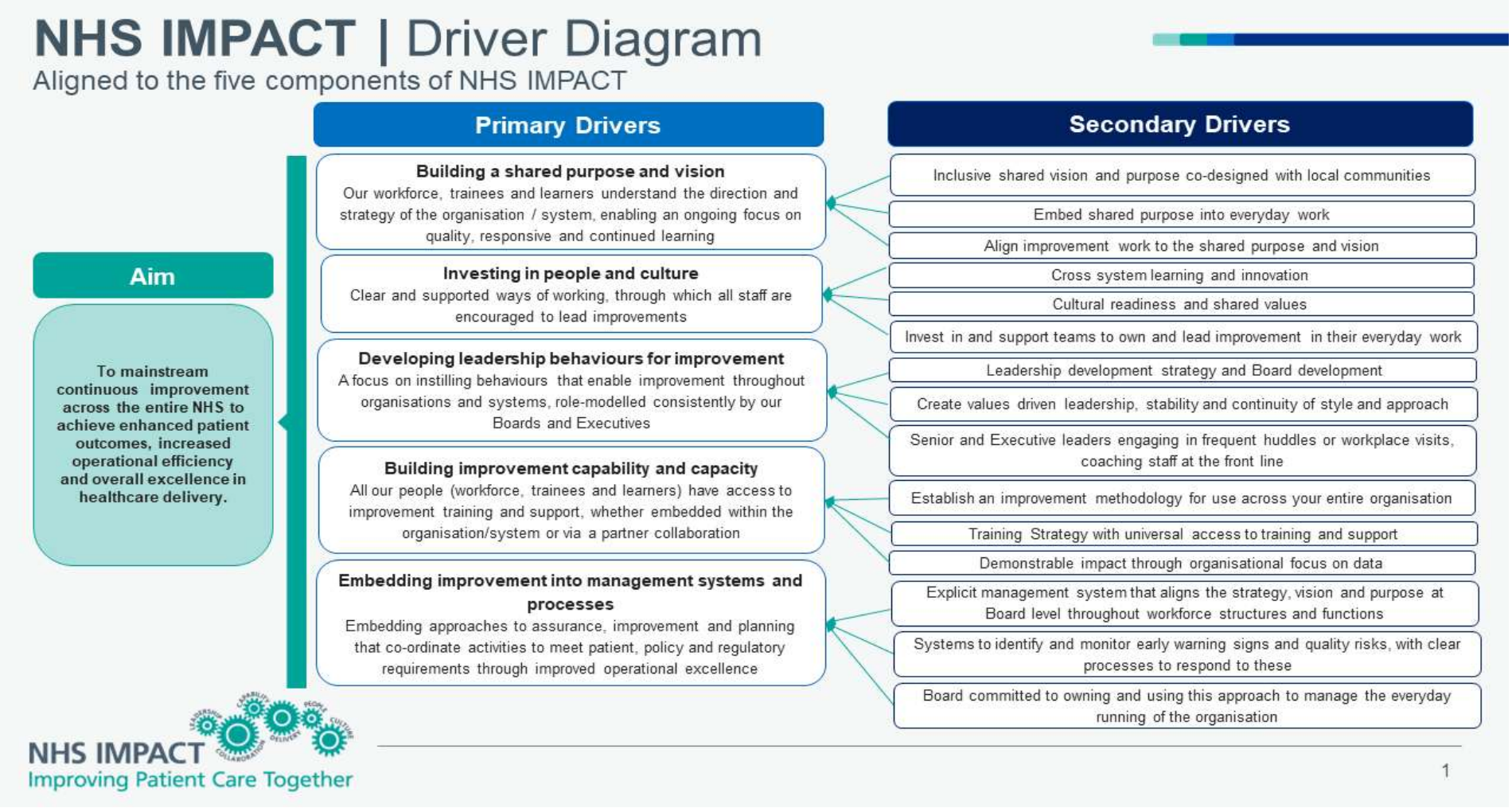
Appendix C: Lancashire and South Cumbria ICB 2026/27 General Practice Commissioning and Transformation Support (CATS) Tool

Cover sheet: **ICB General Practice Commissioning and Transformation Support (CATS) Tool**
Version control: Version 1.0 20.01.2025

The principles shown as primary drivers below are intended to be built into the Self Assessment



Please choose your ICB:	NHS Lancashire And South Cumbria Integrated Care Board	**ICB ODS Code (autofilled)**	QE1
Name of Person/People Completing For System	Primary Care Team	**Date Initially Completed:**	14.04.26
		Date of Latest Update:	

Focus principally on General Practice for now.
May be developed in future to cover the whole of Primary Care.

Feedback on framework completion:

link to feedback form

Please use the drop down boxes to choose which statement best describes your current / starting situation, your desired future position, and (if updating) where you feel the system has gotten to - to help understand the level of support needed in each area

	Support Level 1	Support Level 2	Support Level 3	Support Level 4	Current / Starting Position	Desired Future Position (over next 12 months)	Current / Latest Position (if updating)
STRATEGIC APPROACH							
Strategic Leadership	No Primary care clinical leadership as part of Integrated Care Board and no connection with other leadership across the local system. No strategic priority given to transformation of general practice or wider primary care.	No Primary care clinical leadership as part of Integrated Care Board. Some engagement with Primary care clinical leadership but not consistent, or is focussed on a single issue (e.g. patient experience of access) without consideration of primary care leadership for wider issues and system transformation.	Primary care clinical leadership is part of Integrated Care Board. Some engagement of Primary Care leaders in commissioning to support system transformation but with a narrow focus, without consideration of primary care role in / interaction with community services or social care.	Primary care clinical leadership is part of Integrated Care Board. Recognition of Primary Care leadership role as part of strategic leadership within the ICB and commissioning across the system to support system transformation. Primary care leaders operate as part of/with system teams and co-design strategic priorities and delivery approaches. Key stakeholders and enabling functions identified and aligned around shared priorities, sequencing of transformation activities, outcomes and measurement including measuring what matters to the local population with an equity focus.	Support Level 3	Support Level 3	~Please Choose~
					Interim MD and PC leadership are an integral part of the board and local professional networks are in place for POD, however significant unknowns as the ICB enters a period of consultation around its new structure and operating model.		
Shared Understanding of the case for change within the team and system	No understanding of or lack of clarity as to the current priorities and direction of travel for general practice and how it fits into wider system strategic priorities and delivery of the three government missions. Limited collaboration with key stakeholders and enabling functions.	Primary care team understand the current priorities and direction of travel but understanding not shared by general practice or wider system partners or providers.. Limited understanding of the case for change across the system with initiatives viewed and managed in silos rather than as system wide solutions to strategic priorities. ICB lacks broader understanding of how primary care enables delivery of a whole system solution to key challenges.	Current priorities and direction of travel understood by primary care team and general practice but not by wider system partners. Good understanding of the case for change and potential benefits across general practice but lacking a unified narrative to share across the wider system (with an understanding of wider system benefits). ICB has a general practice or primary care strategy, but without consideration of interaction or integration with system wide problems in elective and urgent and emergency care and neighbourhoods and with a narrow focus with no clear system wide strategy to enabling the left shift.	ICB has a holistic understanding of the scale and depth of the need for transformation across the system and ensures resource and funding is distributed according to strategic priorities where it will make the most impact; commissioning decisions are aligned and at the right scale. Current priorities, direction of travel and goals clearly understood by/aligned across the whole system, including local authority and VCSE ICS has a comprehensive strategy covering key national and local priorities including enabling the role of place, neighbourhoods and primary care collaboratives to support the left shift and population health. The ICB articulates the purpose, vision and goals of the strategy and sense-makes with general practice and wider system providers, to ensure unified understanding, shared purpose and a collective narrative, of the fully inclusive case for change and potential benefits for staff, patients, communities, and system as a whole. ICS enables shared knowledge, data and learning across system partners and aligns KPIs/outcomes and measurement.	Support Level 2	Support Level 2	~Please Choose~
					The team understand priorities, however not sure if could confirm all primary care providers do. Currently operating on temporary priorities as awaiting the new operating model for the ICB.		
GOVERNANCE AND TEAM STRUCTURE							
General Practice Funding	ICB processes do not support clarity around the allocation and use of the funding that is linked to the transformation strategy / available for general practice transformation. Lack of clarity about allocations or use of GPIT funding	ICB processes do not enable clear prioritisation of funding for general practice transformation, matched to the transformation strategy, and funding is redirected to other system priorities. GPIT funding is seen as separate from transformation funding and deployed to practices separately, without regard to strategic goals or the need for transformation support to use tools effectively. Where funding has been used, the impact of the transformation activity is unclear.	Funding available and protected to ensure it is used for primary care, including GPIT funding. There are clear priorities and processes around the use of the funding linked to the transformation strategy. There is a strategy to direct resource to the areas of greatest need based on population health data. The ICB works to understand the impact of transformation activities and to secure value for money for it's investment but no systematic measurement approach.	Transformation funding is protected for support to general practice and gaps in funding are identified and addressed where possible. There are clear priorities around the use of the funding linked to the commissioning and transformation strategy and adapted to needs of the practices and PCNs, understood through the use of data and the practice and PCN SLFs. Strategic distribution / use of funding (including GPIT funding) for general practice relates to population health need and takes account of deprivation, complexity, wider determinants of health and other factors rather than being "one size fits all" enabling fairer funding, resourcing and rationalisation of local enhanced schemes. GPIT funding fully allocated using an equitable, transparent approach which considers user needs, variation of need over time and links to the strategic goals, including strategic and collaborative commissioning that enables a left shift. The ICB takes a transparent approach, endeavouring to achieve value creation and value for money through use of evidence, understanding population and user needs and systematically measures the impact of transformation activities over time (including reviewing data with an equity focus).	Support Level 2	Support Level 2	~Please Choose~
					Considered that the protected funding is not in the gift of the PC team and impacted by ICB financial position. However, have experience of past schemes when funding was made available. Real ring fencing would support and help to be better resourced. To be Level 3 requires protected funding, so not sure can plan to get to level 3.		
ICB General Practice/Primary Care Team	No clear allocation of roles and responsibilities for Primary Care commissioning and transformation - whether via a dedicated team or combining Primary Care commissioning and transformation responsibilities within broader roles.	People resource in place but insufficient capacity and resource with staff also committed to other work across the ICB. Not linked in to other commissioning, transformation and enabling teams across the ICB.	People resource in place but insufficient capacity and resource to meet commission and support transformation and meet all local need. Links with other commissioning, transformation and enabling teams across the ICB used for specific areas of work but not well developed or consistent. The team have some access to analytical skills to support their work.	A well-resourced, team in place (either a dedicated team or a matrix team combining Primary Care commissioning and transformation responsibilities within broader roles). Team has sufficient capacity to meet local need for contractual management, commissioning and transformation support with clarity around roles and responsibilities. Strong links to other commissioning, transformation and enabling teams across the ICB alongside local authority and VCSE with regular engagement and shared planning, shared prioritisation and shared resourcing. The team has access to specialist skills such as the data, digital transformation, evaluation and analytical skills that they need to be effective.	Support Level 3	Support Level 3	~Please Choose~
					The team is resourced at present but debated if 'well resourced' the team work now will not be the same in the future. Plan to maintain Level 3 over 12 months.		

ICB General Practice / Primary Care Team recognition of Skills and Development	No understanding of the skills and capabilities of the team. No development plans in place for staff. No funding available to support staff development Staff do not have sufficient skills and/or knowledge to undertake general practice contractual oversight, commissioning and transformation priorities	Staff skills understood but not mapped against skills needed within the team. Ad hoc development opportunities available but not mapped to development needs. Funding pots for skills development not consistent or assured. Staff have limited skills and/or knowledge to undertake contract oversight, commissioning and transformation roles and responsibilities Staff have some access to training for contract management and commissioning and some access to training opportunities.	Staff skills understood and mapped against contractual management, commissioning and transformation skills required. Development opportunities mapped against individual development needs. Funding available but not protected from use elsewhere if required. Staff have sufficient skills and knowledge to undertake contract oversight, commissioning and transformation roles and responsibilities	Staff skills understood and articulated, including development needs to ensure succession planning and future needs of the team. Development opportunities mapped against individual and team needs with planning of both local and national opportunities across the year. Funding consistent and protected for staff development. Staff have skills and knowledge to undertake contract oversight, commissioning and transformation roles and responsibilities with confidence, understand their impact and continually improve. Opportunities are made available to staff for training and development	Support Level 2 | Support Level 2 | ~Please Choose~ This describes the current state, however the current team structure and capacity will change following the reorganisation . PDRs are in place, experienced staff in the PC team. However, funding to support staff development brings down scoring for current level. There is some limited access to training from PCC /CSU academy, however attending booked training can be difficult due to team capacity. The team has contractual management experience, developed and learnt skills but now a gap may be developing as national training and technical development of skill sets has reduced over time. Succession planning is hard at present as don't know future gaps. Programme Management skills - analysis, performance needs, and awareness of what data is
SUPPORTING COMMISSIONING AND DELIVERY OF TRANSFORMATION						
General Practice Contracting, Commissioning and Transformation Delivery	ICB does not fully comply with its contractual oversight and management responsibilities as confirmed in the Primary Care Assurance Framework (based on most recent year available). ICB does not have a process in place, aligned with national Policy and Guidance Manual, for addressing GP contracts identified as in breach No strategy for delivery of general practice priorities and no systematic approach to delivery of intervention support in place. Improvement support only provided in response to requests from practices or PCNs on an ad hoc basis. Practice and PCN support level frameworks not used, system has limited understanding of general practice support needs and context. No use of data to understand performance and target intervention. No action to assess or improve data quality. No data provided to practices to support their planning and assess their performance.	The ICB complies with its contractual oversight and management responsibilities as confirmed in the Primary Care Assurance Framework (based on most recent year available) The ICB has a process in place for addressing GP contracts identified as in breach, this is aligned with national Policy and Guidance Manual, and the ICB can evidence enforcement. Commissioning activity maintains the status quo rather than leading towards the strategic goals. Data is not used in a consistent way to target or prioritise support where most needed Transformation support is delivered against the developed strategy but support is not individualised to need and is not comprehensive. Data not used to monitor effectiveness of support and progress of practices and PCNs towards desired outcomes.	The ICB complies with its contractual oversight and management responsibilities as confirmed in the Primary Care Assurance Framework (based on most recent year available) and seeks clarification / support where the levers for applying these responsibilities are unclear. The ICB has a process in place for addressing GP contracts identified as in breach, which is aligned with the national Policy and Guidance Manual and links to the intervention support approach. The ICB consistently enforces this process. ICB has a clear understanding of performance, context and challenges of their general practices supported by national and local data ICB uses an Intervention support or similar approach to understand, prioritise and address general practice support needs including delivery of transformation support to meet identified needs (stabilise / improve / sustain) and, where needed, contractual management. The ICB provides access to targeted, evidence-based transformation support with clear outcomes and measurement. Data used monthly or less frequently to monitor effectiveness of support and progress of practices and PCNs.	The ICB complies with its contractual oversight and management responsibilities as confirmed in the Primary Care Assurance Framework (based on most recent year available). The ICB is confident with its contractual oversight and management responsibilities and uses available levers to support their delivery, including contractual management of breaches using a consistent process which is fully aligned to the Policy and Guidance Manual and to the ICB's overall intervention support approach. The ICB has a quality management system which includes primary care. Data (including national dashboards and local data and intelligence) are used in a continuous fashion to understand performance and support needs, monitor the effectiveness of support, and understand progress towards the stated goals and where additional provision may be required. Provision of evidence-based transformation support targeted and sequenced with an understanding of the provider's starting point and needs, aligned to strategic goals. ICB measures and assures quality of transformation support and delivery. Feedback and outcomes from delivery of support is used to review and refresh the strategy. The ICB has effective plans for sustaining changes made by practices and PCNs including building improvement capability. Collaborative improvement is enabled across the system to support system-wide solutions to key challenges with shared outcomes e.g. access, waiting lists, prevention and population health.	Support Level 3 | Support Level 3 | ~Please Choose~ Significant work has taken place in this area of the past 12 months. Data to support process is in place and processes are embedding for general practice. Intervention support packages have been implemented. Currently comply with contract oversight/monitoring for delegated functions and LES monitoring arrangements are in place. Remedial/breach notices issued when non-contractual compliance is identified. Contracts have been terminated by the ICB. POD follow the NHS policy books when it comes to contractual compliance and performance.
Provision of Digital Solutions in service of the general practice commissioning and transformation strategy	No strategic plan for use of digital solutions across general practice. No programme in place to support primary care with implementation and/or use of functionality of digital solutions. The ICB does not have dedicated digital clinical safety and IG capacity for primary care..	Strategic approach to use of digital solutions across general practice but no wider system or stakeholder engagement. Some ad hoc support available for primary care in implementation and/or use of functionality of digital solutions but not consistent across all practices/PCNs. The ICB has insufficient capacity to support all practices with Information Governance and digital Clinical Safety	Strategic approach to use of digital solutions across primary care, but no wider system or stakeholder engagement. Programme in place to support general practice with implementation and/or functionality of some digital solutions but gaps in connections to the overall strategic goals and the transformation support on offer. There is sufficient and coordinated support for IG and digital Clinical safety and practices are proactively engaged to ensure safe implementation and use of technology and know how to raise incidents and access support if concerns	Requirements for digital tools and strategic approach to use of highly usable and accessible digital solutions developed with practice staff, patients and communities - understanding user needs. ICB has a sustainable programme in place to support general practice innovation, learning/refining, assurance, implementation and scaling to maximise full benefits of technology safely and ensure consistency of offer to their populations e.g. websites, NHS app, online consultation systems and other innovations. Technical training in digital tools is available to practice / PCN teams and integrated with transformation support (including digital clinical safety, IG and digital skills) Digital clinical safety and IG teams across the system (incl. providers) work together to avoid duplication and provide peer support The scale of procurement balances consistency and economies of scale with local staff/population needs and capabilities. Value is understood to mean cost and clinical effectiveness and meeting user needs (staff and patient). GPs and other clinicians are involved in procurement decisions.	Support Level 2 | Support Level 2 | ~Please Choose~ Maintain a standardised GPIT core offer across all practices, including online consultation, messaging, online booking and cloud-based telephony. Utilise Frontline Productivity support for Ambient Voice Technology functions when these become funded and available, requires additional support from Centre.
Understanding general practice need (expressed and unexpressed), demand and capacity in the context of the system	No support in place for practices and PCNs to understand their demand and capacity. No systems in place for up to date demand monitoring across the ICB.	Some ad hoc support available for practices and PCNs with skills and tools to understand their demand and capacity but not consistent. Systems in place for up to date demand capture across the ICB but no response plans in place for times of particular pressure.	All practices and PCNs are supported with skills and tools to monitor and understand their demand and capacity but no support with understanding failure demand. Systems in place for up to date demand capture across the ICB with response plans available but often insufficient and no monitoring to ensure their effectiveness. Have (or working towards) an effective OPEL system.	An effective OPEL system is in place. PCNs are supported with skills and tools to monitor and understand their demand, population needs - including population segmentation [incl by age] and risk stratification, capacity and failure demand on an ongoing basis Data is provided at the point of need and in a format that is actionable e.g. integrated into GPIT systems. Systems in place for up to date demand, needs and capacity capture across the ICB with robust, monitored escalation and response plans for times of particular pressure.	Support Level 2 | Support Level 2 | ~Please Choose~ Recently moved to SHREWD though limited number of practices are using it. Current reporting does not include POD services. For General practice we do not measure demand, we measure issues so sometimes hard to support practices, work needs to link into broader workforce planning and capacity discussions. Mainly focussed on Acute/ED. Available data is mainly appt data and cross referenced with NHS111, recourses not available to look at more than that.
Delivery of Practice Improvement	Practice support offers not identified. No support offers are available. Lack capacity and/or insufficient funding to deliver transformation, resilience and/or intensive support to practices.	Practice support offers identified, but not yet implemented. Resilience and intensive support is available to some practices but not all who need it. May lack funding or capacity to undertake fully. May lack capability to manage practices not willing to engage.	Providing a local offer of support to practices to implement Modern General Practice which is evidence based and based on proven content and guidance e.g. Practice Level Support . Resilience support is provided for identified practices. Practices needing to stabilise have an improvement plan closely monitored by the ICB. Practices not willing to engage are appropriately managed.	Support needs and capabilities of practices reviewed annually. Understanding of transformation support and capability building training capacity requirements. Providing a local offer of support to practices to implement Modern General Practice, new ways of working, develop INTs, build improvement capabilities and other strategic goals which is evidence based and based on proven content and guidance e.g. Practice Level Support and peer ambassadors. There is ongoing consistency and continuity in the providers of support. Resilience support is provided for identified practices responsive to the drivers which impact resilience. Practices needing to stabilise have an improvement plan closely monitored by the ICB. Evaluating Impact and applying continuous improvement.	Support Level 2 | Support Level 3 | ~Please Choose~ Formal paper re Confederation and focus on practice improvements in future. No national GPIP offer, and lack of local funding to undertake. Single Access Peer Ambassador.

ENABLING FUNCTIONS						
Protecting Time for Change	No resource available to practices or PCNs to ensure dedicated time for transformation. No co-ordination of requirements on practice across the ICB to support adequate time for transformation.	Some ad hoc resourcing available to allow backfill or other support but not structured or regularly available. Co-ordination of requirements from within the primary care team but not across all parts of the ICB.	Resource available to support dedicated time for GPs and practice managers but not widely available for all staff roles. Co-ordination of requirements on practices and PCNs with prioritisation based on ICB and national requirements but without consideration of needs of practices and PCNs.	Regular, protected time available for all practices and roles in practices needed for effective transformation which includes using any available funding particularly maximising use of any national funding. Transformation efforts have senior sponsorship, permission to prioritise and are enabled by the ICB Co-ordination of all requirements on practices and PCNs from across the system with prioritisation against known practice needs/challenges from SLFs to enable a focus on fewer aligned priorities.	Support Level 3	Support Level 3 ~Please Choose~ ICB has planned PLT times with practices (whole practice) six internal /two external, however external facilitated sessions are currently for GPs and practice nurses. PLT for PCN roles is variable. Presently no resources to fund all staff, however may change in future. Agreed currently 3 and at present aiming to maintain
Levers to Facilitate Change	No consideration of available levers to support and facilitate transformation in primary care.	Some consideration of available levers to support primary care transformation but focus on contractual approaches.	Good understanding of all available levers to support transformation but not always used effectively to maximise their benefits.	Mature understanding of levers required to support transformation in primary care including financial, contractual, culture and leadership. Skilful adaptation of available levers to maximise delivery of the primary care transformation strategy.	Support Level 3	Support Level 3 ~Please Choose~ Levers are the proactive/variation visits/LES
Estates Strategy	No primary care estate plan.	Planning for individual estate issues but no joined up plan at place or system level. No planning for moving towards Net Zero within any estate planning.	Estate plan for primary care but not integrated with wider services or community needs. Some recognition of Net Zero plans within the strategy but not a clear focus throughout.	Proactive estate strategy including co-location with wider community and other Health and Social Care services, use of wider public estate and use of community assets for health creation. Ambition towards Net Zero Carbon a focus throughout the estate strategy.	Support Level 3	Support Level 3 ~Please Choose~ There is an ICB wide estate plan in place for Primary Care and PCNs, however co-location might be a bit too ambitious at present time and challenge around with resources, unable to increase revenue costs. Continue to strengthen Level 3
Workforce Strategy	No use or understanding of primary care workforce data.	Awareness and understanding of workforce data but not used to drive decision making.	Awareness and understanding of workforce data and used within strategic thinking to influence overall priorities but no sustainability or workforce plan in place.	In depth understanding of workforce data across all practice and additional role staff and links to training hubs with a workforce sustainability plan, particularly focused on areas of greatest need. The ICB works with practices and PCNs to create attractive job portfolios, supporting innovation to recruit and retain staff. The staff survey is mobilised to practices. The ICS considers the capacity, generic skills, skill mix and integrated training, incentives, job planning needed to support population health, neighbourhood working at the appropriate scale including workforce outside of health and care e.g. domiciliary and residential care providers.	Support Level 3	Support Level 3 ~Please Choose~ Maintain at Level 3 as view moving to 4 too much at present, for example ' attractive job portfolios...' is a stretch
Training for practice and PCN staff e.g. through Training Hubs	No provision for training of practice and PCN staff in skills required for transformation.	Some provision of training to practice and PCN staff but no strategic plan in place to consider development provided against needs of primary care.	Training plan in place developed by the Primary Care Team but without wider engagement. Some practice and PCN SLF priorities inform areas of focus but development support not available for all parts of the primary care workforce.	Sustainable training plan in place, co-developed with primary care, the training hub and wider stakeholders. Plan uses all practice and PCN SLF priorities to inform areas of focus and develop the skills needed across all parts of the workforce for transformation. Training plan ensures workforce develop skills aligned to Modern General Practice, INTs and improvement capabilities.	Support Level 3	Support Level 3 ~Please Choose~ Sustainable training ambition difficult with current resources, also multi-funded support required. Other stakeholders involved as more than just ICB, can't own all elements. Also year on year agreed funding a challenge. Plan to maintain.
Research Strategy	The ICB has no research strategy and provides no support to practices to get involved in research.	The ICB distributes information about research opportunities to practices but otherwise provides no active support Primary care participation is not a priority for the ICB	The ICB promotes the importance of research in primary care and provides support to enable recruitment of participants via practices but does not provide the infrastructure required to enable research active practices, support needed for commercial studies or for general practice involvement in shaping research. Participation in research in practices in areas of high deprivation and with marginalised communities is low.	The ICB provides the infrastructure to enable primary care participation in research including full allocation of research capabilities funding, supporting research capacity, skills, contractual/ regulatory/application support and workforce incentives into general practice. The ICB promotes use of the NCVR in primary care. PC research is included in the portfolio of a named ICB team alongside evaluation. The ICB seeks to actively promote research relevant to their population needs and to the provision of general practice and proactively promotes relevant research opportunities to sites. ICB actively supports inclusion of practices in deprived areas and to better represent marginalised communities in research. The ICB involves general practice in shaping research priorities. Research participation in the ICB is tracked and growing including with practices in areas of high deprivation.	Support Level 1	Support Level 4 ~Please Choose~ Overall, not aware of agreed ICB research strategy, however NW bases that practices can opt in and support from team on awareness and promotion of related communications. Might not be an ICB role in new future ICB design.
USE OF DATA TO SUPPORT COMMISSIONING AND TRANSFORMATION						
Commissioning and transformation goals/outcomes for general practice	No measurable outcomes for general practice aligned to strategic priorities and goals other than national targets. No focus on understanding and evidencing impact and benefits of transformation activity. Focus on activity measurement.	Transformation goals / success metrics developed by ICB general practice/primary care team in isolation. Outputs/outcomes not measured consistently and no measurement strategy for improvement. No regular review of progress of outputs/outcomes against goals and no focus on understanding and evidencing impact of transformation activity.	Measurable transformation goals / success measures developed by ICB primary care team with shared understanding of outcomes across the ICB (but not wider stakeholders). However, KPIs/outcomes do not align between providers and end to end journey / data not joined up. Regularly flowing data. Mix of quantitative and qualitative data. Consistent measurement approach. Ad hoc review of progress against goals. Evidence for impact of transformation activity is not routinely and consistently gathered and evaluated.	Measurable commissioning and transformation goals co-developed with primary care and wider stakeholders, and aligned to national and local priorities and outcomes. Regular data flows. Regular, supportive review of progress against goals at practice and PCN level. Evidence of impact (e.g. access is improving, patient experience improving, staff experience improving etc) is gathered, evaluated and used to inform future plans and to make the case for further investment. Measurement includes what matters to the local population with an equity focus Measurement and KPIs are aligned across both providers and system partners, data covers end to end journeys supporting shared decision making, strategic commissioning, procurement, financial planning and resource allocation.	Support Level 3	Support Level 3 ~Please Choose~ Clear focus on LES deliverability and tackling unwarranted variation for general practice. Commissioning for outcomes less relevant for POD as majority of commissioning is via core contracts

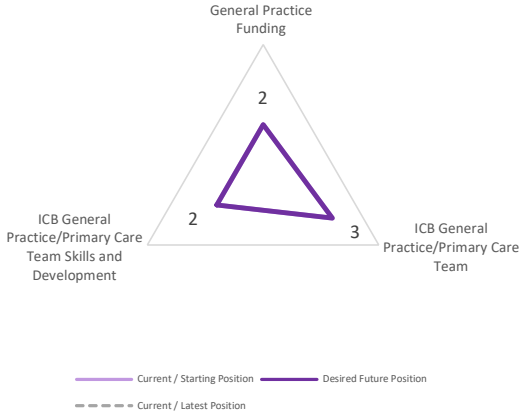
Data Strategy / BI tools /Data sharing/shared records	No data strategy in place.	Data strategy in place produced by primary care team in isolation. Data sharing agreements not fully complete and no or minimal progress towards shared records.	Data strategy in place, co-produced with stakeholders in primary care but no input from the wider system. Data sharing agreements in place for progression towards shared records but not fully implemented. BI tools available to some practices and PCNs but not universal.	Data strategy in place, co-produced with primary care, local population and the wider system, aligned with the commissioning and transformation strategy for general practice. Shared records in place across all parts of the system with robust, secure data and information sharing in place. BI tools embedded across all primary care to maximise use and understanding of data. Development of local Federated Data Platform and Secure Data Environment to support planning, operations and research.		Support Level 1 | Support Level 1 | ~Please Choose~ Considered currently at Level 1 with elements of other indicators however not consistent. Various tools, Aristote, MH and also some data sharing agreements are in place. Strategy not yet fully planned.
Use of Population Health Segmentation (incl age) and Risk Stratification	No use or understanding of population health data at system, PCN or practice level. No population heath method or platform in use, no segmentation or risk stratification of populations and no linked data.	Awareness and understanding of population health data at a system level but data not easily available to PCNs or practices to utilise at the point of care. Data not used to inform strategic commissioning and resource allocation or support operational decision making. Have data sharing and linked person level longitudinal data encompassing general practice and wider providers.	There is a person-level, longitudinal, and linked dataset encompassing general practice and wider providers with one system wide PHM method available include segmentation and risk stratification based on both complexity and forecasted resource utilisation Tool available to practices and PCNs at the point of care, integrated with their clinical systems, however PHM as an approach not embedded consistently within operational processes across all PCNs or practices to support unplanned, planned or proactive care. Tool not integrated with wider provider clinical systems for a whole system approach. Data used to inform planning, commissioning and influence overall priorities for general practice at a system level including resource distribution, but limited use across wider system or to support operational activities and workforce organisation.	There is a person-level, longitudinal, and linked dataset encompassing general practice and wider providers and social care. One consistent system-wide PHM method into ICB analytics platforms to segment and risk stratify populations, based on complexity and forecasted resource utilisation Supported by a system-wide intelligence function used to (a) inform strategic commissioning and resource allocation including addressing health inequalities across the system (b) enable consistency in approach across the whole system (a common clinical language) (c) enable providers to work together to organise workforce optimally to deliver health and care Complementary functionality and interoperability in clinical systems (GP and other provider systems) which enables effective case finding, care navigation and risk-based prioritisation of proactive, planned, responsive and urgent care - informing the design and work of neighbourhood MDTs focused on specific complex cohorts.		Support Level 2 | Support Level 2 | ~Please Choose~ Use in LES and PHM. Some use by practices/PCNs with continuity of care asks.
SHARE AND SUSTAIN						
Improvement Community - peer to peer learning	No local improvement community in place	Local improvement community in place but not well established and not meeting regularly. No contact with other local improvement communities. No support for leadership of the community.	Established local improvement but predominantly GPs and managers with little or no involvement of wider roles. Some ad hoc sharing of learning with other improvement communities. Some support available for leadership of the community.	Well established local improvement community with engagement across all general practice roles. Regular engagement and sharing with other improvement communities. ICB clearly articulates their approach and plan for their improvement community.		Support Level 3 | Support Level 3 | ~Please Choose~ Some opportunities for learning, however concern around how ICB articulates this approach.
Transformation leaders in general practice (Peer Ambassadors)	The ICB has identified and nominated primary care transformation peer ambassador(s). ICB is not clear on their role and responsibilities in supporting peer ambassadors / not aware of the national roles and responsibilities framework ICB is not funding or protecting time for peer ambassadors to carry out their role to support locally led transformation e.g. expenses, backfill.	ICB is clear on their role and responsibilities in supporting peer ambassadors as aligned to the national roles and responsibilities framework ICBs are sponsoring and funding Peer Ambassador time to carry out their role e.g. expenses, backfill. ICBs are enabling peer ambassadors to support peers with MGP and transformation priorities e.g. sharing themes of SLF, creating space for shared learning between practices and peer ambassadors, connecting Peer Ambassadors with local primary care leadership Sponsoring participation in the national development programme ICB provides opportunities for peer ambassadors to speak at local events to share good practice and learning	ICB has embedded peer ambassadors into local strategy for transformation and development of a sustainable locally led transformation infrastructure. ICB supports practices to access a peer ambassador to enable their transformation journey as a core component of local transformation support. Sufficient, protected funding to allow peer ambassadors to share and spread of good practice and support transformation. ICB measures outcomes related to peer ambassador role, to secure ongoing investment aligned with national and regional measurement ICB encourages peer ambassadors to connect through national and regional networks to share learning, resources and skills, evidence based content and share back/utilise knowledge locally Peer ambassadors aligned to ICBs Clinical and Care Professional Leadership Framework ICB supports peer ambassadors to participate in national and regional events to support general practice transformation and leadership development	Peer ambassadors are working closely with ICBs and are enabled to inform system strategy, local improvement and innovation models for primary care, share learning/on the ground feedback with ICBs and also feed into national strategy. Peer ambassadors are sufficiently resourced to lead local improvement communities and are embedded into local transformation infrastructure working closely with and supporting providers with a continuity and consistency of relationships. Sufficient, protected multi year funding and ongoing investment to enable expansion as required. Growth of primary care transformation leadership within the ICS (including considering career opportunities and wider development opportunities) ICBs share their learning and approaches with other ICBs.		Support Level 1 | Support Level 1 | ~Please Choose~ ICB remains to have single peer ambassador for Access.
Learning Culture / Climate	No sharing of learning from transformation, at general practice, PCN or system level.	Some ad hoc sharing of learning from transformation but no regular or structured sessions and no external support.	Regular sessions to share learning from transformation but focus is on learning from successes. No support from Peer Ambassadors or primary care team. No mechanism to ensure that practices not engaging with learning sessions are encouraged to do so or have the opportunity to share in the learning.	Regular structured sharing of learning, good practice, concepts from transformation, supported by Peer Ambassadors and the primary care team with a culture that celebrates learning from failure as well as success. Mechanisms in place to ensure learning is shared with practices who don't engage with learning sessions. Primary care team actively seeks out opportunities to share learning with teams from other ICBs, nationally as well as regionally, and to learn from others e.g. national coproduction forum. There are opportunities for facilitated shared learning across the system e.g. across the primary/secondary care/system interface.		Support Level 3 | Support Level 3 | ~Please Choose~ The ICB encourages practices to share via meetings and LMC - share on chat. Although not currently structured sessions there are 'Digital Town Hall' and DQ events, plus PCN and Transformation leads learning sessions.

ONGOING STAKEHOLDER ENGAGEMENT ON COMMISSIONING AND TRANSFORMATION					
Practices and PCNs	No engagement with practices and PCNs.	Some practice engagement but not representative of all practices and PCNs in the area or those in most deprived and challenged areas.	Wide engagement and sense-making with practices and PCNs but limited to GPs and managers without wider team involvement. Identification of practices that do not engage via the usual forums	Widespread engagement and sense-making with practices and PCNs on primary care transformation with regular opportunities all practice roles to feed into design and implementation and share feedback and on the ground challenges. Proactive approaches to engage practices that are do not engage via usual forums e.g. via peer ambassadors	Support Level 3 | Support Level 3 | ~Please Choose~ Currently Level 3 with regards to wider engagement, but there worry was expressed about staffing structures in the future and the impact which may mean may not happen to same levels, to genuinely support co-production. It was agreed Level 4 is considered as what good looks like. Concern to also factor in impact from reduced comms teams etc to support wider engagement in the future ICB model so plan to maintain.
Wider Primary Care Organisations	No engagement with wider primary care organisations e.g. LMCs, federations.	Some engagement with wider primary care organisations but not consistent and predominantly sharing of information.	Engagement with wider primary care organisations on a more regular basis with opportunity to feed back on approaches but no or limited input into design. Primary care collaboratives are engaged with commissioning and transformation strategic goals.	Active engagement with wider primary care organisations with regular opportunities to feed into design of strategic approaches. Primary Care Collaboratives fully engaged with commissioning and transformation strategy and goals.	Support Level 3 | Support Level 3 | ~Please Choose~ Unknown factors of organisational changes will mean fewer leadership roles and less face to face. But strong engagement at present with LRCs and Federations and the development of the con-fed for GP. Trust footprint interface meetings in place
Patients and communities and Peer Leadership **A peer leader is a person with lived experience who is committed to working collaboratively with the health and care system to provide leadership and empowerment*	No engagement with patients and communities ~~in~~ about primary care transformation. No identified peer leaders. The ICB communicates with Healthwatch but not wider VCSE.	Some engagement with patients and communities but not consistent and predominantly sharing of information. Peer leaders in place but few and with limited engagement. The ICB communicates with VCSE and Healthwatch but not representation of the local population.	Engagement with patients and communities, the VCSE, community and Peer Leaders on a regular basis, with opportunity to feed back on approaches but no or limited input into design. Those involved not representative of the whole population, in particular traditionally underrepresented groups.	Active engagement with patients and communities and Peer Leaders bringing the patient voice, with regular opportunities to be part of design of strategic approaches. Use of community research to understand population priorities, red lines and discuss trade offs to inform ICB decision making. Those involved representative of diversity of population in the system. Healthwatch and wider VCSE are actively involved, as are local authorities more generally. ICB clearly and publicly articulate their approach and plans.	Support Level 2 | Support Level 2 | ~Please Choose~ Significant unknowns as the ICB enters a period of consultation around its new structure and operating model.

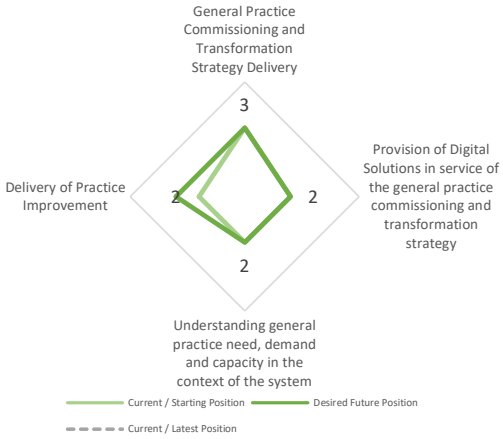
Report for Nhs Lancashire And South Cumbria Integrated Care Board, completed by Primary Care Team on 14.04.26, updated on 00/01/1900

STRATEGIC APPROACH

GOVERNANCE AND TEAM STRUCTURE

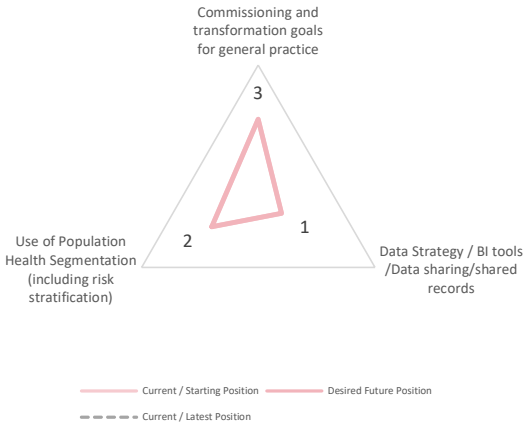


SUPPORTING COMMISSIONING AND DELIVERY OF TRANSFORMATION

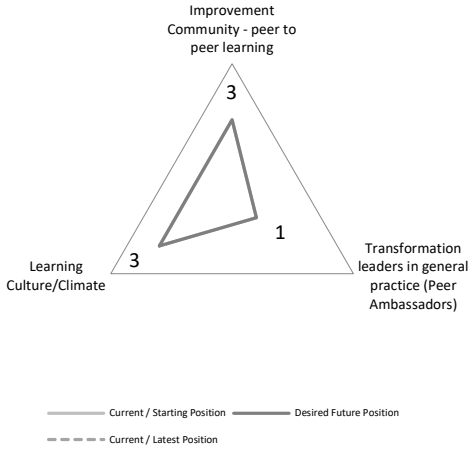


ENABLING FUNCTIONS

USE OF DATA TO SUPPORT COMMISSIONING AND TRANSFORMATION



SHARE AND SUSTAIN



ONGOING STAKEHOLDER ENGAGEMENT ON COMMISSIONING AND TRANSFORMATION