NHS
Lancashire and South Cumbria
Integrated Care Board

Operating Model Narrative

Version 3 - July 2026

Contents

About this document

This document sets out the narrative that underpins our new organisational directorates, structures and ways of working. It explains the direction we are taking, why change is needed, and how these arrangements will help us deliver better outcomes for the people and communities we serve.

The changes outlined in this document are designed to create a more focused, sustainable and effective organisation, with greater clarity of purpose and a stronger ability to deliver our statutory responsibilities and strategic ambitions.

While our operating model narrative has evolved throughout this journey, we recognise that there is still more work to do. Over the coming months, we will continue to work with colleagues and partners to further define our future strategy, how we will operate, and how we will transition from our current model to our future state. This narrative is therefore not the final destination; it provides the foundation for the next phase of development and creates the conditions for further change as we continue to evolve as an organisation.

Foreword

Integrated Care Boards have a critical role to play as strategic commissioners in the health and care system. NHS Lancashire and South Cumbria Integrated Care Board 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 costs for commissioning.

In response, our organisation design is being developed with a clear focus on what we are legally required to do as an ICB and to deliver our ambitions as a strategic commissioner within our reduced financial envelope. Central to our design work has been to deliver population based commissioning in Lancashire and South Cumbria which begins with the needs, aspirations and outcomes of our local people.

Our purpose is to improve population health, reduce inequalities and ensure that services, investment and resources are aligned to the needs of communities rather than organisational boundaries. As strategic commissioners, our role is to understand current and future population need, shape services and markets, and direct resources towards the interventions that will deliver the greatest improvement in outcomes and value for local people.

We would like to thank our staff and partners for their contributions and feedback over the past months. We have genuinely listened and heard feedback which has improved our operating model and has resulted in changes to our organisation structures and ways of working which will feature in the refresh of our strategy and the development of a more detailed target operating model for the organisation.

In judging the success of our 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.

Our next steps will be to continue to strengthen our partnership working and embed the ambitions set out in this narrative in a refreshed organisation strategy, detailed target operating model and transition plan.

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.

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

It is worth noting that we want to refresh our strategy to make sure it reflects the latest national asks, what we have heard through consultation, and the needs of the people and communities we serve across Lancashire and South Cumbria.

Over the summer we will work with staff, partners and communities to agree a clear set of shared priorities, bring together our existing plans and programmes into one coherent approach, and create a simple and accessible vision for the future.

This refreshed strategy will then be launched in later in 2026, giving everyone a clear understanding of where we are going, how we will work together, and what we need to do to deliver better outcomes for local people.

Our vision Why we are here	Commission a high quality community-centred health and care system
Our strategic objectives What we are striving to achieve	• Improve population health and reduce inequalities through effective strategic commissioning. • Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience. • Develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner. • Improved financial sustainability through directing available resources to deliver the greatest possible value. • Deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.
Our operating model How we work together	The key components of our current 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

Shaping our future: Strategy, operating model and transition

We are entering a significant period of organisational transformation as we respond to evolving national policy, and the future role of Integrated Care Boards. Considerable progress has already been made in developing a revised organisational structure and an operating model narrative that will enable the ICB to deliver its statutory responsibilities and strategic ambitions within the agreed financial framework.

To support the successful implementation of these changes, it is proposed that the organisation develops three complementary components: a refreshed strategy, a target operating model, and an overarching transition plan. Together, these will provide a clear line of sight from the organisation's strategic ambitions through to its future operating arrangements and the practical steps required to deliver them.

The refreshed Strategy will provide an opportunity to reflect emerging national and regional priorities, consultation feedback and the collective ambitions of the Lancashire and South Cumbria system. It will establish a clear and compelling narrative for the organisation, align strategic priorities across partners and stakeholders, and bring together key strategic programmes and enabling workstreams into a single coherent framework.

The target operating model will define how the future ICB will operate, setting out the required organisational capabilities, workforce, governance arrangements, processes and digital infrastructure needed to deliver the strategy effectively. It will provide a blueprint for the future organisation and ensure that organisational change is implemented in a coordinated and sustainable manner.

The transition plan will provide the delivery framework for moving from the current state to the future operating model. It will bring together existing programmes, plans and dependencies into a single programme of change, supporting risk management, business continuity and implementation oversight throughout the transition period.

It is hoped that these three components will be developed and co-designed with our colleagues across the organisation, and our partners, and approved later in 2026.

Aligning Strategy, Design and Delivery

The refreshed Strategy, Target Operating Model and Transition Plan are interdependent products that collectively provide the strategic direction, future-state design and implementation roadmap for the organisation.

STRATEGY

The Why

Sets the future direction.

Defines our organisational ambition, priorities and outcomes.

TARGET OPERATING MODEL

The What

Translates strategy into future-state design.

Describes how we will organise, operate and work together to deliver the strategy.

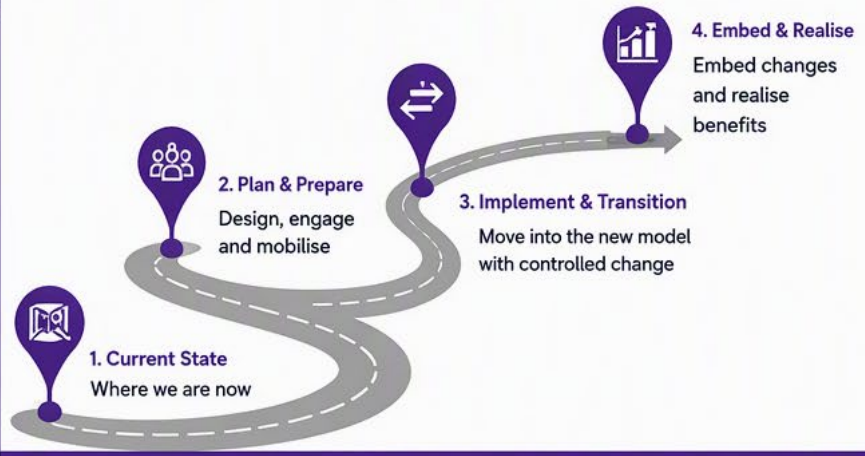
The 'How' – Our Roadmap

TRANSITION PLAN

The How

Provides the implementation roadmap.

Sets out how we move from current arrangements to the future model, managing risk, dependencies and business continuity.



Tracking progress through milestones and measurable outcomes

FUTURE ORGANISATION

The Destination

A coherent, aligned and deliverable model for change.

Enables improved outcomes for our people, partners and communities.

Together, these three products create a single golden thread from strategic intent, through organisational design, to practical delivery – **driving sustainable organisational transformation.**

STRATEGIC DIRECTION — FUTURE-STATE DESIGN — IMPLEMENTATION ROADMAP — IMPROVED OUTCOMES & EFFECTIVENESS

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

In recognition of the Local Government Reorganisation decision in July 2026, subject to parliamentary approval, we will configure our local population commissioning teams to focus on North Lancashire and South Cumbria, Pennine Lancashire, South Lancashire and Fylde Coast.

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.

Population Commissioning in Lancashire and South Cumbria

Population based commissioning in Lancashire and South Cumbria begins with the needs, aspirations and outcomes of our local people. Its purpose is to improve population health, reduce inequalities and ensure that services, investment and resources are aligned to the needs of communities. As strategic commissioners, our role is to understand current and future population need, shape services and markets, and direct resources towards the interventions that will deliver the greatest improvement in outcomes and value for local people.

Led by senior strategic commissioning directors, four population commissioning teams will serve as the ICB's strategic commissioners for whole health economies. Operating across place footprints aligned to the new Lancashire unitary authorities and South Cumbria, they will provide leadership for population-based commissioning, shaping markets, directing investment, improving quality and productivity, reducing inequalities and securing better outcomes for local people. Working across organisational boundaries, they will bring together intelligence, strategy, planning and delivery to ensure services are commissioned to meet current and future population needs, whilst driving transformation across health and care systems.

The four Population Commissioning Teams include:

- South Lancashire – covering the new unitary local authority of Chorley, South Ribble and West Lancashire*, and the lead for Lancashire Teaching Hospitals NHS FT and Mersey and West Lancashire Teaching Hospitals NHS Trust
- Fylde Coast – covering the new unitary local authority of Blackpool, Fylde and Wyre* and the lead for Blackpool Teaching Hospitals NHS Foundation Trust
- Pennine Lancashire – covering the new unitary local authority of Blackburn with Darwen, Burnley, Hyndburn, Pendle and Rossendale*, and the lead for East Lancashire Hospitals NHS Trust
- North Lancashire and South Cumbria – covering the new unitary local authority of Preston, Lancaster and Ribble Valley*, alongside South Cumbria and relevant cross-boundary areas including Westmorland and Furness, Cumberland and North Yorkshire, and the lead for University Hospitals of Morecambe Bay NHS Foundation Trust

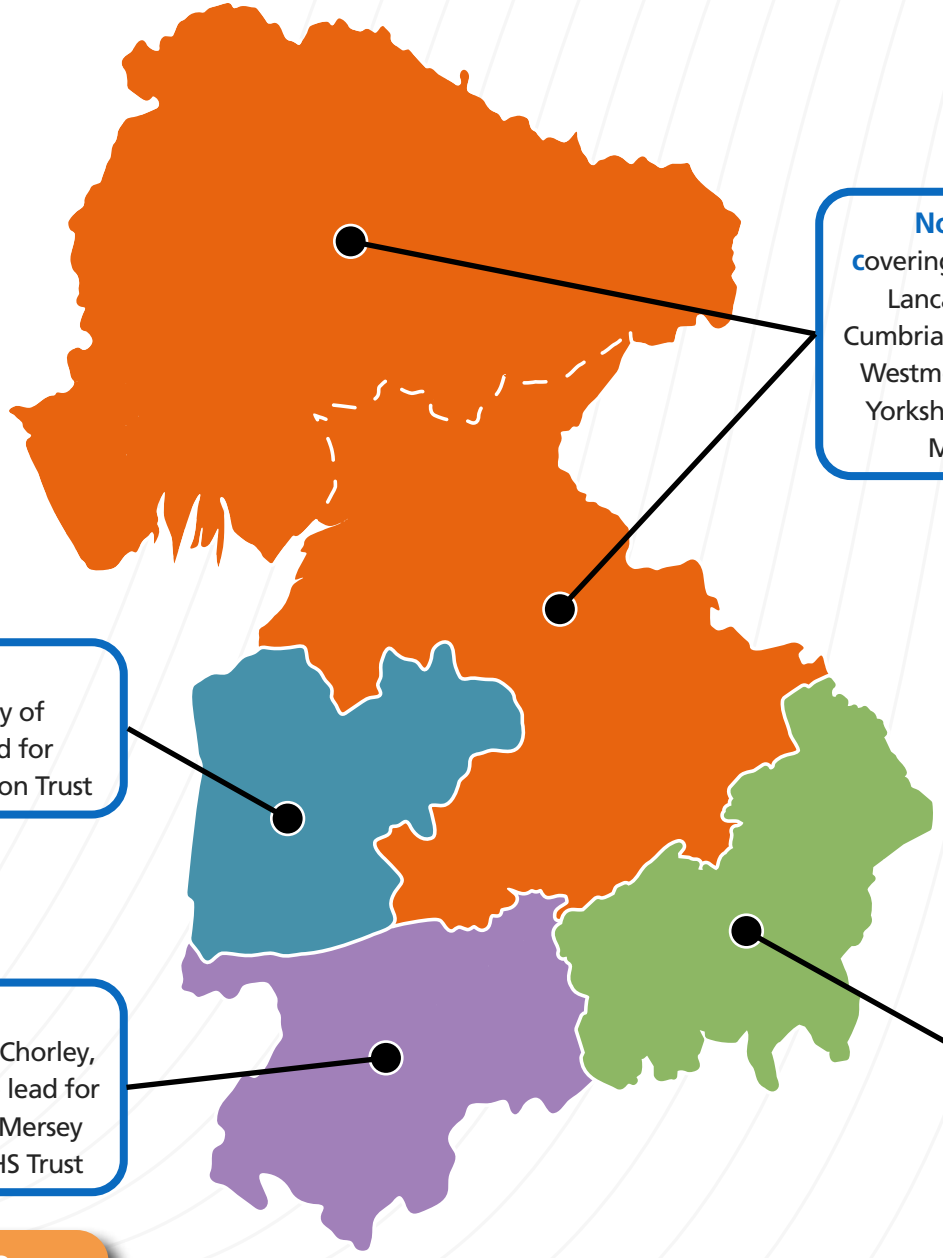
* subject to Parliamentary approval

The North Lancashire and South Cumbria team has been deliberately designed to reflect the additional complexity of the area. It will operate across North Lancashire and South Cumbria whilst also maintaining important cross-boundary relationships with neighbouring systems. This creates additional responsibilities for alignment across multiple local authority, provider and partnership footprints and requires greater commissioning capacity, strategic influence and partnership leadership to ensure coherence across a wider and more complex health and care economy.

Each team will hold strategic relationships across community services, mental health services, local authorities, the voluntary, community, faith and social enterprise sector and local communities. They will convene partners around shared priorities, develop a shared understanding of population need and ensure that local insight informs system-wide decision making. Their role will be to translate the Integrated Care Board's strategic ambitions into clear commissioning plans for each place, while also ensuring that local commissioning decisions contribute to consistent and coherent outcomes across Lancashire and South Cumbria.

We feel this is a shift towards a new commissioning philosophy for Lancashire and South Cumbria, with stronger place-based strategic commissioning which will lead to clearer accountability for population outcomes, neighbourhood health, market shaping and future devolution.

Four population commissioning teams



North Lancashire and South Cumbria
covering the new unitary local authority of Preston, Lancaster and Ribble Valley*, alongside South Cumbria and relevant cross-boundary areas including Westmorland and Furness, Cumberland and North Yorkshire, and the lead for University Hospitals of Morecambe Bay NHS Foundation Trust

Fylde Coast
covering the new unitary local authority of Blackpool, Fylde and Wyre* and the lead for Blackpool Teaching Hospitals NHS Foundation Trust

South Lancashire
covering the new unitary local authority of Chorley, South Ribble and West Lancashire*, and the lead for Lancashire Teaching Hospitals NHS FT and Mersey and West Lancashire Teaching Hospitals NHS Trust

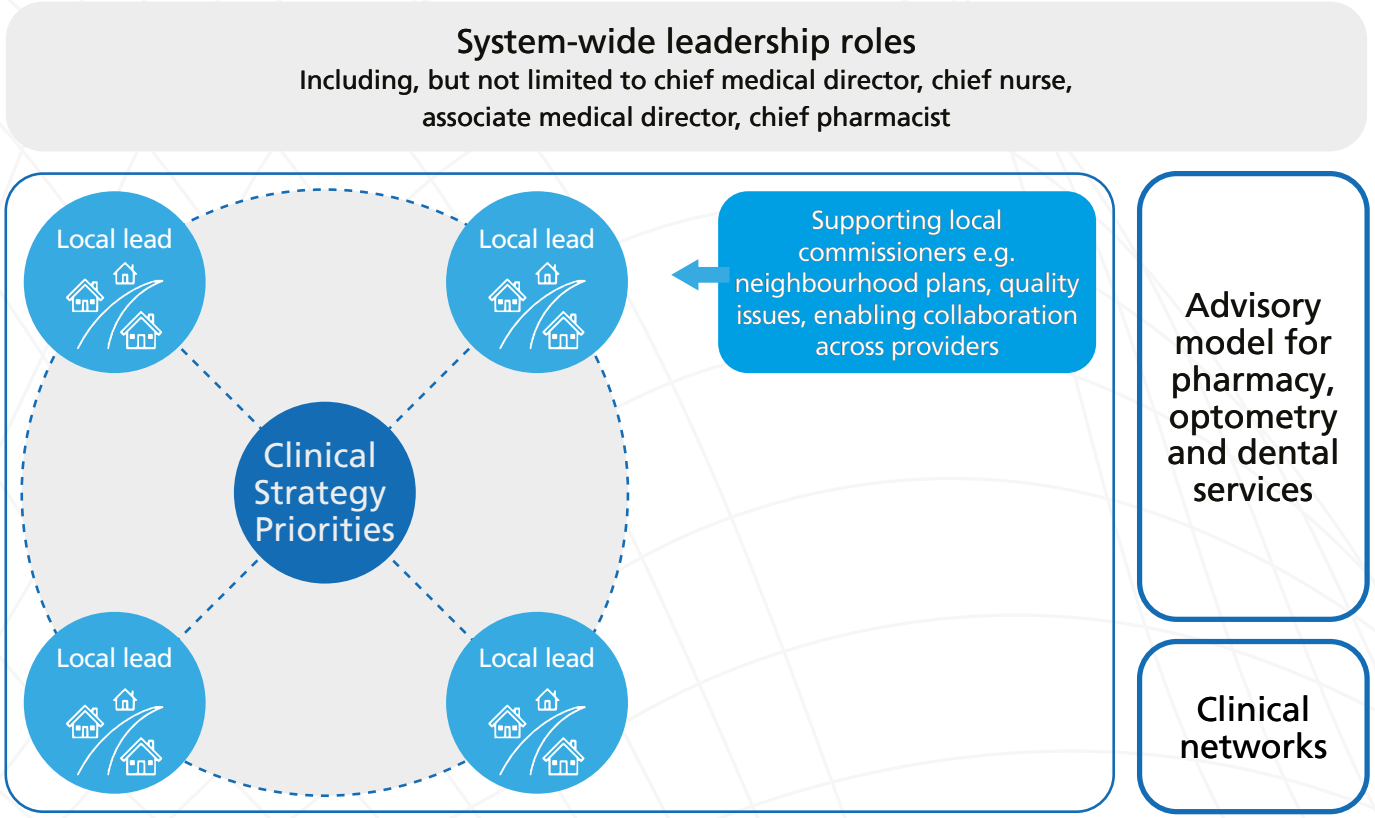
Pennine Lancashire
covering the new unitary local authority of Blackburn with Darwen, Burnley, Hyndburn, Pendle and Rossendale*, and the lead for East Lancashire Hospitals NHS Trust

* subject to Parliamentary approval

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 Medical Director.

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

Clinical strategy

As part of the ICB's transition to a strategic commissioning organisation, a new Clinical Strategy has been developed to provide a clear framework for how we will improve health outcomes for the population of Lancashire and South Cumbria over the next five years and beyond (2026/27 – 2031/32). The strategy is firmly grounded in an assessment of current and future population health need and focuses on those areas that are within the ICB's direct remit and influence. It establishes the clinical priorities, commissioning principles and strategic relationships required to support delivery of our ambitions while recognising the interdependencies with system partners.

The Clinical Strategy will be a key component of the ICB's wider operating model, ensuring that clinical evidence, population health intelligence and a focus on reducing inequalities are embedded within commissioning decision-making. It will be incorporated into the next iteration of the Five-Year Strategic Commissioning Plan, providing a clear line of sight between population need, strategic priorities, resource allocation and service transformation. Success will be measured through sustained improvements in population health and outcomes, particularly for those communities currently experiencing the greatest inequalities.

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 six major portfolios, illustrated on the following pages.

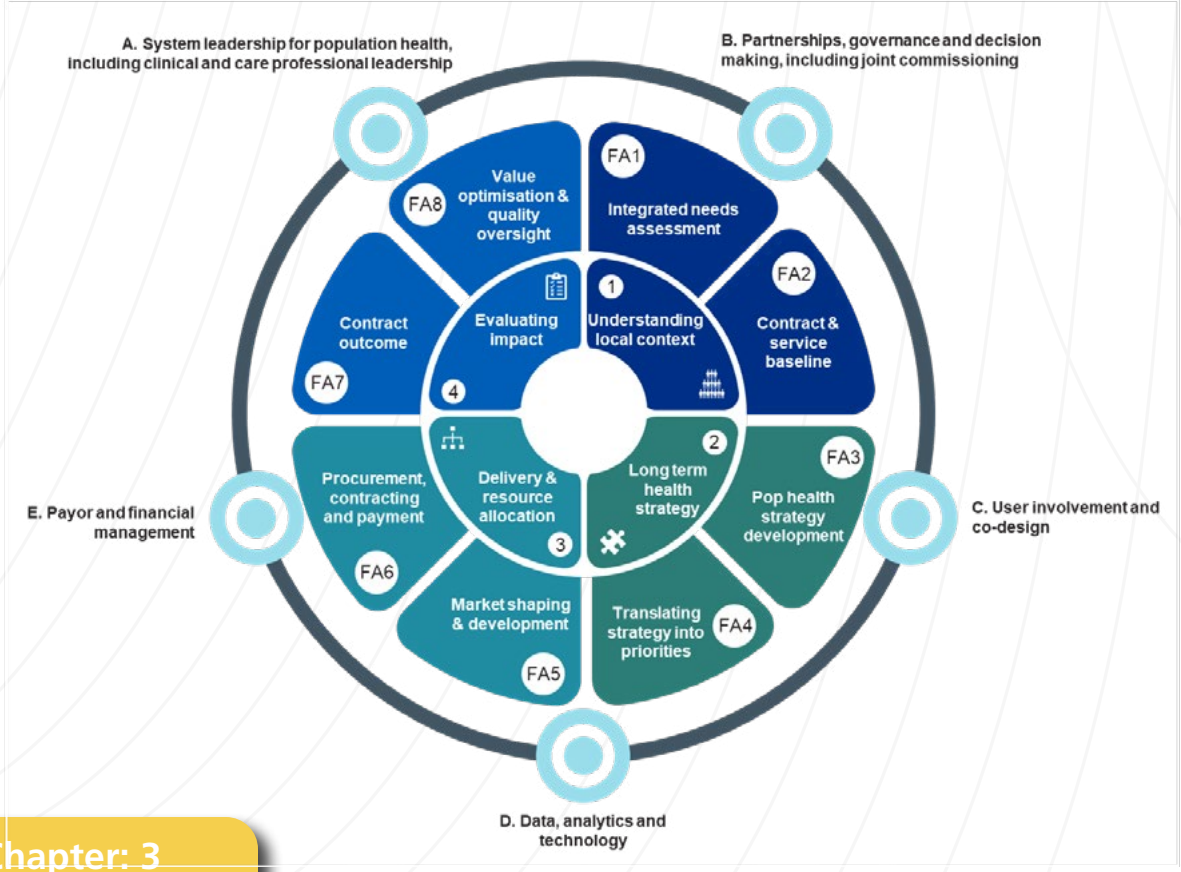
Five portfolios (commissioning, medical, nursing and quality, finance and people, strategy and planning) will be led by executive directors. The sixth portfolio (corporate) will ensure the organisation continues to discharge its functions as a statutory body under the direction of the Board. Portfolios 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 NHS England and Department of Health and Social Care.

For colleagues working in the organisation, we will continue to develop our target operating model because strategic commissioning is a cyclical approach to improving health services. It means understanding local needs, planning long-term improvements, delivering services and funding wisely, and reviewing results to make things better over time.

Strategic commissioning goes beyond planning, purchasing, monitoring and evaluating services. It involves the art of managing risk at scale; understanding the biological, psychological and social drivers of demand and mitigable interventions; actively shaping the market to drive integration and build resilience; aligning contracts and incentives to outcomes; building political, public and provider support on difficult decisions about future investment and service change.



Embedding population health across the organisation

It is the role of ICBs to improve health outcomes for our population and reduce inequalities. To do this we must:

- Have a deep and dynamic understanding of our population and its needs, including through using data, intelligence lived experience and the insight and feedback from people, communities and partner organisations
- Use our role as commissioners to deliver population health improvement, including using population insight to inform resource allocations and service redesign and investing and evaluating pathways
- We must both improve outcomes for our whole population and reduce inequalities
- Our structure reflects that population health is the responsibility of the whole organisation, not just of a single team and therefore embeds capacity across the organisation.

	Everyone's role	Medical Directorate	Strategy and Planning	Commissioning
Our role	We all have a responsibility to improve health outcomes for our population and to take action to address inequalities	The Medical Directorate responsibilities focuses on providing clinical and professional leadership for improving health outcomes and reducing inequalities	The Strategy and Planning Directorate works with partner organisations and leads on understanding the population's needs and embedding health outcomes and action to address health inequalities throughout the organisation.	The Commissioning Directorate has responsibility for using the ICB's commissioning levers to deliver improved health outcomes and reduce health inequalities
How we contribute	• Improve our knowledge and understanding of the role that inequalities plays in determining people's health outcomes and its impact on our healthcare system pressures • Access opportunities for training and development • Use the data and intelligence available to us to understand our population's health and address unwarranted variation in access, experience and outcomes • Listen to lived experience, with a focus on listening to those who experience the worst health outcomes • Set goals and delivery plans that go furthest and fastest in improving outcomes for those who experience the greatest inequalities • Transform our pathways to focus on prevention and early intervention	• Setting standards on clinical practice and pathways of care • Provide clinical leadership and professional oversight • Ensure safe, high-quality, evidence-based approaches to improving health outcome and reducing inequalities • Champion innovation and best practice • Support functions across the ICB to identify unwarranted variation • Advise on clinical priorities to improve outcomes and reduce inequalities • Work with the Directors of Public Health to access public health advice and expertise. • Work in partnership with system partners to develop shared approaches to addressing wider determinants	• Develop a deep and dynamic understanding of our population's health needs and inequalities • Provide easily accessed and user-friendly data and insight to inform commissioning priorities and decisions • Develop strategies and plans that set our shared direction • Drive the delivery of system wide outcomes improvement, monitor impact and take a continues improvement approach • Ensure that all the enabling functions of the ICB support its goals to improve health outcomes and reduce inequalities • Provide workforce development and leadership development opportunities to strengthen skills and capabilities • Lead on opportunities for integration and partnership working to transform the way that we work	• Commission high quality, accessible and sustainable services that deliver equity of access, experience and outcomes • Use our contractual levers to drive performance, quality and continuous improvement • Optimise value for money – including value for people, allocative , technical and societal value • Embed equity in commissioning decisions, resource allocation and service design, eg including digital inclusion and health literacy • Build strong provider relationships focussed on outcomes • Redesign pathways to shift resource towards prevention and early intervention • Listen and engage with the population, paying particular attention to hearing the voices of those who experience poorer health outcomes • Work with partners in neighbourhoods to understand needs and redesign pathways
Who we work with	People and communities Partners across the system	Clinicians and professional networks Providers of health services Directors of Public Health	Local authorities and system partners Academic and research partners	Providers (NHS, primary care, VCFSE, independent sector etc) Neighbourhoods People and communities
	The ICB Board – setting the ambition, driving improvement and holding to account			

Strategy and planning directorate

The Strategy and Planning Directorate provides strategic leadership to shape, coordinate and deliver the ICB's ambitions as a strategic commissioner. It brings together planning, digital, data, population health and transformation capabilities to ensure the organisation is insight led, future-focused and aligned to national and system priorities. The function is responsible for developing our long-term strategy, with clear, deliverable plans, underpinned by robust intelligence and strong programme management, and for translating strategic ambition into measurable outcomes. It will work through an integrated model, linking digital, data and technology with planning and transformation to improve evidence-based insights, strengthen delivery capacity and better connect us to research, innovation and quality improvement methods for improved outcomes. The directorate will play a key role in partnership working across the system, ensuring alignment with providers, local authorities and wider stakeholders. Overall, it plays a critical enabling role - driving evidence-based decision-making, supporting operational delivery, and ensuring the ICB works well with its partners to deliver sustainable, high-quality care and improved population health outcomes.

Data, intelligence and performance

Providing the insight, intelligence and performance information that enables evidence-based decision-making, measures outcomes and informs future priorities

Digital and technology

Leading the digital, data and technology capabilities that modernise how we work, improve productivity and enable better services and outcomes

Planning, delivery and transformation

Translating strategic ambition into deliverable plans and programmes, driving transformation and ensuring priorities are successfully implemented across the system

Population health

Using population insight, evidence and partnership working to improve outcomes, reduce inequalities and support a more preventative approach to health and care

Special projects (research, innovation inc Team Barrow)

Creating opportunities to test, develop and scale new ideas, research and innovation that improve outcomes, attract investment and support the future sustainability of health and care services.

Commissioning directorate

The Commissioning Directorate leads strategic commissioning across Lancashire and South Cumbria, bringing together population insight, place leadership, commissioning expertise and market stewardship to improve population health outcomes, reduce inequalities and ensure resources are directed to areas of greatest need. Through the full commissioning lifecycle—from understanding population need and shaping strategy, to service design, market development, contracting, oversight and continuous improvement—the Directorate works with partners to enable neighbourhood health, support provider collaboration and deliver measurable improvements in outcomes, value and population wellbeing.

We will be responsible for leading the full commissioning cycle

- Understanding need and setting direction - We use population health intelligence, evidence and partner insight to understand need, identify inequalities and set clear commissioning priorities and strategic plans.
- Designing and shaping services - We work with providers, local authorities, communities and wider partners to redesign pathways, support prevention, develop neighbourhood health and shape sustainable provider markets.
- Commissioning and contracting for outcomes - We commission services, manage contracts and align resources to population need, quality, value and measurable improvement in outcomes.
- Oversight, evaluation and improvement - We oversee delivery, quality, performance and system resilience, using learning and evidence to drive continuous improvement and inform future commissioning decisions.

Population commissioning

Population Commissioning brings together population health intelligence, place-based leadership and commissioning expertise to understand population need, inequalities, variation, risk and opportunity, and translate this insight into action. Working with partners across neighbourhoods, places and the wider system, the team redesigns pathways, commissions services, shapes investment decisions and strengthens neighbourhood health to improve outcomes, reduce inequalities and deliver better value for local populations.

System-Wide Commissioning

Leads commissioning priorities that need to be delivered consistently across Lancashire and South Cumbria, working with providers and partners to improve quality, access, value and outcomes.

Operations

Provides operational leadership, system oversight and resilience, connecting provider performance, quality and statutory requirements with strategic commissioning decisions.

Public and External Affairs

Supports strategic commissioning through communications, engagement, involvement and co-production, ensuring the voice of people, communities and stakeholders informs commissioning decisions.

Office for Pan-ICB Commissioning and Delegated Commissioning

Leads collaborative commissioning at scale on behalf of North West ICBs for specialised services, screening and immunisations, and health and justice, supporting consistency, sustainability and improved outcomes.

Medical directorate

The Medical Directorate Provides clinical leadership, professional expertise and medicines stewardship to support strategic commissioning, improve quality and outcomes, reduce inequalities and ensure safe, effective and sustainable care.

Clinical and professional leadership

Clinical Leads and Clinical Place Leads (CCPLs) provide clinical leadership and expert advice to support commissioning, service improvement, quality assurance and transformation.

They help ensure that decisions are informed by clinical evidence, professional expertise and the needs of patients and communities. Working across organisational and professional boundaries, they support the development of safe, effective and equitable services, provide input into strategic priorities, and help translate system objectives into practical improvements in care.

The model is built around multidisciplinary leadership and collaborative working across Lancashire and South Cumbria.

Medicines optimisation

The medicines optimisation function operates as a strategic commissioning capability within the ICB, providing clinical leadership, stewardship and oversight of a prescribing budget exceeding £400 million. The team works across the commissioning cycle to ensure medicines are used safely, effectively and sustainably, supporting the delivery of high-quality care, improved patient outcomes and best value from available resources.

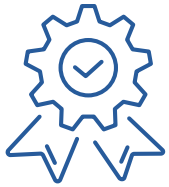
Operating at system level, the team sets the strategic direction for medicines optimisation and establishes the standards, policies and governance frameworks that underpin medicines use across Lancashire and South Cumbria. Working collaboratively with providers, population commissioning teams, neighbourhoods and primary care, it monitors performance, addresses unwarranted variation and promotes the adoption of evidence-based best practice.

Through a focus on quality, safety, productivity and innovation, the function supports the reduction of avoidable medicines-related harm, improves population health outcomes and contributes to tackling health inequalities.

Nursing and quality directorate

The nursing and quality directorate provides leadership for quality, patient safety and safeguarding across the Integrated Care Board. It uses evidence, data and feedback to improve services and outcomes for local people. Working with NHS organisations, local authorities and other partners, the directorate oversees quality and safety, patient experience, safeguarding, SEND, all-age continuing care, learning disability and autism services, and infection prevention and control. It also helps ensure services are shaped by patients, carers and communities and supports vulnerable people to receive safe, high-quality care.

Quality, safety and patient experience



Quality roles will be flexible, with routine contract monitoring reducing when reactive quality action is needed. The team will prioritise responding to quality and patient safety concerns, including validation, reporting, learning and improvement assurance, while feeding quality insights into commissioning, population health, neighbourhood and out-of-hospital services. Routine contracting, evaluation and assurance will continue within the commissioning cycle, with team members broadening their skills over time, including in patient safety. This approach will strengthen population health and out-of-hospital quality through contracting and matrix working.

All Age Continuing Health Care

All Age Continuing Care is the ICB function responsible for ensuring that people of all ages with complex health and care needs are assessed, supported and reviewed in line with national statutory frameworks.

Safeguarding and Court of Protection

Safeguarding within the ICB ensures that NHS commissioned services protect children and adults from harm, abuse and neglect while promoting wellbeing and rights. The ICB's function is primarily strategic: to commission safe services, provide system wide leadership, and assure the quality and effectiveness of safeguarding across providers. It leads multiagency partnerships, has statutory equality within the Children's Safeguarding Partnership, supports information sharing, and contributes to other statutory safeguarding boards.

The ICB also oversees governance, risk management, audits and learning from reviews to drive continuous improvement. Overall, the ICB's safeguarding role is to ensure robust systems, accountability and consistent high quality safeguarding practice across the health economy.

SEND

Bringing together SEND and LDA will operate as a shared function which will focus on our clear statutory processes and align to the wider nursing directorate accountability and priorities. There are some opportunities to align some of our working around reporting, oversight and assurance and the removal of direct commissioning will create capacity to focus on delivery. The function will continue to have senior leadership and oversight through the deputy director and chief nurse. There is clear commitment to strong integration and joint working with other functions such as quality as well as wider commissioning elements of the organisation.

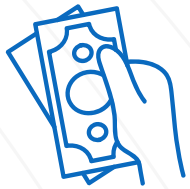
Learning Disability and Autism

Bringing together learning disability, autism and SEND into a single function will strengthen statutory delivery, improve assurance and create more capacity to focus on outcomes. The function will remain under senior nursing leadership and work closely with quality and commissioning teams.

Finance and people directorate

Responsible for the effective stewardship and deployment of financial, contractual, workforce and estate resources to support the organisations strategic commissioning priorities. The directorate is a key enabler in ensuring an effective use of resources to improve population outcomes and supporting sustainable integrated care.

Finance



Ensures the effective stewardship of public resources by developing and delivering aligned financial strategies and operational plans, maximising value for money through strategic resource allocation underpinned by robust financial management and governance.

Contracting and procurement

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

Strategic estates

Drive the development of system wide strategic estates objectives through prioritised infrastructure and capital investment in accordance with the ICB's commissioning priorities, enabling service transformation, integration of care, and improved population outcomes.

People

The People function provides strategic leadership and professional expertise to help the ICB attract, develop, support and retain a skilled and inclusive workforce.

The team leads workforce planning, organisational development, employee relations, learning and leadership development, equality, diversity and inclusion, health and wellbeing, and people change programmes.

Working across the organisation and with system partners, the function supports the development of a high-performing, values-led culture, ensuring colleagues have the skills, support and opportunities needed to deliver the ICB's strategic objectives and adapt successfully to future organisational change.

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

The Corporate Governance function will lead on a range of statutory functions and be responsible for the strategic development and operational delivery of the ICB's governance framework, leading on a range of statutory functions, ensuring the organisation operates transparently, and effectively through roust governance frameworks.

It supports the Board and committees through strong administration, business planning and effective decision-making structures, as well as succession planning and board development.

The function leads on risk management, key governance documents and policies, and ensures compliance with statutory, regulatory, and Information Governance requirements enabling clear accountability and decision-making across the ICB and system.

Corporate business and administration

The Corporate Business and Administration function will provide consistent, high-quality business management support to the Chair, CEO and executive portfolios, as well as HS&S, office management and reception services. The function will ensure clear operating principles and provide an equitable and proportionate support offer, operating as a flexible "one team" model, working collaboratively to deliver shared priorities.

The function will enhance efficiency and ways of working through better use of technology. Overall, it acts as a central, coordinated function, that support efficient, consistent, and effective delivery of organisational priorities.

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.

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

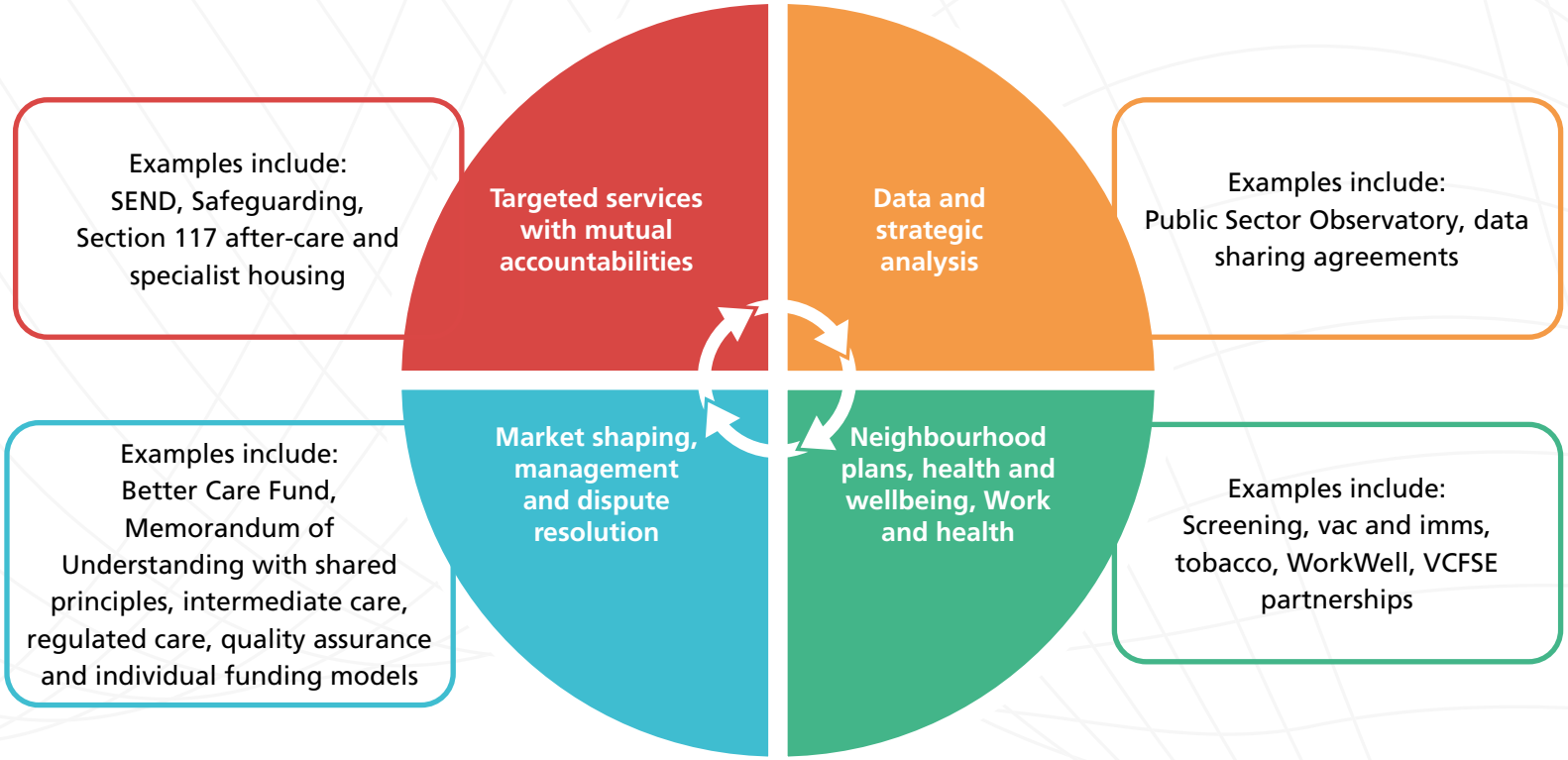
With leadership and insight from the ICB, partners across all sectors will work together to modernise services using digital tools, virtual care, shared records and AI to empower citizens and transform care delivery

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 changes 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.



Strategic partnerships with VCFSE

The voluntary, community faith and social enterprise (VCFSE) sector is a core strategic partner in improving health and wellbeing across Lancashire and South Cumbria. It reaches communities statutory services cannot, offering trusted, early and personalised support that helps prevent avoidable demand on the NHS.

The ICB recognises the sector as an equal partner in reducing health inequalities and delivering person centred, integrated care. Joint working and co-production will be embedded at system, place and neighbourhood level.

Through strengthened strategic commissioning, early involvement in design, and flexible funding and assurance approaches, the ICB will enable sustainable, high impact VCFSE delivery, capacity building and workforce resilience.

Enablers

- Strategic partnerships
- Outcomes based commissioning
- Longer term investment
- Alternative contracting models, (including grants where appropriate)
- Market shaping and development
- Values based commissioning

Chapter 5

Our commitment to develop and support our people

Our commitment to develop and support our people

Developing our organisational culture

As we establish the new organisation it is going to be important that we develop the right culture and values that allows us to work as an effective strategic commissioner, improving staff experiences and developing the right leadership to enable the organisation to thrive.

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 will work with our staff to ensure that our values and behaviours are the right ones we need for moving forward.

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:

- Delivering the 18-month ICB People Strategy – 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.
- 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.

We will access external support for capability development - Northwest Leadership Academy, NHS Elect, NHS College of Leadership and Management etc. We will also ensure managers and leaders have the support and policies and procedures they need to support the organisation. This will be a key feature of the target operating model.

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.

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.

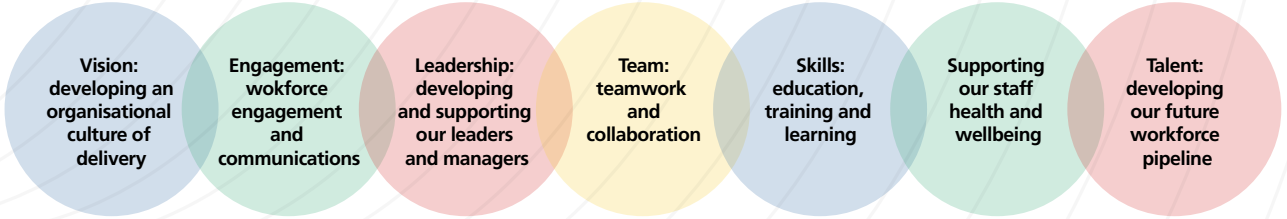
Transition phase

- 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



Chapter 6
Next steps

Next steps

Subject to Board approval, this document will be shared widely with colleagues and partners as part of a broader programme of organisational development and transformation. The publication of the new structures represents an important milestone, but only one component of a wider programme to shape the future organisation.

During Summer 2026, colleagues and partners will be engaged in the co-design and development of the refreshed Strategy, Target Operating Model and Transition Plan for our ICB. Together, these will provide a clear line of sight from the organisation's vision and priorities through to its future operating arrangements and implementation roadmap.

In November 2026, the organisation will launch the refreshed Strategy, Target Operating Model and new organisational structures, bringing together a clear statement of purpose, future direction and organisational design.

From November 2026 onwards, the focus will move to implementation through the Transition Plan, including delivery of organisational changes, development of new ways of working, monitoring of benefits, management of risks and maintenance of business continuity throughout the transition period.

The initial transition programme is expected to conclude during Summer 2027, with a managed transition into business as usual. Some organisational development, capability-building and continuous improvement activities will continue beyond this point as part of the organisation's ongoing evolution and commitment to delivering its strategic ambitions.

Glossary

AACC – All-Age Continuing Care
NHS support for children, young people and adults with complex, long-term health needs, including assessment, funding and care packages.

BCF – Better Care Fund
A national funding arrangement that supports joint working between the NHS and local authorities to improve care outside hospital.

CCPL – Clinical and Care Professional Leadership
A framework that brings clinicians and care professionals into commissioning and planning decisions at system, place and neighbourhood level.

Clinical Strategy
The ICB's multi-year plan that sets priorities for improving quality, safety, outcomes and experience of care.

Commissioning
Planning, buying and reviewing health and care services so they meet local needs and deliver value for public money.

Commissioning Cycle
The continuous process of understanding needs, planning services, allocating resources, managing delivery and reviewing impact.

EPRR – Emergency Planning, Resilience and Response
How the NHS plans for and responds to emergencies and major incidents to keep services running and people safe.

IHO – Integrated Health Organisation
A provider or partnership that takes responsibility for planning and delivering joined-up care for a defined population, using a shared budget.

ICB – Integrated Care Board
The statutory NHS organisation responsible for planning and funding health services for its local population.

Integrated Contracting
Contracts designed to support joined-up care across services and organisations, rather than separate contracts for individual services.

Left Shift
Moving care earlier and closer to home by focusing on prevention, community services and digital care instead of hospital treatment.

LDA – Learning Disability and Autism
Services and support for people with a learning disability and autistic people.

LSC – Lancashire and South Cumbria
The geographic area covered by the Integrated Care Board.

Market Management
How the ICB works with providers to make sure services are available, high quality, sustainable and offer good value.

Market Shaping
Actions taken by the ICB to influence the future supply of services so they better meet population needs.

MNP – Multi-Neighbourhood Provider
An organisation or partnership delivering coordinated services across several neighbourhoods.

MOU – Memorandum of Understanding
A formal agreement that sets out shared aims, roles and ways of working between organisations.

Neighbourhood
A small local community area where services work closely together around people's needs.

Operating Model
How the ICB is organised, how teams work together and how decisions are made to deliver its role.

OD – Organisational Development
Work that improves leadership, culture, skills and ways of working across the organisation.

Outcomes-Based Commissioning
Designing and paying for services based on the difference they make to people's lives, not just the amount of activity delivered.

PHM – Population Health Management
Using data to identify people and groups who need support, act earlier and join up services to improve health and reduce inequalities.

Place
A local area, usually aligned to a council boundary, where organisations work together on shared health and care priorities.

Population Footprint
A defined geographic area used for planning and commissioning services, such as Morecambe Bay or Fylde Coast.

Population Health
Improving the health of whole communities by focusing on prevention, inequalities and the wider factors that affect health.

PMO – Programme Management Office
The function that supports delivery of major projects, programmes and transformation work.

Safeguarding
Legal duties to protect children and adults at risk from abuse or neglect.

SCC – System Coordination Centre
A function that supports patient flow and coordination across the health and care system.

SEND – Special Educational Needs and Disabilities
Support and services for children and young people with additional learning or developmental needs.

Strategic Commissioning
Long-term planning and shaping of services, using evidence and partnership working, to improve population health and deliver value.

Strategic Commissioning Partnership
Formal arrangements between the ICB, councils, providers and the voluntary sector to plan and deliver services together.

Unwarranted Variation
Differences in care or outcomes that cannot be explained by patient need and should not exist.

VCFSE – Voluntary, Community, Faith and Social Enterprise sector
Community-based organisations that support people, improve wellbeing and help reduce inequalities.

WRP – Waste Reduction Programme
Actions taken to reduce unnecessary spending as part of financial recovery plans.

NHS
Lancashire and South Cumbria
Integrated Care Board