NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Secondary Care Orthodontics Collaborative Programme: Business Case
Presented by	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer
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Agenda item	17a
Confidential	No

Executive summary

- Secondary Care Orthodontic services across Lancashire and South Cumbria (L&SC) are increasingly fragile and unsustainable, with significant workforce shortages, long waiting times, variation in access and pathways, and an annual system-wide deficit of approximately £1.1m. The current eight-site model relies on a small consultant workforce, including single-handed and locum provision, limiting resilience and the effective use of the wider orthodontic workforce.
- The proposed future model would establish East Lancashire Hospitals NHS Trust as Lead Provider, creating a single region-wide service delivered through a five-site hub-and-satellite configuration. This would consolidate clinical leadership and operational management, strengthen workforce resilience, expand the use of orthodontic therapists and trainees, and standardise referral, clinical and treatment pathways across the system.
- Extensive patient, public, staff and stakeholder engagement has informed development of the model, including more than 2,000 patient-experience responses. While increased travel is recognised as a key impact for some patients and staff, a range of mitigations is proposed, including satellite provision, digital consultations, travel support and early discharge pathways.
- Indicative financial modelling for the Orthodontics Collaboration Programme shows the current service across the four providers has annual expenditure of £2.859m against income of £2.182m, resulting in an indicative £0.677m deficit. The proposed model assumes all direct costs and income transferring to ELHT, with SLA arrangements put in place to cover indirect costs relating hosting clinics locally. At transfer, the service is expected to generate a £0.467m contribution before indirect costs and overheads, with no cash-releasing benefit currently assumed.
- The target model seeks to improve financial sustainability through workforce redesign, conversion of temporary medical capacity to substantive posts,

increased therapist capacity and additional clinical activity. Additional therapist led clinics expect to generate approximately £178k additional annual income, with ICB funding confirmed for the additional activity. Overall, the target model delivers an indicative £195k favourable movement compared with the current service, although the service remains in deficit. The financial position will continue to be refined as the business case progresses, particularly in relation to SLA arrangements, digital needs, and required financial risk-sharing agreements

- Overall, the preferred model is considered to provide the strongest opportunity to deliver a safer, more equitable, resilient and financially sustainable Secondary Care Orthodontic service, with improved workforce arrangements, more consistent access to specialist care and reduced unwarranted variation.

Public and Stakeholder Engagement

- The business case describes a comprehensive programme of patient, public, staff and stakeholder engagement that has been used to inform the development of the Case for Change and the proposed future model for Secondary Care Orthodontic services across L&SC.
- The purpose of this engagement has been to understand experiences of current services, identify what matters most to patients and staff, test the emerging case for change and proposed service model, identify potential impacts, and ensure these considerations are reflected within the business case and the associated decision-making process.
- The engagement has used a range of complementary methods. The Listening to Communities approach drew together existing evidence from Friends and Family Test feedback across the four acute Trusts, patient comments and complaints received between January 2024 and May 2025, and other relevant engagement activity. This provided insight from more than 2,000 patients and members of the public, including 873 contributions specifically relating to secondary care orthodontics and 190 written comments.
- This evidence was supplemented by a dedicated online public questionnaire between 15 August and 12 September 2025, providing a further opportunity for people to consider and comment on the proposed changes. Staff engagement has also been undertaken through targeted communication and engagement sessions with potentially affected professional groups, including consultants, therapists and laboratory technicians. These sessions provided information about the programme and proposed changes while enabling staff to raise questions, identify operational implications and contribute to development of the future model. Engagement has also continued through established professional, clinical and organisational networks.
- The engagement has had a direct influence on the development of the business case and the programme's decision-making. Patient and public feedback broadly supports the Case for Change while identifying important considerations that the future service must address. Engagement has reinforced the need to provide more sustainable access to consultant expertise and reduce waiting times, retain

good practice and positive patient experience from existing services, and carefully consider the impact of additional travel, access and associated costs.

- Feedback has also informed the programme's Quality, Sustainability and Equality Impact Assessments, helping to identify potential adverse consequences and develop appropriate mitigations. Travel and accessibility have emerged as particularly important considerations and will therefore continue to require attention as the service model moves towards implementation.
- The NHS England Stage 1 Assurance process in November 2025, which provided positive assurance regarding the clinical model and engagement undertaken to that point. Feedback from the assurance process informed subsequent engagement planning, including development of a draft Consultation Strategy and the need to maintain proactive engagement with affected communities, VCSE organisations, public health, dental networks and primary care orthodontic providers.
- Overall, the engagement undertaken has provided the programme with a substantial evidence base on patient, public, staff and stakeholder views. It has helped validate the key issues identified within the Case for Change, influenced development of the proposed model, identified areas requiring mitigation and provided assurance that the implications of change have been actively considered rather than assessed solely from a clinical or operational perspective.
- The findings contributed to the consideration of whether a further formal public consultation would be proportionate. However, following discussion within the ICB and with the Health and Adults Overview and Scrutiny Committee, the proposed position is that a further formal public consultation is not required.
- Importantly, this does not represent the end of engagement. Patient, public, staff and stakeholder feedback will continue to inform detailed implementation planning, mitigation measures and service development. Ongoing engagement and scrutiny will therefore remain integral to the programme, alongside formal workforce consultation where required, ensuring that emerging issues and the experiences of those affected continue to influence implementation decisions.

Recommendations

The ICB Board is requested to:

- Note the contents of the report, including the case for change (service and workforce fragility, the risks and challenges associated with the current orthodontic service model), the financial modelling, and the proposed future model of care which represents a sustainable option for the future delivery of Secondary Care Orthodontics across L&SC.
- Note the consultation approach following the output of discussions at the Health and Adults Overview and Scrutiny Committee (i.e., a public consultation will not be undertaken).
- Support the decision to close the ICB ‘Major Service Change Process’ governance route in respect of the Secondary Care Orthodontics programme
- Support the proposed presentation of the business case to the ICB Executive Committee for approval, commissioning decision, and implementation.

Which Strategic Objective/s does the report contribute to		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

Implications	Yes	No	N/A	Comments
Associated risks	✓			Potential for longer travel times for some patients following reconfiguration.
Are associated risks detailed on the ICB Risk Register?		✓		The Programme holds its own programme Risk Register.
Financial Implications		✓		Further finance modelling and review planned.

Where paper has been discussed		
Meeting	**Date**	**Outcomes**
ICB Service Change Advisory Group	5th Oct-26	Noted with guidance provided (herein) on governance
LSC Orthodontics Collaborative Board	6th Oct-26	Business Case endorsed for circulation – noting that this is a draft for further development following subsequent feedback.
ICB Commissioning Committee	21st Oct-26	TBC

Conflicts of interest associated with this report
Not applicable

Impact assessments	Yes	No	N/A	Comments
Quality impact assessment completed	✓			Co-produced and endorsed by relevant ICB Teams.
Equality impact assessment completed	✓			Co-produced and endorsed by relevant ICB Teams.
Data privacy impact assessment completed	✓			Co-produced with relevant ICB Teams - further work underway at an acute Provider-level.

Report authorised by:	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer

Integrated Care Board - 5 November 2026

Secondary Care Orthodontics Collaborative Programme: Business Case

1 Introduction

1.1 This report provides an overview of the Lancashire and South Cumbria (L&SC) Secondary Care Orthodontics Collaborative Programme and presents an outline of the proposed draft Business Case.

1.2 The programme was established following the identification of Secondary Care Orthodontics as a fragile service across the L&SC system, with significant challenges relating to workforce sustainability, service performance, access to care, and financial viability.

1.3 NHS guidance mandates[1] that any centralisation of acute Trust services must be driven by clinical sustainability, improved patient outcomes, and a clear case for change. The case for change and business case supporting this programme demonstrates those qualities. For example, the current service fragility means that some patients do not always receive care, clinic appointments, or treatment on time or from just one clinician. The proposed transformation aims to deliver a clinically sustainable, equitable, and resilient orthodontic service model for the population of L&SC.

1.4 This report provides an update on the proposed future operating model, comprising a lead provider arrangement and a hub-and-satellite service configuration. Aligned with current service improvement initiatives the reconfiguration is designed to improve quality, patient access, workforce resilience, and financial sustainability. The report also advises upon the consultation approach now endorsed by the ICB Board and subsequent guidance given by NHS England on next steps.

2 Background and Case for Change

2.1 Secondary Care Orthodontic services support highly complex orthodontic patients requiring consultant-led multidisciplinary care, often involving oral surgery, restorative dentistry and orthognathic services.

2.2 The current configuration has Secondary Care Orthodontic services delivered at eight physical locations across L&SC:

- Morecambe Bay: Royal Lancaster Infirmary, Furness General Hospital and Queen Victoria Hospital
- Fylde Coast: Blackpool Teaching Hospitals
- Pennine Lancashire: Royal Blackburn Hospital and Burnley General Hospital

[1] *NHS England » Planning, assuring and delivering service change for patients*

- Greater Preston, Chorley and South Ribble: Royal Preston Hospital and Chorley and South Ribble District Hospital

2.3 Lancashire and South Cumbria's Provider Collaborative Board and Integrated Commissioning Board identified Secondary Care Orthodontics as one of three 'fragile' services within the system in November 2023. Orthodontics was, therefore, prioritised for transformation and improvement.

2.4 The current configuration has highlighted the following drivers for change:

- single-handed consultant services at several locations.
- ongoing recruitment and retention difficulties.
- periods where local orthodontic services have been unavailable.
- inefficient use of specialist staff.
- constraints on orthodontic therapist utilisation because therapists require consultant supervision.
- variation in patient access and service resilience across the system.

2.5 The inherent fragilities of single-handed Consultant services have materialised during the last 18 months with long periods of time where patients have not had access to a local service. Blackpool Teaching Hospitals (BTH) and University Hospitals of Morecambe Bay (UHMBT) are dependent upon locum provision due to ongoing vacancies. In addition to this, the operation of Orthodontic services across eight sites with the small Consultant workforce hinders the ability to maximise therapist capacity due to their supervision requirements - existing service models limit the effective deployment of orthodontic therapists and trainee staff.

2.6 Significant variation exists in referral criteria, service pathways, clinic utilisation and multidisciplinary working. Around 30% of patients are discharged following their first outpatient appointment, indicating inefficiencies within referral pathways. Waiting times exceed the NHS 18-week standard across all providers, with some patients waiting over 65 weeks for treatment commencement and follow-up appointments are frequently delayed beyond clinically recommended intervals (increasing the risk of harm and prolonged treatment durations).

2.7 Patients also experience differing levels of service availability depending on geography, this is most overtly seen in Fylde and Wyre, where BTH has been closed to new referrals. Waiting times and referral acceptance rates vary significantly across providers and as a result patients are increasingly travelling outside their natural catchment area to access treatment.

2.8 The service currently operates at a system-wide deficit of approximately £1.1m per annum, with three of the four providers reporting losses. Continuing with the current model is considered financially unsustainable.

2.9 A Case for Change document has previously been presented to the ICB Public Board and a Stage 1 NHS England Assurance meeting took place in late 2025. As described herein a proposed business case will demonstrate that retaining the current service model is not considered viable with the transformation

programme seeking to address the longstanding service fragility, workforce shortages, inconsistent access and variation in clinical outcomes through a more sustainable lead provider model.

3. Engagement and Consultation

3.1 Extensive engagement has been undertaken (both digital and face-to-face), including analysis of more than 2,000 patient-experience responses and targeted pre-consultation engagement with patients, carers and the public. Feedback supported a more resilient service while identifying concerns about travel, accessibility, continuity of care, and rural communities.

3.2 Several sessions have been undertaken with staff groups impacted by the change programme, such as Laboratory Technicians, Consultants, and Therapists. These meetings, which have given a background to the programme, an overview of the proposed service changes, and opportunities for staff to ask questions and feedback on the proposals, have been led by the Clinical Lead and Orthodontics Consultant, Simon Watkinson. The feedback has been generally positive about the benefits from the transformation.

3.3 NHS England have also been formally involved with the programme. The Stage 1 Assurance Group (November 2025) also gave positive assurance on the model and the engagement up to that point.

3.4 Findings from all these engagements have informed mitigations and service delivery, including digital appointments, travel support, and an Early Discharge Scheme through which suitable patients may continue treatment with local primary care orthodontic providers.

3.5 In August 2026, ICB representatives met with representatives of Lancashire County Council's Health and Adults Overview and Scrutiny Committee (HASC) to discuss whether the proposal required a formal public consultation. Subsequent feedback from the HASC membership supported a view that the programme proceeds towards implementation without the need for public consultation. Based upon the responses received and the views of the HASC Chair and Deputy the Committee agreed that the orthodontics proposal should proceed to implementation without public consultation.

3.6 On 17th September, the ICB Board members were briefed upon the proposal to proceed to implementation without public consultation. It is important to note that engagement will continue - the ICB Communications' Team will support the programme with the communications to public and patients, staff, GPs, etc., on the proposed model and delivery.

3.7 Following that HASC engagement and the guidance on consultation, assurance can be taken that there is a lower risk of subsequent challenge following a decision to move to implementation without a formal public consultation.

4 Proposed Operating Model

4.1 The proposed model redesigns the L&SC Secondary Care Orthodontics Service into a single, region-wide service led by East Lancashire Hospitals NHS Trust (ELHT) using a hub-and-spoke model across five locations.

4.2 Implementation of the 'Lead Provider' framework model would see ELHT becomes the single provider responsible for clinical leadership, operational management, performance monitoring, and service improvement across the region. Consultant orthodontists and therapists would transfer to ELHT under TUPE arrangements, while support services would continue to be provided locally through service-level agreements with partner trusts. A dedicated Clinical Director and Operational Manager would oversee delivery, improvement programmes, and relationships with partner organisations.

4.3 The intention is to concentrate activity into fewer sites to create a more resilient service, improve supervision and training capacity, and make better use of specialist staff. A hub-and-spoke service structure would be put in place consolidating service access and delivery from eight sites to five. This approach aims to maintain access for patients in more deprived and geographically peripheral areas while creating more sustainable specialist services. The hub sites would be:

- Royal Blackburn Hospital
- Burnley General Hospital
- Chorley & South Ribble Hospital

The satellite hospital sites would be:

- Blackpool Victoria Hospital
- Furness General Hospital

4.4 Analysis of referral patterns show that approximately 30% of patients are already choosing to travel beyond their nearest hospital for orthodontic treatment, suggesting patient flows are already concentrated around larger specialist centres.

4.5 A major feature of the proposed model is the expansion of the therapist workforce and improved skill mix (in line with nationally advocated best practice) It is proposed that:

- Consultant sessions reduce slightly overall (39.5 to 35 sessions per week)
- Therapist/trainee sessions increase significantly (32 to 50 sessions per week)
- Additional therapist recruitment and training would be supported through the hub sites.

4.6 The model aims to address workforce fragility by removing reliance on isolated, single-handed consultant services by creating a larger regional clinical team. This arrangement will improve cross-cover arrangements for leave and vacancies. The new model will be more attractive to support recruitment to both consultants and therapists, while standardising therapist roles and potentially

aligning pay to regional market rates will further support recruitment and retention.

4.7 The proposed service would introduce a consistent approach across the region:

- specialist and joint clinics.
- Orthognathic and restorative pathways.
- diagnostic imaging and extraction pathways.
- urgent treatment and retainer management.
- referral, triage and booking processes.

4.8 The proposed model would improve access and patient management. A single referral and triage system would be managed through ELHT, with all patients held on a single electronic patient record system. Digital consultations would be used wherever clinically appropriate supporting patients who may be affected by site closures. Those patients would though still be able to attend hub or satellite sites.

4.9 Although some patients may need to travel further, particularly those around Lancaster, the business case will show that this is offset by fewer cancellations, improved service reliability, better access to specialist expertise, and improved long-term outcomes.

4.10 To support the increased activity at the hub sites additional orthodontic clinic space is proposed at both ELHT and Lancashire Teaching Hospitals NHS Foundation Trust (LTHT). Significant estate investment has been secured through NHS England and internal capital programmes that will look to create compliant dental treatment rooms.

5. Financial Implications

5.1 The indicative financial modelling for the proposed reconfiguration of Orthodontics services demonstrates a clear opportunity to improve the financial and operational sustainability of orthodontic services across L&SC, although the target model remains in deficit at this stage.

5.2 The current service across the four providers has estimated expenditure of £2.859m against income of approximately £2.182m, resulting in an indicative £0.677m deficit. The baseline is based on a combination of 2025/26 direct expenditure and earlier 2023/24 SLR and SUS information, meaning that the position will require refinement. This will be shown in the Decision Making Business Case.

5.3 At transfer, direct expenditure and associated income are assumed to move to ELHT, including existing bank, agency and outsourcing arrangements. Existing indirect costs and overheads associated with hosting clinics are currently assumed to remain with the respective Trusts and be managed through appropriate SLA arrangements. On this basis, the indicative lead-provider position is estimated to generate a £0.467m contribution for ELHT before indirect costs and overheads, prior to implementation of the wider target operating model.

5.4 The target model seeks to improve sustainability principally through workforce redesign and increased activity. Approximately 1.77 WTE of bank, agency and insourced consultant capacity would be converted to substantive capacity, with a further 1.0 WTE consultant recruited. Together with wider medical workforce changes, including removal of middle-grade capacity, this is estimated to generate a benefit of approximately £423k. This is partly offset by expansion of the therapist workforce by 4.06 WTE to 7.2 WTE, including a potential Band 6 to Band 7 uplift, at an additional cost of around £306k, alongside an estimated £23k increase in non-pay expenditure. The model also provides for a new 1.0 WTE Band 8a Operational Manager. Overall, these changes are expected to reduce direct expenditure by approximately £95k while expanding service capacity.

5.5 The redesigned service also assumes four additional clinics per week, averaging seven patients per clinic across 40 weeks, generating approximately £178k additional annual income. Funding for this additional activity has been confirmed by L&SC ICB. The target model represents an overall £195k favourable movement compared with the current service cost.

6. Risks And Mitigations

6.1 The principal risk associated with the proposal is increased travel for some patients and staff, particularly those currently accessing services in Lancaster. The programme proposes several mitigations:

- retention of satellite services in Barrow and Blackpool.
- travel support schemes and parking concessions.
- use of NHS travel cost reimbursement arrangements for eligible patients.
- access to non-emergency patient transport schemes.
- greater use of digital consultations where clinically appropriate.
- further engagement with affected communities.
- early discharge pathways to reduce long-term hospital attendance.
- standardised pathways designed to reduce overall treatment duration.

6.2 There is also an acknowledged impact on staff working at sites where care will be consolidated. Planned mitigations include staff engagement, communication, involvement in design, and ongoing monitoring before and after implementation.

6.3 Extensive quality, equality and sustainability impact assessments have co-produced and conclude that whilst some adverse impacts exist, these can be mitigated and are outweighed by the benefits associated with service sustainability and clinical improvement.

7 Benefits and Opportunities

7.1 Patient benefits will include:

- improved service resilience and reduced clinic cancellations.
- reduced unwarranted variation in care.
- improved waiting time performance.
- more consistent access to specialist expertise.

- standardised clinical pathways and improved outcomes.
- renewed local service access for Blackpool patients.

7.2 The workforce will benefit from the new model with:

- enhanced recruitment and retention.
- more sustainable consultant and therapist workforce models.
- improved training and career development.
- reduced dependency on isolated single-consultant services.
- increased professional support and resilience.

7.3 Overall, the anticipated system benefits are:

- Improved governance and accountability.
- Better utilisation of specialist resources.
- Opportunities for procurement and operational efficiencies.
- Improved financial performance compared with the current model.
- Reduction in the future budget through proposed workforce optimisation.

8. In Conclusion

8.1 Secondary Care Orthodontic Services across Lancashire and South Cumbria are currently fragile, clinically variable, financially challenged and increasingly unsustainable. Recruitment difficulties, inconsistent pathways, service closures, long waiting times and inequitable access collectively support a compelling case for change.

8.2 The programme has undertaken significant engagement with patients, clinicians, providers and stakeholders, involving over 2,000 participants. The resulting preferred model has been developed through extensive clinical leadership; evidence review and options appraisal.

8.3 The proposed Lead Provider and Hub-and-Satellite service model presents the most robust opportunity to deliver a safe, sustainable and resilient orthodontic service for the future whilst addressing longstanding workforce, performance and quality challenges.

9 Next Steps

9.1 The programme underwent an NHS England Stage 1 Assurance review in late 2025 (receiving partial assurance). Following the decision not to progress to public consultation, both NHS England and North West Clinical Senate representatives have advised that the requirements for a Stage 2 Assurance review may be significantly reduced, i.e., if it is determined that the proposed changes do not constitute substantial variation, any Stage 2 Assurance focus could be limited to addressing specific outstanding points from Stage 1. In effect, a ‘check-in’ on the business case which would be categorised as a Decision-Making Business Case rather than a Pre-Consultation Business Case.

9.2 An outline of the programme and business case have been presented to the ICB Service Change Advisory Group and Commissioning Committee. It is being presented to the Board to formally close the service change governance process.

9.4 Acknowledging that the business case is now not deemed as substantial change (needing a Pre-Consultation Business Case) the correct path would be for the business case to be approved by the Executive Committee (as per the service change policy). An outcome briefing would then need to be shared to the ICB Public Board to complete the ICB governance process.

10 Recommendations

10.1 The ICB Board is requested to:

1) note the contents of the report, including the case for change (service and workforce fragility, the risks and challenges associated with the current orthodontic service model), the financial modelling, and the proposed future model of care which represents a sustainable option for the future delivery of Secondary Care Orthodontics across L&SC.

2) note the consultation approach following the output of discussions at the Health and Adults Overview and Scrutiny Committee (i.e., a public consultation will not be undertaken).

3) support the decision to close the ICB 'Major Service Change Process' governance route in respect of the Secondary Care Orthodontics programme, following the ICB Service Change Advisory Group guidance

4) support the proposed presentation of the business case to the ICB Executive Committee for approval, commissioning decision, and implementation.

Jason Newman
November 2026