NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	19 March 2025
Title of paper	Commissioning intentions process
Presented by	Craig Harris – Chief Operating Officer - Strategy, Commissioning & Integration
Author	Jayne Mellor – Director of Urgent and Emergency Care & Planned Care Alex Wells – Head of Recovery & Transformation PMO
Agenda item	9
Confidential	No

Executive summary

System planning for 2025/26 commenced in October 2024. Determining future Commissioning Intentions (CIs) is a fundamental component of ICB and system planning.

Building on our processes from previous years, a robust data collection, analysis, and engagement exercise has been developed to enable the refinement and prioritisation of future intentions. This has ensured the identification and prioritisation of commissioning intentions to deliver against the immediate recovery priorities, whilst still aligning towards longer-term strategic objectives for the Lancashire and South Cumbria Integrated Care Board.

Additionally, the paper follows up on recent discussions in the Board about the organisation's duty to improve the health of the population and tackle health inequalities. The paper contains proposals for three 'unifying goals' which can be included in the organisation's plans and commissioning intentions.

The purpose of this paper is to provide and update on the process undertaken. Importantly, Appendix 1 details the outcomes of this work which identify prioritised commissioning intentions for 2025/26. This includes striving to achieve all NHS national targets as well as the immediate local priorities and commencement of longer-term transformation to support achievement of the Lancashire and South Cumbria priorities for 2025 and beyond.

Our Commissioning Intentions for 2025/26 will be published by 1st April 2025.

Recommendations

The ICB Board is asked to note the approach taken to further refine the process for development, review and prioritisation of Commissioning Intentions for the Lancashire and South Cumbria ICB.

In relation to the population health proposal within section 7, Board is asked to support the three proposed 'unifying goals' to be included in the organisation's plans to

improve health, noting that further work will take place in 2025/26 to assess the deliverability of these.

ICB Board are also asked to endorse the Commissioning Intentions 2025/26 as outlined in Appendix 1 which specify the delivery priorities to support the ICB strategic plans for 2025-26 as well as looking ahead to and planning for future year transformation.

Which Strategic Objective/s does the report relate to:		**Tick**
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	**No**	**N/A**	**Comments**
Associated risks	✓			*To be documented in the short-term.*
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications	✓			*To be documented in the short-term.*

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	**Date**	**Outcomes**
Executive Management Team	11 March 2025	Small number of amendments requested

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed		✓		*To be documented in the short-term.*
Equality impact assessment completed		✓		*To be documented in the short-term.*
Data privacy impact assessment completed		✓		*To be documented in the short-term.*

Report authorised by:	Craig Harris – Chief Operating Officer- Strategy, Commissioning & Integration

Integrated Care Board – 19 March 2025

Commissioning Intentions Process

1. Introduction

1.1 As part of the annual planning cycle, the identification and defining of our commissioning intentions (CIs) is a fundamental element of delivering future services that align to our strategic objectives and priorities.

1.2 The importance of setting considered, and appropriate commissioning intentions is critical given the significant challenges faced within our system that require us to transform how we provide safe, timely and effective care for our population, whilst working towards achieving a stable and sustainable financial position.

1.3 Robust processes have been put in place within the ICB, to facilitate the definition of our CIs, which has ensured appropriate selection and prioritisation of key deliverables that form our future commissioning strategy.

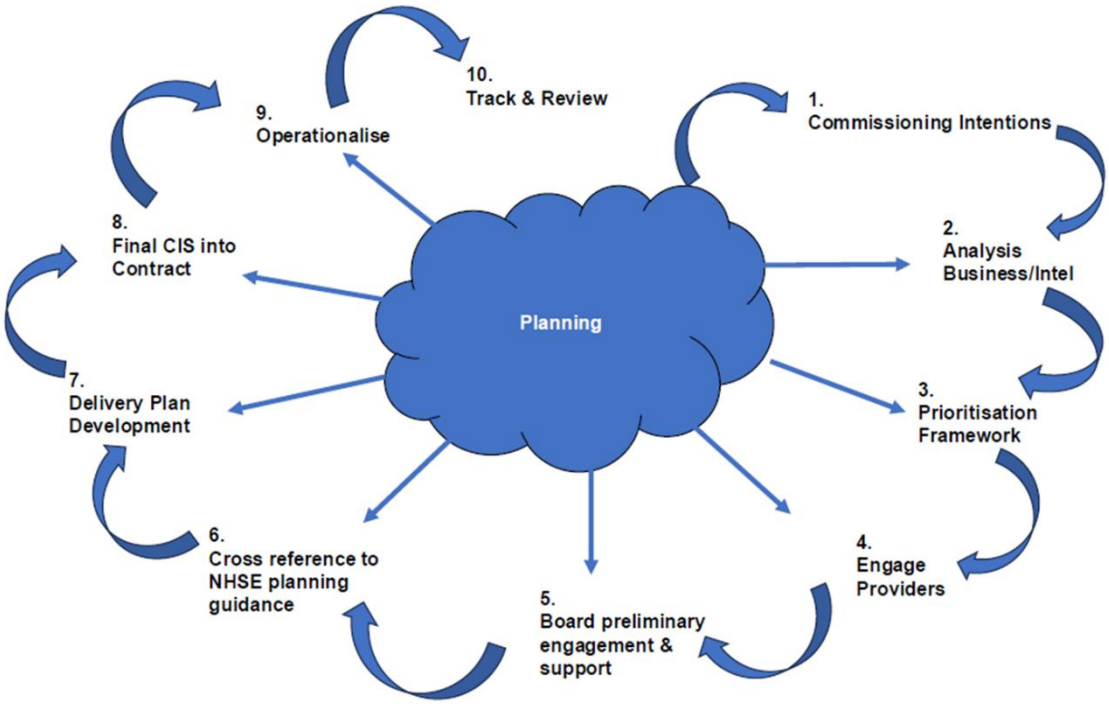
1.4 The prioritisation of all received CIs have been rationalised into four defined segments aligned to the required areas of focus for Lancashire and South Cumbria to deliver efficiencies that will support the financial recovery position in 2025-26, whilst maintaining patient safety.

1.5 This report provides and updates on the progress made to date to refine and prioritise the CIs whilst sharing the specific intentions which are tabled to the Board for approval.

2. Our strategic commissioning approach

2.1 Defining and identifying our CIs is a fundamental component of the wider system planning approach. Our strategic commissioning approach to planning for 2025/26 has defined the key steps that are undertaken as part of our annual cycle. An outline of the steps being undertaken is provided in diagram A.

Diagram A: Planning cycle initiated by commissioning intentions.



2.2 CIs previously followed an annual cycle aligned to national planning guidance. The revised process for 2025/26 is designed to allow the ICB, as a commissioning organisation, to inform intentions that are both in-year tactical intentions and strategic to ensure timely and effective delivery of our key strategic objectives. It is critical that all CIs are informed by robust data analytics, clinically informed, and bring clarity from baseline assessment to define our trajectory targets to achieve our system aims.

2.3 Engagement with and awareness of our strategic planning approach is critical to ensure that commissioning teams and wider functions are involved in planning activity. By creating a transparent process, as outlined above, clear timeframes were also put in place to manage expectations through the process.

3. Review and prioritisation approach for refinement of commissioning intentions

3.1 A structured approach to review and prioritise CIs is critical to ensure that we identify the appropriate priorities to deliver our strategic intentions for the year ahead. As shared in previous Board meetings, a structured approach has been adopted to **engage, analyse and prioritise** the received CIs.

3.2 **Engage -** A key learning from previous years' processes was to ensure that appropriate engagement is being undertaken to create awareness and involvement in defining wider stakeholder requirements. There are a multitude of stakeholders that may impact the definition and prioritisation of our CIs going forward. Cross-cutting services and areas which may impact and drive specific commissioning activity were seen as critical stakeholders to involve.

3.3 Activity to engage with wider stakeholders was undertaken, especially those defined as supporting/cross-cutting functions within the stakeholder map. Some specific interventions that have progressed as part of this include:

3.3.1 **Acute providers -** Input from our acute providers is crucial as part of the process to prioritise which CIs will be taken forward. Regular dialogue exploring the outlined intentions has enabled us to identify any potential negative impacts of specific intentions, and how these may be experienced at provider level.

3.3.2 **Place** - Engagement with all of our Place teams to ensure that alignment of their specific strategic intentions is complementary towards the defined strategic commissioning intentions for the ICB. Additionally, we have extended this further with some Places through attendance at Place Partnership meetings with wider stakeholders that have included Local Authority and VCFSE sector.

3.3.3 **Population Health** – Working closely with this function to ensure that intelligence gleaned from their insights are informing specific intentions to deliver wider health benefits and drive down demand for health care services. This is of particular importance for one of the duties of ICBs in tackling health inequalities.

3.4 **Analyse** - Specific support provided to commissioning teams to signpost to, and reference benchmarking intelligence, utilising insight from platforms such as the Model Health System (MHS), GIRFT, Right Care and NHS Benchmarking.

3.5 NHSE planning guidance for 2025-26 was published in February 2025. A mapping process has been undertaken, to ensure that decision making on the selection of priority CIs, has been properly analysed and tested for alignment with national priorities, and that delivery actions are understood.

3.6 **Prioritise -** As part of previous years' CIs analysis and prioritisation, a matrix-based scoring approach was deployed that factored a series of components to enable effective decision making on the priority CIs for the year ahead.

3.7 Moving into 2025/26 this process has been further developed into an enhanced comprehensive model that has clearer definition of the prioritisation criteria as well as the ability to adopt a weighted based approach to further improve outputs of this exercise. The criteria for prioritisation and weighting by area are described below in Table 1:

Table 1: criteria for prioritisation and weighting

Criteria	Description	Justification	Suggested Weighting (%)
Strategic Alignment	Ensures that the intention aligns with the ICB's strategic objectives.	The most critical factor, as it ensures the intention fits within the broader context of the system future health and care delivery model.	25
Impact	Measures the potential benefits to patient outcomes, population health, and system efficiency.	High-impact intentions often take precedence to ensure meaningful improvements in care delivery and patient outcomes. Incorporating benchmarking intelligence to align impact towards those identified opportunities for improvement across our system.	20
Cost	Considers the financial investment required to deliver against the intention.	Financial constraints necessitate a careful balance between cost-effectiveness and potential returns on investment.	15
Complexity	Assesses how challenging the intention is to commission, design and implement.	High-complexity intentions can lead to delays or failures if not managed well, but complexity alone shouldn't outweigh strategic importance or impact.	15
Resource Capacity	Evaluates the availability of workforce, facilities, and infrastructure to support the intention.	Resource limitations can be a major barrier to implementation, so this criterion requires a significant weighting.	10
Effort	Reflects the workload and planning required to commission and deliver the intention.	While effort is important, it often overlaps with complexity and capacity, so it's weighted slightly lower.	10
Time	Measures the time required for planning, commissioning, and implementation.	Time is important but often secondary to strategic alignment and impact unless there are other pressing deadlines (e.g., addressing urgent health crises).	5
			100

4. Segmenting commissioning intentions by areas of impact

4.1 A fundamental aspect of analysis and prioritisation work undertaken was to determine the associated impacts of these intentions and how they will drive service improvements and deliver efficiencies.

4.2 The CIs submission stage yielded 182 intentions that required analysis and stratification to prioritise delivery against the strategic priorities for 2025-26.

4.3 To refine this an approach was undertaken to group all CIs into four segments - the purpose of these is to clearly outline the impacted elements across our system and create clear delivery streams as part of the commissioning delivery of prioritised intentions.

4.4 The four segments are defined below. Additionally, the number of CIs that have been assigned and prioritised to each of the segments is provided:

Segment	Definition of intentions in scope	Number of CI's
0	• Items not currently funded or no longer provided. • Includes block contract deductions and deficit support. • Does not directly affect a trust's income but is crucial for financial context.	32
1	• Actions a trust can undertake independently to mitigate where funding provision is no longer in place. • Involves bilateral agreements between the ICB and the specific trust. • Typically focuses on cost reduction opportunities without additional income for a trust.	22
2	• This segment primarily focusses on CIs that are aimed towards delivery of efficiencies or service improvements. In doing so, the identified CIs are split by where primary impacts will be observed – either at provider level or towards ICB. • These CIs will require collaboration between multiple trusts or providers that will deliver cost efficiencies within our system.	**Provider focused:** 36 **ICB focused:** 39
3	• Long-term reconfiguration intentions encompassing our strategic transformation priorities which align towards the LSC2030 transformation. • These CIs entail significant changes to service delivery with no immediate budgetary impact or are strategic initiatives that take more time to implement.	24

4.5 CIs within Segments 0 and 1 will largely be managed between the ICB and Providers through the 2025/26 contract negotiations. CIs in Segment 2 Local Priorities for 2025/26 (listed in Appendix 1 in Chapter 3, section 3.2) and Segment 3 Transformational Priorities 2025/26 and onwards (listed in Appendix 1 in Chapter 4) will be managed via new commissioning assurance and oversight arrangements which are currently being finalised.

5. Prioritised commissioning intentions by segment

5.1 A full list of the prioritised CIs is provided in Appendix 1 for review and approval by the ICB Board.

5.2 Throughout 2024/2025 a comprehensive review of the four NHS acute provider contracts was undertaken. In September 2024, providers were notified of the outcome of these reviews by way of notification of the intended CIs that would inform the opening of the 2025/2026 contract values.

5.3 The review identified significant opportunities to collaborate with our providers to drive greater productivity and efficiencies. We have been meeting weekly to understand how we can bring the identified opportunities to fruition. The identified opportunities will demonstrate system benefits to support achievement of an improvement in the overall system financial position, whilst maintaining patient safety.

5.4 The areas identified within the contract review have formed a select list, described within this paper, as segments 0 and segment 1. Both these segments will require a commissioner and clinical review to ensure both patient safety and quality, and system efficiencies.

5.5 It is expected that both the commissioner and clinical reviews will be completed week commencing 17 March 2025 and thereafter will inform the contract value for the financial year 2025/2026.

6. How commissioning intentions will be mobilised into delivery

6.1 All prioritised CIs require robust planning and assessment of impact prior to any mobilisation. This will be managed through the ICB's change delivery lifecycle overseen by the ICB PMO referenced in previous Board updates. In doing so, reporting of delivery progress against defined milestones and tracking of identified benefits will be monitored in appropriate governance forums.

6.2 Ensuring that clinical, quality and equality impacts are understood is critical. Change delivery processes encompass the required impact assessments to assure that any difficult decisions are assessed, risks clearly detailed and understood with robust mitigations identified prior to acceptance of any decisions to proceed. The ICB is also required to undertake patient and public engagement on any substantial service change.

6.3 Two specific impact assessments that will be picked up within mobilisation processes are:

- **Quality** – All changes in the ICB follow a defined Quality Impact Assessment (QIA) process, reportable into Quality Committee, that ensures operational and clinical input prior to any decisions to proceed. Upon development, all QIAs are screened

by PMO and Quality departments prior to being issued to Chief Nurse and Chief Medical Officer for approval prior to any implementation.

- **Equality and Health Inequalities (EHIIRA)** – Where recommended, EHIIRAs will also be conducted to assure that decisions are understood in terms of potential impacts on health inequalities. Recommendation to conduct this assessment will be guided by the Equality, Diversity and Inclusion function within the ICB.

6.4 For CIs that are dependent on investment requirement in addition to existing budget provision, these will specifically follow the defined business case process within the ICB. In doing so, such intentions will follow a defined route for approval to named Committee or Executive Postholders based on the required level of financial investment.

6.5 It is important to note that the prioritised CIs have been shared but there continues to be business as usual or statutory duties undertaken within respective commissioning teams. Delivery of these will be picked up through routine assurance procedures and not usually monitored as part of the CIs oversight for prioritised initiatives.

7. Improving population health – unifying goals

7.1 During a development session in December 2024, Board members considered the challenges and opportunities facing the ICB in its vital role of improving the health of the population and tackling health inequalities. Subsequently, at its meeting in January 2025, a commitment was made to strengthen the ICB's approach via the agreement of 3 'unifying goals' to be taken forward on an organisation-wide basis. These goals must enable the ICB to strengthen its plans to address health inequalities, making the best use of our people, resources and partnerships.

7.2 The unifying goals we are proposing are set out below:

I. **Goal 1:** Reduce the gap in healthy life expectancy by 50% between our most disadvantaged and least disadvantaged communities by March 2034. *(Note: It is our understanding that this corresponds with a national goal held by the NHSE National Health Inequalities Team).*
II. **Goal 2:** Decrease non-elective admissions by 20% in the core 20% wards by March 2027.
III. **Goal 3:** Optimise the health of children with a long-term condition living in the core 20% wards, with a dedicated focus on addressing the wider health needs of children frequently attending urgent care.

7.3 During early 2025/26 it is proposed to undertake further analysis to assess the deliverability of these goals, as well as the best way to measure them, ensuring they align to the ICB's transformation plans and CIs. We will also take account of any additional expectations included in the NHS 10 Year Plan as this is expected to

provide a focus on the shift from treatment to prevention. It is proposed to provide a further update to the Board once this work has concluded.

8. Planned next steps

8.1 2025-26 CIs will be finalised by 19 March 2025 and subject to Board approval, published formally on 1st April 2025. Relevant mobilisation and delivery plans have now commenced in line with our change delivery lifecycle. This work will provide specific detail on deliverables, objectives, timeframes for implementation and measurable outcomes to monitor impacts.

8.2 To ensure successful implementation of all prioritised CIs, robust processes as part of Commissioning and PMO governance will track delivery and impact. Outcomes and any potential risks to delivery will be reportable through the ICB's governance arrangements.

8.3 It is acknowledged that the approach and supporting processes for developing commissioning intentions is an evolving one. Considering this, planning for definition and development of future years' CIs will commence earlier within the ICB for 2026-27. It is envisaged that the strategic launch of commissioning intentions for the following year will commence from May 2026.

9. Recommendations

9.1 The ICB Board is asked to note the approach taken to refine the process for development, review and prioritisation of CIs for the Lancashire and South Cumbria ICB.

9.2 In relation to the population health proposal within section 7, it is recommended to support the three proposed 'unifying goals' to be included in all ICB plans to improve health, noting that further work will take place in 2025/26 to assess the deliverability of these.

9.3 ICB Board are also asked to endorse the Commissioning Intentions 2025/26 as outlined in Appendix 1 which specify the delivery priorities to support the ICB strategic plans for 2025-26 as well as looking ahead to and planning for future year transformation.

Alex Wells, Jayne Mellor

12 March 2025