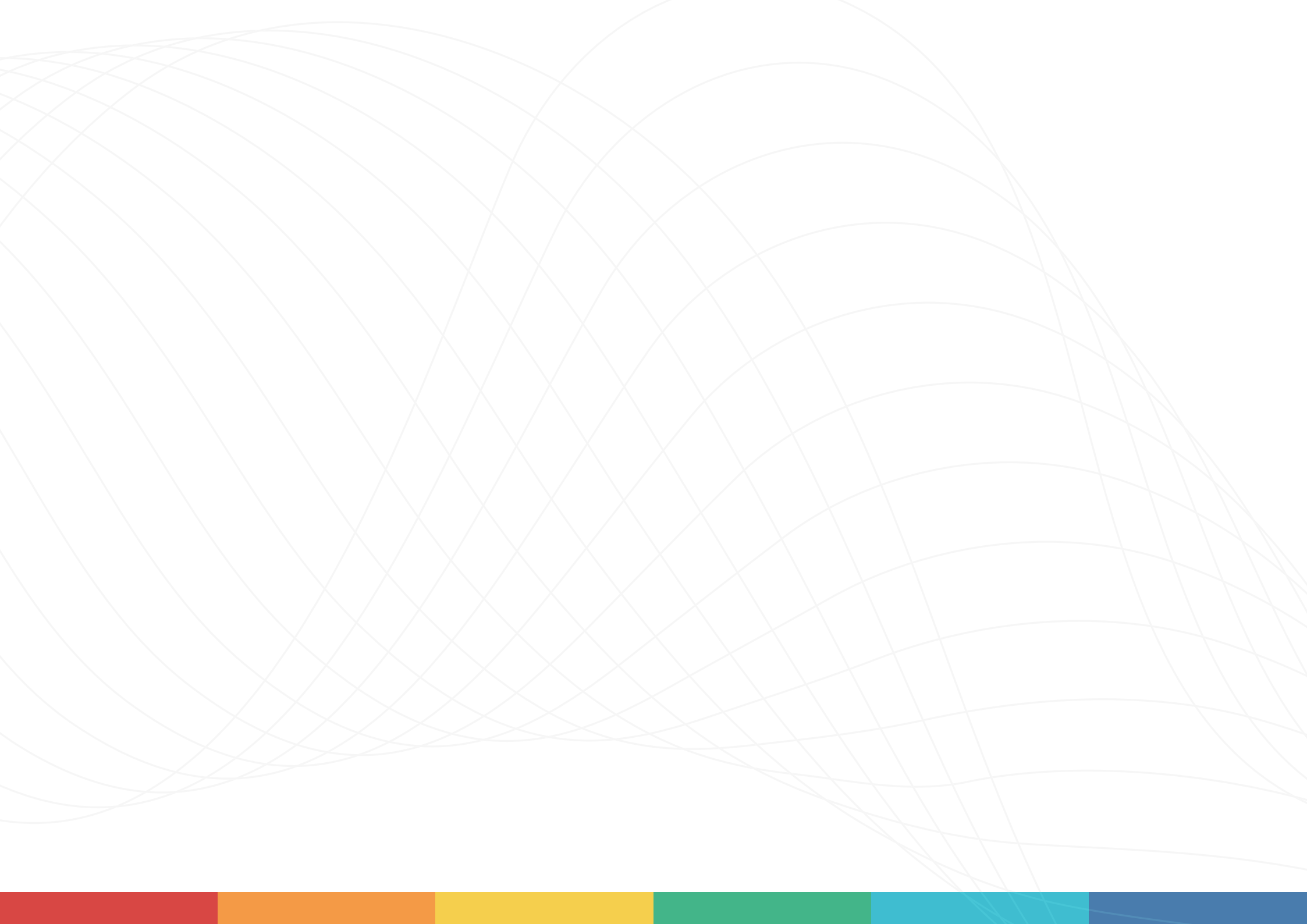


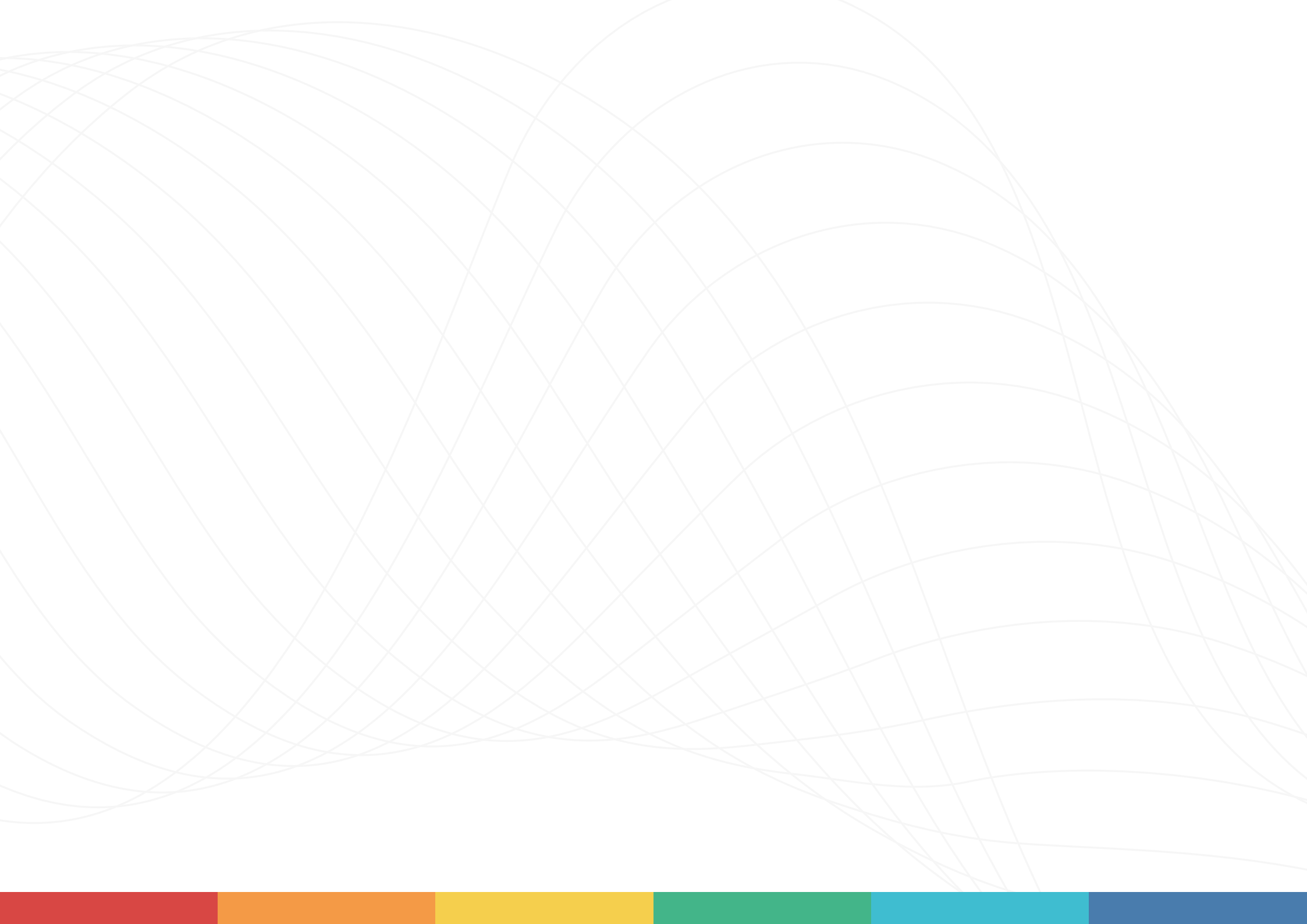
Operating Model Narrative





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Foreword

Integrated Care Boards have a critical role to play as strategic commissioners in the health and care system. Lancashire and South Cumbria ICB exists to improve the health of 1.8 million people, reduce inequalities and improve access to more consistent, high quality care. The organisation remains accountable for £5.5 billion of public resources to fulfil these duties and improve health and healthcare now and in the future.

The model blueprint published by NHS England in May 2025 clarified the purpose of the ICB, but also initiated a challenging process of organisational change to align the structure of the ICB to its core functions and to reduce the running costs of the organisation to £19 per head of population by April 2026. The consequence of this is that the Board must agree an operating model for the organisation with an allocation which reduces by £36m.

This document has been published now to summarise the work which has taken place in recent months to redesign the ICB's operating model. It sets out a clear range of functions and accountabilities and explains how the organisation intends to act as an ambitious strategic commissioner and partner in the Lancashire and South Cumbria system.

The narrative is presented in the expectation that it stimulates further discussion and development between our teams and functions within the organisation and also with our partners and stakeholders.

In judging the success of this revised operating model, we understand that this will be by improving outcomes, access and experience for patients and citizens, completing the organisation's journey towards financial stability, making the ICB an attractive organisation for which to work and securing the wider benefits of reform in ambitious partnerships with our providers, local councils and VCFSE partners.

During 2024, our teams took a lead in redefining the values of the ICB. This was an important moment of reset for the culture and behaviours of the organisation. The Board has endorsed the publication of this narrative with an expectation that our patients, partners and staff members should experience the organisation acting with Compassion, Integrity, Respect and Inclusion. We commend it to you in the same spirit.



Emma Woollett,
Chair



Aaron Cummins,
Chief executive

Chapter 1

How our vision shapes
how we operate



How our vision shapes how we operate

Lancashire and South Cumbria is a diverse and energetic system. We work with wonderful communities who are proud of their history, heritage and assets. Local health and care services can demonstrate a credible track record of innovation and resilience delivered by highly trained and committed professionals.

However, communities and NHS organisations have to confront a familiar set of challenges in relation to poor health and wellbeing, widening inequalities, overwhelmed services and financial stresses, all of which require longer term solutions.

The refreshed role for ICBs announced in May 2025 provides an opportunity to re-energise an ambitious vision for strategic commissioning in this region: to create a high-quality community-centred health and care system by 2035.

Working with our communities and partners, we will ensure the operating model for the organisation can deliver the three shifts expected within the NHS in the next 10 years: from treatment to prevention, hospital to community and analogue to digital.

Our vision Why we are here	Commission a high quality community-centred health and care system by 2035
Our strategic objectives What we are striving to achieve	Improve quality, including safety, clinical outcomes, and patient experience Equalise opportunities and clinical outcomes across the area Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees Meet financial targets and deliver improved productivity Meet national and locally determined performance standards and targets Develop and implement ambitious, deliverable strategies
Our operating model How we work together	The key components of our operating model: • Convening, influencing and leading across Lancashire and South Cumbria • Acting as ambitious commissioners in neighbourhoods, localities and across Lancashire and South Cumbria • Working in effective multi-disciplinary and matrix teams

Chapter 2

Strategic commissioning as a
whole organisation endeavour

Our context for strategic commissioning

Lancashire and South Cumbria was one of the earliest systems to understand that effective commissioning needs to be arranged at different spatial levels – often described as neighbourhood, place and system.

In response to the ICB model blueprint and the reductions in running and programme costs, the organisation's operating model sets out on the following slides how we will organise our work and priorities over the next three years.

Strategic commissioning partnerships with providers, local authorities and the voluntary sector (VCFSE)

Under the leadership of a new executive team, the ICB will pursue ambitious approaches to the development of strategic commissioning partnerships over the next three years.

This operating model confirms a principle that our teams will commission at the most appropriate level for the population, service or partnership.

This may be:

- Across the Northwest region – e.g. for ambulance or NHS111 services
- Across the whole LSC system – e.g. for specialist services such as cancer, renal, in-patient mental health and children young people

- Across local NHS footprints – e.g. for urgent care, primary care
- Across local authority footprints – e.g. intermediate care, SEND

To support this endeavour, we are confirming that our local commissioning teams will reorganise to focus on NHS population footprints in Morecambe Bay, Fylde Coast, Central and West Lancashire and Pennine Lancashire.

New freedoms and flexibilities

We will explore the potential of new contract models known currently as Integrated Health Organisations (IHO) or Multiple Neighbourhood Providers (MNP) to enable local NHS trusts and community-based providers to receive a delegation of responsibility for commissioning local services.

We will adopt a test and learn approach, with a focus initially on the delivery of primary, community and mental health services.

Integrated and Collaborative commissioning

Our ambitions to develop more effective strategic partnerships with local authorities will need to remain flexible in the context of imminent local government reorganisation and the potential creation of strategic authorities. Nevertheless, the

opportunities to share data, develop neighbourhood plans for health and wellbeing, manage markets and work together on targeted services can be more ambitious.

The ICB will also review our commitment to local Health and Wellbeing boards as the primary forum for local place-based partnerships.

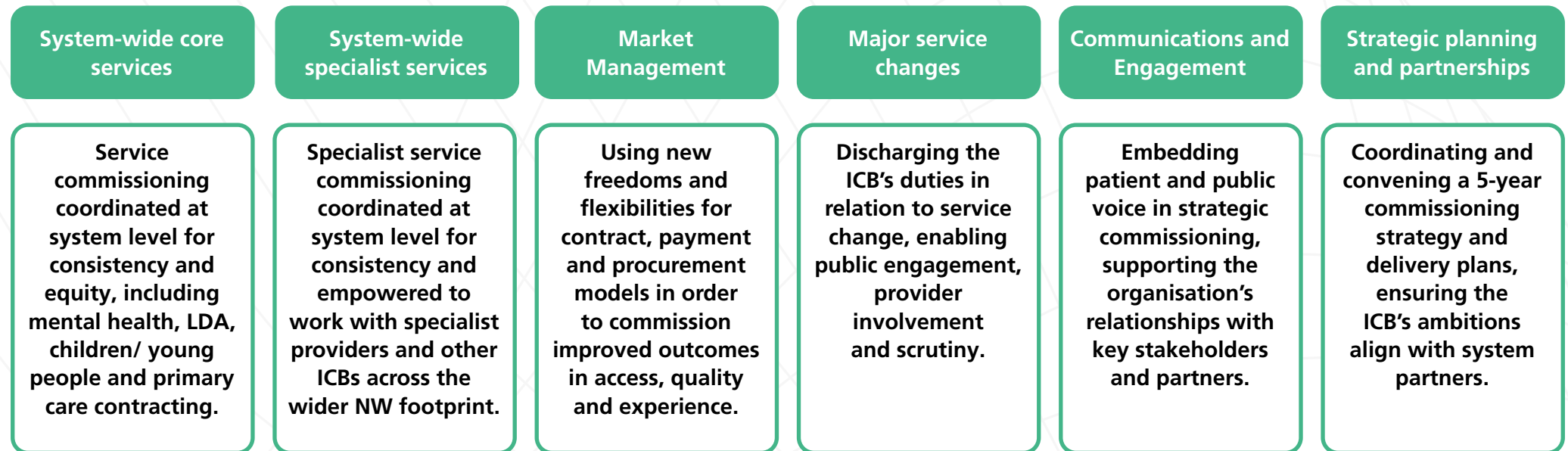
Clinical and care professional leadership

Our revised model for clinical and care professional leadership (CCPL) is designed to bring these colleagues closer to the commissioning process as well as strengthening the use of evidence and good practice to deliver ambitious service and pathway changes.

Our system-wide commissioning teams will work with partners around six key activities

Working at system

Our **system wide, multi-disciplinary** commissioning teams will work across the whole of Lancashire and South Cumbria. The focus here is on services which require a **consistency of approach** and a commitment to **reduce unwarranted variation** in the outcomes experienced by patients and citizens. This approach also reflects the organisation's duties to **involve and consult** patients, the public and our partners about our priorities for change and their experiences of using local services.

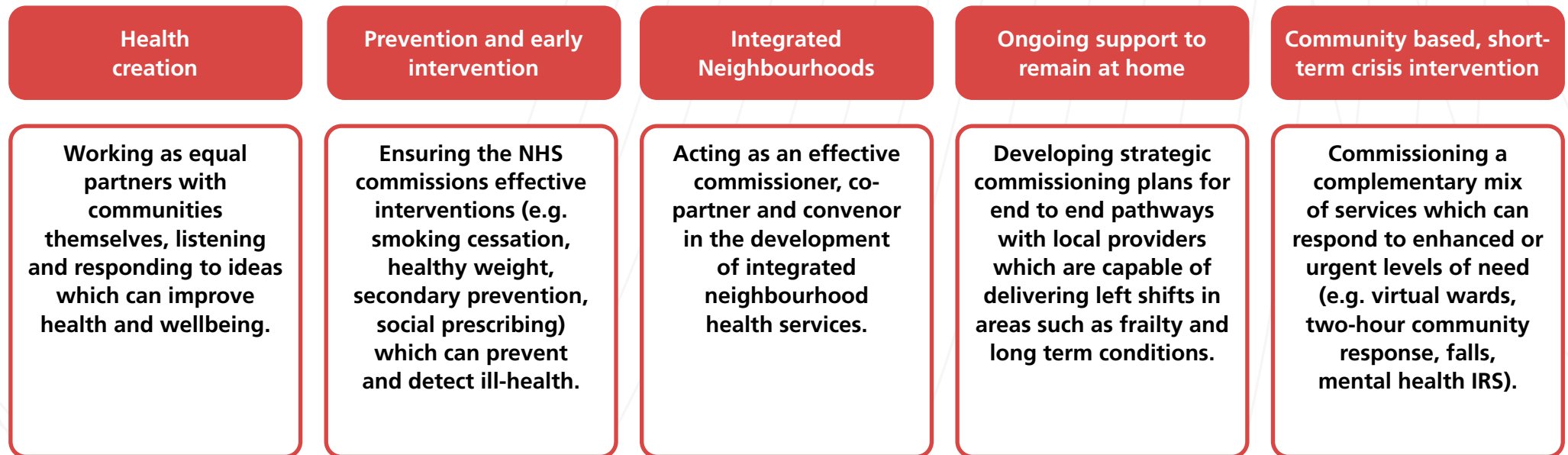


Greater use of a population health management approach to planning
 Testing new models of integrated contracting with providers and partners (IHO/MNP)
 Engagement, co-production and evaluation with our VCFSE colleagues and communities themselves

Our four local commissioning teams will work with partners around five key activities

Keeping it local

The focus for our **multi-disciplinary population footprint** teams in Morecambe Bay, Fylde Coast, Central and West Lancashire and Pennine Lancashire is shown below. Local teams will work in **agile** ways with all NHS providers, independent contractors and VCFSE commissioned services in these footprints whilst also engaging with the strategic commissioning **partnerships** agreed with their relevant local authorities.

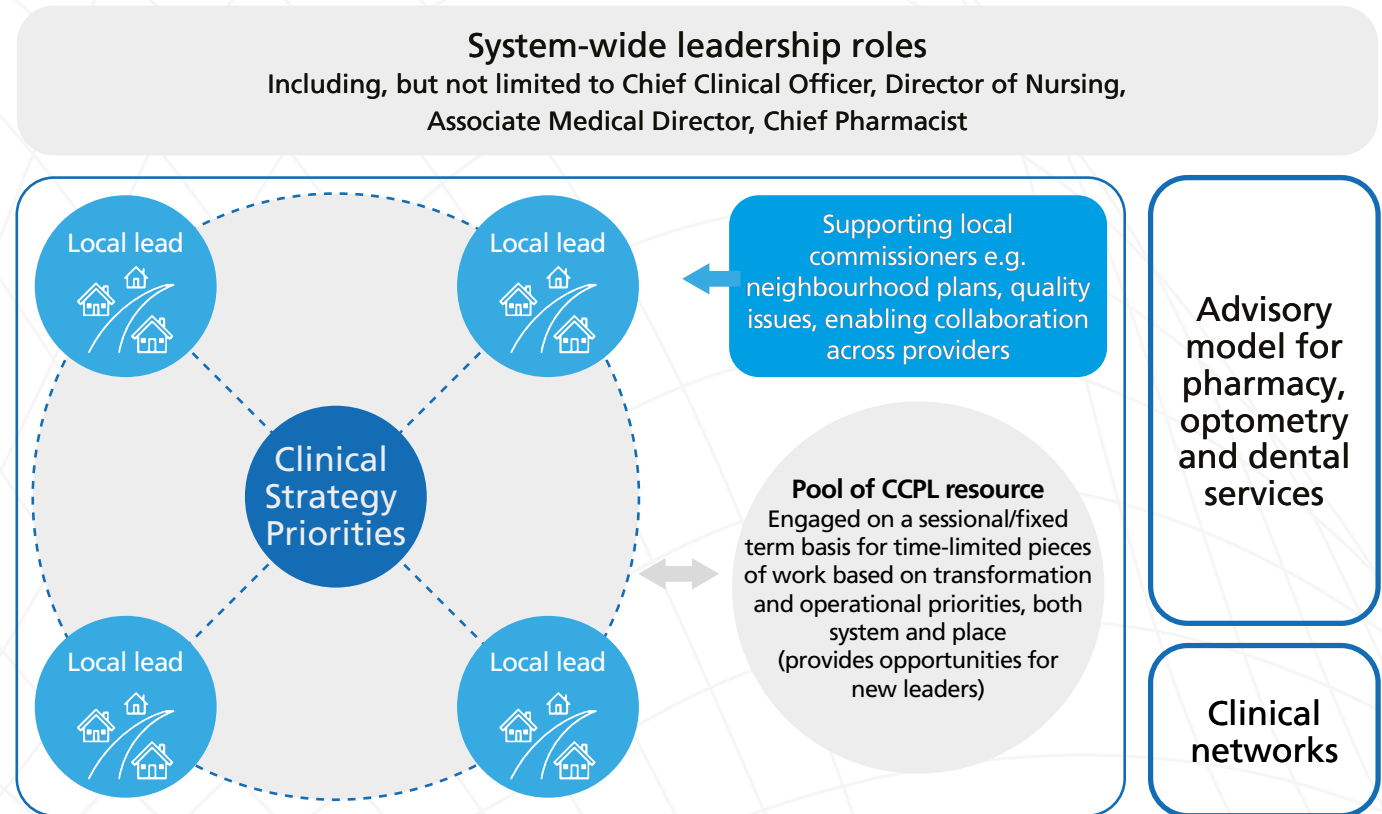


Respond to the needs of our different neighbourhoods and communities
 Joint commissioning with local authorities through strategic commissioning partnerships
 Engagement, co-production and evaluation with our VCFSE colleagues and communities themselves

Clinical and care professional leadership framework

The revised model will feature clinical and care professional leads (CCPL) working at system, local NHS footprint and neighbourhood levels. There will be no changes to current statutory and mandatory roles. As a principle, all new CCPL roles will be agnostic to specific professional groups and will have a line of accountability to the Chief Clinical Officer.

At system level, leads will be aligned to each clinical strategy priority, with the flexibility to access additional resources as new priorities emerge (subject to budget). In local footprints, CCPLs will be integral members of commissioning teams supporting neighbourhood plans, new collaborations between providers and tackling unwarranted variation in outcomes. The ICB will also resource pharmacy, optometry and dental advisory roles to support primary care commissioning.



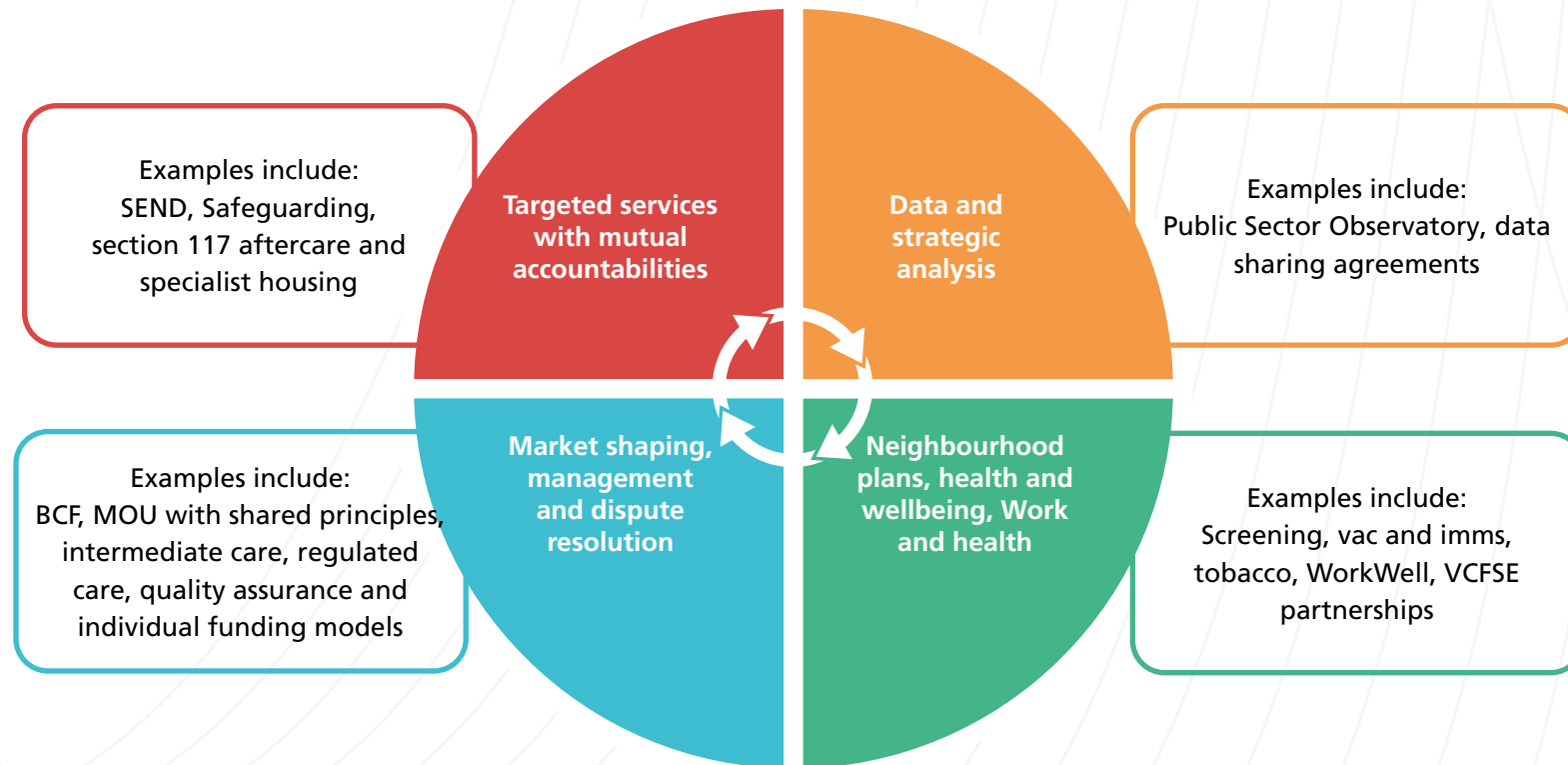
Note: clinical strategy priorities expected to include long term conditions, end of life, frailty and service reconfiguration

Strategic partnerships with local authorities

There are a number of strategic opportunities the ICB believes can progress more effectively in partnerships with our local authorities. These are illustrated thematically in the coloured segments with several examples also shown.

Pragmatic, relational approaches will be needed to progress these priorities, given the lack of coterminosity in our geographic boundaries and the expectations of significant structural reform in the next 2-3 years.

Enabling leaders and teams to commit to common goals and approaches to change will also be vital.



Chapter 3

How we will organise ourselves
to deliver our work

How we will organise ourselves to deliver our work

Our new operating model will be implemented through five major portfolios, illustrated on the following pages.

Four portfolios (commissioning, clinical, finance and resources, strategy and planning) will be led by executive directors. The fifth portfolio (corporate) will ensure the organisation continues to discharge its functions as a statutory body under the direction of the Board. Portfolios will be delivered through directorates and these are introduced on the subsequent slides.

In order to create a more resilient executive team, the new Chief Executive has proposed that the portfolios are structured broadly around the commissioning cycle as set out in the model ICB blueprint. This has clarified the functions and accountabilities of the organisation which will sit in each portfolio.

Portfolios have also been updated to take account of the transfer of functions from the ICB to the regional tier of NHSE/DHSC.

For colleagues working in the organisation, the operating model has been developed because:

- We want our people to work in well-led, cross-functional teams;
- We understand the need to set realistic priorities for the organisation over the next 1-3 years;
- We place a significant value on convening effective partnerships with colleagues in providers, local authorities and the VCFSE;
- We will strengthen confidence and capabilities within the organisation after a period of uncertainty and poor morale;
- We believe the emphasis on moving towards outcomes-based commissioning will help those with the poorest health improve their health quickest.

Model ICB - System leadership for improved population health

4. Evaluating impact
Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improve outcomes

3. Delivering the strategy through payer functions and resource allocation
Oversight and assurance of what is purchased and whether it delivers outcomes required



1. Understanding local context
Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision.

2. Developing long-term population health strategy
Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence.

Our revised portfolios

	Commissioning Portfolio (Exec)	Clinical Portfolio (Exec)
Functions	• Strategic commissioning on population footprints • Strategic commissioning (ICB-wide) inc. pharmacy, dental, optometry, CYP, maternity, specialist MH, LDA, CSU & external contracting, AACC • Strategic commissioning (specialist services) inc. screening, immunisations, health and justice, cancer, ambulance services, OfPIC (NWS,111) • System collaboration & innovation, inc. EPRR & SCC • Market management & development • System Commissioning Intentions, Models & Partnership • Public engagement and involvement • Public relations and external affairs inc. FOIs	• All Age Continuing Care and Individual Patient Activity • Learning Disability & Autism and Special Educational Needs and Disabilities • Safeguarding Children, Children in Care, Care leavers, Safeguarding Adults, and Court of Protection / Deprivation of Liberty. • Quality: Safety, outcomes, effectiveness, experience, and complaints. • Population health • Medicines and pharmacy • Clinical leadership for commissioning and transformation • Clinical leadership in population footprints
Areas of accountability	• Commissioning strategies, plans and intentions • Capability development for commissioning • Service specifications • Service change • Public affairs • FOI	• Clinical governance and effectiveness • Definition of clinical standards and outcomes for inclusion in contracts • Clinical & quality assurance and improvement • HEI strategic relationship management • Health inequalities • Clinical commissioning policy • Complaints • Clinical research and innovation
Key delivery plans	• 5 year Commissioning strategy • Neighbourhood and population footprint plans • Working in partnership with people and communities	• Clinical Strategy • Research strategy

Our revised portfolios

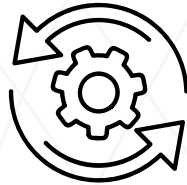
	Strategy and Planning Portfolio (Exec)	Finance and Resources Portfolio (Exec)	Corporate Portfolio
Functions	- Strategic planning, policy & partnerships - Business Intelligence & Strategic analytics - Digital strategy and transformation - System development and Transformation - Performance Improvement - Team Barrow	- Finance - Contracting - Procurement - Contractual performance monitoring - Financial Strategy & Improvement - Programme Management Office - Strategic Estates & Infrastructure - People and OD Services	- Corporate Governance Framework and Strategy - Information Governance - Risk Management and Board Assurance Framework - Corporate office and leadership support
Areas of accountability	- Strategic planning - Operational planning - Integrated data and analytics - Constitutional compliance - Integrated Performance reporting - Digital strategy and delivery plans - VCFSE relationships - Relationships with combined county authorities and ICP	- Resource planning and allocation - Contracting and contractual oversight - Strategic financial development - Financial governance - Operational finance delivery inc. WRP - Financial sustainability - Strategic estates and Capital planning - Support for major programme delivery (via PMO)	- ICB Constitution, Governance Handbook and associated frameworks - Board and Committee administration and effectiveness - Annual governance statement - Risk Management and Board Assurance Framework - Conflicts of Interest / Fit and Proper Persons - Information Governance - ICB policy management and implementation - NEM and Partner Member appointments - Corporate standards - ICB Business and Administration function
Key delivery plans	- Operational Plan - Five-year Population Health strategy - Digital strategy	- Finance Plan - People, OD & Culture Plan - Estates, Infrastructure and Capital Strategy - Green plan	- Risk Management Framework and Strategy - Statutory/Legislative/ Policy Requirements - IG Data Security and Protection Toolkit - Annual Governance Statement - Governance and Leadership Improvement Plan

Commissioning directorate

The planning and purchasing of health and care services in a way that meets the needs of the population, delivers value for money, and supports continuous improvement and integration across the system.

Market management

Oversight, shaping, and development of the provider market to ensure that health and care services are available, high quality, sustainable, and responsive to the needs of the population.



System collaboration and partnerships

Convening partners to address complex challenges and create delivery plans for shared priorities.



Commissioning – population footprints

Deliver commissioning priorities in local footprints for services which need to be tailored to the specific needs of these neighbourhoods.



Communications and Engagement

Building trust, supporting transformation, and ensuring that services reflect the needs and priorities of communities.



Commissioning – system

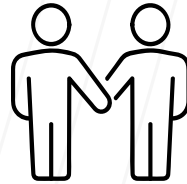
Deliver commissioning priorities on a consistent basis for the whole population, working with multiple providers and partners.

Finance and resources directorate

Responsible for securing financial sustainability and delivery across the system. The directorate will also integrate its functions around the strategic commissioning processes of the ICB.

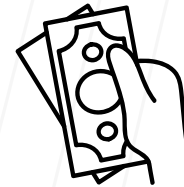
People

Focus on strategic leadership of people and OD in the ICB, shaping culture, staff well being and capability development.



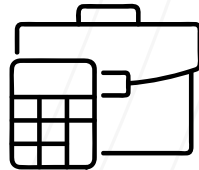
Contracting and procurement

Support the ICB's ambitions to use new forms of contracting, procurement and market management approaches to deliver its objectives.



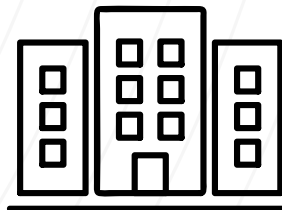
Finance

Discharge the organisation's financial duties for the use of public resources through strategy and planning, resource allocation, value for money and budget setting.



PMO

Ensure the effective delivery of key projects, programmes, and transformation initiatives across the ICB and wider system.



Strategic estates and infrastructure

Lead the development of a long term system-wide approach to infrastructure which delivers the strategic commissioning priorities of the ICB.

Strategy and planning directorate

Responsible for shaping the strategic direction and long-term planning of health and care services across the system. The Directorate's remit is broad and encompasses several key areas that are essential for effective system leadership, performance and transformation.

Performance Improvement

Monitoring and managing system performance is a key function, ensuring that strategic objectives are met and that there is accountability for delivery.



Digital strategy and transformation

Develop and implement digital strategies that enable innovation, improve service delivery and support transformation.



Business Intelligence & Strategic analytics

Provide analytics and intelligence on population health, service performance and outcomes to inform decision-making.



Strategic planning

Develop system-wide strategies that respond to the NHS 10 year plan and confirm the vision, priorities and objectives of the ICB.



Partnerships

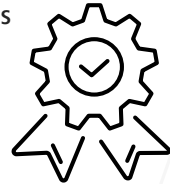
Create a development path for the strategic commissioning partnerships with trusts, local authorities and VCFSE partners.

Clinical directorate

Responsible for providing the strategic clinical and care professional leadership for the ICB. Functions also underpin the quality, safety, and effectiveness of health and care services and offer best practice advice in the use of resources and support for individuals.

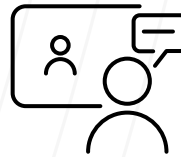
Quality, safety, effectiveness, and outcomes

Monitor clinical outcomes and drive a multi-disciplinary approach to continuous improvement with commissioning and provider teams.



Targeted services

Discharge the ICB's vital duties in relation to safeguarding, children in care, and court of protection.



Medicines and pharmacy

Oversee the safe, effective, and efficient use of medicines. Lead on pharmacy optimisation and medicines management.



Population Health

Ensure the ICB is able to place prevention and health equity at the heart of its strategic commissioning plans.



All Age Continuing Care.

Discharge the ICB's duties in relation to packages of care and support to individuals and their families. Secure best quality and value from commissioned services.



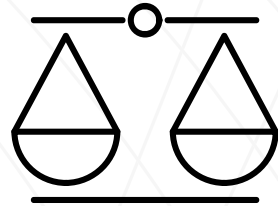
Clinical and professional leadership

Provide advice on evidence, best practice and outcomes into our strategic commissioning teams working at both system and in local footprints.



Corporate directorate

Responsible for ensuring the ICB is compliant with statutory and regulatory requirements, underpinned by robust frameworks and policy that support effective decision-making across the organisation and in accordance with its statutory duties as a public NHS body. Support the board in setting and delivering organisation strategy and objectives.



Corporate governance

Provide strategic oversight, development and implementation of robust governance and decision-making frameworks; including constitution, scheme of delegation, risk management, policy compliance, Information Governance, and all other related statutory and legislative governance requirements.

Lead on the review and delivery of the ICB's governance and leadership improvement plan and drive continuous improvement.

Facilitate effective board and committee structures, ensuring clarity of roles, robust reporting and clear information flows. Facilitate annual board and committee effectiveness.

Responsible for System and Place Based Partnership governance arrangements, and the development and Implementation of System / Joint governance arrangements and any associated MoUs and risk sharing arrangements.



Corporate business and administration

Provide strategic support to Chief Executive's Office and maintain oversight of progress and delivery against executive portfolios and core ICB objectives.

Provide an equitable, centrally managed business and administration support model across all executive portfolios, with clear roles and responsibilities, operating principles and agreed corporate standards.

Work across both the administration and governance function, business support will be provided to Chair's Office and the function will also provide office and reception management

Opportunities for shared services with partners

The three ICBs in the Northwest are working together to explore the opportunity, scope and implications of moving towards single or shared service models for certain functions. The current status of this work is shown below with the expectation that a Northwest Oversight Board will be empowered to lead this approach in 2026/27.

We will explore together how to identify further efficiencies in the operating models across the Northwest - including areas such as medicines optimisation and all-age continuing care.

There may also be options to develop further opportunities with the shared services team (One LSC) which supports the Provider Trust Collaborative in LSC.

Service	Do once principle agreed	Service scope agreed	Savings opportunity (£)	Lead ICB	Timescales for delivery
System Coordination Centre (SCC)	Yes	Yes	0.3m (10%)	LSC	July 2026
Emergency Preparedness, Resilience, and Response (EPRR)	Yes	Yes	0.15m	LSC	April 2026
Individual Funding Requests (IFR)	Yes	February 2026	TBC	GM	October 2026
Office of Pan-ICB Commissioning (OfPIC)	Yes	Yes	TBC	LSC	April 2027
Learning Disability Mortality Review (LeDeR)	Under review	No	TBC	C&M	TBC

Chapter 4

How we work with our partners

How we work with our partners

We will work more closely with partners to deliver the 10 Year Health Plan including VCFSE, local government, primary care, NHS trusts, independent sector providers and our local communities.

NHS Trust Providers

Redesigning care to make hospital care more effective and affordable. Improving outcomes through better access, flow and use of digital tools. Redesigning services across the whole system - together.

Primary care

Developing new collaborative ways of working together to shape local services, share data, and invest in prevention - putting clinical leadership and community insight at the heart of change.

Local government

Developing neighbourhood plans for health and wellbeing, managing markets and working together on targeted services. Partnership working on statutory responsibilities such as SEND and Safeguarding.

VCFSE

Improving population health, addressing inequalities and ensuring that local people receive the right support at the right time. Addressing health inequalities, promoting community engagement and reaching diverse and under-served groups.



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



Working with NHS trusts to shift resources from hospitals to community settings. NHS Trusts will be equal partners with Place partnerships, using their expertise and staff to deliver world-class neighbourhood health services

Our communities

Empowering people and communities to better understand their issues, harness their will for change and together develop solutions for the future of our health and care system.



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

Chapter 5

Our commitment to develop
and support our people



Our commitment to develop and support our people

Our values in action

Our teams led the revitalisation of the ICB's values and behaviours in 2024 and our commitment now is to ensure these underpin all of our work to establish the organisation on a firm footing.

We recognise that now is the time to invest in our people in order to guide the organisation through a challenging period of organisational change and create the confidence to fulfil our roles as strategic commissioners.

This will include strengthening leadership, team effectiveness and commissioning capabilities, while ensuring all of our staff feel included and supported at work.



Our commitment

We will do this by:

- Refreshing the ICB People Strategy in 2026 – supporting our people as strategic commissioners and aligning to the values and leadership behaviours we expect;
- Building staff skills and commissioning capabilities through development plans with a particular emphasis on using data, market management, resource allocation, strategic leadership and collaboration, drawing support from the national Strategic Commissioning Framework;
- Co-designing with our teams an updated approach to our practical working arrangements for the next stage of the organisation's life. This will include consideration of bases, flexible working, team building and working in local communities.
- Creating a “digital accelerator” programme that supports and enables staff to effectively use data and digital/AI tools to reduce avoidable workload pressures and improve productivity;
- Committing to support staff through all stages of an employee journey.

How we will know our approach is working

Creating a regular feedback loop for the Board and Executive team, measuring workforce and culture indicators including retention/turnover, absence and staff surveys.

National Strategic Commissioning Framework



Competencies



Tools



Training and development plans



Development support

Growing our capabilities as a strategic commissioner

The ambition in our operating model is to strengthen the organisation's capability around the four key functions in the model ICB blueprint. As we plan the next stage of transition, our areas of priority are shown below. We will take action in order to accelerate the evolution of strategic commissioning partnerships with our providers, local authorities and the VCFSE.

4. Evaluating impact

Listening to patients and communities (outcomes)

Effective contract management

3. Delivering the strategy through payer functions and resource allocation

Longer term funding allocations - which allow us to address inequality in our population's health

Market management - in partnership, taking a long-term view, sharing risks and benefits

Developing new integrated contracts with providers (IHOs/MNPs)



1. Understanding local context

Listening to patients and communities (needs/priorities)

2. Developing long-term population health strategy

Commissioning for outcomes - based on evidence and good practice

Commissioning for left shifts (treatment/prevention, hospital/community, analogue/digital)

Phased approach to organisational development

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

Stabilise phase

- Confirm structures, roles and accountabilities through a formal staff consultation
- Support induction into new portfolios and teams with clarity on roles, priorities and ways of working.
- Strengthen leadership visibility, communications and two-way engagement to rebuild trust and psychological safety.
- Provide targeted OD support where indicators show heightened risk.

Transition phase

- Embed consistent matrix working, governance and decision-making which simplify processes and remove duplication.
- Build strategic commissioning capability using a consistent national framework and tailored learning plans
- Strengthen leadership, management and team effectiveness through practical development, coaching and toolkits.
- Agree development plans for strategic commissioning partnerships with key partners
- Establish disciplined routines for performance, learning and continuous improvement within teams.

Transform phase

- Sustain a high-performance culture with continuous improvement and learning as business as usual.
- Support mature strategic commissioning partnerships and new contracting approaches that enable the three shifts
- Extend development across the system through collective leadership, collaboration and shared capability with partners.
- Scale and spread what works through evaluation and learning reviews.

Developing the organisation to be an effective strategic commissioner, focussed on a culture of delivery

Vision:
developing an
organisational
culture of
delivery

Engagement:
workforce
engagement
and
communications

Leadership:
developing
and supporting
our leaders
and managers

Team:
teamwork
and
collaboration

Skills:
education,
training and
learning

Supporting
our staff
health and
wellbeing

Talent:
developing
our future
workforce
pipeline

Chapter 6

Next steps



Next steps and timeline

Once the document has received comment and approval from the Board, it will be shared widely with our teams and partners as part of the following timetable for organisational change:

Week beginning	Proposed Action
5 January 2026	Circulate final version of operating model narrative to ICB staff and specific stakeholders. Execs arrange directorate-based meetings to outline the operating model, invite feedback and endorse team to team discussions Planning commences for specific teams to move under their new Executive leads
22 January	Seek support from the ICB Board on the operating model, blueprint and proposed structures for the future ICB
26 January	Subject to Board approval, provide an update to NHS England and seek clarity on next steps.
February	Keep staff updated on agreed next steps.

These timelines represent our best understanding at the point of publication of this document (8 January 2026). They may be subject to change in the light of additional national guidance and discussions with NHS England.

Glossary

LSC – Lancashire and South Cumbria

SEND – Special Educational Needs and Disabilities

VCFSSE – Voluntary, community, faith and social enterprise sector

IHO - An IHO is a new capitated contractual form (announced in the NHS 10 year plan). This gives the contract holder responsibility for planning services and allocating resources to improve the health of a defined population. Over time it is anticipated that the contract will include the healthcare budget for the population it covers. IHO contract holders will play a key role in managing the shift towards neighbourhood health. IHO contract holders will work closely with neighbourhood providers, including multi-neighbourhood provider contract holders, to transform models of care.

MNP – multi-neighbourhood provider contracts have again been trailed in the NHS 10 year plan. These are to be developed by ICBs to support the shift towards integrated models of neighbourhood health.

Market Management – describes a range of actions which can be taken by a commissioner to engage, direct and support provider(s) to deliver improvements in care models, outcomes and value in a health and care system. The aims and scope for market management need to be defined clearly by

the commissioning organisation.

LDA – learning disability and autism

Population Health Management approach - a data-driven, proactive strategy to improve the health of entire communities by shifting from reactive to preventative care, identifying at-risk groups, and coordinating services across healthcare and social sectors to reduce inequalities and costs.

OD – organisational development

MOU – memorandum of understanding

EPRR – emergency planning, resilience and response

PMO – programme management office

AACC – all age continuing care

SCC – system coordination centre, established to support patient flow across the LSC system

WRP – waste reduction programmes used as part of financial recovery plans

BCF - Better Care Fund

