



**Lancashire and
South Cumbria**
Integrated Care Board

Commissioning intentions

2025/26

1. Introduction

The Lancashire and South Cumbria Integrated Care Board (ICB) has been established to assess health need, plan, develop and commission (purchase) health services for people and communities in Lancashire and South Cumbria. We work to ensure effective, high-quality health and care services, improve people's health and wellbeing, and tackle inequalities in outcomes, experience and access.

Despite the Government providing increased funding for the NHS, 2025/26 is expected to be an extremely challenging year. The additional funding must cover final pay settlements for 2025/26, increased employer National Insurance contributions, faster improvement on the elective waiting list and new treatments mandated by the National Institute of Clinical Excellence (NICE). The Government is expecting the NHS to manage within its budget. For this to be achieved, most NHS organisations will need to reduce their overall cost base by a minimum of 1% as well as achieve 4% improvement in productivity.

Lancashire and South Cumbria is the single most financially challenged system in the NHS. We are currently spending beyond our means with an anticipated deficit of £350 million at the end of the financial year 2024/25. Our annual budget for 2025/26 is approximately £5.5 billion and we must take immediate action to reduce our spending. Our challenge heading into 2025/26 is considerable and will result in us needing to plan our service provision and work with partners in a different way.

This document sets out the Lancashire and South Cumbria Integrated Care Board's (ICB) commissioning intent for 2025/26 within this challenging context. Our vision is to have a high-quality, community-centred health and care system by 2035. This means focusing on prevention, delivering care in people's homes or as close to home as possible and making the best use of technology. Our focus continues to be on achieving all national health and care targets, commissioning joined up services which offer the best possible care to our whole population, are fit for the future and affordable.

2. Strategic context

This section sets out the challenges we face across Lancashire and South Cumbria and reiterates the strategic priorities that the Lancashire and South Cumbria ICB agreed with NHS partners through the Joint Forward Plan (NHS with local authorities and wider partners through the Integrated Care Strategy) to overcome these challenges.

2.1 Our vision and strategy

Our vision is to have a high-quality, community-centred health and care system by 2035. This means focusing on prevention, delivering care in people’s homes or as close to home as possible and making the best use of technology to reduce reliance on hospitals.

If we want to achieve our vision, we must continue to transform – change – the way we currently deliver health and care services in Lancashire and South Cumbria. The ICB worked with NHS and local authority partners to develop a five-year Joint Forward Plan (JFP) to deliver our vision and, as part of this, identified the following strategic objectives:

ICB Strategic Objectives
1. Improve quality, including safety, clinical outcomes and patient experience
2. To equalise opportunities and clinical outcomes across the area
3. Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees
4. Meet financial targets and deliver improved productivity
5. Meet national and locally determined performance standards and targets
6. To develop and implement ambitious, deliverable strategies

An addendum to that plan has recently been developed which you can read here:

www.lancashireandsouthcumbria.icb.nhs.uk/JFP

Due to the planned publication of the Government’s 10 Year Health Plan in spring 2025, we are intending to undertake a full rewrite of the JFP from June 2025 onwards with the full involvement of all our stakeholders. The Joint Forward Plan – and the strategic priorities within it – will form the foundation for the Lancashire and South Cumbria ICB commissioning plan for the next five years and the associated commissioning intentions.

2.2. Financial challenge

In 2024/25, Lancashire and South Cumbria Integrated Care Board (ICB) was one of several NHS systems subjected to an NHS England (NHSE) investigation and intervention process. Despite recent support from NHSE and with the hard work of colleagues, we haven't been able to make the progress we had hoped to with our spending. As a result, NHSE recommended four organisations were placed into NHS Oversight Framework Segment 4 and for each organisation to receive intensive support from the National Recovery Support Programme. The affected organisations are:

- NHS Lancashire and South Cumbria ICB
- Blackpool Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Lancashire Teaching Hospitals NHS Foundation Trust

NHSE national and regional teams are working collaboratively with each organisation to understand and agree what changes are needed to improve performance and tackle unnecessary and excessive expenditure. They are supporting each organisation to tackle the financial challenges and improve performance and quality, along with oversight arrangements.

To support decisions on how the ICB uses the £5.5billion allocation it will receive in 2025/26, detailed and extensive plans have been developed across our ICB. These plans are all aligned to address the financial challenge as well as the health and care challenges we face in our system. To support these plans the ICB has developed:

- commissioning intentions which describe what we will commission (buy)
- a financial improvement plan which sets out plans for improving efficiency across the system and for NHS organisations across Lancashire and South Cumbria and outlines how we will fund the work we commission
- a 2030 roadmap that describes our plan to support delivering short, medium and long-term service transformation aimed at delivering the vision for health and care in Lancashire and South Cumbria.

As part of the NHS annual planning cycle, identifying and defining commissioning intentions is fundamental to delivering future services which align to our strategic objectives and priorities. We have revised the process for developing these in conjunction with NHS England, our providers and our partners as we know we will have to facilitate and/or deliver service changes in the short-term to improve our financial position. In addition, we will need to work as a health and care system to identify longer-term transformational change as we recognise the need to go further, faster over coming years.

It is, therefore, our intention to build upon and improve this set of commissioning intentions by better aligning:

- joint strategic needs assessments (JSNAs) as the evidence base for our proposed changes
- productivity analyses
- benchmarking on system spend
- the notion of working towards allocative efficiency of the £5.5bn we spend on behalf of the population
- baseline budget reviews.

2.3 System challenges

As well as our financial constraints, we have other significant system challenges across health and care:

- We have significant health and wellbeing issues within Lancashire and South Cumbria made worse by the COVID-19 pandemic. Health inequalities have widened in some areas. This means differences which existed in the quality of life for people living in different areas is even bigger. Meanwhile, more people live with multiple and complex long-term conditions. Much of this is a result of the wider determinants of health, such as deprivation and poor housing.
- There is a huge backlog of appointments and other work, and people with long-term conditions aren't always seeing the best results from their treatment.
- In some of our communities, healthy life expectancy is as low as 46.5 years, which means that the frail population often includes people who are not elderly.
- The difference between areas which are most deprived and least deprived is stark with people in more deprived areas living more than 10 years longer in 'not good' health.
- The demands and expectations on services are ever-increasing alongside significant financial and workforce constraints. We have faced many of these challenges for some time and we cannot solve them without changing the way we work as an entire health and care system.
- As a system, we understandably talk a lot about financial challenges because we have one of the most challenging financial positions in the country. However, the underlying issue is how services are configured. Long-term hospital inpatient care can negatively affect a patient's health and make recovery harder when discharged. The reliance everyone places on hospitals needs to change.
- This isn't just about hospitals – care in the community needs transformation and local coordination to prevent, detect and manage long-term conditions.

- Working in partnership with our Local Authority partners, particularly around social care and public health is a critical system enabler.

Given the severity of our financial position, we know will have to make some difficult decisions over the next few months. Some of these decisions may not always be popular, but we must take immediate action to reduce our spending and live within our means.

However, despite the financial challenges, we remain proud of our excellent services, the positive examples of collaboration and the thousands of passionate and dedicated staff who work, support and constantly build upon to improve health and care across Lancashire and South Cumbria. We have opportunities to reduce waste, duplication and reconfigure services which will improve outcomes for our population and make services fit for the future. Our core focus will remain on maintaining safety, improving productivity, improving quality and patient care, and achieving financial stability.

3. Priority intentions for 2025-26

As described in the ICB Board paper ‘Commissioning Intentions Process’ dated 19 March 2025, the ICB has prioritised programmes of work into four segments. These segments describe what programmes will be picked up within contract negotiations with our providers (Segments 0 and 1) and what forms our 2025/26 Commissioning Intentions (Segments 2 and 3).

This chapter describes the national priorities which the ICB will be delivering over the next 12 months as well as the identified local priorities by commissioning area.

3.1 National priorities

The Operational Planning Guidance published on 30 January 2025 sets out the national priorities for 2025/26. There is a clear strong expectation that all parts of the NHS must manage within their available resources.

The national priorities identified in the guidance to improve patient outcomes in 2025/26 are:

- Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.

- Continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- Improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
- Improve patients' access to general practice, improving patient experience, and improve access to urgent dental care, providing 700,000 additional urgent dental appointments.
- Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019.

Lancashire and South Cumbria aims to achieve these metrics by working collectively to drive the reform to support delivery of these immediate priorities.

In terms of the transformation programme, for 2025/26 ICBs and providers have been asked to focus on the following:

- Reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly hospital admissions and improving timely access to urgent and emergency care.
- Making full use of digital tools to drive the shift from analogue to digital.
- Addressing inequalities and shift towards prevention.
- Living within the budget allocated, reducing waste and improving productivity. ICBs, trusts and primary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other Integrated Care System (ICS) partners. This will require prioritisation of resources and stopping lower-value activity.
- Maintaining collective focus on the overall quality and safety of services.

Lancashire and South Cumbria will be working with all system partners to analyse and spread best practice and commission appropriate services to support this transformation programme.

3.2 Additional local priorities 2025/26

In addition to our determination to achieve national priorities, as part of the need to respond to our system challenges, we have identified additional commissioning intentions to drive efficiencies or service improvements in 2025-26. These are listed

by commissioning area. The ICB will support collaboration between providers to deliver the commissioning intentions and cost efficiencies within our system.

3.2.1 Urgent care

Our hospitals continue to face challenges in how we respond to increased demands on emergency care. In 2024-25 we invested significantly in the provision of urgent care which has seen some positive changes and next year we will apply the same level of focus to drive further improvements. The following are key priorities:

- Same-day emergency care (SDEC) streamlines patient pathways, enabling quicker diagnosis and treatment which leads to improved patient outcomes and reduces unnecessary hospital admissions, thereby delivering efficiencies. We aim to have a variety of SDEC services operating at least twelve hours per day, seven days a week.
- Reducing variation for acute inpatient flow by working with and supporting providers to reduce the variation across the system. In doing so we aim to implement best practice with support from NHS England, NHS Impact resources and shared learning.
- Establishing consistent provision in frailty care by determining best practice standards for elderly or frail patients and thereby reduce inpatient length of stay.
- Through the continued development of care coordination and care transfer hubs, improving patient flow across the system through providing care outside of a hospital setting and wherever possible in the patient's own home.

3.2.2 Planned care

- Review musculoskeletal (MSK) and pain management pathways. Current demand on trauma and orthopaedic services in secondary care outstrips capacity and contributes to long waiting lists and waiting times. Identify the potential for continuing to secure additional capacity in year and work with providers to redesign the service and enact pathway change.
- Develop and implement a system model of care for neurology to address gaps in South Cumbria.
- Develop and implement a tier two 'out of hospital' community service model for gynaecology to deliver a longer-term reduction in the need for secondary care appointments for a range of gynaecology conditions.
- Address inequalities in the provision of chronic pain management across Lancashire and South Cumbria and embed evidence-based practice to ensure providers are delivering the optimum pathway.

3.2.3 Cancer

We have an unrelenting focus to enable access to the right services for early identification whilst striving to delivery optimal and efficient care provision. As well as pursuing the achievement of all national targets for cancer, in 2025/26 we are prioritising:

- Increase the provision of consultant oncologist resource within the diagnosis elements of cancer pathway and improve access to key diagnostic services to promote earlier identification.
- Improve access to chemotherapy services in line with identified gaps identified across our region.
- Continue to work with our provider organisations to ensure best practice pathways for patients with suspected cancer.

3.2.4 Diagnostics and pathology

- Review costs for outsourced diagnostics with the intention of moving to a system rather than a provider approach. This will include plans to improve throughput and turnaround times for all modalities.
- Work with providers to ensure full implementation of the national CDC service specification.
- Scope the benefits for digitally connected diagnostic services which, subject to implementation, could facilitate collaborative care provision and effective MDT clinical decision-making.
- Scope the potential for increased efficiency through interoperability for Pathology
- Work with lead providers to improve productivity and efficiency of geonomics.
- In conjunction with providers, review costs for pathology tests and develop recommendations for improving the efficiency of laboratories.
- For histopathology, achieve target compliance of 80% of cancer case reports available in 10 days through the development of a plan to close the percentage gap overall and also to reduce the significant variation between trusts.
- Develop a business case for point of care testing devices and identify potential funding opportunities.

3.2.5 Primary care

- Ongoing ICB-wide review of Local Enhanced Services to establish structured approaches to increase access and capacity enabling us to respond to patients with our five priority long-term conditions.
- Support the system-level development of integrated urgent care services through redesign and procurement of primary care related elements of this care stream.

- Implementing the Primary Care Navigation scheme. An initiative which provides primary care and general practice staff with the knowledge and tools to effectively signpost and navigate patients to the most appropriate clinical and non-clinical services.
- Maximise the use of Acute Respiratory Infection (ARI) hubs that will encourage self-referral into community services optimising GP access whilst also reducing secondary care/A&E demand.
- Embracing technology-based care to proactively lead the development and implementation of Robotic Process Automation (RPA) in GP practices.

3.2.6 Community care

During 2024-25 a baseline review was undertaken for all community services provided across the ICB to understand the variation in how community services are provided. Whilst this will report in spring 2025, we understand there will be recommendations to standardise service provision to ensure equity of access.

- Develop and commission standards of service provisions for Lancashire and South Cumbria community services.
- Standardise and enhance the role of district nurses within Integrated Neighbourhood Teams by reviewing the key components and deliverables of district nursing to support consistency and improved outcomes for the services that are provided.
- For end-of-life care, focus on early identification of cases, ensuring all patients have care plans in place and a 24/7 access to specialist palliative and end-of-life care advice. This will lead to more people dying in a place they have chosen and improved experience of care quality.
- During 2024/25 a new model of care was incubated in South Cumbria, Barrow-in-Furness. A targeted, intensive, proactive caseload management model was developed to support people who had frequent and lengthy admissions to stay safe and well at home. The Integrated Wellness Service was developed, tested and scaled in Place. During 2025/26 we will embed the model across Lancashire and South Cumbria.
- The Morecambe Bay Respiratory Network is a highly effective example of providing services in an enhanced model. It brings consultant expertise alongside the long-term relationship between general practice and the patient to best effect. Providing services in this way reduces outpatient appointments, unplanned admissions and spend on medicines, and provides our patients with a highly effective, evidence-based treatment offer. We will seek to embed our learning from this model across Lancashire and South Cumbria in 2025/26.
- Continuation of the Digital Medication research pilot project with the aim of enhancing medication adherence, reducing the need for in-person care visits and improving overall health outcomes.

- Commission the Care Home Admission Avoidance service to reduce unplanned hospital admissions by improving service provision for vulnerable patients in care homes who are at high risk of hospital admission or readmission. Initially trial this Invest to Save scheme with 10 care homes within the central district of Lancashire.

3.2.75 Continuing Healthcare

Provision of continuing healthcare within community setting is critical to ensure that our secondary care or front-line services are not further stretched. Ensuring our patients have appropriate access to such services efficiently and effectively are a priority. The key intentions are:

- Support the wider ICB teams to ensure community contracts and service specs (DNs, AHPs/other) include case management, oversight and service delivery to all-age continuing care patients.
- Development of a robust commissioning framework to support delivery of efficient continuing healthcare packages whilst ensuring robust uplift strategies are in place to enable alignment of cost of care, remove variation and promote equity.
- Procure an end-to-end digital system to support the referrals, assessment, approval, contracting, payment, and case management of NHS funded care packages.

3.2.8 Mental health

- Development and delivery of a three-year transformation plan to reduce the number of subcontracted beds for assessment, acute and PICU; going beyond plan to reduce to the volume of out of area placements.
- Undertake, with NHS England Improvement team support, a whole system review of the mental health urgent and emergency care provision.
- Develop an integrated commissioning framework that would make best use of resources and streamline processes.
- Ensure ICB oversight and assurance of specialised commissioning activity and provision of mental health services within Lancashire and South Cumbria undertaken by the lead provider collaborative.
- Agree local action plans to address short- and longer-term gaps for the Intensive and Assertive Community Treatment Function as part of CMHT.
- Complete the implementation of and embed improvements from the children and young people's THRIVE programme.
- Commission a mental health crisis text service as part of the urgent care pathway and as a development from NHS 111 for mental health.

3.2.9 Learning Disabilities and Autism

Priority commissioning intentions focus on the achievement of the learning, disability and autism (LD&A) national guidance:

- Embed robust autism right to choose/assessment pathways (RTC) for ASD assessment whilst implementing a structured accreditation framework for appropriate selection of providers of these services.
- Review and transform existing community LD&A services with the intention of developing one outcomes-based service specification.
- Develop neurodevelopmental pathway (adult autism) and business case for ASD services outside of RTC, including a needs-led support offer, transition and triage.
- Develop community crisis support offer for adults at risk of hospital admission and to support on discharge.

3.2.10 Children and young people

- Redesign of children's community nursing services across Lancashire and South Cumbria including short-term (step up and down/virtual ward), long-term, complex needs and palliative care nursing.
- A redesign of the neurodevelopmental pathway across Lancashire and South Cumbria with the aim of addressing increase in demand, the inconsistent offer, long waits and meet the requirements of guidance and the SEND inspection.
- Review the Complications from Excess Weight (CEW) service pilot which has been in place for two years and has experienced higher demand. Understand impact, outcomes and determine future commissioning arrangements for this service.
- Implementation of new paediatric epilepsy service specification aligning to NHS England transformation requirements and new best practice tariff.
- Implementation of new asthma service specification aligning to NHS CYP National Bundle of Care for Asthma.
- Review and redesign of paediatric audiology services across Lancashire and South Cumbria to ensure services are meeting quality outcomes mandated by the NHSE Paediatric Hearing Services Improvement Programme. The review is expected to lead to a full-service redesign.
- Implementation of a new paediatric diabetes specification aligning to NHSE CYP Diabetes toolkit, national paediatric diabetes audit (NPDA) and consideration of the impact of the Best Practice Tariff.
- Redesign of community paediatrics across Lancashire and South Cumbria based on the findings of the community paediatrics review.
- Development of a service specification for all providers to outline their statutory responsibilities in relation to SEND and the requirements expected by the ICB of

providers to deliver the SEND Code of Practice and improved outcomes for children, young people and adults (up to 25) with special educational needs and/or disabilities.

- Ensure a specification within every contract which ensures consistent delivery of the SEND requirements across Lancashire and South Cumbria including the opportunity to formally escalate non-compliance against the SEND Code of Practice.

3.2.11 Maternity

Already underway in Lancashire and South Cumbria is the comprehensive Three-Year Delivery Plan for maternity and neonatal services. In partnership with providers, the ICB will continue this implementation which includes:

- Maternity workforce planning process.
- Implementation of safe staffing establishments.
- Ensuring all women have a co-developed, meaningful personalised care and support plan.
- Full roll out of personalised care training including Badgernet training.
- Accurate data capture and reporting of ethnicity, postcode, GP and protected characteristics.
- Enhanced continuity of carer teams to support women in the 10% most deprived communities across Lancashire and South Cumbria.
- Commitment to support delivery of the LMNS wide Equity and Equality Plan.
- Maternity services to regularly review available data to draw out themes and trends and identify and promptly address areas of concern including consideration of the impact of inequalities and share with the local maternity and neonatal system.

3.2.12 Population health

Our population health function works closely across the ICB to support development of future improvements associated to key clinical care models using an evidence-based approach. Specific priorities identified for 2025/26 include:

- Tobacco use is the highest cause of preventable death – promote and drive forward smoking cessation through the introduction of the highly effective treatment CURE model, which provides support to help smokers quit when admitted into hospitals and transition to returning to their home environment. Alongside this, new prescribing pathways will be commissioned to ensure a seamless and timely transition between behavioural support and prescribing of anti-smoking medication.
- High cholesterol diagnosis and treatment are national drivers for improvement. By increasing the percentage of patients aged between 25 and 84 years with a

CVD risk score greater than 20% through provision of lipid lowering therapies in primary care. Outcomes of this would positively decrease emergency admissions associated to early heart attack and stroke.

- Develop priority care models through applied learning from priority wards engagement and urgent care activity analysis to consider how we can test new ways of delivering secondary prevention activities that are aimed at reducing urgent care demand.

3.4 Place priorities

Our places are a key building block for our system. Through place-based partnerships, they facilitate local partner collaboration to enact many of our system-wide commissioning intentions through facilitating joined up delivery. Each of our places has developed delivery plans based on national and local commissioning intentions for 2025-26, which are supported by local partners across trusts, local authorities and VCFSE. There is clear alignment between our place plans, our urgent and emergency care recovery plans and the ambitions of the 2030 roadmap, and the delivery of the place plans will significantly contribute to the achievement of outcomes and financial recovery.

4. Transformational intentions 2025/26 onwards

Despite the challenging position we find ourselves in, we know there are some real opportunities for improving services through transformation (change) and not just a focus on the finances.

In order to keep people out of hospital, treat more people in the community and reduce demand on our urgent and emergency care services we will develop a Lancashire and South Cumbria 2030 roadmap. This roadmap will detail what we are going to do and by when over the next five years to create a health and care system fit for the future: our transformational intentions. It sets out how we get from where we are, to where we want to be, through three lenses:

1. Stabilise – improving today's operations
2. Recover – delivering emerging opportunities
3. Transform – strategic new models of care for LSC 2030

The 2030 roadmap's emerging four priority areas of transformation are:

- managing long-term conditions in primary care
- improving end-of-life and frailty care
- intermediate care

- service configuration

2030 roadmap emerging priorities

4.1 Managing long-term conditions in primary care

The aim for general practice in 2025/26 is to provide consistent local enhanced services across all practices in Lancashire and South Cumbria. There will be a focus on long-term condition management which will help people to avoid being admitted to hospital. There will also be a review of the minor surgery local enhanced service. We will continue to rollout the 'Modern General Practice' model creating more accessible, efficient and patient-centred services.

In the longer-term, we will continue to explore further opportunities for care to be delivered in the community, keeping people out of hospital. There will continue to be a greater focus on long-term condition management, which will see long-term condition consultants working in the community. We will develop an enhanced multi-disciplinary team (MDT) offer which goes beyond practices and will involve wider partners – teams of teams working better together.

4.2 Improving end-of-life and frailty care

The overall aim is to improve the quality of end-of-life and palliative care by working better together – this includes NHS, community and hospice services. In 2025/26, there will be a focus on early identification of cases, ensuring all patients have care plans in place and a 24/7 access to specialist palliative and end-of-life care advice. This will lead to more people dying in a place they have chosen and improved experience of care quality.

In future years, we have an ambition to put in place further transformation including access to timely bereavement support for all ages and a single point of access for patients, families and professionals for community services and medical care relating to end-of-life care. These aim to overall improve end-of-life care and support for our residents and families in addition to reducing pressure and number of deaths in hospitals.

In terms of frailty, in 2025/26 we want to increase identification and make sure our frail people have the right support in place. This will include more use of frailty virtual wards, improved access to community services (such as therapies), increasing the frailty hub model and having personalised care plans in place. There will be increased training for more staff to complete comprehensive geriatric assessment (CGA) which is used to identify frailty.

In the longer-term we want to see more health and care workers undergoing ageing well education and training to improve skills knowledge and confidence to better

manage frailty. There will be a standard approach to commissioning community-based frailty services and pathways, and we will see frailty hubs linked to integrated neighbourhood teams in all of our places.

For both of these areas we will see a reduction in emergency department attendances, as well unplanned admissions to hospital.

4.3 Intermediate care

The overall aim for intermediate care in Lancashire and South Cumbria is to keep more people out of hospital by supporting them in their own homes or as close to home in the community as possible. This will be done by providing people with direct access to reablement, recovery and rehabilitation services provided by health and social care staff.

In 2025/26 there will be a baseline assessment of intermediate care services to understand what we currently have and where things might need to change. This will allow us to design more effective models of care, which will include the strengthening of single point of access and transfer of care hubs development.

We will work better together as a system and develop new commissioning arrangements with integrated funding, pooled budgets, clinical leadership and joint governance. We will also expand enhanced crisis and urgent response services, such as virtual wards, to prevent people from going into hospital unnecessarily.

In following years, we will formalise joint commissioning arrangements and leadership structures across the system. There will be a single outcomes framework, and we will have pooled budgets to get best value for money. The bed-based model will undergo reconfiguration, and a flexible workforce will be developed with co-located teams working better together.

4.4 Service configuration

The overall aim for service configuration is to make the necessary changes which will see services being delivered in the most effective and efficient ways, both in hospitals and the community. This includes:

- Mental health, learning disabilities, autism
- Planned care
- Cancer
- Diagnostics
- Children and young people
- Clinical blueprint

4.4.1 Mental health, learning disabilities, autism

The aim of our mental health, learning disability and autism (LD&A) transformation is to focus on interventions that promote wellbeing and provide a greater understanding of mental health and LDA through inclusive and responsive communities and services.

We will work with partners to reduce social isolation and support mental wellbeing by empowering people to be actively involved in their own support and care, and by providing resilient services that deliver a personalised and holistic offer to all people.

We will enable people to remain well in their community and reduce dependency on specialist services and ensure that we have integration of services within and across communities and partners. We will use our plans as a platform over the next five years to redress the balance of care away from bed-based interventions.

4.4.2 Planned care

The overall aim is to transform how planned care is provided across Lancashire and South Cumbria for the most fragile services, shifting from an acute-focused model to enhanced community-based provision. This will optimise workforce utilisation, reduce service variation, and improve patient access, outcomes, and experience, allowing specialists to focus on complex care.

During 2025/26, we will mobilise and deliver the new models of care and embed new pathways in neurology, gynaecology and musculoskeletal services (MSK) to achieve stability and resilience for services which are currently under resourced and fragile. The new models of care will also help to improve patient access, making sure only those who really need secondary care are seen in hospital and everyone else is seen in a community setting.

4.4.3 Cancer

The overall aim is to transform cancer care across Lancashire and South Cumbria by driving earlier diagnosis, improving survival rates and reducing health inequalities. The programme will shift appropriate care into primary and community settings, ensuring timely, high-quality treatment, streamlining pathways, and improving patient experience. It focuses on three key priority areas of transformation that forms part of the LSC 2030 roadmap: gynaecology cancer pathway review, centralised dermatology triage and oncology services.

Through this transformation we will reduce variation, increase access, and improve patient outcomes and experience as well as ensuring services are provided in the most appropriate setting by the most appropriate professional. By embedding innovative commissioning approaches, improving collaborative service models, and

driving equitable access, this transformation will contribute to improved survival rates, reduced health inequalities, and enhanced patient experiences.

4.4.4 Diagnostics

The overall aim is to provide efficient and effective diagnostic services within the community and hospital settings, supported by emerging technology, in order to improve patient outcomes. For 2025/26 we will look to commission single service models for diagnostic provision for endoscopy and pathology. In the longer-term we will look to expand single service models in other diagnostic areas.

4.4.5 Children and young people

There are a range of services in scope for paediatric services ranging from the neurodevelopmental pathway, specialist nursing, speech and language therapy and the coming together of acute paediatric provision. The overall aim is to make sure we deliver sustainable services with a robust flexible workforce model.

We will reduce the current variation in provision and the subsequent differences in the outcomes for children, young people and their families across Lancashire and South Cumbria. The new models will provide services as close to home as possible, exploiting innovative digital solutions to maximise access.

4.4.6 Clinical blueprint

We have an emerging vision of networked acute system services that level up performance, patient safety and quality and deliver a step change in value for money. Our vision for the acute hospital system, together with a clinical blueprint, has been developing in collaboration with our five trusts. This is an approach that starts with the needs, behaviours and motivations of the people who use our services to arrive at new models of care that best meets those needs in a sustainable way.

5. Summary of consultation and engagement impacts

Any decisions made will require careful consideration and management, may not be quick to implement and, in some instances, will require engagement and consultation as per the NHSE service change process. Any proposed changes will be clinically led, subject to the necessary impact assessments. To successfully implement change and deliver meaningful transformation across Lancashire and South Cumbria we will continue to involve patients and the public, staff and wider stakeholders in developing our plans.

Between September and November 2024, the ICB delivered a programme of public and partner engagement under the banner 'Your health. Your future. Your say.' Events took place in seven locations across Lancashire and South Cumbria designed to support an honest and open dialogue with members of the public. It gave us the opportunity to share the challenges faced by health and care services, opportunities for improvement and to listen to views of local people about what is important to them. We spoke to more than 240 people at the public engagement events, as well as several community groups and networks. More than 1,800 people shared their views online.

What people told us - There were some common themes which informed the development of our transformational priorities and the enabling workstreams, including:

- a) **Care in the community:** support for more services to be delivered in the community and as close to home as possible.
- b) **Capacity and waiting times:** issues relating to the backlog of patients occupying hospital beds, leading to longer wait times and forcing patients to go to A&E for non-emergencies due to limited access to other healthcare services. GP appointments in particular were raised and people also cited a need for a consistent offer across all GP practices.
- c) **Integration of services:** the necessity for improved coordination among healthcare providers to avoid patients having to repeat their medical histories and ensure smoother transitions between services.
- d) **Care for vulnerable populations:** highlighting special considerations for vulnerable groups, such as the elderly.
- e) **Right care, right place, right time:** and with a preference for a single point of access.

The full engagement report can be viewed here: [Your health. Your future. Your say. engagement report November 2024](#)

We will continue these open and honest conversations as our plans progress. Listening to all our communities is an essential part of making sure we deliver effective and efficient health and care services. By reaching, listening to, involving and empowering our people and communities, we can make sure they are at the heart of decision making, as is our statutory duty.