and delivery across infrastructure, platforms, data and service models. The strategy aligns with the 10 Year Health Plan, Integrated Care Partnership priorities, ICB strategic objectives, and national frameworks, and focuses on four core priorities:

- **Secure Digital Infrastructure** – establishing a single, resilient digital foundation across the system, including shared networks, cyber security, cloud infrastructure and consolidated contracts. This is positioned as a prerequisite for wider transformation and productivity gains.
- **Single Set of Core Strategic System Platforms** – converging clinical and corporate platforms including Electronic Patient Records, Shared Care Record, diagnostics systems, patient engagement platforms (PEP+), NHS App integration and Ambient AI. These platforms directly support national frontline digitisation expectations and service modernisation.

- **Unified Data Architecture** – delivering shared data platforms and interoperability of systems across partners, utilising national programmes and platforms where appropriate such as Secure Data Environment and Federated Data Platform to support operational grip, population health management, operational performance and research.
- **Integrated Digital and Data Service Delivery Model** – delivered through the creation of OneLSC, providing a single system delivery vehicle for digital, data and technology services, enabling scale, resilience and standardisation.

The intent is for digital to be embedded as default in the model of service delivery through scaled deployment of national and locally developed platforms. Key examples include:

- **Patient Engagement Portals and NHS App integration** – to enable digital outpatient pathways, appointment management, waiting list validation and paperless communication, aligned to the 10-Year Health Plan ambition for the NHS App to act as the primary digital front door.
- **Shared Care Records** – to provide system-wide access to information across NHS, social care and voluntary sector partners, supporting care closer to home, right-time decision-making and neighbourhood models of care central to the 10-Year Health Plan.
- Ambient Voice Technology and automation, deployed to reduce administrative burden and release clinical capacity, directly supporting the national objective to free frontline staff from non-clinical tasks.
- Digitisation of adult social care, including digital care records and assistive technologies, enabling safer care, reduced falls and reduced reliance on acute services, supporting hospital-to-community shift.
- **Health literacy and digital exclusion** – we will work with system partners including local authorities and the VCFSE sector to ensure that the design and deployment of digital services are inclusive, accessible and do not exacerbate inequalities

To achieve these ambitions, we must address the current challenges that we face. These include siloed systems and data, variation in digital maturity, especially in social care and VCFSE sectors, workforce shortages in digital and data roles and limited scalability of local innovations.

The strategy sets a clear trajectory from siloed working to shared, integrated care, underpinned by collaboration and continuous engagement with stakeholders. To deliver this we will strengthen systemwide governance and accountability structures to assure delivery and manage dependencies across organisations, ringfence resources and prioritise the delivery of high-impact and mandated programmes. Annual reviews will ensure alignment with evolving needs and emerging technologies. The LSCS Digital and Data Strategy can be accessed here:

Estates and Infrastructure

Strategic Estates and Infrastructure drive the 10–15-year plan to transform healthcare delivery. We support the development of neighbourhood health centres, new hospitals programme, digital transition, and shifting care from acute to community settings. Our infrastructure Strategy underpins three ambitions: improving collaboration and financial sustainability, moving care closer to home, and reducing inequalities through prevention, supporting a future that is digital, smart, green, and financially sustainable. LSC Integrated Care Board :: Infrastructure Strategy 2024-2040

Core Areas of Focus:

- **Primary care services, infrastructure and left shift** – moving non-essential services out of hospitals and into community settings, enabling "right-sizing" of new hospitals, and addressing long-standing underinvestment in primary and community care estates
- **Neighbourhood Health Centres** – to bring care closer to home and enable the two new hospitals to be "rightsized"
- **Significantly improve the quality and operational efficiencies of our provider estate** - across acute, mental health and learning disabilities pathways to support service transformation and delivery of the 10 Year Health Plan.

- **Space Utilisation** –optimise the use of infrastructure for the delivery of healthcare, targeting 85% occupation levels.
- Develop our NHS estates and facilities workforce to respond to our changing infrastructure and recruitment pressures
- **Net Zero** – Support ICB and Trusts Green Plans, to enable the NHS to cut carbon emissions by around 40% by December 2032 and reach net zero emissions by 2040 for both existing and new estate, including estate decarbonisation planning, ensuring new building and refurbishment projects are compliant with the NHS net zero standards, greener facilities, clean energy and smarter efficiency.

Our priorities for the next 5-10 years

- Codesign programmes, plans and projects with system partners, working collaboratively with all stakeholders, including local authorities, NHS Trusts, primary care providers, and NHS property companies to align priorities.
- Coordinate capital planning to map plans and aspirations versus projected and estimated costs
- Identify and bid for new/additional sources of funding to support our system wide infrastructure ambitions.
- Optimising Existing Assets - Refurbish and redevelop underused buildings, maximising estate, and disposing of surplus buildings
- Capital planning and business case development for areas lacking suitable infrastructure
- Implement a systemwide estates booking system across Lancashire and South Cumbria, to improve efficiency and value for money.
- Establish a multi-partner strategic infrastructure Board to oversee major/new capital investment, planning and delivery across the LSC system.
- Maintain strong partnerships with the private sector, leisure providers, and other key organisations to ensure a joined-up approach that maximises resources and delivers efficient, sustainable solutions.

Workforce

The delivery of this Five Year Strategic Commissioning Plan depends on a workforce that is sustainable, skilled, adaptable and aligned to future models of care. Lancashire and South Cumbria faces significant workforce pressures, reflecting national challenges alongside rising demand, constrained finances and the scale of system transformation required. In line with the NHS 10 Year Health Plan, workforce is recognised not only as a critical enabler of reform but also as a driver of improved population health, productivity and economic value.

The Strategic Commissioning Framework sets clear expectations for ICBs to act as strategic commissioners, accountable for ensuring the best use of the population's health budget now and in the future. This requires a shift away from short-term, transactional workforce planning towards strategic, multi-year workforce planning embedded within the commissioning cycle. The ICB will focus on ensuring that commissioned services are underpinned by workforce models that are deliverable, affordable and aligned to strategic priorities, rather than duplicating provider workforce functions.

As a strategic commissioner, the ICB will work with providers, local authorities, education partners, the VCFSE sector and regional and national bodies to shape workforce supply, skills and deployment across the system. This includes supporting the development of primary care at scale, neighbourhood and community-based workforce models, enabling multidisciplinary working and new roles, and ensuring workforce planning supports the left shift from acute to community and preventative care.

In line with NHSE guidance, the ICB will prioritise:

- Optimising workforce productivity, skill mix and deployment to support demand management and pathway transformation
- Supporting digital enablement and new ways of working that improve efficiency and staff experience
- Embedding workforce considerations within financial recovery and sustainability plans
- Strengthening recruitment, retention, wellbeing and leadership, recognising their impact on quality and outcomes

- Supporting inclusive workforce approaches, local recruitment and social mobility

This builds on the existing Lancashire and South Cumbria Five-Year Workforce Strategy, recognising that significant changes in policy, financial context and ICB responsibilities require a refreshed approach. Over the next five years, workforce development will focus on four key elements: workforce availability, education and skills development, alternative operating models, and culture, leadership and behaviours.

The ICB will also continue to develop its own organisational capability as a strategic commissioning organisation, strengthening skills in data and analytics, population health, system design, resource allocation, evaluation, partnership working and community engagement. This will be supported through organisational development and new ways of working that reflect the future role of the ICB.

By embedding workforce planning within strategic commissioning and working collaboratively across the system, the ICB will help ensure that the right workforce is in place to deliver high-quality, sustainable services and improved outcomes for the population of Lancashire and South Cumbria.

Organisational Development

Our teams led the revitalisation of the ICB's values and behaviours in 2024, and our commitment now is to ensure these underpin our work to establish the organisation on a firm footing. We recognise that now is the time to invest in our people to guide the organisation through a challenging period of organisational change and create the confidence to fulfil our roles as strategic commissioners. This will include strengthening leadership, team effectiveness and building commissioning capabilities, while ensuring all our staff feel included, valued and supported at work.

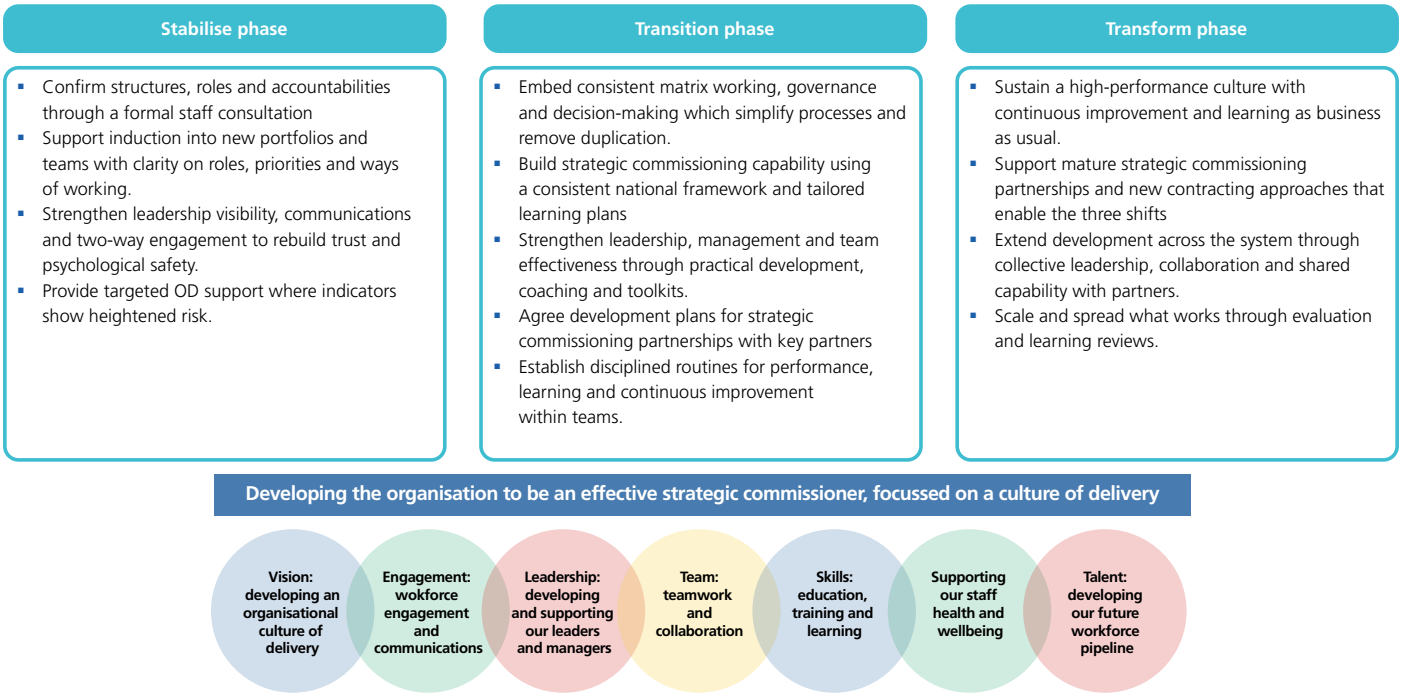
We will do this by:

- Refreshing the ICB People Strategy in 2026 – supporting our people as strategic commissioners and aligning to the values and leadership behaviours we expect.
- Building staff skills and commissioning capabilities through development plans with a particular emphasis on using data, market management, resource allocation, strategic leadership and collaboration, drawing support from the National Strategic Commissioning Framework.
- Codesigning with our teams an updated approach to our practical working arrangements for the next stage of the organisation's life. This will include consideration of bases, flexible working, team building and working in local communities.
- Creating a "digital accelerator" programme that supports and enables staff to effectively use data and digital/AI tools to reduce avoidable workload pressures and improve productivity.
- Committing to support staff through all stages of an employee journey.
- Create a regular feedback loop for the Board and Executive team, measuring workforce and culture indicators including retention/turnover, absence and staff surveys, to ensure our approach is working.



Phased approach to Organisational Development

The ICB also proposes to adopt a three-phase approach to the organisation's development as a strategic commissioner and to underpin our commitments to our people and our partners. These phases are not linear and will overlap to an extent over the next 2-3 years. It is likely that activity will be scaled up or down in response to the pace of change, organisational readiness and workforce risk. The illustration on this slide points to areas of focus for this approach to organisational development.



Working with people and communities

Our five-year strategic commissioning plan focuses on improving quality, outcomes, and financial sustainability to deliver the ambitions of the 10 Year health plan, which emphasises prevention, integration, and reducing health inequalities. By embedding the voices of people and communities into governance and service design, guided by our Working with People and Communities strategy, the ICB will ensure that care delivery is patient centred, equitable, and responsive to local needs and that public engagement and involvement is at the heart of health and care decision-making.

Creating genuine opportunities for feedback and insight supports our statutory obligation to involve people and communities in decision making. We plan to build on what works well and continue developing robust patient engagement infrastructure at system level through our citizens' health reference group and citizens' panel. At place we will work closely with neighbourhoods to ensure that effective mechanisms provide a supportive and welcoming environment for meaningful co - production. We will grow patient participation groups in GP practices and support their continued development through networking opportunities, peer support and sharing good practice. We will bring together communities of patients with lived experience and continue to work closely in partnership with Healthwatch and VCFSE colleagues to capture a wide range and representative landscape of patient experience which aligns with the priorities and commissioning intentions of the ICB. Finally, we will commit to building capacity and capability in the workforce to implement co-production and engagement methodologies which support our aspirations for collaborative working.

The strategy will support insight-driven strategic commissioning, coproduction of services, and building trust and understanding and outlines how we will deliver citizen reference groups, place-based engagement plans, and lived-experience networks. These mechanisms will help achieve short-term goals around strengthening foundations and financial balance, medium-term objectives to improve integrated care and reduced hospital demand, and our long-term ambitions to improved population health.

Ultimately, this strategy operationalises the principle of "nothing about us, without us," ensuring that the ICB's work to deliver the NHS 10-Year Health Plan and 5-Year Strategic Commissioning Plan is rooted in partnership, equity, and empowerment. By sharing power, fostering collaboration, and valuing community insight, the ICB can drive sustainable improvements in health outcomes across Lancashire and South Cumbria.

www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/our-commitment-keeping-you-involved/lancashire-and-south-cumbria-strategy-working-people-and-communities

Research and Innovation

Research and innovation are critical to improving outcomes, reducing health inequalities and supporting long term sustainability across Lancashire and South Cumbria. The ICB will work with partners to ensure that research and innovation inform pathway design and service transformation, supporting the adoption and spread of best practice and proven innovation.

This will require us to;

- Maximise our potential to transform not just optimise, treatments, pathways and models of care, the use of technology and outcomes.
- Facilitate adoption, spread and scale of innovation
- Maximise opportunities to collaborate with Health Innovation Northwest on systemwide adoption and spread of innovation, horizon scanning and demand signalling, evaluation, workforce, digital expertise and pathway redesign.
- Adopt innovation that has been developed and implemented elsewhere (whether that is from within or outside the adopting service, organisation or system).
- Consider how we interact with stakeholders, and the enabling factors within the innovation ecosystem.

Key enablers for success

- An entrepreneurial, outward-looking, learning mindset across the system
- Clear system-wide innovation missions, mobilising partners beyond shared priorities, enabling the left shift
- Strong partnerships, with strategic partners and people and communities
- Early and sustained engagement of key decision makers (e.g. commissioners, finance, data evaluation, procurement etc.)
- Protected ICB capacity and additional support



Across Lancashire and South Cumbria we have a strong foundation of research capability, infrastructure and academic partnership. In line with national NHSE guidance on maximising the benefits of research within Integrated Care Systems, the ICB will continue to play a role in facilitating, promoting and utilising research to inform all commissioning functions.

System delivery and oversight is co-ordinated through the Lancashire and South Cumbria Research and Innovation Collaborative Forum, which brings together partners from primary care, NHS provider organisations, the VCFSE sector, local authorities and Higher Education Institutions (HEIs). All partners have co-produced and committed to a shared Research and Innovation Plan providing a clear system framework aligned to integrated plans and strategic priorities.

The development of strategic relationships with ICBs across the North West will to support regional collaboration, shared learning and greater impact. Specific workstreams will focus on embedding research and innovation; career pathways; health creation and commercial research

Section 8: Strategic direction and delivery priorities

Commissioning Intentions

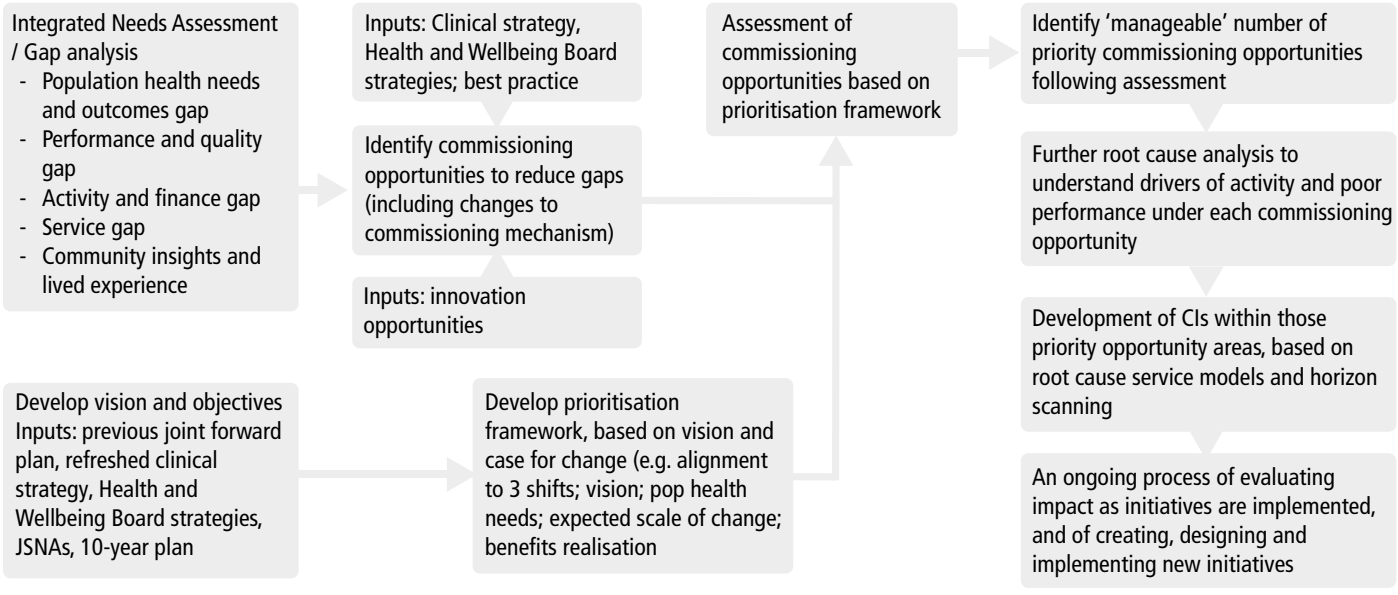
The commissioning intentions for 2026-27 represent the first year of delivery of this Five-Year Strategic Commissioning Plan and provide a clear bridge between the system's medium-term ambition and the immediate actions required to address current challenges as outlined in our Operational Plan. The 2026-27 commissioning intentions and the ICB's transformation plans are firmly grounded in the direction set by the Government's 10 Year Health Plan and align with the ICB's strategic priorities, as referenced in this plan and the Clinical Strategy. They reflect the national shift towards prevention, earlier intervention, care closer to home and greater integration across organisational boundaries, while responding to the specific needs and pressures facing Lancashire and South Cumbria, as articulated through our Integrated Needs Assessment.

The intentions are also shaped by, and are responsive to, the continuing financial position of the Lancashire and South Cumbria system. They have been developed to support the requirement to move toward financial balance in 2026/27, recognising that sustainable outcomes and performance targets must be delivered within the resources available. As such the commissioning intentions focus on pathway transformation, moderating growth in acute hospital activity, reducing avoidable demand for health services and rebalancing investment towards models of care that offer greater value and long-term sustainability.

Development of the 2026-27 commissioning intentions has been informed by extensive engagement and collaboration with partners, stakeholders, and residents. The intentions are presented across the life course, mirroring the domains used in the Lancashire and South Cumbria Integrated Care Strategy. The methodology used to identify and prioritise commissioning intentions is described below.

To ensure the commissioning intentions are credible and deliverable, the ICB has undertaken detailed work to quantify expected impact on demand, activity, and finances. This includes the anticipated effect of priority interventions on acute activity growth, urgent and emergency care demand, elective pathways, and overall system expenditure. The quantified commissioning intentions have been explicitly aligned to activity and financial assumptions set out in the Operational Plan, providing a clear line of sight between strategic intent and operational delivery. This section of the plan provides a high-level overview of the commissioning intentions for 2026-27 and begins to articulate the ambitions for 2027-28 and beyond. Further details in relation to outcomes, success measures, and medium-term priorities will be developed over the coming months, in collaboration with our partners and local communities.

Methodology for identifying priority commissioning intentions



Starting and Growing Well

Our Ambitions

To 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 of care will provide services as close to home as possible, exploiting innovative digital solutions to maximise access.

Key Outcome and Performance Measures

- 78% 18-week target for referral to treatment by the end of 2026-27
- Zero 52 week waits
- Improved experience of women accessing maternity services
- Reduction in waiting times for children and young people waiting for community health services
- Improved management of long-term conditions in children and young people e.g., asthma, epilepsy and diabetes
- Improved health and wellbeing of children and young people demonstrated by:
  - Attending school more regularly
  - Communicating their needs and building relationships more effectively
  - Managing their health independently
  - Families feeling confident and supported in meeting their child's needs
- Increase in access to early help and support leading to improvement in health and wellbeing such as readiness for school, reduction in access to acute services
- Increased positive experience of children and young people accessing services
- Reduce percentage of pregnant women who smoke

Immediate priorities; 2026-27 Commissioning Intentions

- Commence implementation of the new Maternity Care Bundle in a phased approach
- Establish a long-term commissioning approach and align commissioning across the Trusts for the existing inpatient and maternity tobacco dependency services
- Recommission children's specialist nursing services across Lancashire and South Cumbria
- Tackle childhood obesity through the redesign and recommission of the children and young people's complications from excess weight service (CEW)
- Commission enhanced support for children and young people with neurodiverse needs
- Develop and implement a new system-level Community Paediatric model specifically meeting national requirements towards Cerebral Palsy and Neurology
- Redesign of speech and language therapy aligned to The Balanced System model
- Embed planning and delivery of children and young people's services into the neighbourhood model of care, aligned to wider Start for Life programmes

Medium Term Priorities 2027-28 Onwards

There are a range of services supporting children and young people ranging from the neurodevelopmental pathway, specialist nursing, speech and language therapy and specialist acute paediatric provision. The long-term vision is to make sure we deliver sustainable services with a robust flexible workforce model to meet the needs of our children and young people.

Living Well: Emotional Wellbeing, Mental Health and Learning Disability and Autism

Our Ambitions

Individuals of all ages can receive timely, high-quality, and integrated mental health support, primarily offered within the community and, when suitable, in nearby hospital settings. Commissioned services will focus on promoting emotional well-being, providing personalised care, preventing crisis, and addressing health inequalities through targeted interventions. These services will be inclusive, making reasonable adjustments to support the needs of people with learning disability and those who are autistic.

Key Outcome and Performance Measures

- Reduction in out of area mental health hospital care; eliminating all use of locked rehabilitation and reducing use of inpatient care for people with a Learning Disability and/or autism by 10% per yr.
- Delivery of NHS Talking Therapies treatment to 28,868 people and enable reliable improvement for 71% by 2028/29
- Reduction in number of people with extended lengths of stay in MH inpatient settings, minimising any delays in discharges and achieving an average length of stay to 40 days for adults
- Achieve goal of 75% of people aged 14+ on GP LD registers to have had an annual health check
- Reduce long waits for autism and ADHD assessments and improve the quality of assessments

Immediate priorities; 2026-27 Commissioning Intentions

- Design and commission Mental Health Emergency Departments based on local requirements and best practice.
- Enhance community MH integrated teams by developing models for Neighbourhood Mental Health Centres and implementing year 1 delivery
- Commission additional specialist community MH Rehab services to compliment the current community mental heath offer
- Ensure equitable access for adults affected by Eating Disorders requiring hospital admission
- Further develop Community Crisis support to prevent unnecessary mental health hospital admissions, provide additional support upon discharge, including the development of specific autism crisis accommodation.
- Improve patient flow by implementing the "10 high-impact actions for mental health discharges"
- Strengthen community-based MH services to tackle avoidable admissions and support earlier discharge including development of innovative housing solutions and jointly funded support with local authorities
- Implement the inpatient quality transformation programme and reshape LSCFT bed model to meet local needs
- Commission a mental health crisis text service as part of UEC pathways
- Transform adult pathways for Autism and ADHD to reduce waits for those with the most need.

Medium Term Priorities 2027-28 Onwards

Continued delivery of the three-year Mental Health, Learning Disability and Autism transformation programme to improve provision and contracting of Mental Health Community, Urgent and Acute care bed provision.

Living Well: Planned Care

Our Ambitions

People of all ages receive timely referral and access to high quality elective care in a clinically appropriate setting.

Key Outcome and Performance Measures

- Achieve at least a 7% improvement in 18-week performance or a minimum of 65%, aiming for a national target of 70% by 2026/27; by 2028/29, at least 92% of patients should wait 18 weeks or less
- Providers to reduce unwarranted outpatient follow-up activity, working toward specialty-level performance aligned with appropriate best-in-class benchmarks. Delivery supported through optimised use of Patient-Initiated Follow-Up (PIFU) pathways and the consistent implementation of Getting It Right First Time (GIRFT) specialty follow-up protocols and guidance, ensuring follow-up activity is clinically appropriate, outcome-focused, and delivers demonstrable value.
- Continued focus on achieving the national trajectories and ambitions to reduce long waiters
- Development of performance measures to tackle inequalities in access and waiting times for elective treatment and community services.

Immediate priorities; 2026-27 Commissioning Intentions

- Improve access and waiting times for Gynaecology services through the development of tier 2 Gynaecology service which works in parallel with Women's neighbourhood hubs
- Pain management system transformation to include enhanced provision in primary and community care
- Identify services that can be decommissioned from hospitals and instead commission from alternative providers
- Tier 2 Neurology community mobilisation; initially the headache pathway will act as a test of change
- Primary and Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision
- Pathology and diagnostic testing closer to home; point of care testing in primary care
- Commence Outpatient transformation to include development of Single Point of Access (SPOA) and improvements in New to Follow Up ration and Patient Initiated Follow Up (PIFU) to ensure only appropriate need is referred into secondary care
- Roll out Orthodontic early discharge scheme
- Implementation of new Vascular pathways and reconfiguration subject to public consultation

Medium Term Priorities 2027-28 Onwards

- Review of specialist Neurology services including Stroke and ABI to determine appropriate model and provider
- Alongside ICB Clinical Strategy, review outcomes of Provider Collaborative Board clinical service provision to identify quantum of work to achieve sustainable services
- Identify opportunities through use of Decision Support Tool specifically within Cardiology, ENT, Gastroenterology and Urology and outcomes to inform required improvements which then shape clinical service redesign priorities

Living Well: Cancer

Our Ambitions

- Reduce inequalities in the under 75 mortality rate from cancer considered preventable between low and high areas of deprivation
- Increase the percentage of people with cancer surviving 5 years or more

Key Outcome and Performance Measures

- Increase the percentage of all cancers diagnosed at stage 1 or 2 to 75% or greater
- Reduce the gap inequalities in percentage of cancers diagnosed at stage 1 and 2 in the most deprived groups (target for all groups is 75% by 2028), working with local partners, including VCFSE organisations and Public Health commissioners
- Reduce the number of people with cancer diagnosed at stage 3 and 4 (measured as an age-standardised rate per 100,000). This is a check that the increase in early diagnosis is leading to meaningful improvements in outcomes.
- Improve performance against key cancer standards: maintaining performance against the 28-day Faster Diagnosis Standard (FDS) at 80% and improving 31- and 62-day standards to 96% and 85%, respectively.
- Diagnostic Standards: Deliver a minimum 3% improvement or reach 20% or better for 6-week waits, aiming for no more than 1% waiting over 6 weeks by 2028/29
- Reduce inequalities in and improve uptake of cancer screening

Immediate priorities; 2026-27 Commissioning Intentions

- Continued focus on commissioning support to increase early diagnosis of cancer particularly in areas with highest rates of late presentations and worst outcomes (Screening)
- Improve early diagnosis for prostate cancer
- Ensure people within the urological cancer pathway have a seamless pathway to include increased early diagnosis and referral
- Pathway redesign and transformational shifting of delivery models for priority cancer pathways driven through best practice guidance

Medium Term Priorities 2027-28 Onwards

- Increased proportion of cancers diagnosed at stages 1 and 2, from around 50% to 75% of patients by 2028
- Our survival ambition is premised on achieving at least a 20% increase in early diagnosis above the 2019 level by 2035.
- Increase Bowel Cancer Screening Programme to detect more cancers, earlier by lower the starting age for screening from 60 currently to 50.
- Expand lung health checks
- Reducing the gap in rates of early diagnosis between the most and least deprived areas.
- Reduce the proportion of cancers diagnosed in an emergency setting as a result of progress in the diagnosis of some blood, brain and other rare cancers which cannot be staged.

Living Well: Urgent and Emergency Care

Our Ambitions

An urgent and emergency care system 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.

Key Outcome and Performance Measures

- A&E 4-hour Standard: Trusts to maintain/improve to 82% by March 2027 (no lower than 80% average); national target of 85% by 2028/29.
- 12-hour A&E Standard: Year-on-year improvements in patients admitted, discharged, or transferred within 12 hours.
- Category-2 Ambulance Response: Improve to 25 minutes by 2026/27, then to 18 minutes (90% within 40 minutes) by 2028/29.)
- NWAS to achieve 'best in class' for hear and see and treat and call before convey based on national benchmarks and best performers
- Address health inequalities by tackling unwarranted variation, reducing unnecessary use of non-elective care from priority cohorts, and enabling patients to access care closer to home.

Immediate priorities; 2026-27 Commissioning Intentions

- Recommission and mobilise Integrated Urgent Care services within West Lancashire in line with wider IUC transformation programme
- Integrated Urgent Care transformation programme, including urgent treatment centres and same day episodic care
- NWAS to consume the LSC Shared Care Record and working with whole system flow solution to contribute clinical information into collective shared care record
- Care Coordination focused on the following areas:
  - System improvement work to minimise handover delays and reduce conveyancing
  - Standardise safe discharge processes across LSC ensuring patients receive the right care for their needs at the right time in their usual place of residence upon discharge from hospital
  - Intermediate care; implementing step up and down approach to promote admission avoidance whilst ensuring discharge processes are efficient and effective
  - Single point of access (SPoA) provides a remote clinical assessment enabling service that offers clinicians advice and guidance to support onward referral to most appropriate service

Medium Term Priorities 2027-28 Onwards

Re-design Integrated Urgent Care services including urgent treatment centres and same day episodic care

- Implement the four pillars of Care Coordination across LSC in line with the NHS 10-year plan
- Expand Single Point of Access (SPoA) services broader than the core foundation components
- Integrate Care Transfer Hubs to be part of SPoA

Working Well

Our Ambitions

We will work with our system partners to stabilise and stem the flow of the rise of long-term economic inactivity leading to:

- Increased employment opportunities for disadvantaged groups
- A scalable model for addressing employment challenges through collaboration

Key Outcome and Performance Measures

- Progress toward the national ambition of 80% employment by 2035, by increasing the average employment rate across Lancashire and South Cumbria and closing the gaps in areas with the lowest rates
- Increase access to Individual Placement Support, supporting 2319 people with mental health into work by 2028/29

Immediate priorities; 2026-27 Commissioning Intentions

- Lead the commissioning of service provision through the expansion of the WorkWell programme
- Embed the learning from WorkWell and Connect to Work within targeted care pathways including MSK, pain management and mental health
- Work with our partners to support the delivery of the Get Lancashire and Get Cumbria Working plans, with a focus on integrated pathways.
- Embed learning from the Primary Care Innovation Fund
- Continue to commission Employment Advisors (EAs) in Talking Therapies and Individual Placement Support (IPS)

Medium Term Priorities 2027-28 Onwards

- Working across the system as a contributor to health creation, developing a scalable model for addressing employment challenges through collaboration
- To include good employment as a health outcome within our commissioning priorities
- Work with system partners to increase employment opportunities for disadvantaged groups

Ageing Well

Our Ambitions

By 31 March 2030, we aim to create a seamless journey to support people to age well across Lancashire and south Cumbria, leading to better outcomes and improved experience for our population living with frailty.

To enable people with dementia to live as well and independently as possible for as long as possible through the delivery of the LSC Dementia Strategy

Key Outcome and Performance Measures

- To achieve a 25% Reduction in UEC attendances with frailty
- To achieve a 10% Reduction in people dying in hospital
- To achieve a 20% reduction in the NEL admissions to hospital for people with frailty

Targets are to be achieved by end of 28/29

Immediate priorities; 2026-27 Commissioning Intentions

- Development of the Shared Care Record
- Co-Design fit for the future pathways for out of hospital care working with our health, care and VCFSE partners
- Integrated Neighbourhood Teams to direct 50% of the caseload to support identification, assessment and care planning for people living with frailty

Medium Term Priorities 2027-28 Onwards

- Refresh and roll out of the LSC Frailty Framework and Strategy
- Further deployment of the outcomes of the Engineering Better Care Programme around early identification, Assessment and care planning and the further deployment of the Ageing Well Training and Education
- Embed the learning from the National Frailty Discover Collaborative
- Embed the National Frailty Attuned Care Bundles
- Embed the outcomes of the UEC Learning Improvement Network
- Alignment to the Neighbourhood Model
- On-going delivery of the LSC Dementia Strategy in collaboration with partners in order to:
  - raise awareness and understanding that people can reduce or delay their risk of developing dementia.
  - reduce dementia inequalities,
  - take action across the twelve risk factors for dementia, through public health approaches.
  - ensure individuals with a diagnosis of dementia and their carers continue to live well and access support enabling them to enjoy life whilst living with dementia.

Dying Well

Our Ambitions

- More people dying in their preferred place with quality advance care plans
- Improved data accuracy, dashboards, and reporting with better use of available digital interoperability by partners - maximising EMIS/SCR functionality
- Fewer unplanned hospital admissions in the last year of life

Key Outcome and Performance Measures

- Increased number of people who are on thePrimary careGold Standards Framework (GSF) for PEOLC (1%) and have an ACP (60%)
- See a reduction in deaths in hospital, 2023 - 42% (at England average)
- Increase and maintain number of people who are on thePrimary careGSF to at least 1% (current Jan 2025 0.7%)
- Increase and maintain the number of people on the GSF with an Advanced Care Plan (current Jan 2025 = 58.8%)

Immediate priorities; 2026-27 Commissioning Intentions

- Continue GPQC/LES funding to incentivise earlier identification of PEoLC patients and completion of advance care plans
- Finalise hospice review/business case to secure sustainable, multi-year funding for palliative community services, supporting more people to die in their preferred place and further shift palliative end of life care from hospitals to homes and hospices
- Assess and address inequalities/service gaps in provision across LSC, ensure meeting statutory duty to commission specialist PEoLC services, and act on forthcoming national guidance due spring 2026. (contractual change from acute to community/shift of activity/service redesign)
- Review relevant historic service specifications to improve productivity, efficiency and inequity. (contractual change/shift activity)
- Invest in and implement the ICB digital strategy to enhance care coordination and advance care planning through improved digital systems, improving efficiency
- Evaluate and strengthen community readiness and services (e.g. district nursing, bereavement, night sit framework) to support increased community deaths.
- Review funding model for Children's Hospice

Medium Term Priorities 2027-28 Onwards

- 10% reduction in deaths in hospital
- Maintain number of people who are on thePrimary care GSF
- Increase and maintain to 80% the number of people on the GSF with an Advanced Care Plan
- Fully digital care planning with read/write, plans available LSC wide to all health care professionals/providers, offer patient access

Cross Cutting Intentions - Analogue to Digital

Our Ambitions

Use data, digital and technology to drive system efficiency: Realise benefits by 2030 through technology advancements – including artificial capabilities, process automation, and digital-pathway optimisation.

By 2029 we will have a single set of data platforms and tools to support reporting, service planning, population health management, continuous improvement, research and innovation

Immediate priorities; 2026-27 Commissioning Intentions

- Single platform of GP and All Age Community Services Software to include Hospices. Finalise plans for immediate roll out
- Focused levelling up Lancashire and South Cumbria Shared Care Record across a series of priority areas;
- Content (3-6mths to plan and mobilise)
- Digital connectivity (3-6mths to mobilise and deliver)
- Access to all including regulated care and VCFSE; planning/mobilisation in 26-27 with delivery over 3-5yrs
- NWAS to consume the LSC Shared Care Record and working with the whole system flow solution to contribute clinical information into the collective shared care record
- Require Community Service Providers to adopt existing citizen engagement platforms
- Require Acute Providers to deploy integrated (not stand alone) EPS2 compliant electronic prescribing solutions
- Continued increase of Community Services using and inputting into existing standard LSC electronic patient care Records
- Commission at scale provision of GPIT service including; technical support, registration authority, Information Governance and Data Quality
- Ensure contractual standard achieved for Pathology and diagnostic data set

Medium Term Priorities 2027-28 Onwards

- Develop the case for and adoption of a Whole System Flow Digital Platform, being a universal transition of care platform connecting all health and care providers supporting all Communities of Practice. Define within 3 months, implement in 26-27, with substantial at scale deployment in 27-28
- Drive forward universal adoption of digital citizen engagement tools to enhance connectivity to support integrated care coordination, neighbourhood health, frailty and end of life care models
- Adoption of soft intelligence reporting across the system to enable qualitative insights to be provided to improve quality, outcomes, pathway management and delivery (as above – shorter delivery time)
- Drive step-change in use of data and intelligence in strategic and operational commissioning to ensure and enable planning, delivery and further improvement to be data-informed
- Build robust read/write Future Care Plan with clear health, social care and VCFSE integration, enabling all health and care partners to access and input

Cross Cutting Intentions - Neighbourhood Health (including Modern General Practice)

Our Ambitions

ICB will prioritise the development of Neighbourhood Models as the primary vehicle for delivering more personalised, preventative and integrated support for our population

Key Outcome and Performance Measures

- Waiting Times: At least 78% of community health service activity within 18 weeks by 2026/27, rising to 80% by 2028/29
- Same Day Appointments: 90% of clinically urgent patients to receive same-day appointments (consultation with the profession ongoing).
- Patient Experience: Year-on-year improvement in access to general practice.
- Urgent Dental Appointments: deliver defined share of 700,000 additional urgent dental appointments annually.

Immediate priorities; 2026-27 Commissioning Intentions

- In line with NHS 10 Yr Plan, establish the baseline for each Neighbourhood using the model six core components
- Review and develop a system wide, comprehensive and financially sustainable offer for Intermediate Care optimising step up and step-down pathways
- Create an overall plan to move effectively to manage the needs of these high priority cohorts and significantly reduce avoidable unplanned admissions (Including those with moderate to severe frailty, living in care homes, house bound or at the end of life)
- Mobilise priority tier 2 community pathways, developing an evidence-based approach for improving outcomes and reducing demand on secondary care services
- In conjunction with service users, design, develop and subject to funding, implement VCFSE led Health and Wellbeing Women's Hubs; to incorporate mental health, menopause, contraception and menstrual health and link to Tier 2 Gynaecology services
- Identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation
- Expand the service offer for Community Pharmacy
- Recommission community dental services
- Deliver point of care Pathology and Diagnostic testing in primary care

Longer Term Priorities 2027/28 – 2030/31

- Implementation of Intermediate Care review
- In conjunction with partners including VCFSE, deliver improved productivity and efficiency through community services transformation
- Review current hospital pathways and optimise those that can be de-escalated
- Mobilise priority tier 2 community pathways, developing an evidence-based approach for improving outcomes and reducing demand on secondary care services
- Comprehensive neighbourhood offer across LSC that responds to health needs and the impact of wider social determinants based on local needs in collaboration with our partners

Cross Cutting Intentions: Financial and System Sustainability

Our Ambitions

Improving system performance and securing long-term financial sustainability

Key Outcome and Performance Measures

- Agree financial positions for 26/27 for all providers and ICB ensuring an achievable system wide plan
- Redesign pathways and processes to manage demand, increase throughput and optimise bed use – improving operational efficiency by 2–3% by 2027 and achieving top-quartile productivity by 2036.
- Optimise skill mix and embed new models of care that improve efficiency and staff experience, reducing premium-pay costs by 90% by 2028 and delivering a planned reduction in establishment over the next five years.
- Cut total waste-disposal costs and energy consumption per m^2 by around 10% by 2029, strengthening both financial efficiency and environmental sustainability.

2026-27 Commissioning Intentions

- Maximise existing primary care LES delivery whilst mobilising defined transformation priorities across providers
- Primary and Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision
- Develop a unified procurement model to supply continence products for all Acute Trusts, Primary Care and Community services to optimise bulk purchasing benefits for the ICB
- With partners, establish collective approach to health and care and prevent unintended redistribution or displacement of costs, ensuring no inappropriate transfer of funding responsibilities
- Formalise joint commissioning arrangements and integrated outcomes framework
- Implement pooled budgets for relevant services to maximise cost effectiveness and value for money
- Review existing funding allocations relating to prevention and health inequalities and develop equity-based funding approach for 27/28 based on modelling of impact and outcomes

Longer Term Priorities 2027/28 – 2030/31

Review existing funding allocations relating to prevention and health inequalities and develop equity-based funding approach based on modelling of impact and outcome

Cross Cutting Intentions: Long term conditions and prevention

Our Ambitions

- Identify chronic disease earlier and ensure people receive optimal treatment
- Improve coordination for people with multiple long-term conditions
- Provide targeted support to people who are least likely to access preventative care
- Provide wellbeing approaches to support people in managing their health e.g. social prescribing
- Reduce risk factors, including obesity, physical activity and tobacco dependency
- Increase the uptake of vaccinations
- Deliver the national Antimicrobial 5-year National Action Plan
- Ensure appropriate prescribing and monitoring of medications to manage patients in line with evidence

Prevention and health inequality metrics

- Reduce inequalities in emergency admissions for myocardial infarction and stroke
- Reduce inequalities in percentage of patients who are managed to target for hypertension, atrial fibrillation and cholesterol
- Improve number of people quitting smoking
- Reduce percentage of pregnant women who smoke
- Reduce inequalities in uptake of vaccinations
- Reduce unnecessary use of urgent care for respiratory conditions and improve pulmonary rehab completion rates

2026-27 Commissioning Intentions

- Use the Primary Care Long Term Conditions LES to incentivise identification and optimise management of long-term conditions including Coronary Vascular Disease (including hypertension, atrial fibrillation and cholesterol)
- Work with Trusts to establish a longer-term outcomes-based commissioning approach for tobacco dependency services across inpatient and maternity services.
- Implement NICE approved weight loss treatments in a phased approach with the initial focus being on identifying and providing treatment for people in IMD 1 and 2, including providing a wrap-around model of care.
- Reduce the overall volume of antibiotic prescribing, including the reduction of treatment length for appropriate antibiotics, reducing the use of broad-spectrum antibiotics and coming in line with the national target for the number of children under 9-year-olds who have been prescribed an antibiotic in the last 12 months to under 27%.
- Increase referrals to Digital Weight Management Service in practices who are either not referring or who have low referral rates.

Medium Term Priorities 2027-28 Onwards

- Introduce the NHS online health check when it becomes universally available
- Contribute to work, alongside partners, to address key risk factors for long term conditions (obesity, physical activity)
- Develop opt-out models of tobacco dependency services for all routine interactions as the approach is rolled out nationally
- Lead the delivery of vaccination programmes across LSC, in collaboration with NHS England, local public health partners and primary care colleagues to ensure a coordinated and consistent approach across the system.

Section 9: Measuring success and delivering impact

How we will monitor delivery and impact of commissioning intentions

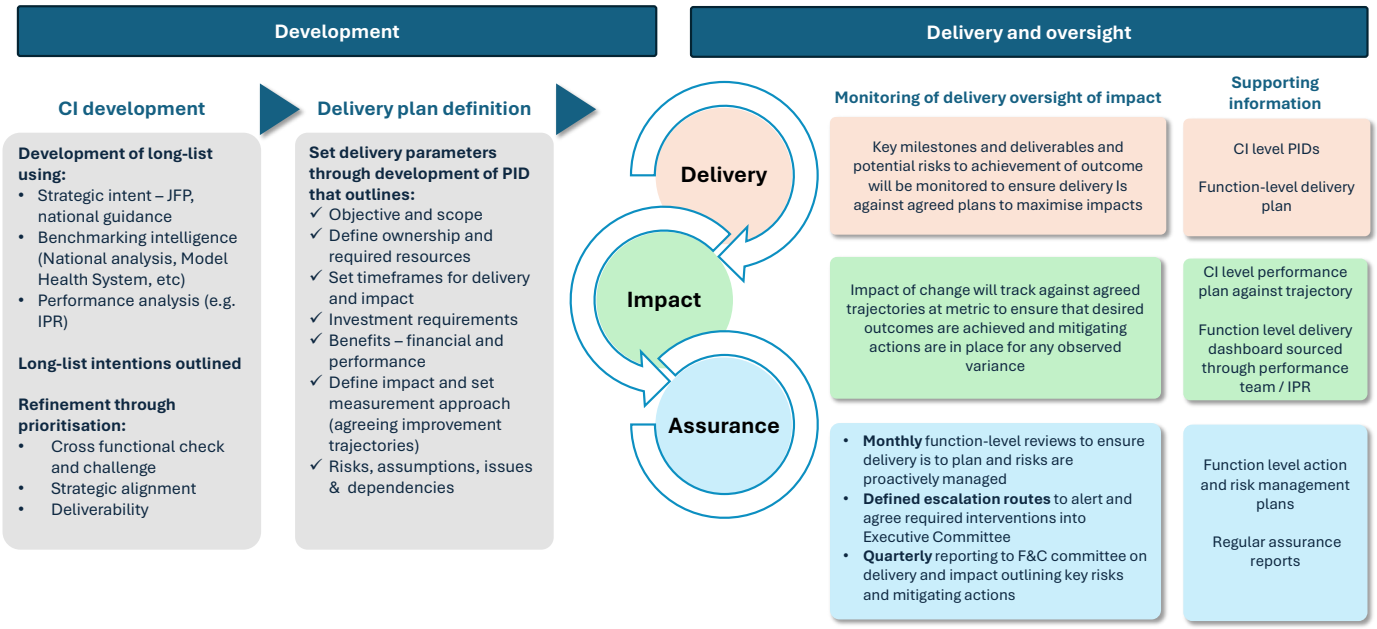
The Commissioning Intentions (CI) Delivery Plan Monitoring Framework provides a structured and consistent approach for overseeing the development, delivery, and impact of annual commissioning priorities across Lancashire and South Cumbria ICB. The framework ensures that each intention is developed from a strong evidence base, drawing on strategic guidance, benchmarking insights, and performance analysis to identify opportunities for improvement. Through a clear prioritisation process, functions refine long-lists into focused programmes that are both strategically aligned and operationally deliverable.

Once priorities are confirmed, delivery plans are created to define scope, objectives, ownership, resource needs, risks, and expected benefits. Impact measurement is embedded from the outset, with performance and analytical teams supporting the development of baselines, metrics, and improvement trajectories.

Delivery oversight will follow a disciplined cycle. Monthly function-level review meetings will be held to assess progress, risks, and mitigating actions, supported by dashboards and performance insights. Where delivery variance or high-level risks emerge, predefined escalation routes allow timely intervention through the Executive Committee. This ensures that issues are proactively addressed and that resources and strategic decisions can be mobilised quickly when required.

Quarterly reports to the finance and performance committee provide system level assurance on delivery, risks, and impact, demonstrating progress against agreed trajectories with the Strategic Commissioning Committee providing the assurance that the ICB is discharging its statutory responsibilities for commissioning services that meet the needs of the Lancashire and South Cumbria population. This structured approach enables the organisation to maximise the impact of commissioning intentions, strengthen accountability, and provide transparent oversight of priority programmes that contribute to improved outcomes for patients and communities. The ICB Board will retain oversight of delivery through quarterly assurance reports.

How we will monitor delivery and impact of commissioning intentions



How we will monitor progress, delivery and impact

As an ICB we have a statutory responsibilities for NHS Commissioned services across LSC and are held to account by NHS England for system delivery against key performance and quality targets. A robust performance reporting function is in place that provides an overview of achievement against the key targets and highlight risks and challenges.

Much progress has been made in the development of our bi-monthly integrated performance report which brings together performance, quality (including outcomes, safety and experience) and health equity under 11 key delivery domains.

Elective recover / planned care	Community	Children, young people and maternity	Diagnostics	Cancer	Patient experience / safety / infection prevention control
Urgent and emergency care	Mental health and learning disabilities	Primary care	All age continuing care	Better Care Fund	

- **Performance** - primary focus of reporting in line with the key 'national priority' metrics along with a range of other indicators to give a more detailed view.
- **Quality** – weaving in qualitative narrative on patient experience, patient safety, infection control and mortality against domain areas and metrics e.g., impact of long waits for treatment within planned care.
- **Health inequity** – specific indicators that correspond with NHSE approach to inform action to reduce health inequalities (CORE20PLUS5) and where available detail on the gaps in equality.

The Quality and Outcomes committee provide oversight and scrutiny of the report, following defined escalation rules to the ICB Board where performance variations are identified, or where targets are not consistently being met. We will continue to refine both what we report and our oversight to ensure this supports strategic commissioning and contracting, through linking financial data to performance and outcomes. The report will also be iterated to reflect changes in responsibility between the ICB and NHS Regional teams, ensure alignment to the NHS performance assessment framework for 2026/27, to further strengthen links with the Board Assurance Framework and to consider how we analyse data on interventions from an inequalities perspective , targeting the most deprived cohorts of our population.

Section 10: Next Steps

Next steps

This Five-Year Strategic Commissioning Plan has been developed during a period of significant transition for the NHS, the ICB and the wider system. While it sets a clear strategic direction, there is further work to do to refine the ICB's operating model to ensure that the organisation has the capacity, capability and ways of working required to deliver the ambitions set out in this Plan. As the role of the ICB continues to evolve, the way we operate – as a strategic commissioner, system leader and partner – will change significantly.

Delivering the ambitious shift towards prevention, earlier intervention and community-based models of care will require continued alignment and joint working with our system partners. Further work is needed with NHS providers, local authorities, VCFSE partners and our residents and communities to ensure that strategies, plans and delivery models are fully aligned and implemented through strong, effective and mature collaborative working. This includes translating strategic intent into shared delivery plans at system, place and neighbourhood level.

The Plan is explicit about the significant tensions the system faces – particularly between restoring financial balance, meeting constitutional standards and responding to growing demand. Navigating these tensions will remain a defining challenge over the coming years. The ICB will continue to rebalance investment towards neighbourhood, community and preventative services, recognising that managing growth and demand more proactively is essential to improving outcomes and achieving long-term financial sustainability.

This Plan is not a static document. It will continue to be refined and iterated to reflect the changing environment in which the system is operating, including national policy direction, financial context and emerging population needs as well as organisational change through Local Government Reform. Further work is required to prioritise and phase the delivery of the medium-term ambitions set out in the Plan, recognising that the ICB will operate with significantly reduced capacity over the next 12 months and must therefore focus on the areas where it can have the greatest impact.

Additional development is also needed to strengthen governance, monitoring and assurance arrangements, ensuring there is clear oversight of delivery, robust identification of risks and mitigations, and transparent reporting of progress. Alongside this, further work will be undertaken to assess and quantify the benefits and impacts of commissioning decisions, strengthening the link between strategic intent, delivery and outcomes for the population.

Taken together, these next steps reflect a clear commitment to continuous improvement, learning and adaptation. The direction of travel is set out in this Plan; the task ahead is to deliver it through disciplined prioritisation, effective partnership working and a continued focus on value, sustainability, improved outcomes and a reduction in inequalities for the population of Lancashire and South Cumbria.