Lancashire and South Cumbria Integrated Care Board

Clinical Strategy 2026/27 to 2031/32

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1. Foreword

The role of Integrated Care Boards (ICBs) over the next 10 years is to reshape the way health care is organised and delivered to prioritise the prevention of ill health, reduce unwarranted variation in outcomes and expand service provision across our communities, neighbourhoods and in our case, the Lancashire and South Cumbria footprint. This 5 year clinical strategy from 2026 – 2031 outlines our core strategic clinical priorities to drive and achieve these aims as well as provide health and care services which are high quality, supportive, accessible and sustainable. We will achieve this through delivering our strategic commissioning framework which directly informs commissioning decisions based on evidence provided by our population health data as well as our clinical and business intelligence.

The NHS 10 Year Plan published in May 2025 outlined 3 national shifts which will direct the foreseeable future for healthcare;

- Sickness to Prevention;
- Hospital to Community;
- Analogue to Digital.

These shifts form the basis for our 5-year clinical strategy and 5 year Strategic Commissioning Plan. Our clinical strategy responds to our Population Health Needs Assessment and has been shaped by engagement with patients, colleagues and partners across Lancashire & South Cumbria. Through surveys, engagement events, partnership forums and workshops, we have learnt that our priorities must be to manage health close to home, ensure reliable high-quality care, deliver easier access, support our workforce, provide sustainable services and improve our digital connectivity.

Our clinical strategy supports our role as strategic commissioners to plan for and meet the clinical needs of our residents whilst ensuring the best use of the resources available. We will work with all communities, including those facing the greatest economic and social challenges, to meet their needs earlier and provide improved neighbourhood-based support and build on great examples already operational in our region. As well as identifying the areas of strategic clinical focus, this clinical strategy outlines the immediate clinical transformation and reconfiguration priorities to ensure services remain safe, high quality and are sustainable for our workforce and financially.

In conjunction with the ICB Digital Strategy, this Clinical Strategy will drive delivery of a modern, sustainable and digitally connected future at as local a level as possible. We believe real transformation will come from integrated, multi-disciplinary neighbourhood health and care teams sharing appropriate information, supported by the collective commitment of partners. Our clinical strategy will be updated annually as part of the overall NHS annual planning process to reflect and adapt to changes in population need and ensure progress and delivery of our collective aims.

Across Lancashire and South Cumbria, we will combine clinical excellence with strong partnerships to strengthen neighbourhood integration, connect care across settings and develop the people, relationships and technology that make great care possible.

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Chief Medical Officers	**Chief Nursing Officer**

2. Context

2.1 Vision

Lancashire and South Cumbria Integrated Care Board (ICB) vision is to ensure a high quality, community-centred health and care system by 2035. Over the next decade as the strategic commissioner, we will focus on what matters most; helping people stay well for longer, providing great care when they need it, reducing any unwarranted variation in outcomes and commissioning sustainable, high-performing clinical services which meet the needs of our population.

The ICB is accountable for the quality, safety and accessibility of the services we commission. We contribute to wider population improvements, including healthier life expectancy and reduced inequalities, by working strategically with partners through our developing neighbourhood model. While we cannot deliver these changes alone, the services we commission, the support we offer earlier, and the continuity of care we create with partners across home, community and hospital all make a meaningful contribution to the population of Lancashire and South Cumbria.

2.2 Strategic Objectives

The following strategic objectives identify what we are striving to achieve;

- Improve quality, including safety, clinical outcomes, and experience of care.
- Reduce unwarranted variation in opportunities and clinical outcomes for the population we serve.
- Make employment and development in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees
- Meet financial targets and deliver improved productivity and value.
- Meet national and locally determined performance standards and targets
- Develop and implement ambitious, deliverable strategies

2.3 ICB Clinical Strategy (what it is – and what it is not)

2.3.1 Aims of our clinical strategy;

The clinical strategy has been developed to drive the wider strategic commissioning framework and directly inform commissioning decisions. Its aims are to;

- Provide the clinical framework to tackle the big health care challenges and priority diseases to improve the health and wellbeing outcomes of local communities
- Drive enhanced partnership working to support people earlier to enable prevention rather than the management of sickness
- Ensure all health providers deliver consistently safe, high-quality services which reduces unwarranted variation, improves health outcomes and experience of the whole population of Lancashire and South Cumbria

- Provide clinical leadership and support to deliver whole person-centred care closer to people's homes
- Enable people to manage their health and care more easily, for example through adoption of innovation and use of technology
- Provide the clinical direction for long and medium term system planning including ensuring clarity on service transformation plans to enable providers to recruit required numbers and levels of skilled, experienced and professional clinical and support workforce
- Ensure clinical services are financially sustainable and provide value for money for taxpayers.

2.3.2 How this will feel to our population

The implementation of this clinical strategy will make a difference to how the population experiences their healthcare. Our aim is for this to be in 3 key ways as follows;

Provide support that keeps people well for longer

People will feel that support is close at hand and rooted in their neighbourhood. When their health or needs begin to change, someone familiar will notice early and reach out, helping them stay well before problems develop and escalate. People with long-term conditions will feel more confident managing their own health, supported with clearer advice, tools and regular check-ins. Families and carers will have places nearby to turn to for reassurance and practical help. Older people will feel more confident living independently with the support and continuity they need. People who have previously faced barriers to getting either mental or physical health support in a crisis will receive earlier help and experience fewer crises. Access to acute and specialist hospital care in a hospital will be available, but only when needed and is appropriate to do so.

Ensure care that feels personal, respectful and well-coordinated

Wherever people receive care, at home, in their neighbourhood or in hospital, it will feel personal, respectful and responsive. Delays will be fewer, communication clearer and transitions between services smoother. People will feel listened to and involved in decisions, and care will feel consistently safe and well organised. When a child needs urgent help, when someone seeks clarity about a diagnosis or when a person approaches the end of life, the response will be timely, compassionate and joined up across teams. Hospital services will continue to provide high-quality urgent, emergency and planned care, working seamlessly with neighbourhood and community teams so that people receive the right care in the right place.

Provide sustainable services for the long term

People will feel confident that local health and care services are there for them and their families, are accessible, reliable and secure. These services will also be adaptable to ensure those most disadvantaged receive further support receive optimal care. Digital tools will make it simpler to find information, book appointments and stay connected with teams. People will feel that decisions are made openly and in their individual interests, feel that their health and care services listen, learn and then follow through to support healthier, more independent lives.

2.3.3. What this clinical strategy is not

This clinical strategy is the strategy for the ICB. It is not the clinical strategy of any provider organisation although these should be consistent in outcomes. It also is not the commissioning strategy of any of our Local Authorities however, it does aim to support the move to strategic and joint commissioning where appropriate.

The clinical strategy does not aim to replicate any other ICB Strategies although obviously there is much overlap and all are consistent. For example, this does not repeat or replicate the ICB Population Health Needs Assessment, Digital Strategy, Workforce Strategy or the 5 Year Strategic Commissioning Plan. All ICB Strategies are available on the ICB website.

However, this clinical strategy is a key driver of the current and future work of the ICB. Lancashire and South Cumbria ICB consistently ensures its work including commissioning decisions are based on evidence through robust data and with the support of clinical leadership. This strategy will therefore be incorporated within annual updates of the 5 Year Strategic Commissioning Plan and alongside the Population Health Needs Assessment, drive the business of the ICB.

2.4 NHS 10 Year Plan

The NHS 10 Year Plan was published in May 2025 and is directive and specific about how ICBs need to modernise clinical services to provide better health and better lives for our communities and improve population health. To this end, we will use every improvement; clinical redesign, digital innovation, estate renewal and workforce development, to improve equity of access, experience and outcomes, and make the best use of public resources.

The NHS 10 Year Plan identifies 3 shifts which support the modernisation of the service. Each will need significant clinical leadership to enact. These are;

2.4.1 From Sickness to Prevention

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

- 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

While many of the wider determinants of health sit beyond our direct control and therefore beyond the scope of this Clinical Strategy, the NHS can use its standing as a major employer and purchaser to help address wider determinants of health. Worklessness and inability to work is a major factor in people's wellbeing and ability to maintain their livelihood. By having effective and prompt NHS services, we can improve economic, social and emotional wellbeing by supporting people to remain in work and to get back to work quickly after an illness. This is referenced in the ICB's Five-Year Strategic Commissioning Plan through Values-Based Commissioning and our approach to delivering social value for our population.

Every care contact is an opportunity for prevention and health promotion, helping people to stay well for longer and reducing demand for acute services. This joined-up approach ensures that progress in one area reinforces another, creating a health system that is more connected, more preventive and more responsive to what people need. In line with the NHS 10 year plan, we will unapologetically work first and fastest with neighbourhoods where the highest levels of disadvantage are experienced.

2.4.2 From Hospital to Community

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

This means:

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

Neighbourhoods are becoming the foundation for how health and care is organised across the country, bringing general practice, all age community teams, mental health, women's health, diagnostics, therapy, social care and the voluntary sector around shared local populations. This approach enables earlier intervention, better coordination and more personalised support, helping people to stay well and independent.

Clinicians will play a pivotal role within the Neighbourhood teams and will need to ensure skills and experience are deployed effectively alongside those of professional partners. Working with system colleagues, we aim to build the clinical, digital and workforce capability needed for consistent neighbourhood-based care including wider use of diagnostics, virtual wards for both step up and step down care and rehabilitation that support recovery and continuity in the most appropriate setting. As these models mature, clinical leadership will need to determine how to drive earlier intervention, manage increased range of needs at a local level, reduce avoidable demand on secondary care services and ensure improved experience and outcomes.

As we move towards more integrated, neighbourhood-based models of care, we recognise that the right level of integration will differ across clinical specialties and professions. For areas such as frailty, long-term conditions and early intervention, deeper neighbourhood-facing roles will be essential. For other specialties, particularly those providing complex or highly specialised hospital-based care, integration will focus on better continuity, communication and timely access across the North West as required. This integration will strengthen outcomes and experience without eroding the specialist expertise, roles or boundaries that remain vital for safe, effective care.

2.4.3 From Analogue to Digital

We are clear of our desire to continue to clinically lead and work with partners across all sectors 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

- Addressing digital exclusion
- Deploying AI tools such as digital therapeutics and ambient voice

The ICB Digital Strategy outlines the enthusiasm and plan to ensure consistent, reliable, safe and secure access to high speed networks across Lancashire and South Cumbria. This would provide seamless connectivity of managed devices across the health and care estate and be transformational for clinicians. The Digital Strategy expects all staff to have access to reliable and fit for purpose digital devices to fully undertake their role. Benefits would include;

- Significantly improve service experience through all clinicians having the appropriate level of patient and family information to ensure decisions are taken with full facts available
- Increased quality time between patients and their care providers due to reduced administrative burden and frustrations with digital devices, network and subsequent information access
- Facilitate easy and rapid transfer between services
- Increased staff morale as staff enjoy a more effective and efficient day
- Increased opportunity for collaboration including opportunities for research.

This clinical strategy endorses all of the above.

2.5 Integrated Needs Assessment

The Lancashire and South Cumbria footprint is complex, 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 which is within Cumberland Council and some of the previous District of Craven 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.

Deprivation and its impact is extremely alarming in Lancashire and South Cumbria. Like other ICBs, there is a marked variation in deprivation both between and within our areas but unlike other areas, our level of deprivation is overwhelming with 31% of the ICB's Lower Super Output Areas falling 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.

This complexity must have an impact on the clinical strategy. It means that to improve population health, different clinical approaches will be required in different places or communities and different co-designed clinical solutions found to deep seated challenges.

The ICB has a statutory duty to reduce health inequalities, and the Government's 10 Year Health Plan includes a much stronger focus on prevention and reducing inequalities. 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 by 2028/29
- To decrease non-elective (unplanned) admissions by 20% for people from IMD (index of multiple deprivation) 1 and 2 by 2028/9
- To optimise the health of children with a long-term condition in IMD 1 and 2 with a focus on addressing the health needs of children frequently attending urgent care.

In addition, the ICB is making explicit commitments to the following;

- Commitment to embedding the safest and most reliable QI infrastructure
- Commitment to embedding strategic intent for clinical decision support systems
- Commitment to developing standardised pathways across the system and across providers
- Commitment to governance and accountability and ensuring we hold ourselves accountable for progress and success in delivering what matters.

The Clinical Strategy develops key priorities which understand and reflect on the needs of the population, drive delivery of the unifying goals to reduce inequality as well as the overall strategic aims of the ICB.

3. Our Strategic Clinical Priorities

This chapter sets out our strategic priorities to achieve our vision for high-quality, connected care across Lancashire and South Cumbria. These clinical strategic priorities will direct the work of the ICB as the strategic commissioner and ensure continued focus on improving population health through prevention, personalised support and strong partnership working, while making best use of available resources. Our strategic clinical priorities recognise that much demand comes from people living within our most deprived communities, people with multiple long-term conditions, older people living with frailty, and children and young people at risk of poorer health. Our strategy therefore is to reshape our care delivery around these groups, alongside a unified offer for all, to ensure support is proactive, coordinated and locally designed and delivered.

Clinical transformation will be driven by integrated teams, shared outcomes, digital innovation and strong partnerships across population footprints, combining clinical excellence with modern environments to deliver better outcomes.

Delivering our vision will take focus and collaboration across every part of our system. Over the next 5 years, our work will be guided by five priorities which reflect the areas where we must make the biggest and most sustained progress to achieve lasting change.

1. **Improve Neighbourhood Health**
   We will work with partners to reduce inequalities and provide care closer to home with an increasing focus on prevention.
2. **Deliver High-Quality Care**
   We will provide safe, reliable and compassionate care for our patients and those who care for them.
3. **Support our People**
   We will inspire and facilitate our system workforce, including clinicians, to make a difference for our patients, colleagues and communities.
4. **Provide Better Value**
   We will use our resources wisely to sustainably & equitably deliver the best possible health outcomes for our population.
5. **Strengthen Research and Innovation**
   We will create and increase opportunities for partners and the ICB to engage in clinical research and innovation for the benefit of patients.

The delivery of these strategic clinical priorities will ensure our clinical strategy turns ambition into practical action.

3.1 Priority 1 – Improve Neighbourhood and Population Health

We will work with partners to reduce inequalities, improve health and join up care closer to home.

Health and care services including GP, community and social care services are under significant pressure, with disadvantaged communities most affected and acute services consistently operating beyond capacity. A major clinical shift from hospital-based care to more proactive, preventative community support is essential to improve patient experience and outcomes and ensure that demand does not exceed available resources.

Implementing a neighbourhood health model is central to this shift. By working within meaningful neighbourhood footprints, integrated clinical and care teams across providers will deliver more co-ordinated care, reduce fragmentation and focus on prevention and early intervention. Successful design of the neighbourhood health model delivery relies on strong integration between physical and mental health services, local government, VCFSE sector, housing, education and wider public services, alongside active partnership with communities. Local implementation needs to be led by Health and Wellbeing Boards, with clear clinical support to ensure a holistic, community-centred approach.

Over the next five years, we will implement evidence and clinically led, innovative, outcomes-based commissioning arrangements. With the focus remaining on clinical outcomes, we will move towards delegating whole-population budgets, balancing consistent service standards with flexibility for neighbourhood partnerships to tailor support.

Why This Matters

Good health starts in our communities. Local needs vary greatly – from children and young people facing poorer life chances, to adults with multiple long-term conditions including mental health and cancer, women with specific reproductive needs, older people with frailty, and those approaching end of life. To meet these needs, clinical care and support must be organised around people and their communities, so that prevention, early help, community and acute care work as one continuous system. We will support people to stay well and independent for longer, reduce deconditioning and ensure that care is coordinated around each person's needs.

Our Commitments

1. **Support prevention and long-term conditions:** Strengthen neighbourhood-based prevention and long-term-condition management including mental, physical or neurodiverse needs to help people stay well, avoid deterioration and have carers supported.
2. **Strengthen support for children and young people:** Work with partners to improve early help, respond to neurodiversity needs and strengthen transitions into adult services, creating more consistent support across our neighbourhoods.
3. **Enable older people to stay well for longer:** Strengthen proactive, neighbourhood-based support that promotes stability and prevents deterioration
4. **Help people who need additional care receive this at home:** Increase the proportion of people especially older people and those with frailty to remain at or return home as early as possible to maximise independence. We aim to achieve leading recovery outcomes by 2035.
5. **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
6. **Improve healthy life expectancy and reduce inequalities:** Work with partners to contribute to improvements in healthy life expectancy for people of all ages including a focus on immunisations and screening and narrow the gap between our most and least deprived.

3.2 Priority 2 – Deliver High-Quality Care

We will provide safe, reliable and compassionate care by working with patients, carers and communities.

Lancashire & South Cumbria ICB will deliver consistently high standards of quality and experience across our hospitals, community services and neighbourhood teams and ensure every interaction reflects the values of the ICB: putting people first, respecting everyone and working together with patients, carers and communities to co-produce the best possible care. Our aim is to deliver one of the safest and most reliable systems of care across neighbourhoods, community services and hospitals, with sustained reductions in avoidable harm, unwarranted variation and delays in care.

Why This Matters

Every patient and family should feel confident they will receive safe, timely and personalised care, whether in an emergency, during a planned procedure or through support at home. Delays in urgent and planned pathways result in adverse patient experience, increases risk of deconditioning and can add cost. Improved prevention, faster access, early mobilisation and strong community services help people stay well for longer, recover sooner, enhance their experience and return safely home.

Patients, carers and communities bring insight that improves safety, reduces unwarranted variation and keeps services focused on what matters most. Many differences in outcomes, however, are shaped not only by clinical practice but by deprivation, protected characteristics and wider inequities. We will ensure continued engagement and listen to our communities as we redesign clinical pathways and strengthen models of care. This includes improving access, safety and experience for people with learning disabilities, autistic people and neurodivergent communities.

We will strengthen how we learn from experience and act on it. Better use of data, research and innovation will build a culture of safety, compassion and continual improvement — preventing harm, sustaining high-quality care and improving efficiency by reducing complications, shortening stays and freeing staff time. We will measure success by the outcomes and experiences that matter most to patients, families and carers.

Our Commitments

1. **Eliminate preventable harm:** Achieve and maintain top-quartile safety performance — reducing healthcare-associated infection rates below the national lower quartile by 2035 and delivering upper-quartile mortality outcomes by 2035.
2. **Ensure timely access to care:** Redesign elective, diagnostic and urgent pathways to improve access, flow and experience achieving faster treatment, shorter waits and a timely community response and meeting RTT, A&E and community urgent-care standards by 2029.
3. **Deliver equitable outcomes:** Reduce unwarranted variation linked to deprivation and protected characteristics, cutting avoidable admissions through the neighbourhood model, with measurable improvement by 2029 and upper-quartile performance by 2035.
4. **Harness digital and data:** Use electronic patient records, clinical dashboards and predictive analytics to target inequality, support safer decisions and reduce delays in care.
5. **Improve experience of care:** Involve patients, carers and communities in shaping and improving care through stronger co-production and real-time feedback, achieving top-decile Friends & Family Test performance by 2030.
6. **Embed learning and improvement:** Build a strong safety and improvement culture improving the NHS Staff Survey *"We are always learning"* score to 7 out of 10 by 2030.

3.3 Priority 3 – Support Our People

We will inspire and facilitate our workforce, including clinicians to make a difference for our patients, colleagues and communities.

We want Lancashire & South Cumbria will be one of the best places to work in the NHS; where colleagues are proud to belong, supported to develop, empowered to make a difference and find joy in their work. We will support the development of right-sized, skilled and sustainable clinical and non-clinical workforce to reflect the communities we serve. Ensuring strong local training and career pathways will help colleagues progress, reduce reliance on temporary staffing and ensure everyone feels valued, supported and can maintain their wellbeing whilst delivering high-quality care.

Why This Matters

Our people are at the heart of everything we do. Without a skilled, supported and motivated workforce, we cannot deliver great care for our patients or communities. One in three colleagues are aged over 50. Turnover is around 8%. Premium workforce costs have more than doubled since 2019 and remain well above pre-pandemic levels. This highlights the need to plan ahead, retain experience and strengthen local supply. Burnout and low confidence with digital systems remain challenges as we adapt to major change.

Engagement and morale remain above national averages, showing the strength of our culture and colleagues' pride in making a difference even under pressure. As models of care evolve, including more neighbourhood-based working and increased use of digital tools, colleagues will need confidence in new ways of working, supported by flexible roles and teams working across traditional boundaries. To support this shift, we will continue to work with partners to build belonging, inclusion and opportunity, and create clear pathways for people to start and grow their careers with us. By focusing on wellbeing, development and digital confidence, we can reduce reliance on temporary staff and make Lancashire and South Cumbria a great place to work, learn and belong.

Our Commitments

1. **Support the planning and sustainability of the right-sized workforce:** Support Providers to align roles, skills and establishment planning, reduce high-impact vacancies and manage ageing-workforce risks whilst reducing agency and bank use in line with national expectations.
2. **Build a future-ready and resilient workforce:** Equip colleagues for digital, virtual and neighbourhood-based care, supported by strengthened talent pipelines, early-career routes and succession planning by 2029.
3. **Develop an inclusive and compassionate culture:** Embed consistent leadership standards and strengthen inclusive, compassionate and transformational leadership.
4. **Support integration:** Enable new roles and flexible working, including clearer links between specialist and neighbourhood teams, and increase the proportion of roles delivered in community settings by 2035.
5. **Strengthen colleague health, wellbeing and safety:** Improve psychological safety, wellbeing support and working conditions, reducing stress-related absence by 2029 and achieving top-quartile NHS Staff Survey "We are Safe and Healthy" scores by 2035.
6. **Support the Population Health Leadership Academy:** ensure the ongoing roll out to provide continued clinical professional development for alumni
7. **Champion belonging, inclusion and opportunity:** Work with all providers to increase diversity in our leadership roles (Bands 6–9), deliver the Anti-Racism Framework to Gold standard by 2030, and achieve a top-quartile NHS Staff Survey "Inclusion" sub-score by 2035.

3.4 Priority 4 – Provide Better Value

We will use our resources wisely to deliver high-quality, financially sustainable services.

Lancashire & South Cumbria ICB will deliver high-quality and financially sustainable care by using our people, digital tools, resources and partnerships effectively. We will restore recurrent financial balance within 3–5 years and maintain it, creating the headroom to invest in improved prevention of illness, patient, carer and colleague experience, better care, innovation and healthier neighbourhoods.

Why This Matters

Every decision about how we use our time, people and resources affects the quality of care our patients receive. Like the wider NHS, the ICB faces sustained financial pressure and must return to balance to protect and improve services for the future. We must focus on maintaining safe care and progress schemes that can demonstrate a clear in-year financial benefit to ensure financial recovery is achievable. We will also seek external funding to enable the wider transformation required to deliver our future models of care, strengthen organisational capability and support neighbourhood, digital and workforce change at scale.

Analysis shows our costs are around six pence in every pound above peer averages, largely reflecting variation in pathways and overheads. We must unlock the 'trapped value' in our system by aligning improvement, transformation and digital programmes — and by embedding a more commercial and innovation-focused mindset. By improving productivity, reducing waste and matching resources to population need, we can invest earlier and closer to home, where prevention and evidence-based interventions have the greatest impact. Financial and environmental responsibility go hand in hand: cutting waste and energy use strengthens both efficiency and resilience.

Our Commitments

1. **Improve efficiency, productivity and flow:** We will support and commission the redesign of clinical pathways and processes to manage demand, increase throughput and optimise bed use improving operational efficiency by 2% by 2027 and achieving top-quartile productivity by 2036.
2. **Work with partners to identify cost saving opportunities through clinical transformation:** Align services and pathways with partners to remove duplication and deliver better outcomes per pound spent including establishing shared system approaches for children and young people, diagnostics, frailty and end-of-life care by 2029.
3. **Harness the input of clinicians to help restore and sustain financial balance: Work with clinical colleagues across Lancashire and South Cumbria to r**eview clinical service provision to maximise value for money whilst improving safety and maintaining appropriate access to achieve recurrent financial balance within 3–5 years, then deliver a 1–2% annual surplus to reinvest in research, innovation and service improvement.
4. **Use data, digital and technology to drive system efficiency:** Realise benefits by 2030 through technology advancements including intelligent-hospital capabilities, process automation and digital-pathway optimisation.
5. **Enable connected digital care:** Deliver a unified Electronic Patient Record, digital front door and virtual command centre — connecting hospital, community and home, improving flow and halving the time lost to clinical-systems administration by 2032.
6. **Make the best use of our workforce:** 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.

3.5 Priority 5 – Strengthen involvement in Research and Innovation

We will create and increase opportunities for partners and the ICB to engage in clinical research and innovation for the benefit of patients.

Research and innovation are critical to improving outcomes, reducing health inequalities and supporting long term sustainability across Lancashire and South Cumbria. Clinical leadership is essential in fostering the ethos where research and innovation can thrive.

Why This Matters

We have a strong foundation of research capability, infrastructure and academic partnership. In line with national NHSE guidance on maximising the benefits of research, the ICB will continue to play a role in facilitating, promoting and utilising research to inform commissioning decisions.

Research and innovation should happen where patients live and receive most of their care. Focusing on research in primary care, community and social care settings enables this to take place and so whilst continuing to promote the excellent life science and research in the secondary care setting, we will support a complimentary track of integrative care to support population health strategy and health neighbourhood models. Excitingly, Lancaster University will be opening their new R&I Campus next to the Medical School which will provide increased opportunities to develop this further and develop more academic posts.

We will support expanding physical and mental health research across all age groups and in public health, primary care, social care and community settings to generate evidence that improves quality and outcomes. We will play a key role in aligning local and national research priorities with stakeholders, enhance research capacity and coordination, and embedding evidence-based practice in neighbourhood health, urgent and planned care and system sustainability.

Our Commitments

Over the next five years, we aim to create a research and innovation driven healthcare ecosystem that improves population health and addresses inequalities and this will require us to;

1. **Make research part of everyday care:** Give more patients the opportunity to take part in research with participation routinely offered across all services by 2030
2. **Provide clinical leadership;** to ensure transformation as well as optimise treatments, pathways and models of care and the use of technology and outcomes.
3. **Partner with Primary Care;** to develop an improvement approach for primary care (all 4 contractor groups; general practice, optometry, dentistry and pharmacy) clinical leadership
4. **Facilitate adoption, spread and scale of innovation**
5. **Maximise collaboration;** identify opportunities with Health Innovation Northwest on system wide adoption and spread of innovation, horizon scanning and demand signalling, evaluation, workforce, digital expertise and pathway redesign
6. **Adopt innovation;** provide the clinical leadership required to ensure innovation that has been developed and implemented elsewhere (whether that is from within or outside the adopting service, organisation or system) is brought into Lancashire and South Cumbria
7. **Develop further strategic clinical and non clinical relationships;** to support regional collaboration, shared learning resulting in a greater beneficial impact for our population

4. Immediate Clinical Priorities 2026/27 (updated annually)

Although primarily a strategic document, this clinical strategy also connects to current immediate clinical transformation work programmes and which will utilise much of our clinical leadership activity this financial year. These are urgent workstreams due to current inability to meet national clinical standards which potential may impact on patient care, the need to improve clinical and financial sustainability or need to adhere to national priorities.

Key programmes already underway are listed below however the ICB reserves the right to add and remove items within this list as circumstances change.

4.1 Achieving national milestones for Neighbourhood Health

As stated previously in this document, one of the key clinical priorities of the ICB is to deliver neighbourhood health (see 3.1). A major shift from hospital-based care to more proactive, preventative community support is essential to improve patient experience and outcomes and ensure that demand does not exceed available resources. Implementing a neighbourhood health model is central to this shift.

By working within meaningful neighbourhood footprints, integrated teams across providers will deliver more co-ordinated care, reduce fragmentation and focus on prevention and early intervention. Successful design of the neighbourhood health model delivery relies on strong integration with local government, the VCFSE sector, housing, education and wider public services, alongside active partnership with communities with local implementation led by our nine Health and Wellbeing Boards - ensuring a holistic, community-centred approach.

4.2 Urgent and Emergency Care; Intermediate Care

Provision of Intermediate Care is a national and local priority, seen as pivotal for delivering the NHS ambitions of shifting clinical care from hospitals to community settings, improving outcomes, and using resources efficiently. National frameworks emphasise integrated, time-limited, and outcome-focused provision, with a ‘home first’ ethos and strong community-based alternatives to hospital care.

Intermediate care can improve outcomes for service users by supporting them to regain or maintain independence, enabling more people to remain in or return to their usual place of residence. Both step up and step down intermediate care impact on the flow in urgent and emergency care (including avoiding admissions to hospital and reducing delayed bed days in hospital) through shifting activity from hospital to community settings.

The ICB accepts that the current provision of intermediate care is insufficient to meet the needs of the population in both the short and medium term and that this needs to be addressed within 2026-27.

The ICB clinical strategic objectives for the service are as follows;

- Establishing equitable and consistent intermediate care provision across LSC, step up and step-down provision
- Efficient, value-based use of system resources and pooled commissioning where appropriate
- Embedding a strengths-based, person-centred approach focused on enablement, independence and wellbeing
- Implementing defined intermediate care joint commissioning and funding arrangements between health and care partners with measurable improved outcomes for the population, particularly for the frail and elderly
- Ensuring timely, responsive, and appropriate access to care 24/7
- Maximising the use of technology and digital tools to support independence with appropriate training available where required
- Aligning scope of intermediate care to enable development of Neighbourhood Health Teams
- Reducing unnecessary ambulance conveyance, ED attendances, and prolonged hospital admissions

The ICB has developed an Intermediate Care commissioning strategy to deliver a framework for Lancashire and South Cumbria to transform intermediate care commissioning and thereby reduce hospital dependence, improve enablement and rehabilitation outcomes and delivering integrated care closer to home. It emphasises collaboration and close working with our Local Authority partners i.e. in joint commissioning approaches, equity, and smart use of resources to meet current and future system challenges. The ICB intends for the implementation of this framework to be a key workstream in 2026-27.

4.3 Vascular

The current model for Vascular services in Lancashire and South Cumbria involves two separate Vascular centres, Lancashire Teaching Hospital NHS Foundation Trust (LTHT) and East Lancashire Hospitals NHS Foundation Trust (ELHT). This model is non-compliant with the NHSE Service Specification and national guidance as ELHT's service area population (circa 550,000) does not meet the minimum population requirement of 800,000. In addition, both centres show performance issues against national quality standards and experience repatriation and rehabilitation challenges which contribute to complex patient discharge and negatively impact patient length of stay.

The risks of maintaining the status quo include continued variability in care, persistent recruitment and retention issues, underperformance against quality standards, and risk to patient safety and sustainability. Commissioned by the ICB, the Vascular Network Programme Team, in consultation with Vascular Network Board membership and in collaboration with Trust representatives and NHS England Specialised Commissioning NW, a pre-consultation business case has been prepared to engage with stakeholders and the public on the proposed model for the future reconfiguration of vascular services.

The proposed model ensures strategic alignment with national guidance, meets improvement needs including reducing variation and improving mortality/morbidity. The model is safe, efficient, and sustainable; possesses adequate capacity and capability; is deliverable and offers affordability/best value. The proposed reconfiguration is essential to deliver clinical quality targets, core national recommendations and mitigate current risks. Key quantifiable and qualitative benefits include improved quality, patient outcomes, reduced variability, enhanced workforce resilience and sustainability (creating a high-volume centre of excellence), support for equitable access, and system-wide financial improvement. In addition, specific financial modelling projects an overall system-wide financial improvement of £1.8 million per annum.

The ICB is committed to an open, transparent, and inclusive public consultation (proposed 8-12 weeks) on the transfer of all vascular inpatient surgery to RPH. The consultation will meet legal duties and follow best practice guidance. The ICB aim to conduct this consultation within 2026/27 and implement any agreed changes shortly thereafter.

4.4 Orthodontics

Lancashire and South Cumbria's Provider Collaborative Board and Integrated Commissioning Board in November 2023 identified Orthodontics as a 'Fragile' service within the system. This led to a review of all orthodontic services which were assessed across key functions including Workforce, Finance, Clinical Standards and Performance.

Following the review, the Orthodontics Fragile Services Programme was created to develop a robust and sustainable service for the Lancashire and South Cumbria population, ensuring timely access and reducing unwarranted variation in access and clinical outcomes irrespective of a patient's place of residence.

Subsequent work has recommended that the number and location of sites where Orthodontic services are offered from in the future is changed to see a greater concentration of clinics in a smaller number of locations to achieve a more equitable, safe and sustainable model of delivery. As part of this model, satellite clinics could continue to be offered in remote areas such as Barrow and within areas of higher deprivation such as Blackpool.

This model would allow Orthodontic services to deliver the scale and efficiencies required and protect appropriate levels of access across the region.

Also proposed is a change in commissioning arrangements for orthodontic services. A high-level options appraisal was undertaken, noting the benefits and disbenefits of a number of different commissioning models available; from remaining with the status quo to moving to a single provider, which would see the full centralisation of the service across LSC. Whilst done at the high level, this suggested that many of the options were unviable or will not either address the drivers for the fragilities in the service or support the transformation of the service. A number of benefits are indicated against a Lead Provider model and therefore it has been recommended that this is given further consideration for the future.

The ICB, based on recommendations for improved clinical pathways are committed to addressing the fragility of orthodontic services this financial year. This is likely to involve further engagement with stakeholders including the public and culminate in a decision within 2026/27.

4.5 Life Course priorities

ICB Clinicians have supported the development of the 5 Year Strategic Commissioning Plan as well as the commissioning intentions for 2026/27. The Commissioning Intentions (CI) are a response to the strategic and longer term commissioning and operational plans for the whole health and care system. The development of CI for 2026/27 involved thorough engagement with partners, understanding of population need, comprehensive review of national and local priorities and the development of commissioning responses to address aspects of quality, access, inequity or continued need for financial sustainability.

Commissioning intentions for 26/27 are contained within the ICB 5 Year Strategic Commissioning Plan (5YSCP). As well as responding specifically to the 3 shifts contained within the NHS 10 Year Plan (Within Context section at 2.4), they also are grouped in Life Course areas. For example, the new Maternity Services national plan is contained within the Starting Well Commissioning Intention. Children and Young People's services are also partially reflected in Starting Well as well as within Growing Well which also includes commissioning intentions for reducing community waiting times for children and specific mental health, learning disability and autism CI. Living and Working Well include CI for Urgent and Emergency Care, Planned Care, Cancer and further Mental Health, Learning Disability and Autism CI. Ageing and Dying Well sections contain CI aiming to improve support for the elderly and/or frail as well as planned improvements for Palliative and End of Life Care.

The ICB 5 Year Strategic Commissioning Plan will be updated annually as part of the NHS Planning process and will reflect in year achievements, where continued effort is required, progress in performance metrics, new national or local priorities and the financial challenge. The clinical strategy will be updated as part of this process.

5. How We Will Work

5.1 Internal ICB organisation

As an ICB, we have a statutory responsibility for NHS commissioned services and are held to account by NHS England for system delivery against key performance and quality targets. As part of the organisational restructure, our revised operational model to ensure the ICB develops as a strategic commissioner including clinical and care professional leadership is designed to bring these colleagues closer to the commissioning process and strengthen the use of evidence. The whole of the ICB's capacity will be used to deliver the ambitions of the clinical strategy as part of our new strategic approach, the need to ensure the organisation does not work in silos and to consolidate around delivery of the 5 Year Strategic Commissioning Plan.

The ICB Clinical Directorate will be led by a Chief Clinical Officer and supported by key clinical leads from across professional disciplines. The Clinical Directorate will be made up of the following departments;

- Population Health
- Quality, safety, effectiveness and outcomes
- Clinical and Professional leadership
- Medicines Management
- All Age Continuing Care
- Targeted Services

These departments and clinical leaders will work across all ICB structures to ensure connectivity between clinical and commissioning decision making and measurement of outcomes.

As well as leading delivery of the clinical strategy, the Chief Clinical Officer, departmental heads and clinical leads will providing clinical leadership to support clinical transformation and commissioning of services and providing operational support where required. All clinical leadership roles include the requirement to ensure good practice, deliver ambitious service and pathway changes, support improved performance including financial sustainability and most importantly, provide a relentless focus on the quality of services. This includes understanding the 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.

To support clinical leads in this task, the Quality and Outcomes committee provides oversight and scrutiny of performance including where performance variations are identified or where targets are not consistently being met. The ICB will continue to refine both what we report and our oversight to ensure the quality of services supports strategic commissioning and contracting. The ICB will also strengthen links with the Board Assurance Framework and consider how we analyse data on interventions from an inequalities perspective and ensure we target the most deprived cohorts of our population.

5.2 Working in Neighbourhoods

We will lead integration through our Neighbourhood Health model. The ICB will play a leading role in connecting and integrating care across neighbourhoods, reducing unwarranted variation to maximise opportunities for improving population health and working with partners to align delivery and improve outcomes along the life-course. Focussing first and fastest in areas of highest deprivation and where there is avoidable UEC demand, we are well placed to support this through:

- Clinical leadership across frailty, physical and mental health long-term conditions and end-of-life care
- Digital capability and population-health analytics
- Infrastructure for research, education and improvement
- Supporting NHS England with workforce development and flexible cross-sector roles.

We will build on and enhance current governance arrangements with partners to enable integrated Neighbourhood Health delivery. These strengthened arrangements with Local Authority and VCFSE partners will ensure joined-up prioritisation, decision-making and resource alignment across the local system.

Our clinical leadership approach will be based on credibility and shared value. Neighbourhood Health is an exemplar for how our clinical strategy will achieve partnership, trust and shared purpose in order to translate collective ambition into commissioning better care for local people.

5.3 Working together at Scale

Alongside our leadership at neighbourhood level, we will collaborate on an acute hospital footprint (Place), with all our local authorities and also system wide through the NHS Provider Collaborative Board (PCB), a federated, flexible collaboration between the four acute and one mental health NHS Trusts in our system.

The PCB enables joint working where scale adds value. But where it is most appropriate, we will continue to work on acute hospital footprints or at neighbourhood level. We will collaborate through shared clinical purpose and act together where collaboration strengthens services for our populations. By working together with the PCB, we will:

- Strengthen and redesign services together to address fragility and reduce unwarranted variation
- Build clinical and workforce resilience
- Align digital and estates transformation to deliver better value and shared capability
- Support innovation, research and leadership development across the sub-region.

Our intent is to ensure decisions are made closest to the people and communities affected, protecting local identity while working at scale to ensure delivery and accountability.

5.4 Governance and Accountability

The ICB Board will oversee delivery of the Clinical Strategy through a clear and disciplined governance framework that ensures sustained focus, transparency and assurance.

This will include:

- **Board-level reviews** of progress against each strategic priority, with clear reporting on impact, risks and emerging issues
- **Dedicated clinical strategy sessions** to test direction, respond to external changes and agree course corrections where required
- **Embedding the Clinical Strategy into core governance cycles**, including annual planning, risk management, financial management, workforce planning and performance oversight.
- **Financial sustainability, governance and effectiveness/efficiency** built into mobilisation plans, delivery oversight and the Board's assurance framework.
- **Clear public accountability** through the Annual Report, Quality Account and regular communication with colleagues, patients, partners and stakeholders.

As part of the ICB organisational change programme, we will evolve Board governance to ensure close alignment with emerging strategic commissioning arrangements, including shared oversight of neighbourhood-level priorities. As these models mature, we will work with partners to identify areas where decisions can be delegated to, or made jointly through, shared governance and where partners may be incorporated directly into relevant Trust governance processes.

5.5 Success Measures

The proof of whether our Clinical Strategy is working will be if our population health measures improve. We all want our population to get healthier, have longer lives in good health, more able to stay well and be in employment but we also must and will strive to reduce the significant unwarranted variation across Lancashire and South Cumbria. Our focus in achieving this is in 2 main areas;

- **Reducing health inequalities**
    - Enable equitable access to health
    - Targeted prevention and early intervention
    - Support action to address the wider determinants to health

- **Enhancing Population Health Outcomes**
    - Enhance early detection and diagnosis
    - Optimise health management
    - Deliver multi stage population prevention
    - Cross cutting enables.

Figure 1 shows high level success measures in tabular form (Driver diagram). As the ICB develops into a strategic commissioning organisation, it is the metrics for success below which will drive the business of the organisation.

Figure 1 Population Health Success Measures - Driver Diagram

Aim - Reducing Health Inequalities

Enable equitable access to health				
Address the barriers to access for groups underrepresented in service and other unwarranted variation	Deliver targeted outreach programmes for CORE20 PLUS Groups and highest clinical priority	Ensure all residents continue to be able to access services as part of the left-shift to digital, with an emphasis on tackling digital exclusion	Resource allocation is based on evidence of need. Use of proportionate universalism within the ICB	Improve access to holistic approaches for people experiencing the worst health outcomes. Support health instead of treating illness

Targeted prevention and early intervention					
Deliver targeted multi-level prevention for groups with the poorest health outcomes	Deliver targeted child health programmes to enable children to start well	Targeted approaches to reduce risk-factors	Enhanced detection for **CORE20PLUS** Groups	Optimised management of key conditions - with recognition of and support to address additional barriers	Targeted prevention for key conditions (CVD, respiratory, mental illness, and cancer etc.)

Support action to address the wider determinants of health			
Enable patient access to wider support services to address wider determinants	Improve links between health and work to support residents to stay in work and re-enter labour market	Ensure social value is a core component of contracts and commissioning	Support residents to access housing services and mitigate the impact of poor housing on health

Aim - Enhancing Population Health Outcomes

Enhance early Detection and diagnosis		
Enhanced segmentation and data analysis to deliver effective personalised care	Enhanced detection and diagnosis of high impact conditions population wide	Deliver increased Screening and Immunisation uptake

Optimised Health Management				
Greater integration of key pathways across primary, community and acute settings	Enhanced multi condition co-ordination	All patients with LTC to receive pathway and medication optimisation	Enhanced focus on preventing LTCs and multi-morbidity, including focus on secondary / tertiary prevention	Proactive care management with enhanced self-care, and community options

Deliver multi-stage population prevention				
Delivery of prevention at population scale. Action on tobacco, obesity, alcohol, and physical inactivity	Enhanced community led and delivered models of prevention	ICB supports and enables those able to self-manage to do so effectively	Support improved health literacy for the ICB population	Support children and young people to stay healthy and promote life-long health

Cross-cutting Enablers						
Improved access to and the use of data within the ICB	Identify and develop workforce capacity and training to match the new operating model	Build up the digital infrastructure required to deliver the left-shift with a focus on improving digital literacy for key population groups	Ensure alignment between resources and organisational priorities.	ICB to enhance its collaboration and partnership working	ICB to become evidence-led, outcome focused strategic commiss-ioning organisation	ICB to maximise use of contractual levers to improve service delivery

As part of the development of this strategy, specific and measurable success metrics are being identified to ensure the ICB is aware whether neighbourhood working and the other strategic clinical priorities are improving outcomes, reducing demand and improving productivity. These metrics will form part of the Board assessment of the effectiveness of this clinical strategy but also importantly, be included in new commissioning specifications to ensure positive contractual discussions ensure the right outcomes are commissioned.

As the ICB develops new commissioning forms, separate success measures will be developed for short-term (1–2 years), medium-term (3–5 years) and long-term population outcome indicators. These metrics (for example; top-decile or top-quartile aspirations) will include an agreed baseline position to demonstrate credibility and trajectory to our partners, our residents and to those we hold contracts with. Over the first year of this strategy, we will work to strengthen our evaluation methodology, benefits realisation and ensure that evidence collected will inform future commissioning decisions.

6. Next steps

This clinical strategy has been developed during a period of significant transition for the ICB, the NHS and the wider Lancashire and South Cumbria system. While it sets a clear strategic direction, there is further work to do to ensure that the organisation has the capacity, capability and ways of working required to deliver the ambitions set out in this strategy. As the role of the ICB continues to evolve, the way we operate as a strategic commissioner, system leader and partner, is likely to change significantly.

Over time, neighbourhoods will become the primary space where partners align priorities, shape local responses to need and test new models of care, while remaining anchored in Health and Wellbeing Board leadership and statutory responsibilities. Neighbourhood Health will be led through distributed clinical, professional and system leadership, grounded in place and supported by relationships across local government, primary care, providers, VCFSE partners and communities, with the ICB enabling maturity through aligned commissioning intent, outcomes and assurance rather than directing delivery. Neighbourhoods will also act as learning environments, where delivery models, outcomes and ways of working are tested, refined and scaled over time, with measures of success evolving as capability and integration mature.

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 communities and residents to ensure that strategies, plans and delivery models are 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.

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.