



**Lancashire and
South Cumbria**

Commissioning Intentions 2025/26

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1. Foreword



Professor Craig Harris
Chief Operating Officer

NHS Lancashire and South Cumbria Integrated Care Board remains a relatively new organisation having been established in 2022. We continue to work closely with our partners and mature as a system to try and overcome the challenges we are all facing.

This document describes our commissioning intentions for 2025/26, which have been developed and informed by patient and public insights. They outline the changes and improvements we want to make to health and care services for the year ahead and what services we expect to commission to achieve these changes.

It is important to note our intentions have been developed in the context of great financial challenge. Lancashire and South Cumbria is one of the most financially challenged systems in the NHS. Without national support funding, our anticipated end of year system deficit would be approximately £350million. As a result, we must take immediate action to reduce our spending and live within our means.

However, despite our financial challenge, we know we have opportunities to reduce waste and duplication and reconfigure services. This will improve experience and outcomes for people living in Lancashire and South Cumbria and make services fit for the future. Our recovery needs to involve more fundamental transformation and not just a focus on the finances.

Our vision is clear: 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 help us towards achieving this vision we have developed a clear set of commissioning intentions which have undergone a revised process for 2025/26. This has allowed us to develop both in-year tactical intentions, as well as longer-term, transformational intentions as detailed in our Lancashire and South Cumbria 2030 Roadmap.

But we cannot do any of this alone. The challenges we face are whole system challenges and the need to work collaboratively is stronger than ever. We will continue to work closely with our partners with a focus on improving the quality of our services and reducing health inequalities. This means making sure everyone can access services in the same way and sees the same results from treatment, no matter where they live in our region. Close partnership working will continue to be a critical factor in our success.

2. Introduction

NHS Lancashire and South Cumbria Integrated Care Board (ICB) was established in July 2022 to replace the former eight clinical commissioning groups (CCGs) in our region. We assess health need, plan, develop and commission (buy) health services for people and communities in Lancashire and South Cumbria. To achieve this, the ICB works to:

- Join up and improve health and care services.
- Improve people's health and wellbeing.
- Make sure everyone has the same opportunities to access services.
- Make sure people see the same outcomes (or results) from their treatment.

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 one per cent as well as achieve four per cent improvement in productivity.

Lancashire and South Cumbria is one of the most financially challenged systems in the NHS. Without support funding in 2024/25, our end of year system deficit would have been approximately £350million. Our annual budget for 2025/26 is approximately £5.4billion 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 ICB's commissioning intentions 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.

3. Strategic context

This section sets out the challenges we face across Lancashire and South Cumbria and reiterates the strategic priorities the 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.

3.1. 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 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:

3.1.1. ICB strategic objectives

- Improve quality, including safety, clinical outcomes and patient experience.
- To equalise opportunities and clinical outcomes across the area.
- Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees.
- Meet financial targets and deliver improved productivity.
- Meet national and locally determined performance standards and targets.
- 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 ICB's commissioning plan for the next five years and the associated commissioning intentions.

3.2. Financial challenge

In 2024/25, the 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 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 we use the £5.4billion allocation we will receive in 2025/26, detailed and extensive plans have been developed. These plans are aligned to address the financial challenge as well as the health and care challenges we face in our system. To support these plans, we have 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; and
- 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 NHSE, 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 £5.4billion we spend on behalf of the population;
- baseline budget reviews.

3.3. 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 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.
- While our financial challenge may seem paramount, 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 we 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 positive we can build upon already excellent services, positive examples of collaboration and thousands of passionate and dedicated staff to improve health and care across Lancashire and South Cumbria. We have opportunities to reduce waste, duplication and reconfigure services that 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.

4. Engagement and involvement

Public involvement and listening to all our communities are an essential part of making sure effective and efficient health and care services are delivered. By reaching, listening to, involving and empowering people and communities, we can make sure they are at the heart of decision making. We are committed to putting the needs, experiences, and insights at the heart of all we do.

Between September and November 2024, the ICB ran 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.

4.1. What people told us

There were some common themes which came out of the engagement that helped to shape the thinking around our commissioning intentions and the development of our local priorities for 2025/26, as well as our transformational priorities.

4.1.1. Common themes

- Care in the community: support for more services to be delivered in the community and as close to home as possible.
- 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.
- 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.
- Care for vulnerable populations: highlighting special considerations for vulnerable groups, such as the elderly.
- Right care, right place, right time: and with a preference for a single point of access.

4.1.2. Programme specific themes

Urgent care

- Key design principles that are most important to the public are:
 - Right care, right place, right time
 - Easier navigation
 - Connected IT systems (and systems in general)
 - Joined up working with more multidisciplinary teams
 - Same services available across Lancashire and South Cumbria – equity
- Other key considerations that are missing are:
 - Prevention

In-hospital care

- Better referral processes
- Joined up teams
- More information for patients and carers
- Improved patient experience

Community care

- More care in the community
- Better integration with in-hospital services and primary care
- Connection to social care
- Improved quality of care

Primary care

- Too much disparity between practices – services should be equitable
- Access to appointments needs to be easier
- Too many apps for patients – it can be confusing
- More fair funding
- Continuity of care is desired

The full engagement report can be viewed on our website¹.

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1 https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your_health_your_future_your_say_roadshows_listening_report_V1.pdf

5. Priority intentions for 2025/26

This section describes the national priorities the ICB will deliver over the next 12 months as well as the identified local priorities by commissioning area.

5.1. National priorities

The operational planning guidance published on 30 January 2025 sets out the national priorities for 2025/26. There is a clear and 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 per cent nationally by March 2026, with every trust expected to deliver a minimum five per cent improvement.
- Continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75 per cent and 80 per cent respectively by March 2026.
- Improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78 per cent of patients seen within four hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
- Improve 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.

Our system aims to achieve this 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 shifting 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.

We will work with all system partners to analyse and spread best practice and commission appropriate services to support this transformation programme.

5.2. Additional local priorities

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.

The development of our local priorities has been informed by what our residents have told us is important to them. This includes providing care closer to home, better integration of services, reduced waiting times and receiving the right care, in the place, at the right time. People also want to see equity in terms of what services are available across Lancashire and South Cumbria, particularly relating to primary care and urgent care. We believe our local priorities, as well as our longer-term transformational priorities, reflect these wants and needs.

Our local intentions are listed by commissioning area. We will support collaboration between providers to deliver the commissioning intentions and cost efficiencies within our system.

5.2.1. 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 12 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 reducing 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 home.

5.2.2. 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.

5.2.3. Cancer

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

- Increase the provision of consultant oncologist resource within the diagnosis elements of cancer pathways 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.

5.2.4. 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 community diagnostic centre (CDC) service specification.
- Scope the benefits for digitally connected diagnostic services which, subject to implementation, could facilitate collaborative care provision and effective multi-disciplinary team (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 per cent 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.

5.2.5. 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 that 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 while also reducing secondary care and A&E demand.
- Embracing technology-based care to proactively lead the development and implementation of robotic process automation (RPA) in GP practices.

5.2.6. Community care

During 2024/25 a baseline review was undertaken for all community services provided across Lancashire and South Cumbria to understand the variation in how community services are provided. While 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 developed in Barrow-in-Furness, South Cumbria. 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.

5.2.7. All-age continuing care (AACC)

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

- Support the wider ICB teams to ensure community contracts and service specifications (district nurses, allied health professionals/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 while 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.

5.2.8. Mental health

- Development and delivery of a three-year transformation plan to reduce the number of subcontracted beds for assessment, acute and psychiatric intensive care, going beyond plan to reduce 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.
- 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.

5.2.9. 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 (RTC)/assessment pathways for autism spectrum disorder (ASD) assessment while 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.

5.2.10. 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 NHSE transformation requirements and new best-practice tariff.
- Implementation of new asthma service specification aligning to the 'National bundle of care for children and young people with 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 children and young people 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.

5.2.11. Maternity

The comprehensive three-year delivery plan for maternity and neonatal services is already under way in Lancashire and South Cumbria. 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 rollout 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 per cent most deprived communities across Lancashire and South Cumbria.
- Commitment to support delivery of the local maternity and neonatal system (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.

5.2.12. Population health

Our population health function works closely across the ICB to support development of future improvements associated with 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 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 cardiovascular disease (CVD) risk score greater than 20 per cent 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, connected into neighbourhood health delivery.

5.3. Place priorities

Our places are a key building block for our system. Through place-based partnerships, local partners work collaboratively to enact many of our system-wide commissioning intentions by facilitating joined-up delivery.

Each of our places has developed delivery plans based on national and local commissioning intentions for 2025/26, supported by local partners across trusts, local authorities and the voluntary, community, faith and social enterprise (VCFSE) sector. These plans are very much in line with the neighbourhood health approach which aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience

of health and social care, and increasing their agency in managing their own care. We need to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery.

Our place plans focus on early intervention and prevention to support people to stay healthy and well. They will deliver joined-up, proactive care and support across primary care, community physical and mental health care, social care and the voluntary sector. They will provide additional intermediate care and support to keep people safe and well at home, and support timely discharge from acute care (hospital), with a consistent focus on long-term condition management, frailty and end-of-life care. Our place plans also reflect the specific health needs of local populations, based on feedback from our residents, data and local insight.

There is clear alignment between our place plans, our urgent and emergency care recovery plans and the ambitions of the Lancashire and South Cumbria 2030 Roadmap. The delivery of the place plans will also significantly contribute to improved outcomes and financial recovery.

5.3.1. Blackburn with Darwen place commissioning and delivery intentions

Strategic direction

- One plan – objectives shared by all partners with clear commitment to deliver impact.
- Delivery of neighbourhood and community-focused model of care including our neighbourhood health service vanguard.
- Maximising our collective resources to manage demand and deliver financial savings.
- Maximising our Better Care Fund commissioning as a fundamental enabler of our integrated working.
- Embedding co-production and engagement across everything we do.

Staying healthy and well

- Deliver our population health schemes including vaccinations, suicide prevention, bereavement support and enhanced health checks.
- Pilot new ways of working to support children with asthma living in east Blackburn.
- Develop a compassionate communities approach aligned to our neighbourhoods.
- Deliver WorkWell Blackburn with Darwen – supporting people with health needs to remain in work.

- Support the commissioning of dementia post-diagnostic support and the delivery of our dementia action plan.
- Deliver our plans to support children and young people with their emotional mental health and wellbeing, including SEND support.
- Develop a sustainability plan for our family hubs.

Neighbourhoods

In delivering our transformed neighbourhood health model we will:

- Increase proactive care through our integrated neighbourhood teams (focusing on the frail, vulnerable and those approaching the end of life).
- Ensure effective roll out the new GP quality contract and local enhanced service.
- Support our residents to understand and best use primary care navigation systems.
- Transform community health services.
- Fully integrate community-based mental health support.
- Re-commission our neighbourhood-based voluntary, community, faith and social enterprise (VCFSE) provision through our Better Care Fund.
- Strengthen support for our care home residents.

Intermediate care

- Deliver phase two of our Albion Mill scheme, supporting the transformation of intermediate care in Blackburn with Darwen to be more focused on enabling independence.
- Improve the quality of our care homes.
- Maximise the use of acute respiratory infection (ARI) hubs.
- Ensure our hospice provision is fully integrated in our enhanced care at home offer.
- Develop more supported housing offers for people with a mental health need, to ensure they can remain in their local area.
- Support the delivery of efficient continuing healthcare and other joint funded packages of care.

Urgent and emergency care

- Deliver our admission avoidance schemes across frailty, end of life and care sector.
- Enhance our care coordination offer for those who need urgent support.
- Continued delivery of our urgent and emergency capacity and investment-funded programmes to maximise impact on system recovery.
- Improve our mental health crisis response support and scope the development of a Blackburn with Darwen crisis café.

5.3.2. Blackpool place delivery plan intentions

Strategic direction

- Our ambition as partners is to improve healthy life expectancy for the people of Blackpool.

Keeping people safe and well at home

- Care co-ordination/single point of access – ensuring people of all ages are seen in the right place, at the right time with the minimal number of steps, referrals and wait.
- Proactive case management – to test a proactive approach to supporting people with respiratory conditions, alongside other population health schemes that are focussed on addressing inequalities and improving health and wellbeing.
- Acute respiratory infection hub and social prescribing/link workers – co-located together and working in partnership, thereby making every contact count.
- Virtual wards – to support people with care at the place that they call home.
- Call before convey – ensuring the right care, in the right place and at the right time for our communities.
- Review of the mental health community hub model.
- Roll out of the GP quality contract/local enhanced service.

Reducing time away from home

- Last 1,000 days collaborative improvement – a multi-agency approach to improving the ability to keep people at home with a focus on the last 1,000 days.
- Mental health liaison enhancement and co-location – partners co-located and working collaboratively for our communities.
- In-hospital flow optimisation – initiatives designed to enhance the efficiency and effectiveness of urgent and emergency care services, focussing on several key areas to improve patient outcomes, improve access and streamline processes within the hospital setting. This includes enhancements in same-day emergency care, which will reduce the need for inpatient admission.
- Length of stay collaborative improvement programme – length of stay is a key area of focus within the Fylde Coast footprint urgent and emergency care improvement plan.
- End-of-life care – supporting people in their preferred place of care.

Getting people home

- Continuing to improve hospital discharge and getting people home: ensuring safe and effective flow and the timely transfer of care for patients from hospital, while protecting and promoting independence.
- Review of transfer of care hub (TOCH) model/ongoing development: continuing to evolve our model in conjunction with partners across place.
- Assistance of one/proportionate care – both at system and place level. Review of current and future state model.

5.3.3. Lancashire place commissioning and delivery intentions

Strategic direction

- Develop and test the delivery of a neighbourhood health model in Lancashire with an agreed population of interest being the vulnerable, frail and the dying.
- Identify shared levers and enabling functions such as data, estates, workforce development, commissioning, programme management, quality improvement, research and innovation capabilities to deliver improvements at scale and pace.
- Align the strategic leadership with the governance, oversight and partnership structures to enable better coordination of decision making and delivery across key partner organisations.
- Full review of the Lancashire Better Care Fund.

Staying healthy and well

- Central and West Lancashire
 - We will continue our pilot work on supporting our homeless population to have access to health services (Preston).
 - We will better understand the link between health and housing and deliver interventions to support good health in homes (West Lancashire).
 - We will deliver programmes to improve social wellbeing (Chorley and South Ribble).
- North Lancashire
 - We will deliver a befriending programme (Fylde and Wyre).
 - We will deliver a suicide prevention programme (Lancaster).

- East Lancashire
 - We will better understand the link between respiratory and housing and deliver interventions to support good health in homes (Burnley).
 - We will deliver programmes to improve children and young people's health (Pendle).
 - We will better understand the link between health and physical activity and deliver interventions to support (Rossendale).
 - We will develop our system leadership (Hyndburn).
 - We will consider how we can better support loneliness, social isolation and mental health (Ribble Valley).

Neighbourhoods

- We will deliver the neighbourhood health service including six core components – developed system-wide and delivered locally in neighbourhoods:
 - population health management;
 - modern general practice;
 - standardise community health service;
 - neighbourhood multi-disciplinary teams;
 - integrated intermediate care;
 - urgent neighbourhood services.
- Increase proactive care (focusing on the frail, vulnerable and at the end of life).
- We will roll out the new GP quality contract and local enhanced service.
- We will deliver the Lancashire model of integrated working (with pilots in Fylde and Wyre and West Lancashire).

Intermediate care

- We will do targeted work to support consistent improvement across Lancashire in intermediate care, with locality-specific programmes on a place plus (hospital) footprint to support effective discharge and community offers.
- We will deliver a joint approach to single-handed care through a pilot on the Lancashire Teaching Hospitals NHS Foundation Trust footprint.
- We will implement the discharge to assess review outcomes.
- We will deliver the early intervention and prevention for adult social care programme at district level, building on existing infrastructure.

Urgent and emergency care

- We will continue to deliver our leadership and contributions to the four urgent and emergency care improvement plans across Lancashire and South Cumbria, with work on a place plus (hospital) footprint covering:
 - initiatives that will support admission avoidance, demand management and timely transition of care from hospital to community;
 - continuation of urgent and emergency care capacity and investment funding.
- We will support delivery of the Shaping Care Together programme (West Lancashire with Sefton).

5.3.4. South Cumbria place commissioning and delivery intentions

Strategic direction

- We will continue to embed the Morecambe Bay respiratory network (MBRN) across the Bay. MBRN is a highly impactful left shift model, bringing consultant expertise out into community and enhancing GP practice, which reduces urgent and emergency care admissions, improves outcomes, and reduces spend. In 2025/26 test the model for another disease. Roll out the respiratory model in other areas of Lancashire and South Cumbria.
- The plan for Barrow – tackling opportunities/needs associated with massive Government investment in the Defence Nuclear Enterprise, including significant population increase (35,000 plus) and associated demand for health and care services.
- Meaningful resident engagement and involvement – making this part of our ethos across all work programmes through a framework to ensure meaningful listening, and co-design of solutions and measures of success.
- Bay anchor network – maximising opportunities for improving population health and wellbeing through our large-scale institutions, focusing on our workforce, procurement for social value, and environmental sustainability. Flexing to work both across the Bay and across all of Cumbria, mindful of partner organisational footprints.
- Workforce – working collaboratively with partner organisations to attract, develop and retain a workforce for the future, linked also to the Barrow delivery plan.

Staying healthy and well

- Integrated wellness service – we will continue to develop an intensive proactive caseload management service to support people who would otherwise have frequent long stays in hospital to stay safe and well at home. Roll out to other places in Lancashire and South Cumbria.
- Continue focus on priority wards and high intensity users – led by integrated care communities (ICCs).
- Women’s health and wellbeing – a holistic approach, focused on wellness throughout a lifetime. Development of women’s hubs in Barrow and Kendal and a tier 2 hub in Lancaster serving South Cumbria.

Neighbourhoods

- Integrated wellness service – creating a hub to support independence for the frail and/or elderly population. Blend service on a spectrum with our integrated neighbourhood teams (integrated care communities – ICCs).
- Thriving healthy communities – priority wards, high intensity urgent and emergency care users: addressing inequalities and improving health and wellbeing.
- Dying well – palliative and end-of-life care: using the ‘getting to outstanding’ framework to design future integrated care provision and influence behavioural change.
- Primary care within the South Cumbria place – maximising opportunities for integration and development of integrated neighbourhood teams and new models of care pathways (learning from MBRN).

Intermediate care

- Intermediate care – in partnership with Westmorland and Furness Council creating step-up/step-down beds that will prevent hospital admission and enable timely discharge, by protecting and promoting independence. Build upon the success of our new intermediate care offer in Barrow (18 beds Parkview Gardens) – support the development of an intermediate care offer in Kendal (eight beds Maudes Meadow).
- Co-design intermediate care at home with Westmorland and Furness Council. Jointly agree Better Care Fund spend to achieve.
- In partnership with Cumberland Council develop a new facility + dementia village in Millom.

Urgent and emergency care

- Ensuring our people receive care in the best place – continue to drive our agreed urgent and emergency care plan initiatives that will support admission avoidance and timely transition of care from hospital to community. Including GPs and district nurses pulling patients out, therapy redesign, intermediate care, the integrated wellness service. Drive a big focus on admission avoidance, deflection, care pathways, admission decision making, alternatives, and in partnership with Westmorland and Furness Council promoting independence strategy.

6. 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:

- Stabilise – improving today's operations
- Recover – delivering emerging opportunities
- 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

These areas are also reflected in the place delivery intentions for 2025/26.

6.1. 2030 Roadmap emerging priorities

6.1.1. 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 roll out 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.

6.1.2. 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 the number of deaths in hospitals.

In terms of frailty, in 2025/26 we want to increase identification and make sure 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 our places.

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

6.1.3. 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 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 the 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.

6.1.4. Service configuration

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

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

Mental health, learning disabilities and autism

The aim of our mental health, learning disabilities and autism (LD&A) transformation is to focus on interventions that promote wellbeing and provide a greater understanding of mental health and LD&A 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 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.

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 that 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.

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 which form 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.

Diagnostics

The overall aim is to provide efficient and effective diagnostic services within the community and hospital settings, supported by emerging technology, 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.

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.

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 developed 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.

7. Future engagement and involvement

In detailing our commissioning intentions above, we acknowledge there are several areas of work which may require varying degrees of robust engagement, pre-consultation engagement and formal consultation as per the NHSE service change process. Any proposed changes will be clinically led and subject to the necessary impact assessments.

We remain committed to working with our residents and will ensure the patient voice is at the heart of our core commissioning activity. Our principles for collaboration are clearly set out in our working together with people and communities strategy¹.

Our Citizens Health Reference Group² and Virtual Citizens Panel³ will support us to coproduce appropriate and proportionate engagement and consultation approaches which will meet our statutory duties to involve and importantly enable us to integrate commissioning activity closer to communities.

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- 1 https://www.healthierlsc.co.uk/application/files/7016/9278/4830/Working_with_people_and_communities_FINAL.pdf
- 2 <https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/have-your-say-current-opportunities/citizens-health-reference-group>
- 3 <https://www.lancashireandsouthcumbria.icb.nhs.uk/citizenspanel>

