NHS
Lancashire and South Cumbria
Integrated Care Board

Place-based partnership briefing

26 February 2026

Welcome and housekeeping

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- Agenda:
  - Welcome and opening messages
  - Update on ICB current position
  - Update on emerging operating model
  - Working in neighbourhoods
  - Next steps
  - Questions and feedback from partners
- Close.

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Craig Harris
Chief Commissioning Officer

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Operating Model Narrative

Purpose of the operating model narrative

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- Enables further discussion with our teams and key stakeholders on the future of the ICB
- Describes how the ICB will undertake its role as a strategic commissioner over the next 2-3 years
- Sets out how we are going to set ourselves up to be successful in the future
- Confirms the functions and accountabilities under each Executive lead
- Maintains statutory duties and assurance
- Prepares the ground for consultation with staff aligned to new organisational structures

Key messages in the document

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- The whole organisation will be engaged in strategic commissioning
- Our purpose is to deliver the three shifts
  - Hospital to community
  - Treatment to prevention
  - Analogue to digital
- Sets out our ambition for the future
- We will commission at the most appropriate spatial level – NW, LSC, local NHS footprint, LA footprint, neighbourhood
- We intend to use the new freedoms and flexibilities which will develop as part of the 10 Year Plan – developing strategic commissioning partnerships with providers, LAs and the VCFSE
- We are committed to supporting and developing our people
- We recognise that we can't do this on our own and reflects the partnership arrangements that we will need to build on

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.

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.

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

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

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.

System-wide core services	System-wide specialist services	Market Management	Major service changes	Communications and Engagement	Strategic planning and partnerships
Service commissioning coordinated at system level for consistency and equity, including mental health, LDA, children/ young people and primary care contracting.	Specialist service commissioning coordinated at system level for consistency and empowered to work with specialist providers and other ICBs across the wider NW footprint.	Using new freedoms and flexibilities for contract, payment and procurement models in order to commission improved outcomes in access, quality and experience.	Discharging the ICB's duties in relation to service change, enabling public engagement, provider involvement and scrutiny.	Embedding patient and public voice in strategic commissioning, supporting the organisation's relationships with key stakeholders and partners.	Coordinating and convening a 5-year commissioning strategy and delivery plans, ensuring the ICB's ambitions align with system partners.

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.

Health creation	Prevention and early intervention	Integrated Neighbourhoods	Ongoing support to remain at home	Community based, short-term crisis intervention
Working as equal partners with communities themselves, listening and responding to ideas which can improve health and wellbeing.	Ensuring the NHS commissions effective interventions (e.g. smoking cessation, healthy weight, secondary prevention, social prescribing) which can prevent and detect ill-health.	Acting as an effective commissioner, co-partner and convenor in the development of integrated neighbourhood health services.	Developing strategic commissioning plans for end to end pathways with local providers which are capable of delivering left shifts in areas such as frailty and long term conditions.	Commissioning a complementary mix of services which can respond to enhanced or urgent levels of need (e.g. virtual wards, two-hour community response, falls, mental health IRS).

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

Changes to places

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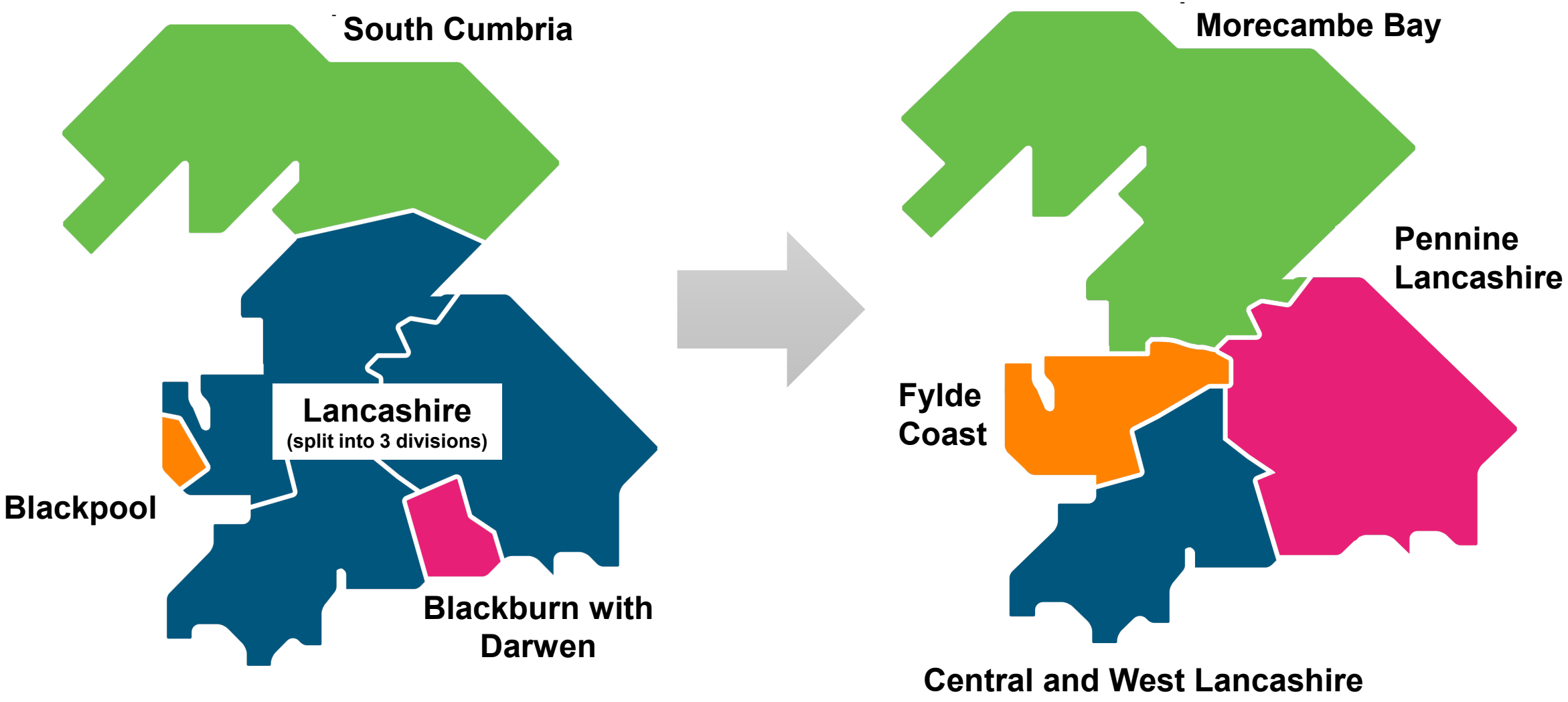


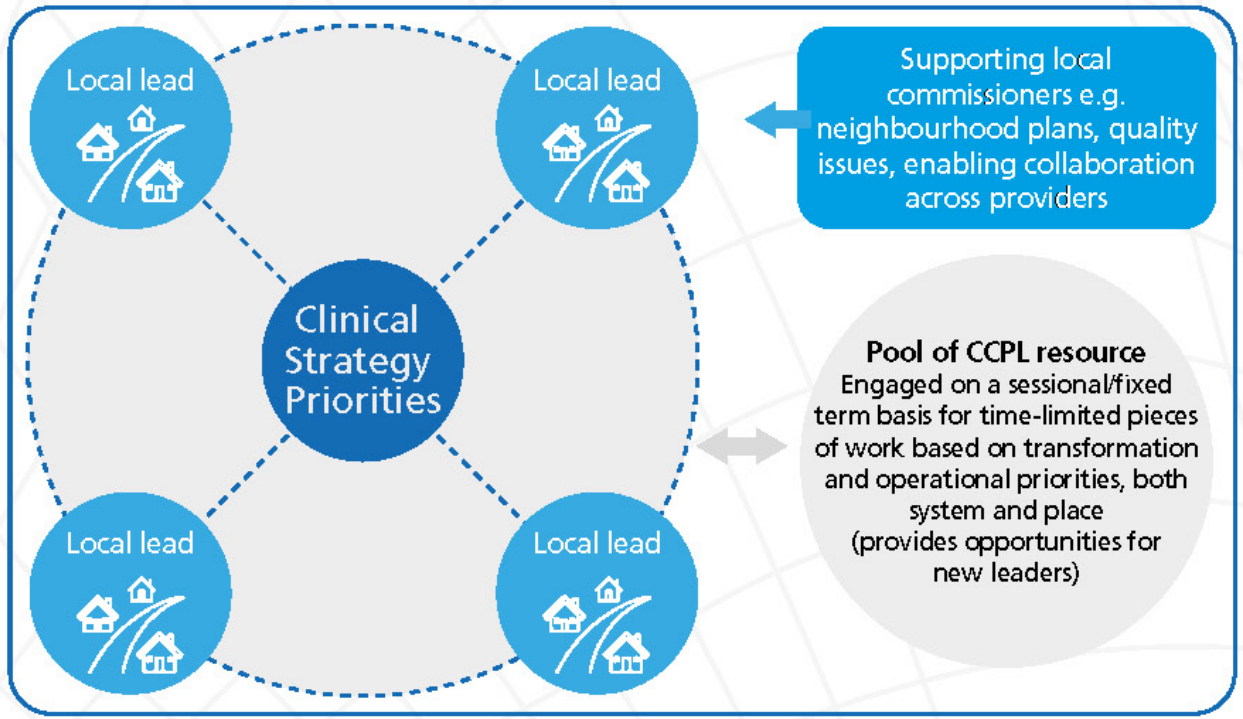
Clinical and care professional leadership framework

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.

System-wide leadership roles

Including, but not limited to Chief Clinical Officer, Director of Nursing, Associate Medical Director, Chief Pharmacist



Advisory model for pharmacy, optometry and dental services

Clinical networks

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.

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Jane Scattergood
Chief Nurse

Approaches to neighbourhood health

Health and care approach

The way health and care services are delivered to patients

Community-led approach

The way communities play central roles in the design and delivery of services

Wider sector and voluntary sector approach

The way wider services come together at local levels to improve health and wellbeing

The life course

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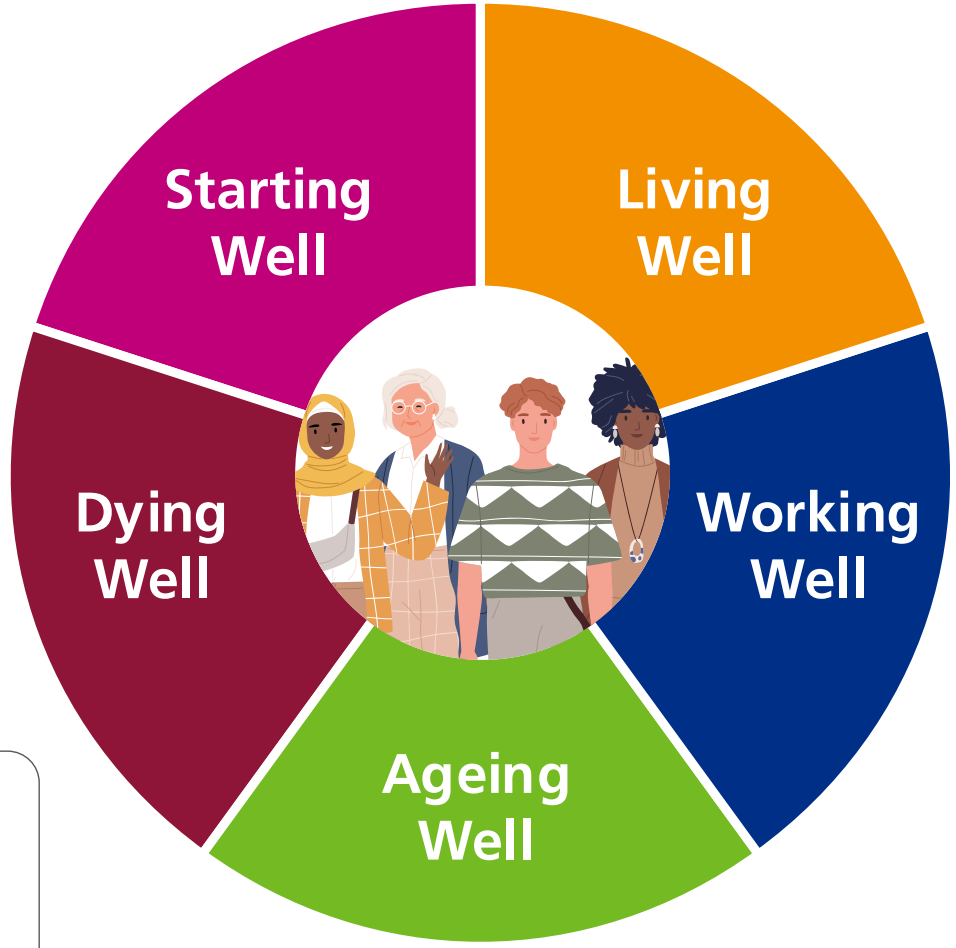
Give our children the best start in life, supporting them and their families with problems that affect their health and wellbeing, and getting them ready to start school.

Reduce ill health and tackle inequalities across mental and physical health for people of all ages by understanding the cause of these unfair differences.



Encourage all our residents to feel comfortable in talking about planning for dying, and to be well-supported when a loved one dies.

Increase ambition, aspiration and employment, with businesses supporting a healthy and stable workforce and employing people who live in the local area.

We know that many people will be living their lives across several different parts of this life course at the same time. It is important that we make sure the connections between these are easy to navigate.

Support people to stay well in their own home, with connections to their communities and more joined up care.

LSC 2030

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

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

L&SC model for neighbourhood health Place Integration

Use population health data / management approach to tackle inequalities and deliver personalised care

Population health creation

Working with people and communities to understand what being healthy and well means to them.

Creating a culture for health that actively enables children, young people, families and individuals to take care of themselves and their communities.

Working with communities to support local economic development, aiming to create a resilient and inclusive economy that communities have a stake in and benefit from.

All partners being a good employer and promoting social value by employing a workforce that is drawn from, and representative of, the population in the place.

Developing employability and apprenticeship programmes, with local education providers, that support people to acquire skills needed to work in health and care

Prevention, self-help and care navigation

Ensuring a focus on children, young people and their families, with a holistic consideration of factors influencing their health, wellbeing and school readiness.

Ensuring that actual and potential inequalities are identified and addressed in all aspects of service planning and provision.

Effective universal service provision focused on improving health and wellbeing through a population health management approach which includes self-care and preventative action.

Residents are provided with relevant information, advice/guidance and navigated to access the most appropriate service to support them, including through the VCFSE.

Utilising of digital solutions where appropriate and effective.

Anticipatory neighbourhood based care

Bringing together teams and professionals from primary, community, secondary and social care, domiciliary and care staff and VCFSE partners to improve care and support for local populations. Maximising a one team approach to joined up care delivery.

Early help and support is coordinated for children, young people and their families.

Population health data is utilised by neighbourhood teams to proactively identify and target people suitable for anticipatory care or support.

Delivering a psychosocial model of care that takes a holistic approach to support and ensures the joining up of civic and community assets, including housing, DWP, VCFSE, leisure and access to community assets to support people to maintain independence.

On-going support to remain at home

Ongoing support for children, young people and adults with longer term or complex needs, which draws in expertise from primary care, secondary care, social care providers and the VCFSE to ensure comprehensive and co-ordinated care.

Clinicians and professionals working at the top of their licence to support complex care in the community.

The focus of any specialist/ consultant led support is on holistic continuous condition and exacerbation management, and aimed at keeping people at home.

There is continuity of care when needed and wanted.

Community based, short-term and crisis Intervention

Short term, episodic care and support which is community based, multi-disciplinary and outcome focused.

Includes integrated urgent same day/crisis care and “step-up” and “step-down” support.

Care is personalised and based on a person’s strengths, with on-going review of their needs, so that residents are safe, remain independent and, where possible avoid the need for long-term support.

From treatment to prevention

From hospital to community

Neighbourhood Health
Whole System approach and requirements

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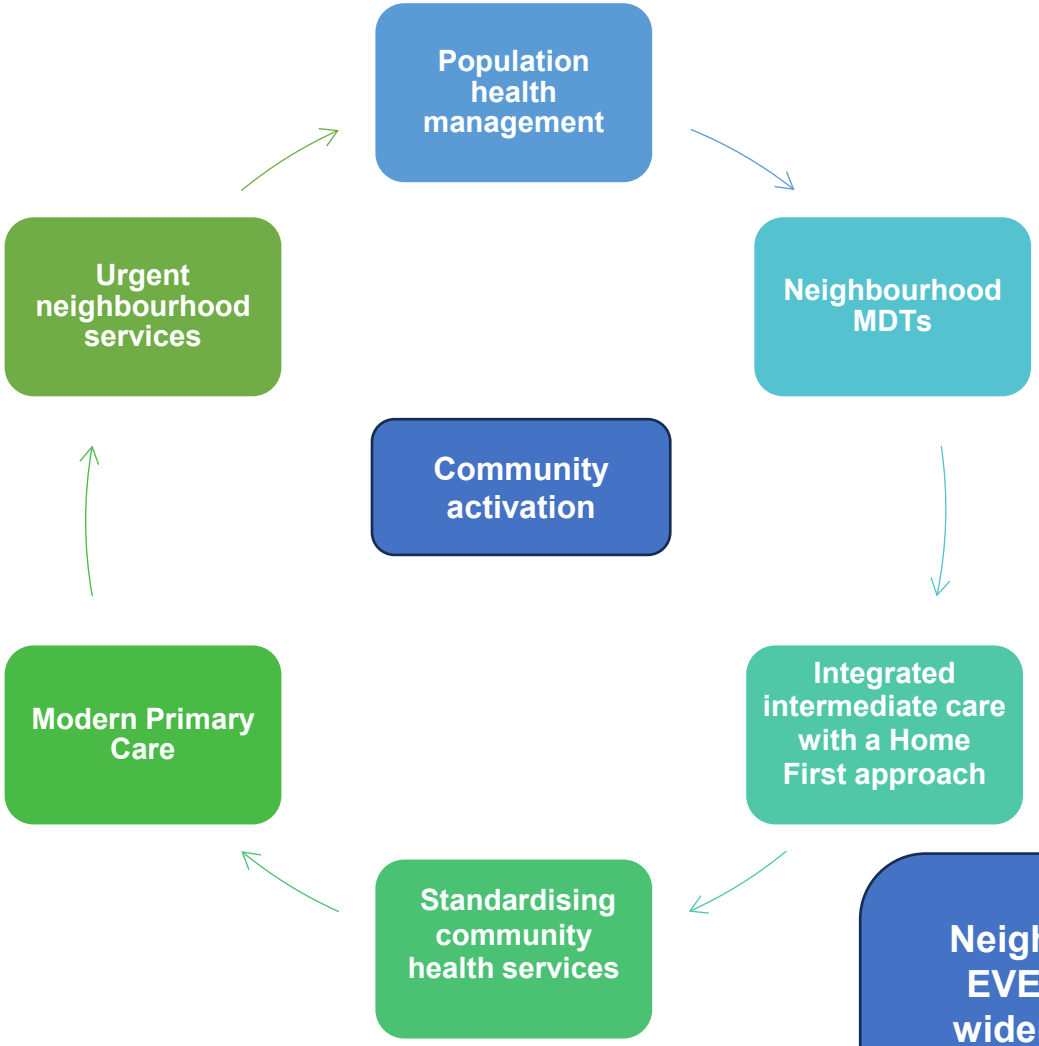
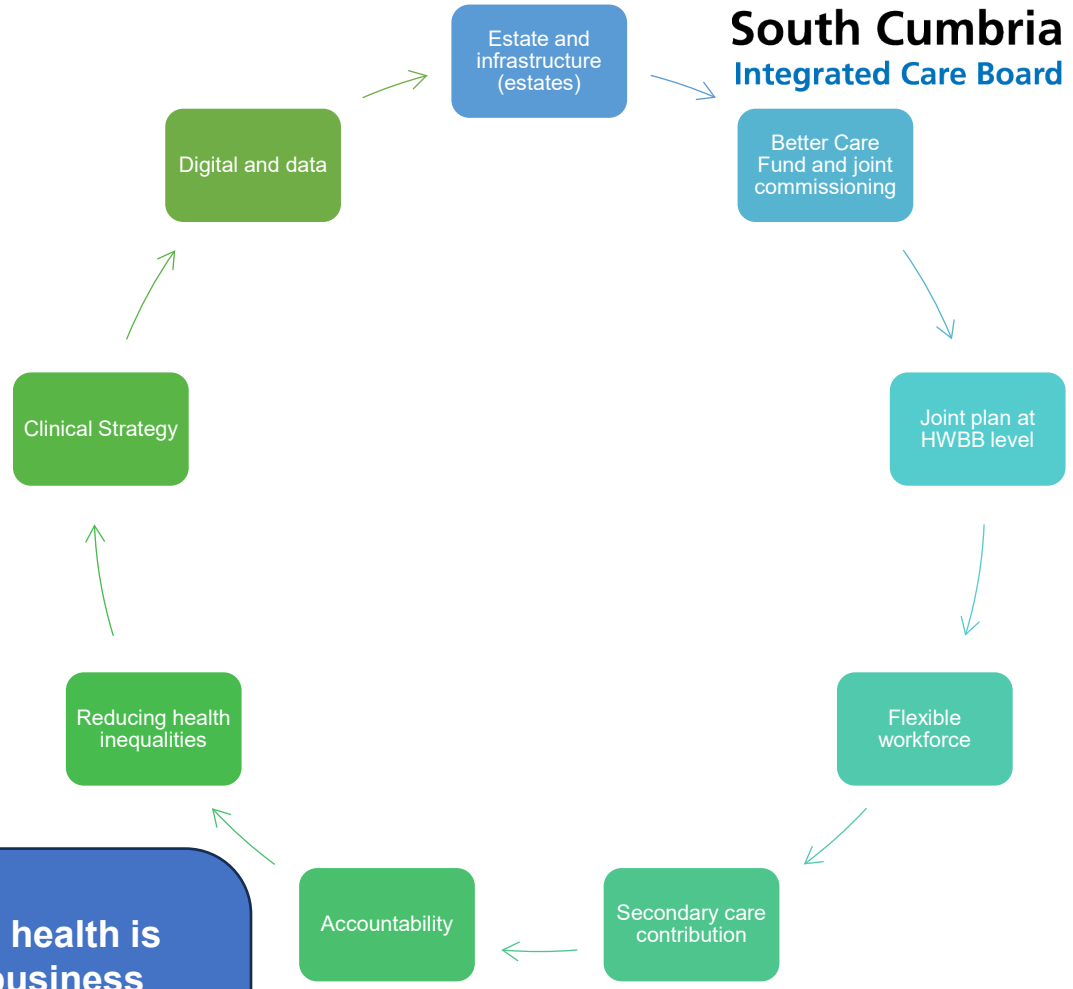


6 key components and community activation

Neighbourhood health is EVERYONES business wider than NHS strategic commissioning and responsibility sits across multiple directorates/partners



System enablers

Next steps

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- Discussions ongoing with NHS England
- Expect to undertake more work around working with partners and strategic partnerships in coming weeks
- Period of transition for the ICB expected to be around 3-6 months
- Period of consultation with staff will commence as soon as possible
- We are prioritising business critical activity as we conclude a voluntary redundancy programme to address gaps in teams

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Questions and feedback