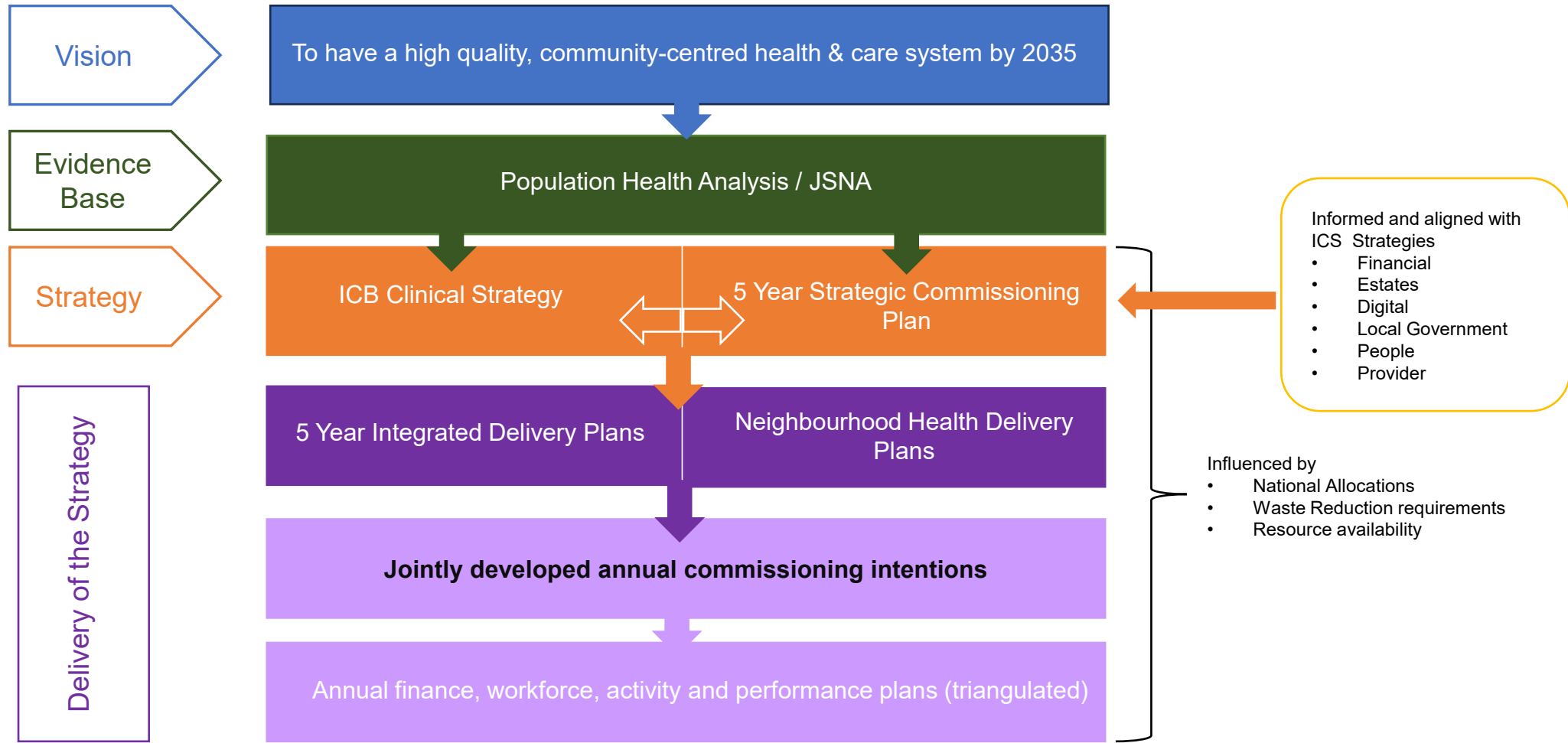


Commissioning for Success 2026 - 27

Board March 2026

Context

26/27 NHS Planning process



Background for 26/27

Commissioning Intentions are a vehicle for improving care, transforming pathways, improving health and lives. These intentions for 2026-27 are framed in the context of:

- NHS 10yr Plan
- Current ICB priorities; Improving population health and patient outcomes and addressing health inequalities through managing long-term conditions in primary care, improving end-of-life and frailty care, intermediate care and service configuration (Board June 25)
- Our population consuming more resource than we can afford under traditional models of care which means we need to transform the way our health services are delivered to move towards financial balance in 2026/27
- NHS Planning Guidance for 26/27 which requests ICBs to “set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities”
- Developing ICB Clinical Strategy (including Neighbourhood Model), associated 5yr Strategic Commissioning Strategy, operational delivery plans and ICB organisational development
- Improving our strategic commissioning and how the ICB adds value in driving better outcomes, reducing health inequalities and improving efficiency.

Definition

Commissioning intentions are developed through understanding population health data, hearing the voice of communities and patients and responding to local and national priorities. Commissioning intentions should be a response to the strategic and longer-term commissioning and operational plans for the whole health and care system.

Commissioning intentions aim to shape delivery of and enable system priorities.

To be included as a commissioning intention, there must be a decision to be made (either something new, a continuation or a ceasing) which results in at least one of the following:

- Contractual change e.g.; increasing or decreasing funding within a contract or continuing to fund a contract which has expired
- Shift of activity from one contract to another e.g.; moving activity/service from hospital to community or primary care/neighbourhood setting
- Implementation of a new model of care or service redesign or quality improvement which impacts on a contract
- Different arrangements for partnership working which drive improved outcomes or efficiencies.

NHS 10 Year Plan

- Transformational change to guarantee sustainability through creating a new model of care which is fit for the future
- Built on NHS founding principles - universal care, free at the point of delivery, based on need and funded through general taxation and also enable patients have real choice over their health and care
- Reinvent the NHS through 3 radical shifts delivered at pace;
 - **Analogue to Digital** (embracing new technology)
 - **Sickness to Prevention** (halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children)
 - **Hospital to Community** (working with partners to develop neighbourhood and community health and care services)
- ICB role of the strategic commissioners of local healthcare services.

Neighbourhood Health Model of Care

- Shift the focus of health and care from a reactive hospital and residential based treatment to proactive, preventative and community based approaches through building a neighbourhood health model across place and population footprints
- The neighbourhood model of care will tackle inequalities and improve local outcomes by jointly commissioning services tailored to meet local needs
- The neighbourhood model of care will strengthen integration between primary care, community services, local mental health, social care and voluntary sector at neighbourhood (30-50k population) and multi-neighbourhood (up to 250k population)
- The model will support the alignment of enabler functions including infrastructure and estates, digital and data
- Neighbourhood health plans will be jointly developed through Health and Wellbeing Boards across Lancashire and South Cumbria
- Initial focus will be integrating elements of the key components with a focus on gynaecology, frailty, end of life and models of intermediate care
- Specific commissioning intentions will be developed to reflect the different stages of the neighbourhood health journey across Lancashire and South Cumbria. Blackburn with Darwen and Morecambe Bay partners will have specific and detailed requests in line with the National Neighbourhood Implementation Programme (phase 1)

Financial Impact

There are 2 significant levers to drive financial impact;

1. Commissioning schemes which mitigate demand (demand management)
2. De-commissioning

Both need attention.

1. Demand management

- ICB has developed **low, medium, and high mitigation scenarios** across the following demand management opportunities:
 - Reducing unwarranted variation in GP referrals
 - Introducing a Single Point of Access for high priority specialties
 - Scaling the headache model to other pathways
 - Reducing non-elective activity, across UEC Care Coordination and frailty initiatives
- The impact of these, as well as a selected number of other Commissioning Intentions have been shared with providers to gain collective agreement and align plans
- Impact of some demand management commissioning intentions (e.g.; Care Co-ordination impact on UEC, Tier 2 Gynaecology, Outpatient Transformation, Frailty) are still being worked through and final targets will be confirmed by end April 26.
- Significant focus on how to ensure delivery is underway. This includes clear implementation plans, agreed governance, full understanding of workforce implications, the right digital enablers and appropriate funding secured where necessary.
- Work is also underway to ensure accurate reporting and assurance systems on progress.

2. Decommissioning

Directorate	Scheme	Value	Timescale
Planned Care	Pain Management Decommissioning process concluded with Ramsay (31/12/25). Continuing to work with Providers on the optimum model to provide chronic pain management services.	Circa. £4M.	Complete
	Orr medical Currently going through a decommissioning process.	£155k per annum	Contract end date 31/3/26
	MRI imaging IS	£690k per annum	Removed from 2026/27
Women and Children's Services	Birthing Unit at Rossendale Decommissioning due to falling numbers. ELHT agree that the facility should close but need formal confirmation from commissioners.	£300k per annum	Notice to ELHT imminent
MH, LDA, and Cancer	Savings expected via efficiencies – no specific decommissioning	£0k	
Primary and Community Care	Through consistent LES commissioning and decommissioning of atypical services	£900k	All in train. Most deducted from 1.4.26
UEC	Urgent Care Potential to stop/reduce Integrated Urgent Care (IUC) services, although all in scope for stage 2 of the IUC recommissioning programme, which won't deliver in 26/27 and may trigger public consultation. Potential to reduce UEC capacity investment funding (CIF) allocated in 25/26, amounting to £16.5m. Some recurrent commitments and private NEPTS cost pressures to fund.	£3-10M per annum	Options for this funding being considered by ExCo imminently.
Contracts	Segment 0/1 Recommendations made for some funding for smaller service. lines to be withdrawn from contracts.	£14.93M	With Finance as part of overall negotiation of block contracts

Commissioning Intentions 2026 - 27

NHS 10 Year Plan 3 shifts

Financial sustainability

Life Course priorities

From Analogue to Digital

2026-27 Commissioning Intentions

- Single platform of GP & All Age Community Services Software to include Hospices. Finalise plans for immediate roll out
- Focused levelling up L&SC Shared Care Record across a series of priority areas;
 - Content (3-6mths to plan and mobilise)
 - Digital connectivity (3-6mths to mobilise and deliver)
 - Access to all including regulated care & VCSFE; planning/mobilisation in 26-27 with delivery over 3-5yrs
- NWAS to consume the LSC Shared Care Record and working with the whole system flow solution to contribute clinical information into the collective shared care record
- Require Community Service Providers to adopt existing citizen engagement platforms
- Require Acute Providers to deploy integrated (not stand alone) EPS2 compliant electronic prescribing solutions
- Continued increase of Community Services using and inputting into existing standard LSC electronic patient care records
- Commission at scale provision of GPIT service including; technical support, registration authority, Information Governance and Data Quality
- Ensure contractual standard achieved for Pathology and diagnostic data set

Longer Term Priorities

- Develop the case for and adoption of a Whole System Flow Digital Platform, being a universal transition of care platform connecting all health & care providers supporting all Communities of Practice. Define within 3 months, implement in 26-27, with substantial at scale deployment in 27-28
- Drive forward universal adoption of digital citizen engagement tools to enhance connectivity to support integrated care coordination, neighbourhood health, frailty and end of life care models
- Adoption of soft intelligence reporting across the system to enable qualitative insights to be provided to improve quality, outcomes, pathway management and delivery (as above – shorter delivery time)
- Drive step-change in use of data and intelligence in strategic and operational commissioning to ensure and enable planning, delivery and further improvement to be data-informed
- Build robust read/write Future Care Plan with clear health, social care and VCFSE integration, enabling all health and care partners to access and input

From Sickness to Prevention

Outcomes

- By 2029, contribute to the NHS Long Term Plan ambition to prevent 150k heart attacks, strokes and dementia cases by improving detection and management of high-risk conditions and reducing inequality gaps in cardiovascular outcomes in deprived communities
- Reduce CVD-related premature mortality by 25% by 2035
- Increase the proportion of patients in the most deprived quintile who are managed to clinical targets for hypertension and cholesterol faster than the rest of the population, AF to be analysed to identify and then close the inequality gap
- Working with system partners, reduce adult smoking prevalence in every LSOA to less than 5% in every LSOA by 2030
- Reduce smoking in pregnancy to less than 6% smoking at time of delivery by 2030 in each neighbourhood
- Work towards 70% of inpatients referred to in-house tobacco dependency services making a supported quit attempt
- Reduce inequalities in vaccination uptake between the highest and lowest uptake neighbourhoods
- Reduce non-elective admissions for ambulatory-care-sensitive respiratory conditions (e.g., COPD, asthma) the most deprived quintiles.
- Increase pulmonary rehabilitation completion rates across LSC to at least 65%, and reduce gap in variation between neighbourhoods.
- Work with partners to co-produce and publish a Healthy Weight Strategy setting measurable ambition to reduce obesity

Immediate Priorities; 2026/27 Commissioning Intentions

- Use Primary Care Long Term Conditions LES to incentivise identification and optimal management of long-term conditions including Coronary Vascular Disease (including hypertension, atrial fibrillation and cholesterol)
- Implement the Targeted Demand Management (TDM) approach across the 22 identified priority Core20 plus areas in 26/27 through agreement of delivery plans and contract mobilisation with local providers
- Work with Trusts to establish a longer-term outcomes-based commissioning approach for tobacco dependency services across inpatient and maternity services.
- Introduce NICE-approved pharmacotherapy to support people wanting to quit smoking in hospital and in community
- Increase referrals to Digital Weight Management Service in practices who are either not referring or who have low referral rates. .

From Hospital to Community (1. Neighbourhoods)

Outcomes and Performance measures

- Waiting Times: At least 78% of Community Health Service (CHS) activity within 18 weeks by 2026/27, rising to 80% by 2028/29
- Through the successful implementation of Care Co-ordination, to reduce NCR2R across all acute Providers to 5% by end 26/27
- Reducing unnecessary non elective admissions and bed days from high priority cohorts; people who have moderate to severe Frailty, people living in a care home, people who are housebound or at the end of life

Immediate priorities; 2026-27 Commissioning Intentions

- In line with NHS 10 Yr Plan, establish the baseline for each Neighbourhood using the model six core components
- Development of Integrated Neighbourhood Teams for all LSC Neighbourhoods, commissioning new developments where they don't already exist
- Review and develop a system wide, comprehensive and financially sustainable offer for Intermediate Care optimising step up and step-down pathways
- Working collectively with all NHS acute providers, review Anti Coagulant hospital pathways and optimise greater use of digitally led and community based care
- Mobilise priority tier 2 community pathways, developing an evidence-based approach for improving outcomes and reducing demand on secondary care services
- Expand Morecambe Bay Respiratory Network to include new places and pathways
- In conjunction with service users, design, develop and subject to funding, implement VCFSE led Health and Wellbeing Women's Hubs
- Recommission hospice care to further shift palliative end of life care from hospitals to homes and hospices, reducing demand on urgent and secondary care
- Recommission community equipment services to enable more people to remain living independently
- Implement productivity and efficiency opportunities arising from Community service baseline assessments

Longer Term Priorities

- Implementation of Intermediate Care review
- Develop LSC Healthy Weight Strategy in collaboration with partners
- In conjunction with partners including VCFSE, deliver improved productivity and efficiency through community services transformation
- Review current hospital pathways and optimise those that can be de-escalated
- Mobilise priority tier 2 community pathways, developing an evidence-based approach for improving outcomes and reducing demand on secondary care services
- Enabling patients needing planned care to receive specialised support closer to home
- Comprehensive neighbourhood offer that responds to health needs and impact of wider social determinants based on local needs in collaboration with our partners

From Hospital to Community (2. Modern Primary Care)

Outcomes and Performance measures

- Same Day Appointments: 90% of clinically urgent patients to receive same-day appointments in General Practice
- Patient Experience: Year-on-year improvement in access to general practice
- Urgent Dental Appointments: deliver defined share of 700,000 additional urgent dental appointments annually
- Increase delivery of clinical pathway and oral contraception consultations and blood pressure check consultations in community pharmacy.

Immediate priorities; 2026-27 Commissioning Intentions

- Ensure best use of resources through maximising Pharmacy First, delivery of routine and Long Term Conditions LES, Dental Anxious patient pathway and review local approach to implementation of NICE guidance and expanding the integrated dental access scheme to reduce inequalities.
- Effective monitoring and management of overall LES implementation to ensure VFM
- Work with Providers to fully fund Neuro Rehabilitation on line (NROL) and roll out as best practice
- Design and commission new “left shift” schemes including new Pathology and Diagnostic testing closer to home with point of care testing in primary care, Community intravenous therapy in a community setting including at home and a Multi-neighbourhood minor surgical service with 26/7 priority being carpal tunnel
- Improve access and reduce variation within General Practice including interface working, commissioning improvement support and the recommissioning of the Primary Care Training Hub
- Commence service redesign and appropriate commissioning of primary and secondary orthodontics, community dental services, community equipment, Tier 3 and 4 weight management services, sight tests in special educational settings, structured diabetes education and Children’s community health services and eye care support pathway
- Review and recommission Integrated Urgent Care services

Longer Term Priorities

- Work with secondary care partners to further left shift planned care to single and multi-neighbourhood providers
- Support development and growth of General Practice Federations and emergence of an overarching system Confederation of Federations.

Financial sustainability

Outcomes

- Agreed Finance Strategy to provide clear framework for aligning resources to population need and strategic priorities while managing financial risk over time and ensuring affordability, value for money and long-term sustainability are central to all commissioning decisions
- Demonstrate commencement of transition from a predominantly short-term financial recovery approach to a medium-term model that integrates commissioning priorities, service transformation and financial planning
- Evidence of improving financial grip and control across the system including clear prioritisation of spend, delivery of recovery actions, robust governance and strengthened oversight arrangements to stabilise LSC financial position and establish a credible baseline for change.
- Agreed and delivered ICB wide financial position for 26/27

2026-27

- With partners, establish collective approach to health and care and prevent unintended redistribution or displacement of costs, ensuring no inappropriate transfer of funding responsibilities (MoU)
- Maximise existing LES delivery whilst mobilising transformation priorities
- Primary & Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision
- Develop a unified procurement model to supply continence products for to optimise bulk purchasing benefits for the ICB
- In conjunction with Providers, determine a new IFR operating model for all 3 ICBs in NW Region to be then mandated through contracts
- Units to consider and plan for managing Complex Care Unit (CCU), Patient Progression Unit (PPU) and Intensive Therapy Units (ITU) within a single high care entity to drive efficiency and maximise available bed base. Commissioners would like to see this implemented within the first half of 2026/27
- Rigorous contract management to ensure Value for Money
- Achievement of ICB organisational cost target within year

Longer Term Priorities

- Move to transparent and consistent approach to resource allocation informed by national allocation methodology and local population need. Over time, to include development of indicative place-level financial envelopes to reflect population characteristics, service configuration and system priorities
- Commissioning of acute services will focus on reducing avoidable demand, improving productivity and flow, and ensuring acute capacity is focused on high-value, specialist and complex care. Routine and lower-acuity activity will increasingly be delivered in community and neighbourhood settings.
- Commissioning of community, primary care, mental health and learning disability services will prioritise prevention, early intervention, crisis avoidance and integrated pathways. Investment will be targeted towards populations with the greatest need, supporting the reduction of health inequalities and improved outcomes for people with long-term conditions and complex needs.

Starting and Growing Well

Outcomes

- 78% 18 weeks target for Referral to Treatment by end 2026/27, Zero 52 weeks waits by end 26/7 and falling overall waiting list by end 26/7
- Improved experience of women accessing maternity services
- Improved management of long-term conditions in children and young people e.g., asthma, epilepsy and diabetes
- Improved health and wellbeing of children and young people demonstrated with particular focus on reducing preventable urgent care attendances for children in IMD 1 & 2 with these long term conditions
- Families feeling confident and supported in meeting their child's needs
- Increase access to early help and support leading to improvement in health and wellbeing such as readiness for school, reduction in access to acute services
- Increased positive experience of children and young people accessing services

Immediate Priorities: 2026-27 Commissioning Intentions

- Commence implementation of the new Maternity Care Bundle in a phased approach
- Establish a long-term commissioning approach and align commissioning across the Trusts for the existing inpatient and maternity tobacco dependency services
- Recommission children's specialist nursing services across Lancashire and South Cumbria
- Tackle childhood obesity through the redesign and recommission of the children and young people's complications from excess weight service (CEW)
- Commission enhanced support for children and young people with neurodiverse needs
- Develop and implement a new system-level Community Paediatric model specifically meeting national requirements towards Cerebral Palsy and Neurology
- Work with Specialised Commissioning and ELHT to develop CYP High Dependency facilities and implement the Neonatal Critical Care Review Recommendations to improve quality of care
- Redesign of speech and language therapy aligned to The Balanced System model
- Embed planning & delivery of children & young people's services into the neighbourhood model of care, aligned to wider Start for Life programmes

Longer term priorities

Range of services supporting children and young people ranging from the neurodevelopmental pathway, specialist nursing, speech and language therapy and specialist acute paediatric provision. Long-term vision is to ensure we deliver sustainable services with a robust flexible workforce model to meet the needs of our children and young people.

Living Well: Emotional Wellbeing, Mental Health, Learning Disability and Autism

Outcomes and Performance measures

- Reduction in out of area mental health hospital care; eliminating all use of locked rehabilitation and reducing use of inpatient care for people with a Learning Disability and/or autism by 10% per yr.
- Delivery of NHS Talking Therapies treatment to 28,868 people and enable reliable improvement for 71% by 2028/29
- Reduction in number of people with extended lengths of stay in MH inpatient settings, minimising any delays in discharges and achieving an average length of stay to 40 days for adults
- Achieve goal of 75% of people aged 14+ on GP LD registers to have had an annual health check
- Reduce long waits for autism and ADHD assessments and improve the quality of assessments

Immediate Priorities: 2026-27 Commissioning Intentions

- Design and commission Mental Health Emergency Departments based on local requirements and best practice.
- Enhance community MH integrated teams by developing models for Neighbourhood Mental Health Centres and implementing year 1 delivery
- Commission additional specialist community MH Rehab services to compliment the current community mental health offer
- Ensure equitable access for adults affected by Eating Disorders requiring hospital admission
- Further develop Community Crisis support to prevent unnecessary mental health hospital admissions, provide additional support upon discharge, including the development of specific autism crisis accommodation.
- Improve patient flow by implementing the "10 high-impact actions for mental health discharges"
- Strengthen community-based MH services to tackle avoidable admissions and support earlier discharge including development of innovative housing solutions and jointly funded support with local authorities
- Implement the inpatient quality transformation programme and reshape LSCFT bed model to meet local needs
- Commission a mental health crisis text service as part of UEC pathways
- Transform adult pathways for Autism and ADHD to reduce waits for those with the most need.

Longer term priorities

- Continued delivery of the three-year Mental Health, Learning Disability and Autism transformation programme to improve provision and contracting of Mental Health Community, Urgent and Acute care bed provision

Living Well: Support for Work

Outcomes

We will work with our system partners to stabilise and stem the flow of the rise of long-term economic inactivity leading to:

- Increased employment opportunities for disadvantaged groups
- A scalable model for addressing employment challenges through collaboration and embedding work as a health outcome.

26/27 impact (success measures)

- Progress toward the national ambition of 80% employment by 2035, by increasing the average employment rate across Lancashire and South Cumbria and closing the gaps in areas with the lowest rates
- Increase access to Individual Placement Support, supporting 2319 people with mental health into work by 2028/29

Immediate priorities; 2026-27 Commissioning Intentions

- Lead the commissioning of service provision through the expansion of WorkWell
 - Mobilise and scale the primary care innovation fund to increase this as a referral source
- Embed the learning from WorkWell and Connect to Work within targeted care pathways including MSK, pain management and mental health and within neighbourhood plans
- Continue the devolved delivery model and work with partners to support the delivery of the Get Lancashire and Get Cumbria Working plans, with a focus on;
 - Delivery of NHS-commissioned responsibilities to address risk factors (obesity, physical activity)
 - Continued focus on commissioning support to increase rate of early diagnosis of LTCs across all populations by at least as much in the most deprived areas as in the least deprived areas
 - Explore opportunities to develop opt-out models of care tobacco dependency for all routine interactions as stated in Medium Term Planning Guidance
- Lead on key health and care actions, developed through the Public Service Reform or Health Equity Workstreams within Team Barrow, around addressing economic inactivity.

Longer Term Priorities

- Working across the system as a contributor to health creation, developing a scalable model for addressing employment challenges through collaboration
- To include good employment as a health outcome within our commissioning priorities
- Work with system partners to increase employment opportunities for disadvantaged groups

26/27 impact (success measures)

- Achieve at least a 7% improvement in 18-week performance or a minimum of 65%, aiming for a national target of 70% by 2026/27; by 2028/29, at least 92% of patients should wait 18 weeks or less
- Providers to reduce unwarranted outpatient follow-up activity, working toward specialty-level performance aligned with appropriate best-in-class benchmarks. Expected 70% reduction in OPD FU by end 27/28 excluding some specialties (to be agreed).
- Delivery supported through optimised use of Patient-Initiated Follow-Up (PIFU) pathways and the consistent implementation of Getting It Right First Time (GIRFT) specialty follow-up protocols and guidance, ensuring follow-up activity is clinically appropriate, outcome-focused, and delivers demonstrable value. Continued focus on achieving the national trajectories and ambitions to reduce long waiters
- Development of performance measures to tackle inequalities in access and waiting times for elective treatment and community services

Immediate priorities; 2026-27 Commissioning Intentions

- Improve access and waiting times for Gynaecology services through development of tier 2 Gynaecology service which works in parallel with Women's neighbourhood hubs
- Pain management system transformation to include enhanced provision in primary and community care
- Identify services where quality or financial sustainability can be improved through decommissioning from hospitals and instead commissioning from alternative providers
- Tier 2 Neurology community mobilisation; Headache pathway to test potential for change
- Primary & Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision
- All outpatient prescribing to be completed by Trust in clinics
- Pathology and diagnostic testing closer to home; point of care testing in primary care
- Continued Outpatient transformation to include development of Advice and Guidance (A&G), Single Point of Access (SPOA) and reductions in follow up appointments
- Roll out Orthodontic early discharge scheme
- Reconfiguration of adult Vascular Surgery services to improve safety and quality of services and ensure sustainable provision of acute and emergency services into the future
- Implementation of Renal Transformation Programme to address unwarranted variation and reduce pressures in services.

Longer Term Priorities

- Review of specialist Neurology services including Stroke and ABI to determine appropriate model and provider
- Review outcomes of Provider Collaborative Board clinical service provision to identify quantum of work to achieve sustainable services
- Identify opportunities through use of Decision Support Tool within Cardiology, ENT, Gastroenterology and Urology and outcomes to inform required improvements to shape clinical service redesign priorities

Living Well: Cancer

Outcomes

- Reduce inequalities in the under 75 mortality rate from cancer considered preventable between low and high areas of deprivation
- Improve no. of cancers diagnosed at stage 1 and 2 to 75% by 2028 and reduce inequalities between the most and least deprived groups
- Increase the percentage of people with cancer surviving 5 years or more

26/27 impact (success measures)

- Maintain 80% for the 28-day Faster Diagnosis Standard; trusts to deliver 94% for 31-day and 80% for 62-day standards by 2026/27, rising to 96% and 85% respectively by 2028/29.
- Diagnostic Standards: Deliver a minimum 3% improvement or reach 20% or better for 6-week waits, aiming for no more than 1% waiting over 6 weeks by 2028/29
- Reduce inequalities in percentage of cancers diagnosed at stage 1 and 2 in most deprived groups (target for all groups is 75% by 2028)
- Reduce inequalities in uptake of cancer screening

Immediate Priorities: 2026-27 Commissioning Intentions

- Continued focus on commissioning support to increase early diagnosis of cancer in areas with highest rates of late presentations and worst outcomes (Screening)
- Improving early diagnosis for prostate cancer
- Ensuring people within the urological cancer pathway have a seamless pathway to include increased early diagnosis and referral
- Pathway redesign and transformational shifting of delivery models for priority cancer pathways driven through best practice guidance

Longer Term Priorities

- Our survival ambition is premised on achieving at least a 20% increase in early diagnosis above the 2019 level by 2035.
- Increase Bowel Cancer Screening Programme to detect more cancers, earlier by lower the starting age for screening from 60 currently to 50.
- Expand lung health checks
- Reducing the gap in rates of early diagnosis between the most and least deprived areas.
- Reduce the proportion of cancers diagnosed in an emergency setting as a result of progress in the diagnosis of some blood, brain and other rare cancers which cannot be staged.

Living Well: Urgent & Emergency Care

26/27 impact (success measures)

- A&E 4-hour Standard: Trusts to maintain/improve to 82% by March 2027 (no lower than 80% average); national target of 85% by 2028/29.
- 12-hour A&E Standard: Year-on-year improvements in patients admitted, discharged, or transferred within 12 hours.
- Category-2 Ambulance Response: Improve to 25 minutes by 2026/27, then to 18 minutes (90% within 40 minutes) by 2028/29.)
- NWS to achieve “best in class” for hear and see and treat and call before convey based on national benchmarks and best performers
- Address health inequalities by tackling unwarranted variation, reducing unnecessary use of non-elective care from priority cohorts, and enabling patients to access care closer to home.

Immediate priorities; 2026-27 Commissioning Intentions

- Recommission and mobilise Integrated Urgent Care services within West Lancashire in line with wider IUC transformation programme
- Integrated Urgent Care transformation programme, including urgent treatment centres and same day episodic care
- NWS to consume the LSC Shared Care Record and working with whole system flow solution to contribute clinical information into collective shared care record
- Care Coordination focused on the following areas:
- System improvement work to minimise handover delays and reduce conveyancing
- Standardise safe discharge processes across LSC ensuring patients receive the right care for their needs at the right time in their usual place of residence upon discharge from hospital
- Intermediate care; implementing step up and down approach to promote admission avoidance whilst ensuring discharge processes are efficient and effective
- Single point of access (SPoA) provides a remote clinical assessment enabling service that offers clinicians advice and guidance to support onward referral to most appropriate service

Longer Term Priorities

- Re-design Integrated Urgent Care services including urgent treatment centres and same day episodic care
- Implement four pillars of Care Coordination across LSC in line with the NHS 10-year plan
- Expand Single Point of Access (SPoA) services broader than the core foundation components
- Integrate Care Transfer Hubs to be part of SPoA

Ageing Well

Outcomes

By 31 March 2030, we aim to create a seamless journey to support people to age well across Lancashire and south Cumbria, leading to better outcomes and improved experience for our population living with frailty.

26/27 Impact

- Increased number of over 65yr olds with a proactive care plan or comprehensive geriatric assessment in place to enable them to remain safe and well at home
- Increased number of professionals using the Shared Care Record to support those living with Frailty and a reduction in onward referrals
- Fully digitalise care planning with read/write functionality that contain adequate clinical information to support decision making in a crisis.

Targets to be achieved by end of 28/29;

- To achieve a 25% reduction in UEC attendances with frailty
- To achieve a 10% reduction in people dying in hospital
- To achieve a 20% reduction in the NEL admissions to hospital for people with frailty

2026-27 Commissioning Intentions

- Development of the Shared Care Record improving access, usage and quality of information
- Co-Design fit for the future pathways for out of hospital care working with our VCFSE partners
- Integrated Neighbourhood Teams (INTs) to direct 50% of caseload to support identification, assessment and care planning for people living with frailty

Longer Term Priorities

- Refresh and roll out of the LSC Frailty Framework and Strategy
- Further deployment of the outcomes of the Engineering Better Care Programme around early identification, Assessment and care planning and the further deployment of the Ageing Well Training and Education
- Embed the learning from the National Frailty Discover Collaborative
- Embed the National Frailty Attuned Care Bundles
- Embed the outcomes of the UEC Learning Improvement Network
- Alignment to the Neighbourhood Model
- On-going delivery of the LSC Dementia Strategy in collaboration with partners.

Dying Well

Outcomes

- More people dying in their preferred place with quality advance care plans
- Improved data accuracy, dashboards, and reporting with better use of available digital interoperability by partners - maximising EMIS/SCR functionality
- Fewer unplanned hospital admissions in the last year of life

26/27 impact (success measures)

- Increased number of people who are on the Primary care Gold Standards Framework (GSF) for PEOLC (1%) and have an ACP (60%)
- See a reduction in deaths in hospital, 2023 - 42% (at England average)
- Increase and maintain number of people who are on the Primary care GSF to at least 1% (current Jan 2025 0.7%)
- Increase and maintain the number of people on the GSF with an Advanced Care Plan (current Jan 2025 = 58.8%)

2026-27 Commissioning Intentions

- Continue GPQC/LES funding to incentivise earlier identification of PEoLC patients and completion of advance care plans
- Finalise hospice review/business case to secure sustainable, multi-year funding for palliative community services, supporting more people to die in their preferred place and further shift palliative end of life care from hospitals to homes and hospices
- Assess and address inequalities/service gaps in provision across LSC, ensure meeting statutory duty to commission specialist PEoLC services, and act on forthcoming national guidance due spring 2026. (contractual change from acute to community/shift of activity/service redesign)
- Review relevant historic service specifications to improve productivity, efficiency and inequity. (contractual change/shift activity)
- Invest in and implement the ICB digital strategy to enhance care coordination and advance care planning through improved digital systems, improving efficiency
- Evaluate and strengthen community readiness and services (e.g. district nursing, bereavement, night sit framework) to support increased community deaths.
- Review funding model for Children's Hospice

Longer Term Priorities

- 10% reduction in deaths in hospital
- Maintain number of people who are on the Primary care GSF
- Increase and maintain to 80% the number of people on the GSF with an Advanced Care Plan
- Fully digital care planning with read/write, plans available LSC wide to all health care professionals/providers, offer patient access

Next steps

- For each area of Commissioning Intentions, finalise 26/27 success measures, create clear implementation plans, ensure full understanding of workforce implications, the impact of digital enablers and secure appropriate funding where necessary.
- Develop effective and accurate reporting and assurance system to ensure Executive/Board visibility on progress.
- Continue to assess potential for further demand management schemes and decommissioning plans which can be developed at pace, support financial sustainability and be delivered within the Service Change Policy framework
- Ensure alongside the significant challenge of balancing delivery of national priorities and financial constraints, the ICB organisational change maintains skilled capacity to drive appropriate planning, implementation and ensuring rigorous delivery.