NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Assurance on progress of Commissioning Intentions 2026/27 Quarter 2
Presented by	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer
Author	Jessica Williams, Strategic Commissioner (Interim)
Agenda item	15
Confidential	No

Executive summary

This report aims to provide assurance on the delivery of Commissioning Intentions (CI) for 2026/27.

Delivery of CI are core business for ICBs and therefore it is vital that Boards have visibility and receive assurance on delivery. This report builds on the previous Q1 report presented to the ICB Commissioning Committee in July 2026 by RAG rating each of the 2026/27 Commissioning Intentions and providing a supporting narrative. This methodology will continue to mature as the ICB continues to build Strategic Commissioning Ambitions and Commissioning Intentions for 2027/28 by directly linking to specific Key Performance Indicators.

The commissioning intentions for 2026-27 represent the first year of delivery of this Five-Year Strategic Commissioning Plan and provide a clear bridge between the ICB medium-term ambition and the immediate actions required to address current challenges.

Public and Stakeholder Engagement

The process for developing commissioning intentions has continually evolved in the ICB and for 2026-27, this included significant engagement with partners and members of the public, commencing in June 2025. This included reviewing all insights from public engagement activity, focused discussions with citizen advisors, seeking further insights from the ICB Influence Network and working with partners who work closely with communities to ensure the commissioning intentions consider what is most important to our residents.

Commissioning intentions were approved by ICB Board in March 2026 and following this, partner organisations were formally notified of these as well as being publicised on the ICB website.

Since the commissioning intentions were published, there has been direct engagement, involvement and co-design with service users, patients and members of the public in the delivery of many of the programmes.

The quarterly assurance process for the commissioning intentions will inform the development of the ICB Annual Review.

Recommendations

The ICB Board is requested to:

- Take assurance from the attached report that delivery of commissioning intentions continues
- Note progress in developing an assurance mechanism to ensure the effective monitoring of delivery of commissioning intentions
- Receive a quarterly report at Q3 based on exceptions with a full report at the end of the year which will also inform the Annual Report
- Note the intention to connect Strategic Commissioning Ambitions and corresponding Commissioning Intentions to population health outcomes as evidenced by data from 2027/28.

Which Strategic Objective/s does the report relate 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		✓		
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		

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

Meeting	**Date**	**Outcomes**
Commissioning Committee	20 October 26	Adjustments made to 3 RAG scores. Acknowledgement that further work is required to connect CI to outcomes for our population and demonstrate via data that they are achieving the results our population need.

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	

Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

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

Integrated Care Board – 5 November 2026

Assurance on progress of Commissioning Intentions 2026/27 Quarter 2

1. Introduction

1.1 This paper builds on the previous Q1 assurance report and the feedback received from Commissioning Committee and Board to provide a clear and effective system to review progress across the breadth of 2026/27 Commissioning Intentions.

1.2 Commissioning Intentions (CI) for 26/27 were approved by ICB Board in March 2026 as a significant contribution to ICB 5 Year Strategic Commissioning Plan. Quarterly review was requested and the initial assurance report was presented to Commissioning Committee on 22 July 2026 and Board thereafter.

1.3 CI outline the commissioning work programme for this financial year and indicate to partners and the market, our plans for service developments and corresponding contractual changes.

1.4 This report describes the approach to developing the report and the detail of progress is attached in **Appendix A.** The report makes recommendations to Committee on the next steps to continue improved assurance on delivery.

2. Background

2.1 Commissioning Intentions (CI) are the usual mechanism by which commissioning organisations outline their plans. In preparation for 2026/27, the ICB ensured an engagement process to ensure the views of patient groups and the public were heard and could inform plans, with Local Authority, VCFSE and NHS partners.

2.2 As well as the NHS 10-Year Plan announced by Government in May 2025, as part of NHSE Planning Guidance received in September 2025, ICBs were requested to outline commissioning and financial plans for the next 5 years. We therefore adapted our process for developing CI to reflect this by ensuring sufficient ambition in line with our 5 Year Strategic Commissioning Plan (5YSCP) through the inclusion of longer-term commissioning plans and with defined measures of success.

2.3 Quarterly reports were requested by the new ICB Commissioning Committee to provide assurance on progress throughout the financial year. This Committee would then provide assurance to Board.

3. Current delivery position

3.1 The format of presenting the progress on Commissioning Intentions has been updated and can now be seen in **Appendix A**. All Commissioning Intentions as approved by Board in March 2026 are listed by the national 3 Shifts from the NHS 10 Year Plan (**Appendix A,** section 1) and then by Life Course (**Appendix A**, section 2). Progress against each CI is indicated by RAG score following discussion with the lead Director. Narrative is provided for each section.

3.2 RAG legend is as follows:

- Green – completed/on track with low risk to delivery
- Amber – commenced but off track
- Red – paused/not started and unlikely to happen in year
- 27/28 is an additional category to show where due to refocus of priorities, procurement arrangements, organisational change or a lack of capacity, proposed CI for 2026/27 will be within 2027/28 Strategic Commissioning Ambitions.

3.3 Lead Director portfolios are being adjusted due to the recent organisational change programme. Where this affects the responsibility for a “Shift” of Life Course CI, this is noted within each section.

4. Future Assurance Arrangements

4.1 The ICB will continue to drive forward delivery of CI through the Delivery Units with support and oversight from the Programme Management Office (PMO) and using the Verto programme management system.

4.2 As the ICB builds toward the refresh of the Medium-Term Plan through the Planning Round and within this the Strategic Commissioning Ambitions reflecting the new operating model, it is proposed to link these to key performance indicators. This should make the assurance timelier and more robust.

4.3 Developing an improved system for 2027/28 onwards should be the priority for the remainder of this year and therefore it is proposed that the Commissioning Committee receive a Q3 update based on exceptions. This will show the Q2 position as well as the Q3 position to further progress where appropriate and only narrative to support those CI Red rated .

4.4 The Q4 CI update should be full report to Commissioning Committee and Board and provide evidence as well as narrative of progress in Commissioning Intentions for 2026/27. This can then be adapted for inclusion as a core function for the ICB Annual Report.

5. Recommendations

5.1 Board is requested to:

1. Take assurance from the report and **Appendix A** that progress and delivery of 2026/27 commissioning intentions continues
2. Note progress in developing an assurance mechanism to ensure the effective monitoring of delivery of commissioning intentions
3. Receive a quarterly report at Q3 based on exceptions with a full report at the end of the year which will also inform the Annual Report
4. Note the intention to connect Strategic Commissioning Ambitions and corresponding Commissioning Intentions to population health outcomes as evidenced by data from 2027/28.

Jessica Williams

21 October 2026