Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	9 July 2026
Title of paper	Integrated Urgent Care Redesign Case For Change
Presented by	Jane Cass, Director of Partnerships and Collaboration
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Agenda item	14
Confidential	No

Executive summary

This paper presents the case for change for Integrated Urgent Care (IUC) services across Lancashire and South Cumbria (LSC). It follows the format described within the NHS England Major Service Change Handbook[1].

A case for change sets out a clear, evidence based, and strategically aligned rationale for changing services. This case for change also explains why a like for like re-procurement is not viable, why current service variation and performance pressures cannot be sustained, and why system wide transformation is required to meet national, regional, and population needs over the next decade.

The ICB commenced a programme to reprocure IUC services across LSC in 2024. Various papers have progressed via the governance structure during this time and in May 2025 it was agreed that a two step approach would be taken to the procurement process:

Stage one

Reprocure the whole of IUC in West Lancashire, excluding GP Out of Hours
For all remaining IUC services, direct award current service provision to existing service providers to extend the arrangements to 31 March 2027.

Stage two

Coproduce a transformed IUC for the rest of the system, including GP Out of Hours in West Lancashire.

Stage two has reached the case for change stage of the ICB's service change process.

Current IUC services are fragmented, inequitable and no longer fit for purpose. Twelve legacy contracts delivered by eight providers have resulted in significant variation in access, quality, digital maturity, workforce models and cost. These

[1] NHSE_Major_Service_Change_Interactive_Handbook_2023.pdf

arrangements reflect historic commissioning decisions made prior to the Covid 19 pandemic and do not align with current or future national policy, population need, or system pressures.

Demand for urgent and emergency care continues to rise faster than capacity, with Lancashire and South Cumbria experiencing higher growth in emergency department (ED) attendances and emergency admissions than the national average. A significant proportion of this demand is low acuity and could be managed safely in community settings if a consistent, modern IUC offer were in place. Current variation, data gaps and lack of integration contribute to failure demand, poor patient experience and avoidable pressure on EDs and general practice.

National policy direction is clear: urgent care must be digital first, clinically integrated, neighbourhood based and operate 24/7, with ED as a destination rather than the default. Achieving this requires a systemwide redesign of IUC, not a like-for-like re-procurement of outdated services.

This case for change sets out the strategic, clinical, population and financial rationale for redesigning IUC across LSC. It demonstrates why maintaining the status quo is not viable via a simple like for like procurement process, identifies the risks and benefits of change, and provides a strong foundation for progressing to option development, engagement and procurement of a modern, standardised IUC system that meets the needs of the population over the next decade.

Public and Stakeholder Engagement

During a series of public roadshows held during September-November 2024 and an online questionnaire from October-November 2024, residents across LSC were asked what urgent care services they were aware of, which they use, why they choose them and what their experience has been. This has led to a series of recommendations which strengthen the need for a redesign process to be undertaken.

Recommendations

The ICB Board is asked to:

- Approve the case for change
- Note that work is progressing on the next stage of the service change process- options appraisal.

Which Strategic Objective/s does the report relate to:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications		✓		Not at this stage

Where paper has been discussed		
Meeting	**Date**	**Outcomes**
Service Change Assurance Group	1 April 2026	Request to submit to Executive Committee
Executive Committee	21 April 2026	Agreement to support resource gap requirements. Request to strengthen the finance section. Agreement to progress to Commissioning Committee
Commissioning Committee	20 May 2026	Support to progress to Board. Request to include a glossary

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Craig Harris, Chief Commissioning Officer

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Integrated Urgent Care Redesign Case For Change

1. Introduction

1.1 The ICB commenced a programme to reprocure Integrated Urgent Care services across Lancashire and South Cumbria in 2024. Various papers have progressed via internal governance during this time and in May 2025 it was agreed that a two step approach would be taken to the procurement process:

- **Stage one**

  Reprocure the whole of IUC in West Lancashire, excluding GP Out of Hours For all remaining IUC services, direct award current service provision to existing service providers to extend the arrangements to 31 March 2027.

- **Stage two**

  Coproduce a transformed IUC for the rest of the system, including GP Out of Hours in West Lancashire.

1.2 Stage two has reached the case for change stage of the ICB's service change process and aims to describe why a simple like for like procurement process will not delivered the desired outcomes for our population.

2. Case for change

2.1 As appended

3. Recommendations

3.1 The committee is requested to:

1. Approve the case for change
2. Note that work is progressing on the next stage of the service change process- option appraisal

Amy Lepiorz

July 2026