

Integrated Care Board

Date of meeting	25 September 2025
Title of paper	Update on development of Commissioning Intentions 26/27
Presented by	Professor Craig Harris, Chief Operating Officer
Author	Alex Wells, Head of Recovery & Transformation PMO Jessica Williams, Strategic Commissioner (Interim)
Agenda item	14
Confidential	No

Executive summary

The Commissioning Directorate remains focused on the delivery of 2025-26 commissioning plan as defined within the setting of annual commissioning intentions. Alongside monitoring in-year delivery, developing the system wide plan for 2026-27 is critical. This paper updates the Board on the process for developing the 2026 / 27 Commissioning Intentions within the system plan and progress to date. This includes the definition for inclusion in the 26/27 Commissioning Intentions as well as feedback from engagement and next key steps in delivery.

Public and Stakeholder Engagement

Stakeholder engagement and patient and public insights have been incorporated into the development of commissioning intentions. Three engagement workshops have included representatives from NHS Providers, wider stakeholders, local authorities, VCFSE, HealthWatch and citizen advisors which have informed the development of the 2026 / 27 commissioning intentions.

Another workshop in July focused on public insights the ICB and partners have captured from recent engagement and outreach activity. The purpose of the workshop was to ensure public voice influenced the shortlisting process for our ICB commissioning intentions. This included Local Healthwatch, VCFSE organisations commissioned for community outreach and ICB teams from engagement, involvement and population health. Key themes set out the importance of intentionally commissioning to enable co-production with the population, improve access, reduce complexity and establish more peer-led support with care closer to home.

These sessions have helped to shape the commissioning intentions and the process that we have followed as well as providing a focus on neighbourhoods and the reduction of health inequalities.

A further stakeholder engagement session is planned for October as well as sessions with the Lancashire and South Cumbria Intergrated Care Partnership and the Health and Wellbeing Boards.

Recommendations

The Board is requested to:				
- Note the contents of the report - Note the further maturity in the preparation of Commissioning Intentions for 26/27 - Note the proposal for Board to receive Commissioning Intentions 2026/27 for approval in December 2025 (subject to NHS Planning Round).				
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			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications	✓			Delivery of the Commissioning plan is part of the overall LSC ICB financial plan.
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date			Outcomes
Not applicable				
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	Quality considered within the individual commissioning schemes.
Equality impact assessment completed			✓	Equality considered within the individual commissioning schemes.
Data privacy impact assessment completed			✓	Data privacy considered within the individual commissioning schemes.
Report authorised by:		Professor Craig Harris, Chief Operating Officer		

Integrated Care Board - 25 September 2025

Update on the development of Commissioning Intentions 26/27

1. Introduction

- 1.1 The Commissioning Delivery Plan for 25/26 predominantly focusses on delivering financial reductions and progress continues to be made with this Plan.
- 1.2 This report provides an update on the continuing work to support the development of comprehensive Commissioning Intentions with accompanying system plans for 2026/27 in accordance with the Board approved timetable.

2. Progress in partnership engagement on our Commissioning Intentions

- 2.1 Work continues across all commissioning portfolios to develop intentions for 26/27 in accordance with timetable approved by Board in June 2025. Building on the process established for 25/26, the aim in developing LSC Commissioning Intentions for 26/27 focuses on increasing engagement with partners as well as understanding and modelling the operational impact of these intentions and can therefore be included within NHS Provider plans.
- 2.2 Initial engagement with Local Authority, VCFSE and NHS partners has already been undertaken with clear messages received. Commissioning Intentions are currently being developed which meet the LSC strategic direction including delivering financial sustainability and will be tested against these messages.
- 2.3 4 Engagement sessions took place in June/July with attendees as follows;
 - Local Authority partners, VCFSE
 - NHS Providers
 - Feedback from Healthwatch, Spring North and representative groups to commissions on evidence gathered from the patient voice in last 12 months
 - NHS Provider Operational Planning teams and Place commissioning leads
- 2.4 Feedback from these sessions was collated and circulated to attendees and to all commissioners for inclusion in the consideration of proposed Commissioning Intentions. The themes of the feedback were:
 - Principles for Commissioning
 - Partnership Working
 - Place/ Neighbourhood Developments
- 2.5 Significant detail from our partners came from these sessions but the key learning for commissioners when developing their intentions is as follows;
 - Continued and inclusive engagement with partners as we develop CI and move to shared outcomes
 - Aim for system wide, high impact priorities which are commissioned and delivered consistently
 - Community based services focussed on prevention and early intervention

- Sustainable shifts in activity to release resource to support “left shift” (connect to Planning)
 - Clarity of vision for Integrated Neighbourhoods required; define core offer and what can be built on at Place to respond to specific community requirements
 - Commissioning should not take place in isolation/silos
- 2.6 LSC aim to engage further and publish proposed Commissioning Intentions prior to the end of the calendar year (subject to receiving NHS planning assumptions). This would enable alignment with the process of developing NHS operational plans as well as ensure additional engagement with partners on the impact of these intentions as appropriate.

3. Progress in agreeing our Commissioning Intentions 26/27

- 3.1 For 26/27, we have agreed a rationale and definition for Commissioning Intentions and have tested all proposals against specific criteria. This is to ensure all Commissioning Intentions are meaningful and impactful to Providers, reflect the prioritised work of commissioners and align with the NHS Planning Round.
- 3.2 All commissioning intentions are framed in the context of:
- Delivery of LSC Joint Forward Plan aligned to the new NHS 10yr Plan, which includes the LSC 2030 Roadmap and in partnership with partners, aims to improve the health of our population through the provision of high quality, safe, effective care, tackle inequalities, improve access, drive social and economic development and develop a sustainable workforce and financial position.
 - The NHS Planning Guidance for 26/27 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”
 - Our continuing challenged financial position and the requirement to move towards financial balance in 2026/27.
- 3.3 In addition, to qualify for inclusion in Commissioning Intentions 26/27, intentions described must contribute to one or more of the following:
- Compliance with a statutory duty
 - Responding to a quality and/or safety risk
 - Support delivery of the financial recovery plan
 - Improving population health and/or patient outcomes with key priorities being managing long-term conditions in primary care, improving end-of-life and frailty care, intermediate care and service configuration
 - Deliver against NHS National Priorities.
- 3.4 We have agreed that Commissioning Intentions are developed through understanding population health data, hearing the voice of communities and patients and responding to local and national priorities. They must connect to and support the annual and longer-term operational plans for the whole health and care system as well as shape delivery of and enable system priorities
- 3.5 In order for a proposal to be included as a commissioning intention, there must be a decision to be made (either something new, a renewal of contract which is more than simply 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 a service from a hospital to a community or primary care setting
 - Implementation of a new model of care or service redesign or quality improvement which impacts on a contract
- 3.6 The long list of proposed Commissioning Intentions was reviewed by a multi-disciplinary team from across the ICB on 11th September. This was an internal meeting of senior commissioners, clinical leads, Business Intelligence, Finance, Contracting, PMO, Quality and Digital. The session aimed to check alignment with ICB key priorities, challenge commissioning assumptions, ensure interdependencies were clear and gain clarity on the impact to the system including financial sustainability and quality improvement.
- 3.7 Shortlisted Commissioning Intentions will now be incorporated into our Verto programme management system and Project Initiation Documents (PIDs) will be developed for each. At this point, further assessment of the impact on providers will take place to ensure we have sufficient ambition and delivery in 26/27 to support the NHS Planning cycle.
- 3.8 In accordance with the timetable for Commissioning Intentions as approved by Board in June 25, the aim continues to be for formal presentation of the Commissioning Intentions 26/27 to Board in December 2025. This timetable may need further alignment with NHS Planning guidance as this arrives but at present, this is not envisaged.

4. Conclusion

- 4.1 The report aims to provide assurance that the Commissioning Directorate is focused on and working with partners on current and future delivery plans to support the ICB role as a strategic commissioner and our financial duties. In addition, and in part due to feedback from engagement, as is already becoming evident in the development of commissioning intentions, we continue to strive for new contractual means to support improvements in quality of outcome and patient experience

5. Recommendations

- 5.1 The Board is requested to:
- Note the contents of the report.
 - Receive the proposed Commissioning Intentions for approval in December 2025 (subject to NHS Planning Round).

Jessica Williams

11 September 2025