

LSC2030 Roadmap

Long-Term Condition Management

2026/27

- Community services consistent commissioning phased plan commence
- Integrated Neighbourhood Teams expansion phase 2
- Primary Care Provider Collaborative go live
- Expanded minor surgery Local Enhanced Services (LES)
- Enhanced Multi-Disciplinary Team offer, beyond practices and involving wider partners
- Health Inclusion and Outreach within Communities (case identification and risk stratification) – cement existing work within a longer-term contractual framework

Enablers:

Digital - Shared Care Record

Business Intelligence / Performance - Coding to record practice level activity, Key Performance Indicators /Dashboards

Estates - Capital investment in General Practice infrastructure c.£56m, Integrated Neighbourhood Teams co-location

Workforce - Expansion of primary care workforce, Organisation Design support / skill mix in practices, Training programmes

2027/28

- Integrated Neighbourhood Teams expansion phase 3
- Long-Term Conditions consultant working in community
- Review Long-Term Condition management Local Enhanced Services with additional conditions

2028/29

- Fully integrated Multi-Disciplinary Teams for all Long-Term Conditions
- Integrated Neighbourhood Teams Phase 4 - Population Health management approach fully embedded

2025/26

- Rollout Long Term Conditions Local Enhanced Services
- Integrated Neighbourhood Teams development programme, specification and operating framework, Leadership & Governance structures launch
- Design model of engagement to improve on a prevention focus whilst addressing health inequalities, for use in all Long-Term Conditions prevention, based on Cardio-Vascular Disease (CVD) prevention model
- Population Health - National targets Programme of CVD initiatives to deliver national requirements and embed into other contracts for example longer-term



LSC2030 Roadmap

End of Life & Frailty

2026/27

- Increased capacity to enable more people to die in the community
- Ageing well training programme
- Single Point of Access (SPoA) for patients, families and professionals
- Access to timely bereavement support for all ages
- Consistent Advanced Care Planning (ACP) and Advanced Clinical Management Plan (ACMP) processes embedded across all providers with all appropriate people having a plan completed

Enablers:

Digital - Interoperable Shared Care Record across all partners, Digital ACP/ACMP

Estates - Optimise use of hospice, intermediate care and community beds, Shared estate to work with Integrated Neighbourhood Teams.

Workforce - Training/Education programme, Building community capacity & capability to support people to die in preferred place.

2027/28

- Fully interoperable - Shared Care Record
- ACP/ACMP embedded across all providers
- Deliver standard approach to commissioning Palliative and End of Life Care services, increasing community capacity to enable more people to die in the community

2028/29

- 20% reduced admissions to hospital
- 25% reduction in Urgent & Emergency Care attends
- 10% reduction in hospital deaths

2025/26

- Early identification and Personalised Care Planning – Palliative and End of Life Care / Frailty – Local Enhanced Services
- Workforce development and training programme
- Consistent approach to ACP/ACMP across all providers
- Increase Frailty & End of Life Virtual Ward utilisation
- Improved access to Community services
- Spread and Scale learning from 'Engineering Better Care' and locality pilots
- Optimise use of Hospice at Home beds
- 24/7 access to specialist Palliative and End of Life Care advice



LSC2030 Roadmap

Intermediate Care

2027/28

- Develop a flexible workforce with integrated services and co-located teams
- Ensure clear leadership and governance with joint decision-making

2028/29

- Budget Alignment
- Increased implementation and maturity of trusted assessment

2026/27

- Reconfigure bed-base model – optimise step-up/step down care
- Formalise joint commissioning arrangements and integrated leadership structures
- Embed a single integrated outcomes framework
- Implement pooled budgets for relevant services to maximise cost-effectiveness and value for money

Enablers:

Digital - Digital interoperability – Shared Care Record and telecare. Data quality across all points of delivery.

Estates - Infrastructure to support new model, Equipment services to support people at home.

Workforce - Integrated Neighbourhood Teams structure in place. Training & upskilling staff in proportionate care (single handed care), Trusted Assessor – Organisation Design support to embed working

2025/26

- Develop a shared vision/integrated governance with partners
- System wide strengthen single point of access & transfer of care hub (Care Co-ordination)
- Outline new commissioning arrangements – integrated funding, pooled budgets, clinical leadership and joint governance with Local Authority and Place partners
- Detailed design on new operational model
- Expand enhanced Crisis & Urgent Response services
- Expand home-based care capacity with a strong enablement and reablement offer



LSC2030 Roadmap

Mental Health (MH) & Learning Disabilities & Autism (LDA)

2026/27

- MH & LDA – integration across all services
- Expansion commenced of integrated community model to encompass earlier crisis services
- Rollout of community Learning Disability & Autism (LDA) services transformation
- Full digital Neurodivergent (ND) pathway
- Rollout of new ND service model

Enablers

Digital - System development for data/information sharing.

Estates - Integrated Mental Health hubs with estates infrastructure.

Workforce: Quality transformation posts, Training and Psychological therapies, Workforce expansion, Workforce skills development.

2027/28

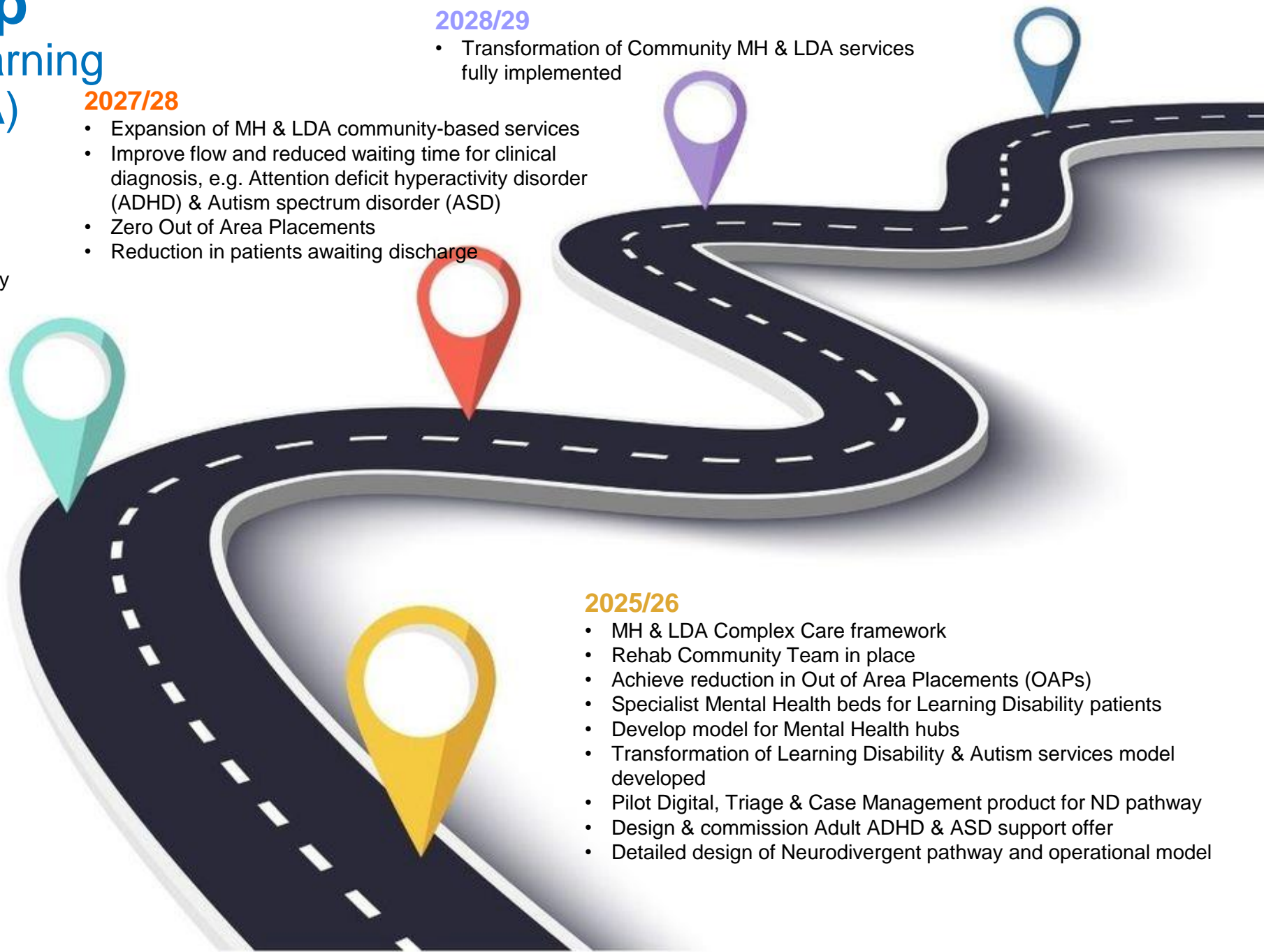
- Expansion of MH & LDA community-based services
- Improve flow and reduced waiting time for clinical diagnosis, e.g. Attention deficit hyperactivity disorder (ADHD) & Autism spectrum disorder (ASD)
- Zero Out of Area Placements
- Reduction in patients awaiting discharge

2028/29

- Transformation of Community MH & LDA services fully implemented

2025/26

- MH & LDA Complex Care framework
- Rehab Community Team in place
- Achieve reduction in Out of Area Placements (OAPs)
- Specialist Mental Health beds for Learning Disability patients
- Develop model for Mental Health hubs
- Transformation of Learning Disability & Autism services model developed
- Pilot Digital, Triage & Case Management product for ND pathway
- Design & commission Adult ADHD & ASD support offer
- Detailed design of Neurodivergent pathway and operational model



LSC2030 Roadmap

Planned Care

2026/27

- **Neurology:** Deliver fully integrated service solution
- **Gynaecology:** Mobilise and deliver Tier 2 service model
- **Musculoskeletal (MSK):** Implementation – align services and embed new Pathways (Physiotherapy, MSK and Orthopaedics)
- **Pain Management:** Standardise and implement adherence to clinical pathways, and policies (Evidence Based Interventions) for all secondary care providers

Enablers:

Digital –

- Business Intelligence
- Referral and booking management systems

Workforce –

- Development of community teams
- Skill mix and role development e.g. harness specialist Allied Health Professional / Nurses
- Upskilling primary care workforce

2027/28

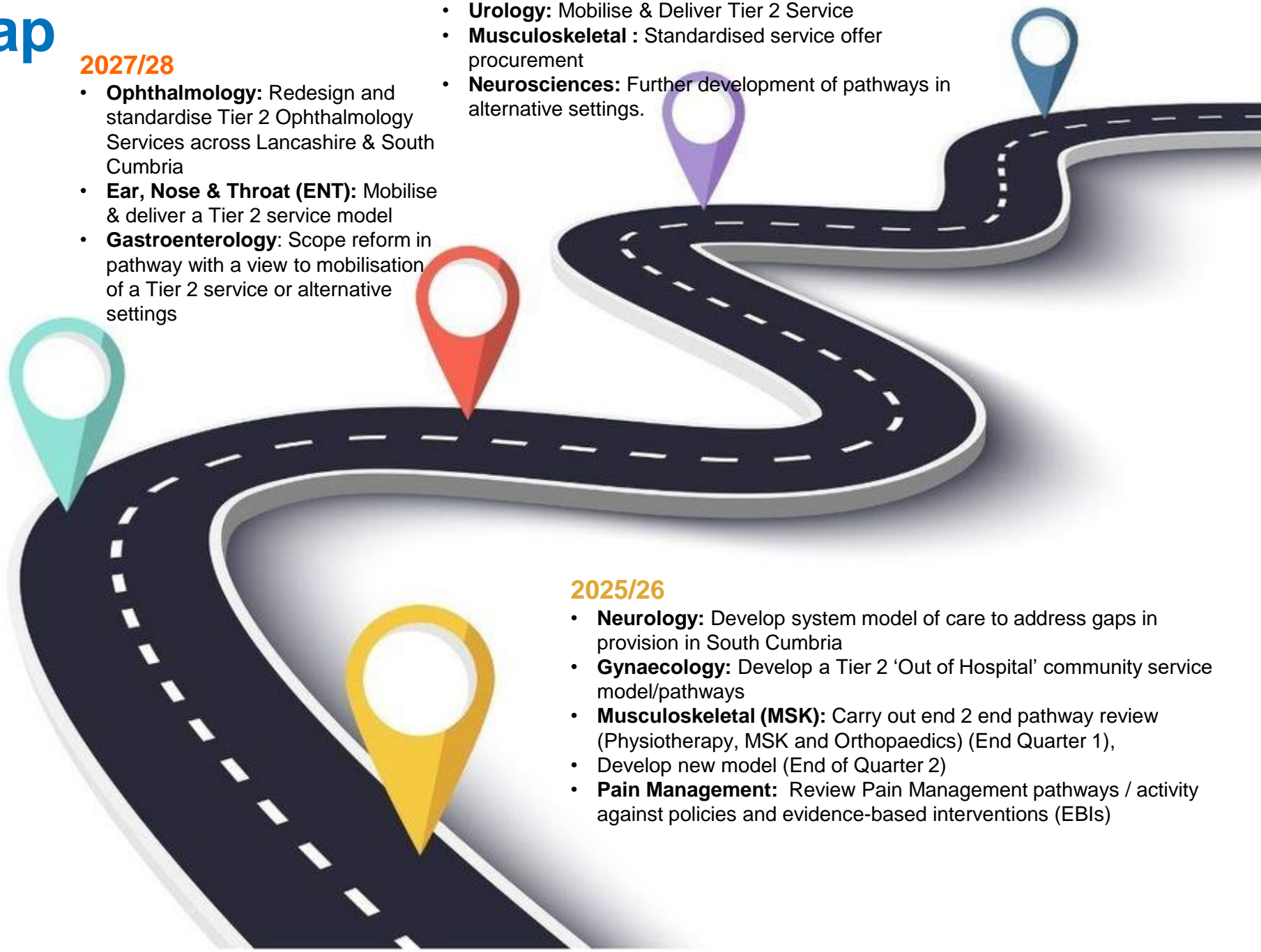
- **Ophthalmology:** Redesign and standardise Tier 2 Ophthalmology Services across Lancashire & South Cumbria
- **Ear, Nose & Throat (ENT):** Mobilise & deliver a Tier 2 service model
- **Gastroenterology:** Scope reform in pathway with a view to mobilisation of a Tier 2 service or alternative settings

2028/29

- **Urology:** Mobilise & Deliver Tier 2 Service
- **Musculoskeletal :** Standardised service offer procurement
- **Neurosciences:** Further development of pathways in alternative settings.

2025/26

- **Neurology:** Develop system model of care to address gaps in provision in South Cumbria
- **Gynaecology:** Develop a Tier 2 'Out of Hospital' community service model/pathways
- **Musculoskeletal (MSK):** Carry out end 2 end pathway review (Physiotherapy, MSK and Orthopaedics) (End Quarter 1),
- Develop new model (End of Quarter 2)
- **Pain Management:** Review Pain Management pathways / activity against policies and evidence-based interventions (EBIs)



LSC2030 Roadmap

Cancer

2026/27

- Commence rollout of new Oncology service model
- Centralised dermatology Triage Service and associated secondary care improvements

Enablers:

Digital – Digital support for implementation of single IT solution Dermatology, Utilisation of Artificial Intelligence within pathways, Single service Diagnostics and information sharing capability.

Estates – Clinical space to support pathway development, Redesign of estates to increase clinical space.

Workforce – Skill mix review to support pathways developments.

2027/28

- Commence rollout of community-based model (Gynaecology Cancer pathway)
- Oncology service (including Chemotherapy & Radiotherapy) – new model full implementation

2028/29

- Community based model (Gynaecology Cancer pathway) fully implemented

2025/26

- Gynaecology cancer pathway review – Reduce variation
- Centralised dermatology Triage Service and associated secondary care improvements – development
- Oncology service (including Chemotherapy & Radiotherapy) review (Stabilisation & model development)



LSC2030 Roadmap

Clinical Support Services

2026/27

- Expansion of single service models across other diagnostic modalities
- Development and implementation of plans for other modalities
- Review and implementation of Artificial Intelligence solutions

2027/28

- Develop a system workforce model
- Further roll out of single service models across Diagnostic modalities
- Single service pathology model Phase 2: organization transformation 27/28 harmonization of technology 27/28
- Digital pathology implemented
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2028/29

- Continued roll of single service model to all diagnostics
- Benefits realisation of streamlined logistics
- Reduced overheads

2025/26

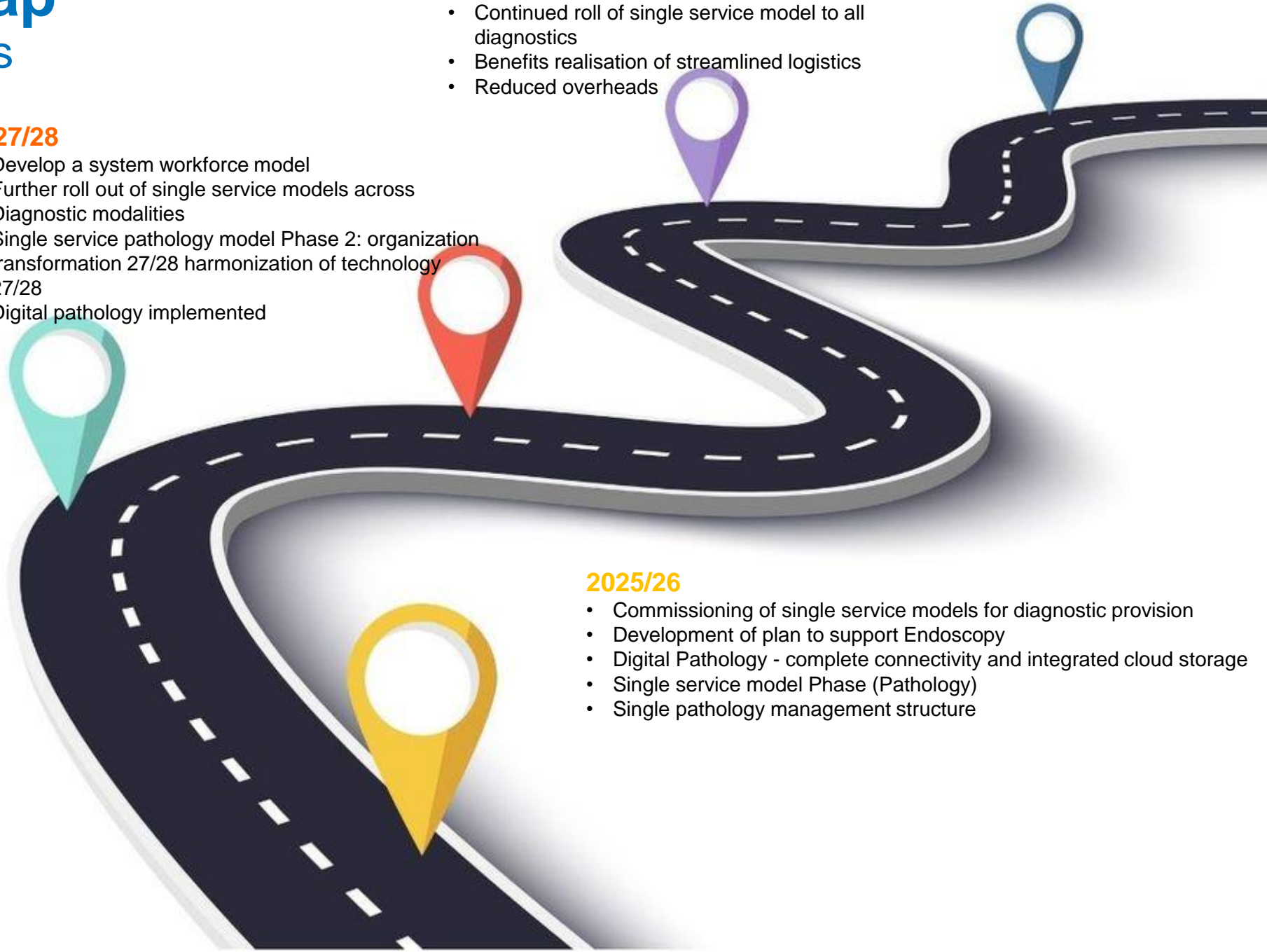
- Commissioning of single service models for diagnostic provision
- Development of plan to support Endoscopy
- Digital Pathology - complete connectivity and integrated cloud storage
- Single service model Phase (Pathology)
- Single pathology management structure

Enablers:

Digital – Data and technology support, Single digital platform to enhance collaboration, Utilisation of Artificial Intelligence built into new pathways / ways of working.

Estates - Infrastructure to support new models of care

Workforce - Training of workforce, Develop systems workforce model.



LSC2030 Roadmap

Children & Young People

2026/27

- Roll out of Balanced System across whole of ICB footprint
- Implementation of digital front door for Neurodivergent referrals
- Agree new service specification for paediatric audiology aligned with NHSE requirements
- Paediatric workforce review Milestone 5

Enablers:

Digital – Neurodivergent digital front door expansion to community paediatrics

Estates – modelling for future acute provision, Implications for Children & Young People from other acute reconfiguration / models of care

Workforce – paediatric workforce review, Speech and Language Therapy new ways of working, Paediatric workforce strategy using national benchmarks

2027/28

- Agree a workforce strategy for the future model of acute care with an agreed implementation plan
- Meet the 18-week Referral to Treatment (RTT) standard and achieve recovery of community waiting lists
- Full implementation of the new Neurodivergent model and pathway across system

2028/29

- Progress acute reconfiguration strategy
- Complete implementation of new commissioned model of care for Safeguarding Children & Young People

2029/30

- Unified Paediatric model

2025/26

- Commissioning models agreed for audiology, community nursing, Community paediatrics, Neurodivergent pathway and Speech and Language Therapy (SaLT)
- Agree commissioning framework for Children & Young Peoples service provision in a District General Hospital including long term condition provision
- Agree acute reconfiguration implementation strategy



LSC2030 Roadmap

Acute Reconfiguration

2026/27

- Once first wave has been trialed through learning and adaptations the programme will scale up across all clinical specialties creating single leadership teams for clinical specialty / services to achieve economies of scale and drive a meaningful financial benefit

Enablers:

Digital – Implement a single Electronic Patient Record (EPR) system to enable seamless, end-to-end patient pathways.

Estates – Infrastructure to support new models of care.

Workforce – Developing a sustainable workforce model, skill mix. Organisational Design (OD) support.

2027/28

- Continued rollout and embedding new models of care through single managed networks.

2025/26

- Each trust will have responsibility for leading on the design and implementation of new models of care at specialty level within their allocated strategic focus area.
- In the new models of care, it is likely that many of these will operate under a single managed network.
- The first wave of clinical specialties will be Vascular, Orthodontics, Urology (cancer and priority non-benign pathways), Head & Neck (cancer) and Stroke.
- Resource based planning will also be a key aspect of designing new models of care and so need to have this central in the design. Orthopaedics will be a priority in this process and work commenced

