NHS
Lancashire and South Cumbria
Integrated Care Board

LANCASHIRE & SOUTH CUMBRIA INTEGRATED CARE BOARD

COMMISSIONING INTENTIONS 2024/25

Foreword by Professor Craig Harris

Lancashire and South Cumbria Integrated Care Board is a relatively new organisation. Since our establishment in July 2022, we have focussed on understanding the complexities of system working and the challenges we and our partners face as a health and social care system. These are documented in more detail throughout this report with specific detail about how these challenges can be met by being innovative, and sometimes brave, in how we deliver services differently.

Over the last two years we have also prioritised supporting our workforce during major organisational change at a time when staff are still feeling the impacts of the COVID-19 pandemic. This approach has been crucial in securing the legacy knowledge and expertise which underpins our ability to meet the challenges we face. As well as our £4 billion spend for Lancashire and South Cumbria, on 01 April 2024, the ICB became the host commissioner (under delegation from NHS England) for a number of North-West specialised commissioning services. During this time of significant reconfiguration of commissioning activity, we have focussed on ensuring robustness and resilience of delivery.

As we look to evolve our models of care from a hospital-centric approach to more community-based support closer to home for all but the most specialised treatments, the need for strong partnerships is essential. The challenges we face are whole system challenges and therefore working closely with partners across a range of sectors and places will be key to success. We are strongly committed to putting patients at the heart of change to help us to build health and care services for the future.

1. Introduction

Since the establishment of Lancashire and South Cumbria Integrated Care Board (ICB) in July 2022, we have worked to build relationships with NHS, Local Government, voluntary sector and other partners and agencies, with minimal immediate impact on the way that services are delivered to our population. The investment we made in that first year will start to pay back now as we build upon our system-working with a deeper understanding of the challenges impacting upon our system's performance and the underlying reasons. Going into 2024/25, we aim to set out our intended direction towards a more sustainable system and the actions we need to take to achieve our aims.

Consequently, we are developing a clear commissioning delivery plan for 2024-27 to set out how we plan to deliver our system vision and clinical strategy within our financial framework. We know that we need major investment in primary and social care to better manage demand - together with major clinical reconfiguration - because the demand for health and care is overwhelming the current hospital centric model.

We will deliver this through a focus on…

- Financial recovery – increased grip and control on our spending
- Transformation of clinical and corporate services in and out of hospital
- Future models of care in context of our 2035 new hospitals programme

These commissioning intentions for the first year of our plan describe the changes that we want to see to progress its delivery – proposing transformation across the range of services that we commission.

2. Strategic context

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

This first set of commissioning intentions aims to pave the way for the delivery of these strategic priorities, but 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 £4bn we spend on behalf of the population
- Baseline budget reviews

Our challenges

We face significant challenges across health and care…

- There are significant health and wellbeing issues within Lancashire and South Cumbria and the COVID-19 pandemic has made these worse, with health inequalities widening in some areas. This has led to an even bigger gap in the quality of life and experience of health and care services for people living in different areas, a huge backlog of appointments and other work and long-term conditions getting worse.
- 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.
- If we do not change the way we deliver services, we will have an unsustainable challenge. A 20% increase in over 65-year-olds means without change we will need significantly more hospital beds.
- 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, local coordination to prevent, detect and manage long term conditions.

Drivers of our challenges include demand and capacity factors:

Factors driving an increase in demand	Factors limiting our capacity
More people living with diseases (the disease burden) • High levels of deprivation, unhealthy lifestyle choices and variability in	**Workforce gaps** • Hospital workforce gaps mean we are spending more on agency staff.

community resources and access to care, is affecting people's health.
- There are significant differences in life expectancy and healthy life expectancy between communities.
- More people than ever are living with more serious, long-term conditions. This is often also linked to deprivation.

A population with varied levels of engagement with their health and wellbeing
- There are varied levels of understanding in how to maximise positive health and wellbeing.
- Advancements in health innovation are creating increasing demand for services.
- People have become used to accessing healthcare on demand.

- There are gaps in the primary and community care workforce which reduce our ability to support patients outside of hospital.
- Increasing numbers of people are choosing to leave the healthcare workforce.
- Some staff are feeling exhausted and low, particularly after the COVID-19 pandemic.

Quality of physical infrastructure
- There are issues with the quality of our physical buildings.

Inconsistent quality and outcomes
- There are differences in the quality of care across our system.

The delivery model
- Focused on hospitals
- There are barriers which impact upon providers working together, and the NHS working with its partners.

Working together across our system, we have real opportunities to deliver positive change:

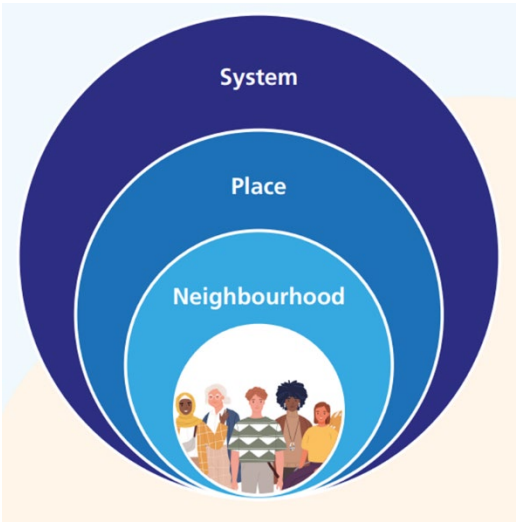
- The move to a more community-centred model of care and opportunities to transform our services so that out-of-hospital provision and care closer to home to support our population will help to improve outcomes and quality of care. This will be a driver for financial sustainability.
- We will integrate care in the community which helps people stay healthy for longer and significantly improves our out of hospital offer. It cares for them through preventing ill health, managing long-term conditions, recovering from periods of intensive care and at the end of their lives.
- Partners will work together in our places and targeted in our priority wards where there are highest levels of inequality.
- We will improve our mental health, learning disabilities and autism service offers as important parts of both community transformation and acute reconfiguration.
- Strengthen the existing primary care provision with transformation which improves patient access and puts in place new roles which supports the primary care workforce.
- There are real opportunities to remove waste and duplication and create an environment that attracts and retains our brilliant workforce.
- Move away from hospitals to much more support and treatment at home or closer to home in our communities or through virtual care, with the ambition being to avoid anyone going to hospital unless it is absolutely essential.
- Acute services working in collaboration with improved efficiency and specialist networked services provided at centres of excellence providing high quality of care.

<u>Our vision and strategy</u>

Our vision is to have a high quality, community-centred health and care system by 2035.

- 'Community-centred' means a focus on 'well care' rather than 'sick care'. An emphasis on prevention and well-being rather than solely on a specific health issue and/or clinical visit.
- Delivered in the home and community over a person's lifetime, taking into account the context of family, community and the holistic person at the centre of the care.

- Everything we do as a partnership is focussed on improving the health and wellbeing of our population and reducing health inequalities.



The ICB has worked with NHS and Local Authority partners to develop a five-year Joint Forward Plan to deliver this vision. 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.

STRENGTHEN OUR FOUNDATIONS		
1. **Improve our long-term financial sustainability** and value for money through transformation with providers.		
IMPROVE PREVENTION	**IMPROVE AND TRANSFORM CARE PROVISION**	
2. **Prevent ill-health and reduce inequalities** by collaborating with partners.	3. **Integrate and strengthen primary and community care** at place with partners and providers.	4. **Improve quality and outcomes** through standardisation and networking with providers.
WORLD CLASS CARE		
5. **Deliver world-class care** for priority disease areas, conditions, population groups and communities.		

LSC ICB has set six **corporate strategic objectives** (these include the NHS triple aim to improve the health and wellbeing of our population; improve the quality of services provided; and achieve a sustainable use of our resources). The ICB will take account of contributions towards these objectives within its decision-making and evaluation processes.

1. Equalise opportunities and clinical outcomes across the area	2. Improve quality, including safety, clinical outcomes, and patient experience	3. Meet financial targets and deliver improved productivity
4. Make working in L&SC an attractive and desirable option for existing and potential employees	5. Meet national and locally determined performance standards and targets	6. Develop and implement ambitious, deliverable strategies

Implementation of our strategic priorities and objectives will rely upon a number of key deliverables:

Our robust **clinical strategy** will set out a future where we:

- Commission sustainable, integrated clinical services for the Lancashire and South Cumbria population that provide improved population outcomes, with a radical shift from an acute to a community-centred model.
- Focus on physical and mental health and the needs and care of the people and the communities they live and work in, rather than for the convenience of organisations or services.
- Move towards a model based on a high-quality tertiary / teaching centre and a district general hospital model that makes the best use of all our secondary care services and infrastructure, and improved community and primary care provision in all places and local neighbourhoods, working in partnership with the voluntary, community, faith and social enterprise(VCFSE) sector.
- Have acute services working together with improved efficiency and specialist networked services provided at centres of excellence offering high quality care.
- Have a system that supports early discharge from hospital, using care to get people back into the community as soon as possible, or to get them appropriate support to avoid hospital admission in the first place.
- Significantly expand intermediate care - the temporary care that people who have been in hospital, had an illness or suffered a fall may need to help them get back to normal and stay independent. We need a dynamic model of care that helps people to return to independence so that they do not end up institutionalised in care.
- Move away from hospitals to much more support and treatment at home or closer to home in our communities, with the ambition being to avoid anyone going to hospital unless it is absolutely essential.
- Put in place integrated staffing models across NHS, primary care and social care resulting in high levels of employee satisfaction - including digital passporting so staff can work across the system which supports our clinical networks and fragile services.
- Have integrated care in the community which helps people stay healthy for longer and significantly improves our out of hospital offer. It cares for them through preventing ill health, managing long-term conditions, recovering from periods of intensive care and at the end of their lives.

- Have embedded population health driven approaches in our communities that support people with long-term conditions such as frailty, encourages prevention of ill health and tackles inequity delivered by holistic integrated neighbourhood teams and crisis support. This includes multi-disciplinary teams of partners working together in local areas with an understanding of those who are in need in the community and ways of providing support either at home or through remote and virtual technology. Our future operational models will build on these developing virtual and technology enabled care.
- Improve our mental health, learning disabilities and autism offer and have a reduction in Out of Area Placements which aligns to our community model.
- Undertake a seismic shift towards prevention and the early detection of emerging health conditions. This means a major improvement in the social determinants of health, by tackling and improving the conditions in which people are born, grow, work, live, age and die working in collaboration within in our place-based partnerships.
- Strengthen the existing primary care provision with transformation which improves patient access and puts in place new roles which supports the primary care workforce.
- Have the right network of NHS and partner infrastructure that enables us to deliver integrated health and care services in safe and quality environments.
- Have a blended physical and digital infrastructure to create a smarter network of intelligent and connected buildings, data and people. This includes robust shared IT and digital solutions.
- Embed partnership system working between the ICB, NHS Trusts, primary, community, social care and voluntary, community, faith and social enterprise providers and partners where everything we do enables integration.
- Create strong clinical leadership across the system including a “bottom-up” approach with clear community/neighbourhood leadership.
- Have a health and care system that operates as a true system, making optimal decisions for people, as if it were a single organisation. People will be at the centre of our decision making with services and interventions coproduced with patients and members of the public, carers, colleagues and partners.

In the context of the clinical strategy, our **commissioning plan** must consider how best to deliver greatest benefits from our £4bn spend by:

- Tackling demand as well as supply – investing in prevention and population health, using primary care and Place to refocus efforts on admission avoidance and joined-up approach to discharge
- Maximising the return on our premium investment in acute & mental health
- Commissioning based on best in class for:
    - Admissions
    - Length of Stay
    - Numbers of patients in hospital who do not have a clinical need to be there
    - Getting It Right First Time (GIRFT) pathway levels
    - Repatriation of out of area placements
- Developing our Recovery and transformation programme focused on future new models of care for hospital and community care
- A drive for efficiency across the ICB and providers
- Considering what services need to stop because they deliver no benefit to patients

3. System intentions

Lancashire and South Cumbria ICB expects that all NHS objectives for 2024/25 – as set out in the national planning guidance – to be delivered by all relevant providers. These have only just been published but vary little from the draft objectives upon which our operational plans have been set:

Use of resources

- Deliver the financial plan for services in scope of LSC-level planning and delivery including full efficiency plan
- Improve productivity consistent with the planning assumptions and allocated resources. Efficiency requirements need to consider tariff deflator (2.2%), convergence, shortfall on FYE CIPs and local cost pressures for the yea

Health Inequalities

- Adhere to the new NHSE legal duties as set out in NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2025
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
- Continue to address health inequalities and deliver on the Core20PLUS5 approach – adults and children

Urgent Care

Access to urgent care

- Improve category 2 ambulance response times to an average of 30 minutes across 2024/25
- A&E Waiting times 77% within 4 hours by March 2025

Capacity - Maintain the peak increase in capacity agreed through operating plans in 2023/24.

- *Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard - TBC*
- Virtual Ward beds
- Intermediate Care ((rehabilitation, reablement and recovery services that are either bedded and non-bedded)
- Community bed occupancy
- Same Day Emergency Care
- G&A Bed numbers
- Reduce adult general and acute (G&A) bed occupancy to 92% or below
- Reduce patients with a LOS over 21 days
- Hospital Discharge pathways
- Reduce no. of patients in hospital who do not meet the criteria to reside (NMC2R)

Primary and community care

Primary care

- Reduce unnecessary GP visits including increase in access to community pharmacy.
- More GP appointments and increase % seen within 2 weeks.
- Continue to grow primary care workforce.
- Recover dental activity towards pre-pandemic levels - Dental funding will be subject to a strict ringfence

Community

- Reduce community waiting lists focusing on reducing long waits

Diagnostics

- Increase patients seen within 6 weeks to 95% by March 2025
- Deliver diagnostic activity levels to support elective care and cancer recovery

Secondary care

- **Elective pathway improvement**
  - Increase OP transformation/patient initiated follow up
- **Elective recovery**
  - Elimination of over 65 week waits by September 2024
  - *0 52+ week waits by March 25 - TBC*
  - *Delivery system-specific activity target - TBC*
- **Cancer waiting times**
  - Early diagnosis - 75% at Stage 1 and 2 by 2028
  - Increase % with lower GI cancer referred with a FIT test
  - Improve performance against the headline 62-day standard to 70% by March 2025
  - Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025
- **Maternity outcomes** - Continue to implement the Three-Year Delivery Plan for Maternity and Neonatal services
  - Make progress to reduce stillbirth, maternal mortality and serious intrapartum brain injury
  - Increase fill rates against funded establishment for maternity staff

Mental health, LD and autism

Mental Health - Meet the Mental Health Investment Standard

Improve Access

- Increase CYP MH access
- Increase CMH - Adults and Older Adults SMI
- Increase specialist community perinatal support
- People with severe mental illness receiving a full annual physical health check

Dementia Diagnosis - Recover the dementia diagnosis rate to 66.7%

Recovery and Improvement - Increase Talking Therapies/IAPT - Adults and Older Adults – treatment, recovery and improvement rate

Work towards eliminating inappropriate adult acute out of area placements – tracking of internal and external no's

- Reduce reliance on inpatient care, and improve the quality of inpatient care

Learning Disabilities

- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2025
- Reduce reliance on LD inpatient care for those with autism and a LD.

Digital

- Continue to level up the digital maturity of providers across all sectors, with a focus on deploying and upgrading electronic patient record systems in line with the What Good Looks Like guidance, as part of delivering the wider commitments set out in 'A Plan for Digital Health and Social Care', and 'Data Saves Lives'.
- Support and prioritise the implementation of the Federated Data Platform (FDP) to support elective recovery, care coordination (including optimising discharge), population health management and vaccinations.
- Continue to connect services to and champion use of the NHS App and website as the digital front door to the NHS

Workforce

- System workforce numbers must be aligned to the financial resources available. Substantive staffing growth should come with commensurate and demonstrable reductions in temporary staffing use
- Implement actions for 2024/25 from the Long-Term Workforce Plan, including the agreed increase in education places in 2024/25 for Nursing Associates, Advanced Clinical Practitioners and Physician Associates
- Improve retention and staff attendance via a focus on the NHS People Promise

Over and above these objectives, the ICB intends to commission the following outcomes for the services it funds on behalf of the local population during 2024/25:

- No 12 hour trolley waits
- No corridor care in Emergency Departments
- No community waits for mental health care
- Reduction to under 10% for patients who do not meet medical criteria to reside with an ambition to work towards 5%
- Increased admission avoidance in primary and community care
- Reduced level of ambulance conveyance from 999 calls
- Improved ambulance turnaround times to facilitate 'category 2' response times

The ICB also expects actions to address unwarranted variation in access and outcomes:

Intention	Aims	Links to ICB objective	Timescales	Intended impact
Demonstrate action to address unwarranted variation in access, experience and outcomes, including having waiting lists disaggregated and analysis undertaken of ethnicity and deprivation	Improve access, experience and outcomes for people in the Core20PLUS population and comply with NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)	Equalise opportunities and clinical outcomes across the area	On-going	To improve healthy life expectancy and life expectancy through improving outcomes for those currently experiencing the greatest health inequalities
All formally constituted Board reports to have reporting on unwarranted variation and action to address health inequalities	Increased visibility of inequity in access, experience and outcomes	Equalise opportunities and clinical outcomes across the area	From April 2024	To improve healthy life expectancy and life expectancy through improving outcomes for those currently experiencing the greatest health inequalities

The ICB also expects continued delivery of patient choice and action to reduce interventions of limited clinical value:

Intention	Aims	Links to ICB objective	Timescales	Intended impact	Risks to delivery	Comments
Patient Choice compliance with national agenda	To provide assurance to National Choice NHSE choice panel the L&SC is complaint with the Choice programme	Meet KPI's & Targets Reduce Health inequalities Improve quality, including safety, clinical outcomes, and patient experience	Ongoing	All patients receive a choice of five providers based both on geography and waiting times Improved utilisation and market share of all available capacity thus supporting reduction in patients waiting longer than necessary Better use of system capacity Ensuring all patients are offered 5 choices of provider in line with national expectation	Live	In scoping stage
Referral optimisation initiatives - Inc EBI Programme	i. Wider programme looking at a series of initiatives linked to a) & b) above and to seek opportunities to maximise all available capacity ii. To reduce the total number of EBI's being undertaken in the system which will reduce cost and wastage.	Meet financial targets and deliver improved productivity Equalise opportunities and clinical outcomes across the area	Ongoing	Improved utilisation and market share of all available capacity thus supporting reduction in patients waiting longer than necessary Cost reduction in EBI activity and as a consequence some of this capacity is then able to be used on non EBI procedures Paper authored by Meds Optimisation to CRG suggesting £18m. This figure is subject to T&F group query	Resources	Partially underway Delivery will need agreement, clinical buy in and resource

North West Specialised Commissioning

From 01 April 2024, the North West became one of three areas across England to whom NHS England has delegated a number of specialised commissioning responsibilities. This aligns with the ambition set out in the NHS Long Term Plan to support integrated , population-based commissioning within the communities served. Lancashire and South Cumbria ICB will act as the host commissioner on behalf of the North West ICBs for this suite of 59 specialised services.

Commissioning intentions for these specialised services for 2024/25 are:

- Delivering the Roadmap for Integrating Specialised Commissioning into Integrated Care Systems.
- Working with partners resources will be invested where they can achieve best value and have optimum effect earlier in the pathway to improve outcomes for people with rare and complex conditions, support prevention and reduce need for specialised services.
- We will work with partners to understand and address health inequalities across pathways, including in specialised services, to support fair and equitable access and delivery of services.
- Oversight of and support to providers to deliver national waiting list standards across specialised services
- Focus on ensuring fair and equitable recovery Cardiac, Neurosurgery, Spinal Surgery, Gender Affirmation and Paediatric Surgical Specialties in the elimination of both 52-week waiters and treatment within surgically prioritisation timescales

	Cheshire and Merseyside ICB	Greater Manchester ICB	Lancashire and South Cumbria ICB
Muti-ICB		Paediatric Cardiac Surgery Women and Childrens Transformation Programme Gender Dysphoria Service Developments (all ages) Shared Care – Rheumatology and Dermatology Complex Termination of Pregnancy Service Development Placenta Accreta Syndrome Service Development Adult Critical Care Transport Service Development	
Single ICB	Targeted Lung Health Checks	Targeted Lung Health Checks	Targeted Lung Health Checks
	Neurorehabilitation	Neurorehabilitation	Neurorehabilitation
	Renal Transformation Programme	Renal Transformation Programme	Renal Transformation Programme
	Retinopathy of Prematurity Screening Services	Retinopathy of Prematurity Screening Services	Retinopathy of Prematurity Screening Services
	Optimising Stroke Pathways	Optimising Stroke Pathways	Optimising Stroke Pathways
	LWH neonatal surgery partnership development	MFT Vascular and Cardiac Surgery	Urological Cancer surgery, Vascular Surgery, Head and Next Cancer Surgery reconfigurations
			Non-Surgical Oncology – single service
			Medical Paediatric service expansion

Acute service reconfiguration in Lancashire and South Cumbria

The ICB is committed to commissioning new models of care across the Provider Collaborative, considering recommendations from the clinical service configuration programme including:

- Wave 1 fragile services (gastroenterology, haematology, orthodontics), with new models that address the root cause of fragility to be commissioned by March 2025 to include consideration of Lead Provider models
- Service reconfigurations in the next 2-3 years
    - New models of care for Stroke that optimise the number of hyper-acute stroke units (HASUs) and the associated integrated community rehabilitation pathways via the Stroke Network
    - Single surgical sites for vascular, head and neck cancer, and urology (cancer)

  - Emerging Cardiology service changes
- Additional services that may benefit from commissioning / contracting changes emerging from local Trust responses to 10% challenge in 24/25
- Longer term service reconfiguration, informed by
  - acute reconfiguration blueprint / delivery roadmap work
  - collective work to shift work (long term condition management, rehabilitation, step up / step down care) into community / primary care in a well-managed way
  - work to increase preventative approaches to reduce demand

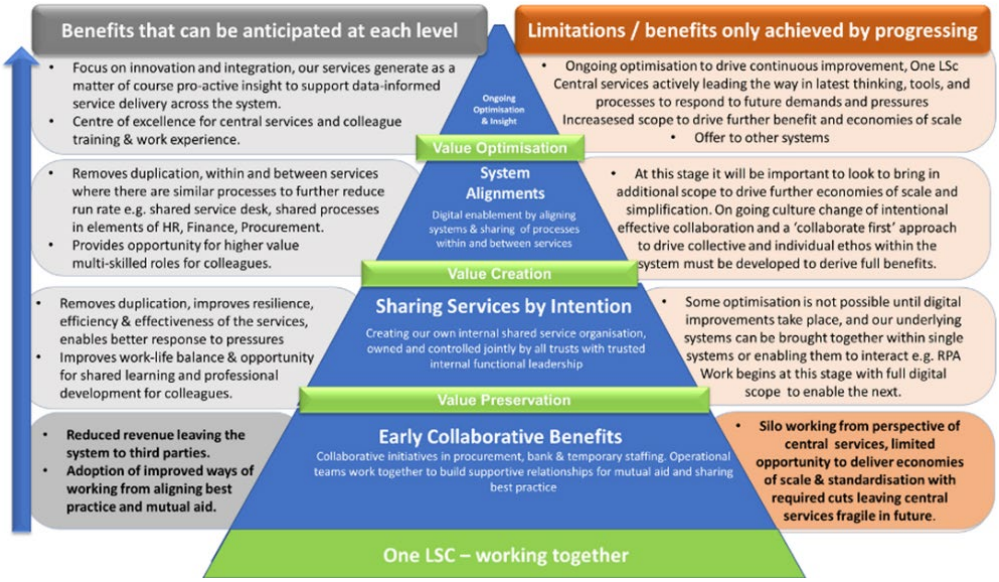
Aligned to the fragile services programmes, the ICB will work with providers to develop potential alternative settings to hospital delivery to:

- support the reduction in long waiters and improve pathways and flow
- reduce the number of acute outpatient follow ups
- reduce costs

<u>Provider collaborative central services – One LSC</u>

One LSC will be the hosted vehicle that allows all five Trusts to consolidate corporate functions. By the creation of larger, more resilient teams the NHS Trusts can standardise processes and systems, reducing unwarranted variation and duplication. This in turn will allow the provider collaborative board (PCB) to better manage changes in demand, increasing the resilience of teams and deliver more effective services operating at a lower, more efficient, and sustainable future cost base.

One LSC will also afford colleagues better opportunities for knowledge sharing and professional development. Being able to jointly manage vacancies across the system for these services offers the opportunity to work differently, reduce headcount over time, and improve redeployment opportunities all leading to more optimal use of resources and maximising available resources for frontline clinical service delivery.



Transforming community services

The primary goal for our community services transformation is to reduce inequity, improve healthy years and avoid acute admissions. It will focus on three areas:

- **Creating Healthy Communities**: Connecting residents to each other and services available from local partners and local groups, activities and events. Providing a forum for ideas to emerge from the community. Encouraging residents to take control of their health and wellbeing.
- **Integrated Neighbourhood Teams**: Bringing together teams and professionals to improve care for neighbourhood populations. Primary, community, secondary and social care, domiciliary and care staff, population health and VCFSE partners. A team of teams, sharing information and resources to improve health and wellbeing and tackle health inequalities.
- **Enhanced Care in the Community**: Supporting people to recover and increase independence through time-limited enhanced support based on the person's needs to enable them to remain at home or as close to home as possible. Brings together care teams to deliver reablement, crisis services, home-based and bed-based support.

Commissioning from the voluntary, community, faith and social enterprise (VCFSE) Sector

The VCFSE sector brings specialist expertise and fresh perspectives to public service delivery and is particularly well placed to support people with complex and multiple needs. It has a long track record promoting engagement and finding creative ways to improve outcomes for groups with the poorest health, and a unique role centralising lived experience in system thinking, making it an essential partner in addressing health inequalities.

To maximise the VCFSE contribution, the ICB will recognise its value, incorporate its people and approaches, and invest in its services and capacity, where appropriate.

- We will work with the Sector on developing their collaborative capability, shared leadership and building trust, workforce capacity and capability, diversifying income base and creating new partnerships and collaborations within their 'ecosystem'.
- We will commit to new ways of working between sectors rooted in co-design and co production and built on what we already know works well and, importantly, what we know doesn't work well.
- We will establish a more robust and mature approach to contracting and commissioning with the VCFSE sector, using accessible procurement processes and a strategic approach to grants where appropriate
- We will move to longer term, more stable funding models that enable future planning and partnership working around agreed priorities across the system and in Places and neighbourhoods
- We will develop a co-produced set of social value measures that are applicable to local issues to support our role as an anchor institution and embed them in our procurement processes.
- We will continue to develop standards and good practice in our commissioning approaches that enable the sector to be fully engaged as design and delivery partners within the Lancashire & South Cumbria Integrated Care System.

4. Sector intentions

A summary of the focus for each sector is presented below.

Urgent & emergency care (UEC)

Currently, across our hospital UEC services, we have a huge variation in admissions, length of stay, not meeting medical criteria to reside, virtual wards, discharge and community service outcomes.

Given that we are investing highly in UEC compared to national benchmark, we would expect premium outcomes. We intend to invest in prevention and out-of–hospital interventions such that, over the coming years, we see a significant fall in admissions and in lengths of stay; a halving of numbers of patients who do not meet medical criteria to reside; a 90% occupancy level for virtual wards with a recut to match demand and supply; and a joined-up discharge service with local government.

In order to achieve these ambitions, we will focus our efforts upon:

- Demand management
- Activity reductions
- Deflections
- Hospital avoidance
- Community response
- Flow

The ICB's commissioning intentions – across the full range of UEC services – set out our priorities for action in 24/25.

Virtual wards

The development of virtual wards remains a priority for the ICB to support UEC recovery and as a genuine alternative to in-hospital care. As such, the ICB intends to:

- Ensure we target virtual ward support to the highest level of need – either patients in hospital needing discharge or in the community needing support without being admitted

- Commission capacity of 425 virtual wards beds across our system from 1 April 2024, and incrementally increase utilisation to 80% during 2024/25. Should the national 80% utilisation target be achieved over a sustained period, the ICB may seek to expand capacity further, equivalent to up to 40 beds per 100,000 population aged 16 or over (611 beds), by 31 March 2025.
- Ask providers to progress to a generalist service model in areas where this is not already in place, at the earliest opportunity, as opposed to continuing with pathway specific models.
- Collaborate with providers to: review the current remote monitoring system and delivery model; explore how the flexing of capacity during periods of lower demand may be achieved; and place greater focus on clinical engagement and buy-in to enable culture change and the promotion of virtual wards.

Planned care

The ICB is responsible for the commissioning of services for the key surgical specialties within a hospital setting, and where appropriate to seek options to reconfigure services to alternative out of hospital settings; the ambition is that this will ultimately support fragile services (or those services at risk of becoming fragile) and reduces the number of people waiting a long time. This strategy will ensure we achieve and exceed performance targets (zero 104 & 78 week waits and, by September, 65 week waits).

Furthermore, maximisation of all available capacity including the independent sector is a critical element to our plans.

We know that there are examples of variation in pathways across Lancashire and South Cumbria and, by utilising tools such as Getting it Right First Time (GIRFT) and Further Faster, we will seek to support transformation and reduce unwarranted variation, commissioning services at optimum efficiency.

The spend across all providers on elective and planned care accounts for a significant proportion of the ICB budget and therefore focus on key enablers is critical. To achieve this, we will focus our resources on:

- Ensuring patient choice is offered at the point of referral.
- Maximising and utilising capacity across all providers through, dynamic choice discussions, and effective market management.
- Transforming pathways.
- Focus on achievement of nationally mandated performance metrics.
- Enhanced provider relationship management to deliver quality, safe and optimised services for patients.
- Applying population need assessment and our analysis of the most fragile services to help us to find the most effective approach

Cancer

The key delivery asks in 24/25 are:

- Faster Diagnosis: Re-designing pathways and improving operational performance
- An operational focus on headline 62-day standard and Faster Diagnosis Standard (FDS) performance.

- Support providers to investigate, identify and implement recommendations for improvement within priority pathways
- Ensure the roll-out of tele-dermatology is completed, where this is still outstanding.
- Accelerating Earlier Diagnosis Strategy to deliver on ambition to diagnose 75% of cancers at Stage 1 and 2 by 2028:
- Continue to lead on local plans for increased rollout and uptake of Targeted Lung Health Checks.
- Continue to see Faecal Immunochemical Test (FIT) fully implemented in line with clinical guidance across all Cancer Alliances, ensuring it is being used to inform use of colonoscopy (particularly in areas piloting reductions in the screening FIT threshold).
- Work with providers to put in place robust call and recall arrangements and the required scanning capacity to improve access to liver surveillance.
- Ensure sustainable commissioning of key initiatives such as Lynch syndrome testing and NSS pathways.
- Develop robust plans to review and improve referral practice in primary care.
- Develop and lead on local actions to improve early diagnosis, with a particular focus on tumour sites where the local system lags behind national averages, and among deprived communities with lower rates of early diagnosis.
- Treatment and care - providing the best possible treatment, patient experience of care and quality of life, both during and beyond treatment, and for those living with cancer:
- Implement national priority recommendations from clinical audit/GIRFT reports to reduce variation in treatment
- Fully meet the commitments on personalised care interventions and Personalised Stratified Follow Up, as set out in the NHS Long Term Plan

Diagnostics

Timely access to diagnostics is critical to providing responsive, high-quality services and supporting elective recovery and early cancer diagnosis.

Significant reform and investment continues to support diagnostic services, covering new service delivery models; equipment and facilities; workforce; digitisation and connectivity. There is a requirement to optimise diagnostics capacity and improve efficiency. This in turn will reduce waiting times and diagnostic backlogs and improve patient outcomes.

Pathology

Pathology is a fundamental diagnostic and prognostic service that supports every aspect of patient care. Pathology services across Lancashire and South Cumbria provide a wide range of both routine and specialist services and offer an extensive nationally and internationally recognised portfolio of services and expertise.

Pathology commissioning intentions are:

- Development of a business case for reconfiguration of pathology to optimise testing, including the consolidation of cold-test sites.
- Development of a lead provider model for future delivery
- Produce a Network Cancer recovery plan - including metrics, timelines and deployment of digital pathology

- Standardisation and harmonisation of practices across ICS
- Equipment procurement and roll out of a single laboratory information system (LIMS) to deliver efficiencies
- Proposal across the integrated care system for a single service - guidance, optimal clinical practice/pathway, governance, funding
- Progress to an NHS England Mature Network by March 2025 - regular progress reports
- Genomics service across the network
- Network workforce strategy and annual implementation plan

Maternity

The key intentions relating to maternity services within Lancashire and South Cumbria are as follows:

- To support the 2 providers on the Maternity Safety Support Programme to exit the programme
- To ensure all providers are compliant with Saving Babies lives and the Maternity Incentive Scheme
- To work with providers to ensure the existence of a robust workforce plan for all members of the maternity multi-disciplinary team: Midwives, Obstetricians, maternity support workers and anaesthetists and a phased approach to implementation.
- Implementation of year 1 of the maternity 3-year plan including personalized care plans, postnatal pelvic health service and maternal medicine network focused at Lancashire Teaching Hospital.
- Targeting of interventions to communities of highest deprivation and Black and Minority Ethnic populations to reverse current health inequalities where we know outcomes for women and babies are worse than in other cohorts e.g. vaccinations for mum and baby, positive infant feeding support, reduction in tobacco dependency

Children & Young People

The provision of services for children and young people is complex across Lancashire and South Cumbria and has significant issues of service variation linked to previous clinical commissioning group commissioning decisions. We will work with providers to develop care pathways collaboratively to meet the needs of our populations. Linked to the New Hospital Programme and Specialised Commissioning transformation programmes we will start to explore options and models for the future delivery and sustainability of acute paediatric services.

Key issues for intervention include:

- Development of an assessment and support pathway for Autistic Spectrum and ADHD
- Ensure completion of health advise within education, health and care plans (EHCPs) is delivered within statutory timescales
- Implementation of new special school nursing service and continence service in line with agreed policies and commissioning frameworks
- To work with all providers to develop a children's palliative and end of life care framework and to commission against the new framework once approved.
- Improved outcomes for children with long term conditions including asthma, epilepsy, diabetes and obesity

Community care

We have ambitious plans to shift our focus towards community and primary health and care. Only by doing this will we respond to the needs of our population and ensure we have a sustainable and robust health and care system.

We know we currently have variation in community care spend, delivery and outcomes and to inform the community transformation programme we'll undertake a comprehensive diagnostic of community services.

This will enable us to develop a clear and prioritised transformation plan, underpinned by workforce, digital, estates and investment plans.

Much of this work will take an integrated approach across community and primary care. We also recognise that we need to invest in developing integrated leadership (and culture) and testing innovative integrated delivery vehicles.

This 'one community programme' approach will align work regarding Better Care Fund (BCF) review, Contract reviews, these Commissioning Intentions (at Place and System), vital and vulnerable services and the three key transformation work streams illustrated on the slide overleaf.

An initial focus on vital and vulnerable services as part of the community fragile services work, is underway, looking at podiatry, nutrition and dietetics, and bladder and bowel. We will use this opportunity to work with community health care staff to develop principles around our ways of working.

Primary care

The primary care commissioning intentions form part of the broader primary care work programme which seeks to ensure primary care is robust, resilient and thriving to enable a shift to a community centric care model. This will be based on three core sequenced principles:

- Streamlined and improved access
- dental recovery plan
- recovering access to primary care (general practice and community pharmacy) plan
- consistent and expanded same day urgent care offer
- Joined up approach to prevention
- Personalised care for those who need it most delivered through integrated neighbourhood teams

These intentions include a significant refocusing of General Practice locally commissioned services on frailty, respiratory and structured medical reviews and associated reductions in hospital admissions and prescribing costs. The delivery of these services will inform a proposal to address the historic variation in investment and generate an even bigger impact.

A big conversation with primary care is planned in the coming months to identify the opportunities and the resources required to enable this shift to take place. This will include proposed investment in primary care leadership and a primary care provider collaborative. It will also propose testing of integrated primary and community care delivery vehicles. This will inform the wider community transformation programme.

It is also proposed that the primary care provider collaborative will provide proactive and early improvement support to practices who are experiencing care delivery challenges.

Mental health

The key elements associated with mental health service delivery are:

- Increasing mental health funding on services for children and young people
- Promising that all young people who need specialist care can access it by 2028 to 2029
- Improving access to IAPT talking therapies for people with anxiety, depression and other common mental health problems
- Promising that everyone will be able to access 24/7 mental health crisis support through NHS 111 by 2028 to 2029
- Increasing alternative forms of crisis support, like sanctuaries and crisis cafes
- More mental health support in the community for people with severe mental health problems, like better access to psychological therapies and employment support

Learning disability & autism (LD&A)

The key priorities for the learning disability and autism agenda for 24/25 are:

- Improving the uptake of annual health checks for people with a learning disability age 14 or above;
- Expanding the stopping over medication of people with a learning disability, autism or both (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP).
- Learning from deaths of people with a learning disability and autistic people (LeDeR)
- Commissioning Autism assessments and support including pre and post diagnostic support and pathway navigators.
- Improve community-based support so that people can live lives of their choosing in homes and not hospitals, reducing reliance on specialist hospitals, and:
- Ensuring that all NHS commissioned services are providing good quality health, care and treatment to people with a learning disability and autistic people, their families and carers.

The key issues to be addressed include:

- Review of services against existing specifications to ensure these are accurate and up-to-date and identify where there may be opportunities to make improvements and efficiencies across LD&A community services
- Work with National Development Team for Inclusion (NDTI) to complete a multi-agency review of LD&A discharge processes

This work will be underpinned by a focus on further strengthening LD&A governance, commissioning, and contracting arrangements to support efficient and effective delivery of national and local priorities.

All Age Continuing Healthcare (AACC) and Individual Patient Care (IPC)

The key elements for AACC & IPC commissioning intentions are:

- Development of a Quality Framework to be reflected in future contracts (patient experience).
- Ensure all commissioned Packages of Care consistently in line with the Choice & Equity Policy (in development) and national agenda.
- Development of Pricing Strategy to ensure standardisation prices align with local authority cost of care exercise and reduce the variation in spend, delivery and outcomes.

- Rollout of Personal Health Budgets (PHBs) to Lancashire County Council area to align and optimise systems and processes to ensure our statutory responsibilities around PHBs that patient centred care and delivered.
- Collaborative work with Hospital discharge teams to ensure triage of patients for Fast Track and Discharge to Assess (P3) to ensure patients are placed on the appropriate pathways; and that End of Life Care/palliative commissioned services are utilised to their full capacity and first port of call.
- Development of a Digital Roadmap with opportunities across the wider public sector, sharing information to improve patient care and extend our performance management capabilities. The first stage is to procure a new patient recording system (currently known as CMS).
- Continue to work with our stakeholders and providers to develop care pathways and processes collaboratively to meet the needs of Lancashire and South Cumbria populations and to actively promote health, address long-term conditions and reduce health inequality.

Prescribing

The following prescribing commissioning intentions support primary care, population health and wider system transformation.

- The implementation of the 2024-28 medicines strategy:
    - The safe, personalised and sustainable use of medicines to enable the best possible outcomes.
    - By 2028 there will be a demonstrable changed relationship in the use of medicines. With the aims of:
        - Promoting and supporting appropriate self-care and prevention.
        - Reduce the avoidable harm caused by medicines
        - Medicines will only be considered after all non-pharmaceutical options have been evaluated.
        - All prescribing should be a shared decision
        - Standardising and improving the value and outcomes of care.
        - Enabling the strategy through investments in workforce, digital, informatics and embracing innovation and Quality improvement.
- Implementation of revised, integrated medicine optimisation operating model
- Support for primary care workforce to ensure best value for prescribing
- Ensure best value acute care prescribing

Ambulance services

UEC Recovery plans require category 2 Mean performance improvement which is intrinsically linked to turnaround times at hospital and incidences of patient harm, either through being held in the backs of ambulance vehicles or through reducing available capacity to respond to the undifferentiated patient in the community.

Commissioning intentions for ambulance services are targeted at response standard improvements through maximining use of Hear & Treat and See & Treat as an alternative to conveyance and to convey patients to suitable alternatives where required. Plans also include review of C2, C3 and C4 ambulance outcomes that can be managed through secondary clinical triage via clinical assessment services to avoid conveyance.

NHS 111 services will be reviewed to align these with the national review of the NHS 111 brand and enable commissioners to develop the future specification for this service supporting any future procurement.

There are a number of initiatives included in ambulance and NHS 111 intentions related to increasing the support for patients in mental health crisis through NHS 111 and 999 including access to crisis lines including mental health practitioners in operations centres, mental health response vehicles and embedding of the national Right Care Right Person policy.

Following the Manchester Arena Inquiry, there has been a requirement for ambulance trusts to review their capability to respond to mass casualty events, including specific requirements for North West Ambulance Service following the publication of the arena reports. The intention is to work with the Trust to identify the requirements aligned to national work on-going around mass casualty response.

5. Provider intentions

The general intentions asked of each provider are summarised below:

Intention	Aims	Links to ICB objective	Timescales	Intended impact	Risks to delivery	Comments
Estate review	To maximise efficiency and effectiveness of infrastructure utilisation for service delivery	Improve quality, including safety, clinical outcomes, and patient experience Meet financial targets and deliver improved productivity	Commence April 24	Reduction in estates spends & capital maintenance backlog		
Block contract review	To review outcomes of block contract review and top up funds to reduce level of unfunded services		By March 2024	Increase control over current block spend – realign £30m		
Productivity	Review and apply outcomes from productivity analyses vs GITFT, model hospital etc		Identify deliverable CIPs by end March 24	CIPs that deliver savings and improved outcomes		
Service reviews	Establish clear programme of local clinical service reviews aligned to system fragile services programme		Following the extensive acute contract review work, the next phase will be to consider all proposals received for review, reallocating against areas that trust have flagged as pressures. Such changes will be reflected in the 2024/25 contract. An approach of combining, review findings together with top up funding and 10% challenge will allow for a joined-up set of recommendations for inclusion in the operating plans for 24/25 and beyond			
Corporate services	To deliver One LSC corporate services model across providers			Decreased spend on corporate support services		

6. Place intentions

Each of our Places – Blackburn-with-Darwen, Blackpool, Lancashire and South Cumbria – has developed local intentions that set out how partners will work together to improve a wide range of services, pathways and initiatives, including:

- demand management and admission avoidance
- community development
- improved discharge
- integrated neighbourhood teams
- children and young people's mental and physical health services
- end of life care
- market management
- public health services

7. Summary of consultation & engagement impacts

In detailing our commissioning intentions above, the ICB acknowledges that there are a number of areas of work which will require varying degrees of robust engagement, pre-consultation and formal consultation to support our ambition to ensure the patient voice is at the heart of our core commissioning activity. The ICB has made a firm commitment to working with local residents and this is set out in our Working Together with People and Communities strategy. This clearly sets out our principles for collaboration.

Working with colleagues across the system, we will analyse any engagement and intelligence collection to date and use this to identify our future engagement activity. Our citizens' health reference group and the citizens' panel with oversight from our public involvement and engagement committee (PIEAC) will support us to co-produce 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.