2026/27 Commissioning Intentions – Q3 Update

Appendix A

1. Three Shifts

1.1 Sickness to Prevention

Strategic Ambitions

- Identify chronic disease earlier and ensure people receive optimal treatment
- Improve coordination for people with multiple long-term conditions
- Provide targeted support to people who are least likely to access preventative care
- Reduce risk factors, including obesity, physical activity and tobacco dependency
- Increase the uptake of vaccinations
- Deliver the national Antimicrobial 5-year National Action Plan
- Ensure appropriate prescribing and monitoring of medications to manage patients in line with evidence

2026-27 Commissioning Intentions	RAG Q2
Use Primary Care Long Term Conditions LES to incentivise identification and optimal management of long-term conditions including Coronary Vascular Disease (CVD) 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 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	27/8
Increase referrals to Digital Weight Management Service in practices who are either not referring or who have low referral rates.	
Primary and Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision	
Reduce the overall volume of antibiotic prescribing	

Joint project with Meds Ops to further enhanced CVD management and improved Treatment to Target performance in TDM areas designed will launch October 2026. Evaluation framework and methodology being designed with view to commissioning independent analysis and recommendations for future consideration.

New commissions are almost agreed for Tobacco across Trusts. A task and finish group has been established with ELHT to explore alternative models of delivery. The ICB have determined that provision of pharmacotherapies to support people stopping smoking within the community is responsibility of Local Authorities (LA's) to commission. LAs are developing this provision and as introduction of pharmacotherapies in hospital remains the responsibility of the ICB, this will be timed to align with introduction of the community services.

Agreement with Public Health Collaborative to produce a joint Healthy Weight Strategy by end Q3. There has been some delay identifying public health consultant and registrar to undertake the work but these are now agreed and work is underway.

Lead Director: Julia Westaway

1.2 Analogue to Digital

Strategic Ambitions

Use data, digital and technology to drive system efficiency: Realise benefits by 2030 through technology advancements – including artificial capabilities, process automation, and digital-pathway optimisation. By 2029 we will have a single set of data platforms and tools to support reporting, service planning, population health management, continuous improvement, research and innovation

2026-27 Commissioning Intentions	**RAG**
Single platform of GP and All Age Community Services Software to include Hospices. Finalise plans for immediate roll out.	🟥
Focused levelling up LSC 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 and VCFSE; 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	🟧

26/27 has seen a reset of the BI/Digital function. As well as the ICB organisational change programme having a significant impact on personnel, there has also been a review of the strategic direction, priorities and resource allocated to these. Whilst some of the programme have continued as planned this year, others are being reviewed to determine how these can most appropriately be supported and delivered over the medium term. The BI/Digital strategy will be reset as part of Year 2 of the Medium Term Plan.

Lead Director: Sarah James

1.3 Hospital to Community (Neighbourhood Health including Modern General Practice)

Strategic Ambitions

ICB will prioritise the development of Neighbourhood Models as the primary vehicle for delivering more personalised, preventative and integrated support for our population.

2026-27 Commissioning Intentions	RAG
In line with NHS 10 Yr Plan, establish the baseline for each Neighbourhood using the model six core components	
Review and develop a system wide, comprehensive and financially sustainable offer for Intermediate Care (North Lancashire) optimising step up and step-down pathways	
Create an overall plan to move effectively to manage the needs of high priority cohorts and significantly reduce avoidable unplanned admissions (including those with moderate to severe frailty, living in care homes, house bound or at the end of life)	
Mobilise priority tier 2 community pathways, developing an evidence-based approach for improving outcomes and reducing demand on secondary care services	
In conjunction with service users, design, develop and subject to funding, implement VCFSE led Health and Wellbeing Women's Hubs	
Identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation	
Expand the service offer for Community Pharmacy	
Recommission community dental services	
Deliver point of care Pathology and Diagnostic testing in primary care	
Primary and Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision	

System review of neighbourhood health completed as part of National Visit by Claire Fuller aligned with the national neighbourhood framework (published March 26). Short term goals (6 months) and longer term goals (18 months) have been confirmed by ICB Board alongside ensuring system partner awareness. This will be progressed through new ICB Target Operating Model and Structures. Commissioning of new developments for INTs is linked to wider transformation work including unbundling of the community contract and the role of GP Federations.

The development of Women's Health and Wellbeing Hubs have been paused subject to determining a strategy which delivers these within the ICB current financial position. Tier 2 Gynaecology procurement is underway as a first step in this process and will be continued into 2027/28.

Lead Directors: Stephen Sandford, Peter Tinson (reviewed in absence)

From Q3 onwards; Jennifer Riley

2. Life Course

2.1 Starting and Growing Well

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

2026/27 Commissioning Intention	RAG
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	27/8
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	27/8
Redesign of speech and language therapy aligned to The Balanced System model	27/8
Embed planning and delivery of children and young people's services into the neighbourhood model of care, aligned to wider Start for Life programmes	27/8

Starting Well and Growing Well Commissioning Intentions for 2026/27 were ambitious and with the organisational change programme, new leadership of and within the Children and Young People's team and the continued focus on achieving financial sustainability, the work programme priorities have been consolidated. Key tasks are underway and will achieve by year end and some have been included in the Strategic Commissioning Ambitions for 2027/28.

Lead Director: Fleur Carney

2.2 Living Well; Emotional Wellbeing, Mental Health and Learning Disability and Autism

Strategic Ambitions

Individuals of all ages can receive timely, high-quality, and integrated mental health support, primarily offered within the community and, when suitable, in nearby hospital settings. Commissioned services will focus on promoting emotional well-being, providing personalised care, preventing crisis, and addressing health inequalities through targeted interventions. These services will be inclusive, making reasonable adjustments to support the needs of people with learning disability and those who are autistic.

2026/27 Commissioning Intention	**RAG**
Design and commission Mental Health Emergency Departments based on local requirements and best practice.	
Enhance community Mental Health integrated teams by developing models for Neighbourhood Mental Health Centres and implementing year 1 delivery	27/8
Commission additional specialist community Mental Health Rehab services to compliment the current community mental health offer	
Ensure equitable access for adults affected by Eating Disorders requiring hospital admission	27/8
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 Mental Health services to tackle avoidable admissions and support earlier discharge including development of innovative housing solutions and jointly funded support with local authorities	27/8
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	

Mental Health, Learning Disability and Autism programme continues to progress with progress in all Commissioning Intentions. Many of these programmes will span multiple years and close working with LSCFT and where appropriate, performance monitoring will occur to ensure delivery according to plan.

Lead Director: Fleur Carney

2.3 Living Well; Planned Care

Strategic Ambitions

People of all ages receive timely referral and access to high quality elective care in a clinically appropriate setting.

2026/27 Commissioning Intention	RAG
Improve access and waiting times for Gynaecology services through the 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 that can be decommissioned from hospitals and instead commission from alternative providers	
Tier 2 Neurology community mobilisation; initially the headache pathway will act as a test of change	
Primary and Community prescribing and medicines management transformation and shift in secondary care prescribing practices to optimise medicines provision	
Pathology and diagnostic testing closer to home; point of care testing in primary care	
Commence Outpatient transformation to include development of Single Point of Access (SPOA) and improvements in New to Follow Up ration and Patient Initiated Follow Up (PIFU) to ensure only appropriate need is referred into secondary care	
Roll out Orthodontic early discharge scheme	
Implementation of new Vascular pathways and reconfiguration subject to public consultation	

Focus continues to be elective recovery, improving performance against the constitutional standards and reducing long waits, alongside referral optimisation and moving more care closer to home. Key programmes are progressing through the agreed workplans and governance against a backdrop of continued RTT pressure and organisational change and there is still more to do to firm up the activity, financial and contractual impact.

Procurement of the community Tier 2 gynaecology service began in April 2026 and is on track for mobilisation in January 2027. The service will provide a more consistent out-of-hospital pathway, with the aim of improving access and reducing pressure on acute services. The activity and funding assumptions need to be clearly reflected in future contracting and mobilisation arrangements.

Vascular is currently out for consultation with an outcome expected by calendar year end.

Outpatient transformation covers Single Point of Access, Advice and Guidance, improving new-to-follow-up ratios, PIFU and making greater use of straight-to-test and community pathways. There has been progress on the referral optimisation infrastructure and the specialty pipeline, but the level of benefit will depend on provider readiness, clear baselines and measures, clinical ownership, digital and e-RS changes, and having credible alternatives to traditional consultant-led outpatient care.

Lead Director: Jayne Mellor

2.4 Living Well; Cancer

Strategic Ambitions

- Reduce inequalities in the under 75 mortality rate from cancer considered preventable between low and high areas of deprivation.
- Increase the percentage of people with cancer surviving 5 years or more.

2026/27 Commissioning Intention	RAG
Continued focus on commissioning support to increase early diagnosis of cancer particularly in areas with highest rates of late presentations and worst outcomes (Screening)	
Improve early diagnosis for prostate cancer	
Ensure 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	

Continued careful and in-depth performance management to continue to ensure recovery trajectories on a month-by-month basis at all providers are being met. As evidenced in Board Performance reports;

- NHS Faster Diagnosis Standard

ICB achieved target in August although BTH remains challenged. Performance contract notice will be issued to BTH.

- 62 Day

Off target in all Providers. Recovery Plans in place and confident these can deliver. Performance contract notice will be issued to BTH

- 31 Day

ICB is under plan due to LTH issues. Full recovery plan in place and high confidence for delivery.

- Tumour Groups

Best Practice Pathways in place. Continued focus on faster diagnosis, embedding standards and reducing variation.

Lead Director: Q1 & Q2 Fleur Carney
Q3 & Q4 Jennifer Riley, Population Commissioning Director
Jane Cass, Improvement Director

2.5 Living Well; Urgent and Emergency Care

Strategic Ambition

An urgent and emergency care (UEC) system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs and delivers better outcomes and affordability.

2026/27 Commissioning Intention	RAG
Recommission and mobilise Integrated Urgent Care services within West Lancashire in line with wider IUC transformation programme	
Continued delivery of Integrated Urgent Care transformation programme, including urgent treatment centres and same day episodic care	
NWAS 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	

LSC UEC 5 year strategy was reviewed over Q2 and refreshed to reflect changes in NHS architecture and the 10 Year Health Plan. Key changes are the adoption of Neighbourhoods and a focus on demand management across the system. The 4 Urgent and Emergency Care Delivery Boards (UECDB) continue to adapt and mature recovery and improvement plans.

Single Point of Access (SPOA) for Unscheduled Care is on track with testing in Q2 and Q3 and delivery in Q4. SPOA has been developed locally to align to existing resource and services. In 27/28 this will move into developing maturity apart from LTH where Care Connexions has been in place since 2024 and is the basis of the roll out model for other acute providers.

An LSC collaborative intermediate care strategy was published in May in partnership with our Local Authorities. This was enabled by the review of intermediate care capacity and strong engagement at Place level through the UECDB Improvement plans.

26/27 Capacity Investment Funding (CIF) was committed to any scheme supporting discharge or prevention of attendance to ED. Additional funding was provided to a Mental Health urgent care scheme, increased investment in VCFSE and investment in Care Coordination. CIF will be assessed via Q2 reviews and where impact is evident and KPIs achieved, funding will be made recurrent to stabilise workforce and delivery of the schemes.

Self assessment by each provider against the GIRFT Clinical Operational Standards for ED and Core Standards for First 72 hours in Acute Medical Care were completed in Q1. Each provider has an implementation and maturity plan with CIs for 227/28 supporting progress and monitoring.

End of Q2 sharp focus has been applied to reduction of Not Meeting Criteria to Reside including engagement and leadership provided via the Chief Medical Officers. This has been supported by GIRFT UEC working with three of our providers, and the LSC ICB GIRFT National team visit in September.

LSC's System Coordination Centre continues to provide mature daily coordination of operations and escalations, and has enabled the successful implementation of the SHREWD data system that enables real time operational data across the system on capacity and demand.

The UEC team have supported the design and submission of UEC and digital Capital schemes for 26/27- 30/31 in partnership with NHSE and LSC providers with all schemes able to demonstrate impact on flow and a prepared reserve list for 26/27 and 27/28 able to be mobilised if required.

Lead Director: Wendy Lewis

2.6 Living Well; Working Well

Strategic Ambition

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

2026-27 Commissioning Intentions	RAG
Lead the commissioning of service provision through the expansion of the WorkWell programme	
Embed the learning from WorkWell and Connect to Work within targeted care pathways including MSK, pain management and mental health	
Work with our partners to support the delivery of the Get Lancashire and Get Cumbria Working plans, with a focus on integrated pathways	
Embed learning from the Primary Care Innovation Fund	
Continue to commission Employment Advisors (EAs) in Talking Therapies and Individual Placement Support (IPS)	

WorkWell has successfully transitioned from pilot delivery into a three-year funded programme, with delivery arrangements and contracts in place across LSC. Delivery is on track and assurance is provided through programme governance, KPI and activity reporting, finance monitoring, risk management processes, Strategic Oversight Group reporting and DWP grant-management arrangements.

Work has commenced through the alignment of WorkWell, Connect to Work and wider employment support provision and progress is being monitored through WorkWell governance arrangements and partnership delivery groups. Further work is required to fully embed and evidence implementation across all targeted pathways.

WorkWell remains a key enabler of both the Get Lancashire Working and Get Cumbria Working plans. Strong partnership arrangements are in place with local authorities, Lancashire Skill and Employment Hub, DWP, VCSE and health partners, supported by joint governance and delivery arrangements. Integrated pathways between employment, skills and health services continue to be strengthened through WorkWell and Connect to Work collaboration.

The Primary Care Innovation Fund pilot has been completed and learning is informing the ongoing development of primary care referral routes, work and health pathways, and the Fit Note Reform Programme. Evaluation activity has been undertaken and findings are being used to shape future delivery models. Work remains ongoing to embed learning consistently across the system.

Employment Advisors within Talking Therapies and IPS continue to form an important part of the Lancashire and South Cumbria work and health offer, supporting people with mental health conditions to remain in or return to employment. Ongoing collaboration with WorkWell and Connect to Work is helping strengthen integrated delivery and referral pathways across the system.

Lead Director: Sarah James

2.7 Ageing Well

Strategic Ambition

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.

To enable people with dementia to live as well and independently as possible for as long as possible through the delivery of the LSC Dementia Strategy

26/27 Commissioning Intentions	**RAG**
Development of the Shared Care Record (SCR)	
Co-Design fit for the future pathways for out of hospital care working with our health, care and VCFSE partners	
Integrated Neighbourhood Teams to direct 50% of the caseload to support identification, assessment and care planning for people living with frailty	

Early work continues to demonstrate opportunities to improve patient experience, reduce avoidable deterioration and support people to remain in their own homes for longer. The roll out of the Frailty training programme and ongoing support across all Providers, VCFSE and public sector partners continues at pace.

Integrated Neighbourhood Teams are up and running and continue to focus on care plans.

Although capital has been allocated to support the development of the Shared Care Record, there is currently a strategic baseline review to ensure any further investment will deliver ICB future requirements. This will need to provide an appropriate way forward for a whole system approach before further progress.

Lead Director; Jackie Moran

2.8 Dying Well

Strategic Ambition

- 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

2026-27 Commissioning Intentions	RAG
Continue GP Quality Contract (GPQC)/LES funding to incentivise earlier identification of Palliative End of Life Care (PEoLC) patients and completion of advance care plans	
Finalise hospice review/business case to secure sustainable, multi-year funding for palliative community services,	
Assess 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 which will drive increased 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	27/8

Significant work has taken place to finalise the Hospice business case which will be completed in Q3. This aims to ensure appropriate support is available to more people to enable them to die in their preferred place and further shift palliative end of life care from hospitals to homes and hospices. The GP Quality Contract/LES is in place and demonstrably is incentivising earlier identification of PEoLC patients and increasing the amount of advanced care plans.

Other programmes to transform PEoLC have commenced and delivery will be across multiple years. Much links to the refreshed ICB Digital Strategy and the pace of roll out as well as the review of community contracts.

Lead Director: Q1 and Q2 Peter Tinson

Q3 onwards Jackie Moran