NHS
North East and
North Cumbria

Five Year Strategic Commissioning Plan

2026/27 to 2030/31

Better health
and wellbeing for all...

Contents

1 Executive Summary

The Integrated Care Board (ICB) is responsible for commissioning services for the 3.2 million people who live in North East and North Cumbria (NENC). In August 2025, NHS England required ICBs to develop a five-year year strategic commissioning Plan for 2026/27 to 2030/31.

Strategic commissioning is the central purpose of the ICB, and this five-year strategic commissioning plan sets out our continued commitment to partnership working in the context of the changing NHS landscape set out in the NHS England 10 Year Health Plan.

Our five-year strategic commissioning plan is complimentary to the NENC **Integrated Care Strategy (ICS): Better health and wellbeing for all**[1] and this plan represents a commitment to shift from hospital-centric care to community based-care, delivered through collaboration at a neighbourhood level.

NENC has demonstrated consistent success in collaboration across the health and care system to enhance outcomes for our population. As the ICB transitions into a strategic commissioning organisation, our primary emphasis will be on the effective commissioning of services, with clear articulation of the intended outcomes for our communities. Additionally, we will reinforce our quality monitoring frameworks to ensure desired results are achieved and variations in outcomes are appropriately addressed.

We look forward to working with all our NHS and system partners to deliver the commitments in the joint forward plan and together making a lasting contribution to improve the health and wellbeing of our population.

2 Strategic Context

The Darzi Review (October 2024) concluded that the NHS in England is an over-hospitalised system, riven with inefficiencies and achieving poorer outcomes for patients than comparably funded health systems in other countries.

The NHS England 10 Year Health Plan is shaped around three key shifts:

- From hospital to community
- From analogue to digital
- From sickness to prevention

The delivery of these shifts focuses on developing digitally enabled neighbourhood health services. The 10 Year Plan also commits to returning to sustained delivery of constitutional waiting times standards in planned and unplanned care.

The challenge for strategic commissioners is to progress impactful neighbourhood health services while improving quality and reducing waiting times for hospital care, all within a financial context pressured by demand and cost growth relative to funding growth.

[1] https://northeastnorthcumbria.nhs.uk/icp/better-health-and-wellbeing-for-all/

The 10-year North East and North Cumbria Integrated Care Partnership Strategy set our vision as "Better health and wellbeing for all". A central theme is the ambition to be "The best at getting better," fostering a culture of continuous learning and improvement across the region. The vision shifts the system's focus from merely treating illness to a proactive model that prioritises prevention and addresses the "wider determinants of health," such as housing, education, and employment.

The strategy is anchored by four strategic outcomes which set ambitious improvement targets for 2030:

Goal 1: Longer and Healthier Lives

On average, people in the North East and North Cumbria die younger than people in most other parts of England and have a longer period of ill health before they die. We want to change this.

Desired Outcome: Our goal by 2030 is to reduce the gap between how long people live in the North East and North Cumbria compared to the rest of England by 10%, so that our communities live longer and healthier lives

Goal 2: Fairer Outcomes

Our goal by 2030 is to reduce the gap between how long people live in the North East and North Cumbria compared to the rest of England by 10%, so that our communities live longer and healthier lives.

Desired Outcome: Our goal by 2030 is to reduce, by 10%, the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities.

Goal 3: Better Health and Care Services

We want to make sure that the health and care services we provide are not only high quality and safe but the same quality, no-matter where you live and who you are. We will therefore continue to work together across health and care to ‘join up’ care and break down the barriers that sometimes exist between the different parts of our health and care system. We also want care to be more personalised, so people have more choice and control over the way their care is planned and delivered.

Desired Outcome: Ensure our Integrated Care System is rated as good or outstanding by the Care Quality Commission (CQC) and increase the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC.

Goal 4: Giving our children and young people the best start in life

We have some of the highest levels of childhood poverty in England with around 40% of children (age 0-4) in our region living in neighbourhoods which are in the 20% most deprived areas in England. This compares to an England average of 25% of children.

Desired Outcome: Our goal by 2030 is to increase the percentage of children with good school readiness when they join the reception class, especially for children from disadvantaged groups.

The ICB's commissioning strategy is congruent to the 10 Year Plan and focuses on the three left shifts:

- **From Hospital to Community**: Shifting care delivery out of hospitals and into local communities, homes, and primary care settings (general practice, community pharmacy and community optometry) to make healthcare more accessible and convenient, reducing hospital reliance.
- **From Analogue to Digital**: Accelerating digital transformation to free up staff from admin, empower patients to manage their health online, and create a more efficient system.
- **From Sickness to Prevention**: Proactively focusing on preventing illness and promoting healthy choices, rather than just treating diseases once they develop, to improve long-term public health.

Our strategic commissioning approach will be informed by the ICB Blueprint, best practice guides and to promote integration:

- **Integrated Neighbourhood Health**: Commissioning focuses on developing "neighbourhood health services" that join up primary care, community health, and social care.
- **Joint Commissioning**: The strategy utilises Section 75 agreements between the NHS and local authorities to pool budgets for integrated care, such as the Better Care Fund (to be replaced by the Neighbourhood health and integrated care funding (ICFF)).
- **Social Value and Anchor Institutions**: The ICB uses its commissioning power to support local economic development, recognising that employment is a key driver of health.

The ICS Strategy is now in its 4th year and although our strategic outcomes and goals remain the same, the publication of key national guidance requires the health and care system to change. In the summer of 2026, we will embark on a process to refresh our ICS strategy and undertake an annual refresh of our plans in accordance with national planning guidance. This will include engagement with our partners across the health and care system.

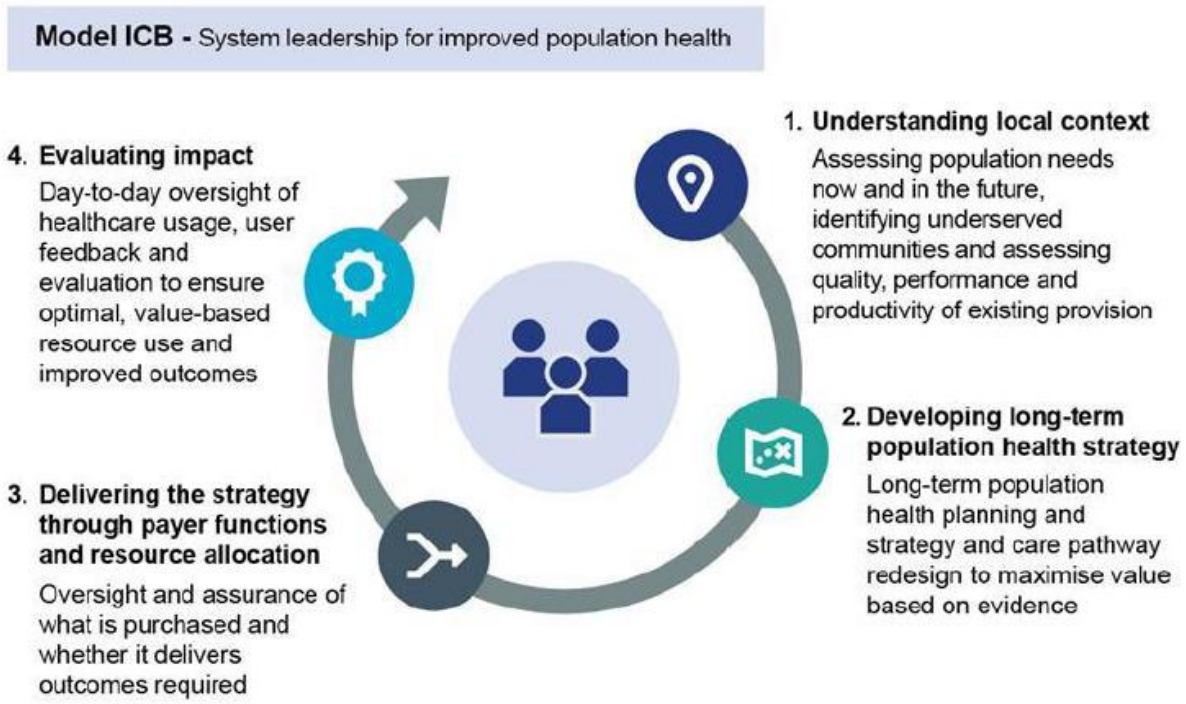
2.1. Strategic Commissioning

In response to the Model ICB Blueprint, the NHS England Strategic Commissioning Framework and the (4) ICB Best Practice Guides, alongside the requirement for ICBs to significantly reduce their management costs, we have developed a new operating model and staffing structure. We hope to fully implement this for 2026/27 following a period of consultation and reflection.

Strategic commissioning is the central purpose of the ICB and through our strategic commissioning transition programme we have sought to:

- Align the operating model of the ICB to strategic commissioning through multi-professional leadership, fewer teams with broader remits aligned to facilitate the Digital to Analogue, Treatment to Prevention and Hospital to Community "left shifts"
- Enhance the insight, intelligence and population health analysis, strategy and policy capability, and a hub of specialist skills and knowledge for strategic commissioning
- Simplified governance, integrating management of quality, access, and finance across contracts. Locking strategic priorities into contracts and applying payment reform, quality levers, market shaping and the Provider Selection Regime (PSR) flexibilities to incentivise outcomes, prevention and facilitate the "left shift"

Our strategic commissioning approach will be underpinned by the Model ICB Blueprint and focus on the core components of the commissioning cycle.



Our ICB strategic commissioning transition is underpinned by the following principles.

1. **Patient centred and co-produced -** ensuring that patients, communities, and providers are integral to designing, commissioning, and evaluating services
2. **Evidence based** - an approach that integrates population health data, user experience, and broad insights, to shape our commissioning priorities and decision making whilst also embedding innovation as a core enabler.
3. **Value for money and financial sustainability** – securing best value for our investments by focussing on effectiveness, productivity, use of digital technologies and the elimination of duplication and waste
4. **Outcomes focussed** - Our overarching goal is to equitably improve the health and wellbeing of the whole population. We will ensure our contracts include measurable outcomes that also address inequalities within and across the NENC system

As part of the ICB's strategic commissioning transition programme, an operating model has been produced which describes how the ICB will work effectively in the future as a strategic

commissioning organisation. Across all key functions of the ICB, the proposed model continues to ensure that the ICB works in partnership, bringing together providers, local government and other stakeholders and partners to best improve the healthcare, health and wellbeing of the population within the resources available.

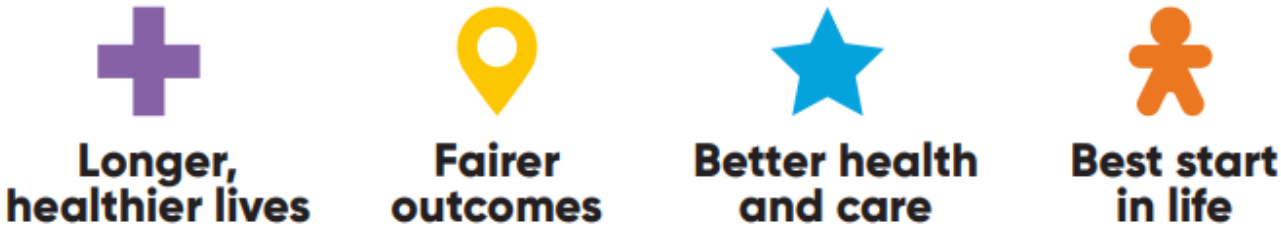
A key principle underpinning our operating model is multi-professional leadership to develop a culture of shared leadership, collaboration and continuous improvement. This leadership will be supported through an enhanced set of population health management and analytics capabilities coupled with strengthened contracting skills and capacity that will collectively drive our strategic approach and delivery of demand management (section 4.5.5) which will be a key focus for the ICB throughout the plan period. The model will support the ICB to both commission at scale for better outcomes and reduce unwarranted variation, whilst still retaining the capability to localise services and promote integration and reflect local needs in the commissioning responses we implement.

2.2. Delivering our plan

Delivering our ambitious goals and ambitions set out in the ICS strategy requires a continued commitment by all partners across NENC. Given the changing NHS landscape and continued financial challenges facing the NHS, strong collaboration is required to deliver the three shifts and the outcomes set out in this plan and the ICS strategy.

As a strategic commissioner, in-line with the Model ICB Blueprint and best practice guides, the ICB will set out the care models and outcomes that are aligned to local and national priorities and underpinned by robust population health needs assessments. These will be evidence-based, patient centred, co-produced and are focused on effectiveness, productivity and financial sustainable.

Using our ICS partnership arrangements, organised through networks and programme workstreams, the ICB will set the strategic direction to improve health and wellbeing across NENC and secure the desired outcomes via commissioned contracts with Providers.



The ICB has set its mission as becoming "the best at getting better" -with continuous learning, improvement, and innovation (where appropriate), at the heart of everything we do, and in the way in which we work. The Boost[2] improvement programme serves as a hub for innovation, idea-sharing, networking and supporting improvement efforts. Boost is a key plank to supporting the delivery of our plans and ambitions through the ability to:

[2] https://boost.org.uk/

- **Learn:** Providing access to learning that will drive change and support a healthier population
- **Connect:** Bringing like-minded people together to share and learn for the benefit of our health and care system
- **Lead:** Developing leaders and influencers to be effective convenors of system change
- **Improve:** Embedding a culture of continuous improvement through common methods and tools

The ICB has a mature partnership with Health Innovation North East and North Cumbria[3] (HI NENC) which mobilises providers, other partners, and industry to deliver a whole-system, mission aligned innovation portfolio which improves population health outcomes, reduces health inequalities, supports digital transformation, and drives economic growth.

The ICB continues to use data and insights to improve our decision-making and evaluate the impact of services on our population and outcomes. The ICB's Clinical Conditions Strategic Plan[4] sets out an ambitious vision of using population health information to get the best outcomes from health services in NENC. Taking a clinically led, data-driven approach we have identified the best opportunities to improve population health outcomes and tackle health inequalities.

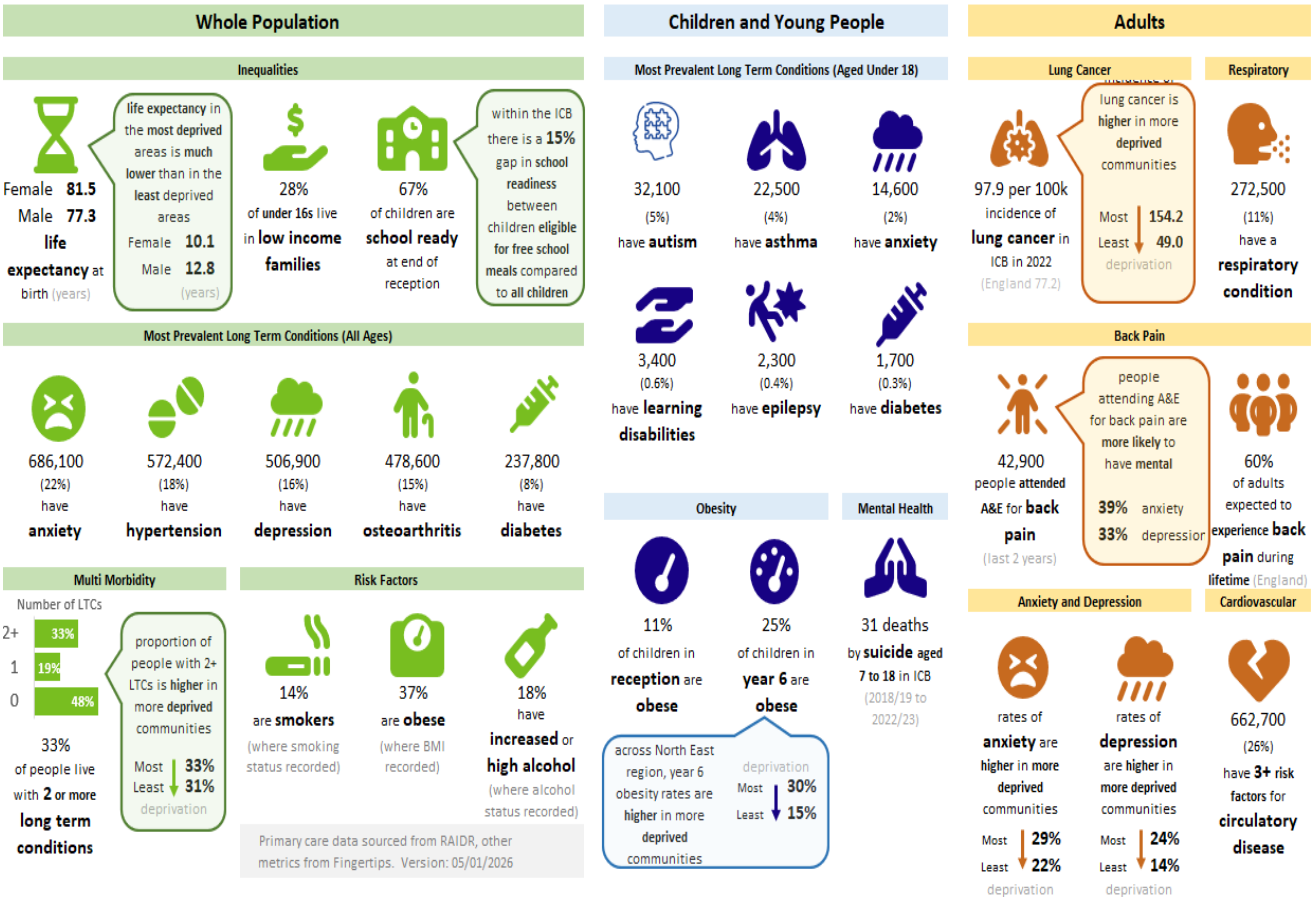
3 Population Health Context

NENC ICB is responsible for commissioning services of circa 3.2 million (2021 census) people. Our population:

- Is generally older, 21% are over the age of 65 compared to 18.6% for England.
- Experiences significant socio-economic deprivation with 1 in 3 people living in the 20% most deprived communities in England.
- Experiences health inequalities. Life expectancy and health life expectancy at birth are significantly worse than the England average.

The following image outlines the scale of our population health challenge:

[3] https://www.innovationunit.org/our-projects/supporting-icbs-drive-system-wide-innovation-adoption
[4] https://northeastnorthcumbria.nhs.uk/our-work/clinical-conditions-strategic-plan/



The ICB works in partnership and commissions services[5] from:

- 335 general practices, grouping together across 67 primary care networks (PCNs).
- 613 community pharmacies (including distance selling pharmacies).
- 261 community optometrists.
- 323 dental practices (general access dental and specialist primary and community dental).
- Eight NHS Foundation Trusts delivering physical health hospital and community-based services.
- Two NHS Foundation Trusts delivering mental health and learning disabilities hospital and community-based services.
- Two ambulance services across the North East and North West, delivering NHS 111, non-emergency patient transport services and 999 emergency ambulance services. The ICB is the lead commissioner for the North East Ambulance Service NHS Foundation Trust.
- 10 NHS commissioned acute Independent Sector (I.S.) providers.
- A significant number of community, voluntary and social enterprise (VCSE) and I.S. providers who provide community services across NENC.

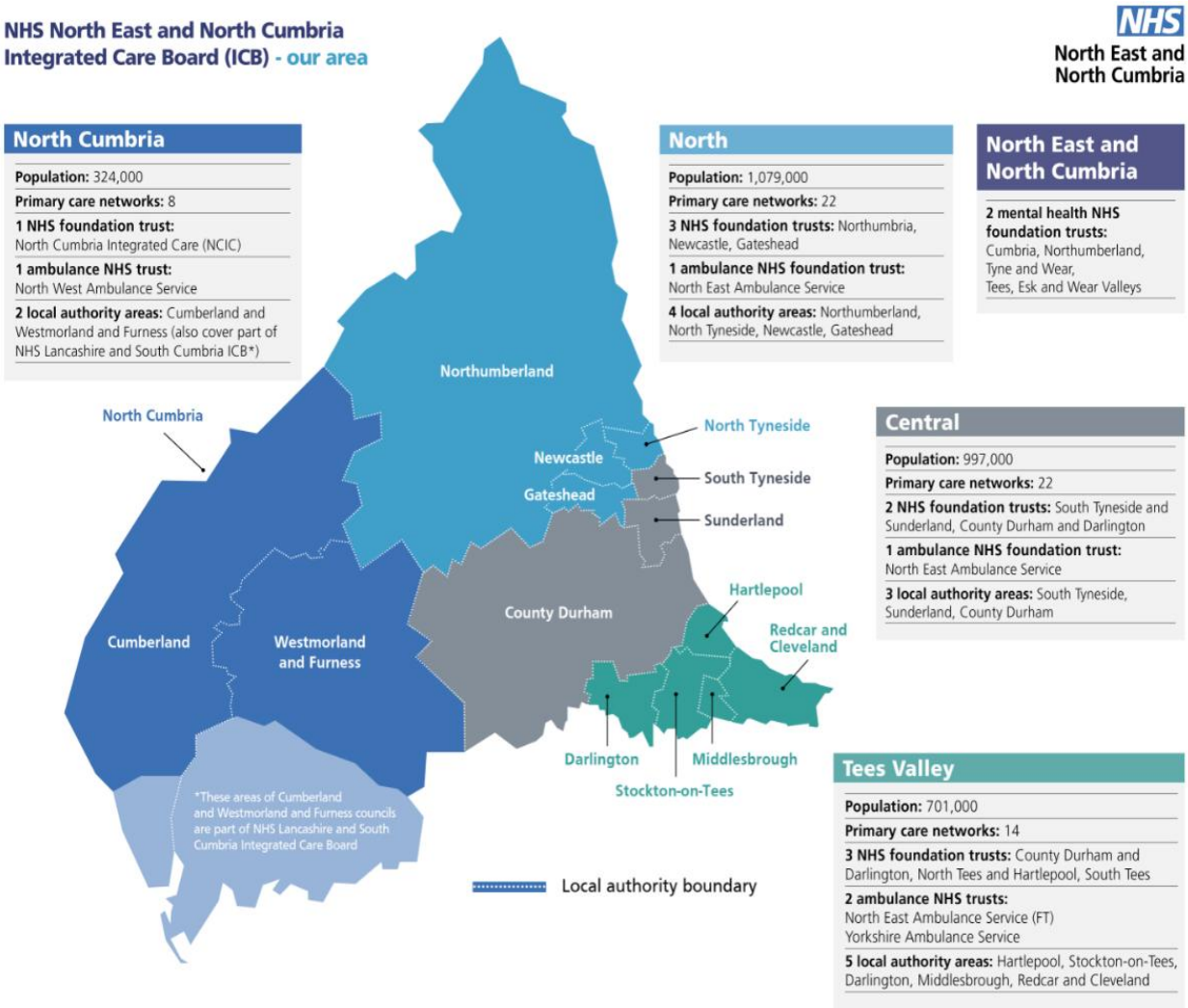
Working in collaboration is the key to improving health and care services and we have in place a number of collaboratives and networks which include:

[5] At the time of writing

- The NENC Provider Collaborative which brings together the 11 NHS Foundation Trusts in the region who work together to ensure high quality are and provide the best possible experience to staff. The NENC Provider Collaborative, through a formal responsibility agreement, are delegated some responsibilities to transform planned care across NENC.
- Primary Care Collaborative which brings together 2,500 GPs, 1,700 dentists, 1,500 pharmacists and 800 optometrists across the region working together to solve problems, influence decisions, and share good ideas for the primary care workforce, for patients, and for our local partners inside and outside the NHS.
- Northern Cancer Alliance who lead on reducing inequalities and improving outcomes for anyone affected by cancer.
- Local Maternity and Neonatal System (LMNS) which is a partnership of organisations who work with women, their families and healthcare staff to improve maternity and neonatal services
- Child health and wellbeing network which brings together people from sectors such as health, education, councils, and the voluntary, community and social enterprise sector to work with and support children, young people and their families.
- Learning disability network which is working to make the North East and Cumbria the best place in England for people with a learning disability to live.

Importantly, through the Better Care Fund (BCF), the ICB works in partnership with 14 local authority areas to commission services to deliver the integration of health, housing and social care in a way that supports person-centred care, sustainability and better outcomes for patients. For 2026/27, our partnership arrangements will continue but under the Neighbourhood health agenda and the Neighbourhood health and ICFF.

As a strategic commissioning organisation, although there will need to be a continued strong focus on the return to the constitutional standards over the next three years, a key priority for the ICB will be to focus on working with our partners to improve outcomes and tackle inequalities.



4 Strategic Commissioning Priorities and Care Models

Over the next five years, the ICB has developed an approach which continues the commitment to deliver the ambitious goals and priorities set out in the ICS strategy. Responding to the challenges facing the health and care system and the transition to a strategic commissioner, the ICB has developed its priority commissioning intentions.

For 2026/27, an outline set of strategic commissioning intentions[6] have been agreed by the ICB Board and shared with partners.
This five-year strategic commissioning plan builds on these key priorities and sets the strategic commissioning direction for health services. We will use the best practice supported by the ICB's procurement strategy which supports the use of the Provider Selection Regime (PSR) and the Procurement Act 2023 to secure the care models and services for our population.

4.1. Longer, heathier and fairer outcomes

Achieving improvements in population health outcomes requires system-wide partnership working. Through the Healthier and Fairer programme and the implementation of our clinical conditions strategic plan, we will work with partners across the system to target investment in effective services that tackle the key primary causes of disease: tobacco, alcohol and obesity as well as addressing the wider determinants of health in ways that target the greatest impact for our most deprived communities.

The clinical conditions strategic plan was developed to respond to the challenges facing the health and care system and our Healthier and Fairer programme supports the delivery of the ICS Strategy. This includes our key approach to reducing healthcare inequalities through the Core20PLUS5 programme.

In line with our long-term goals, our priorities over the coming years are:

4.1.1. Healthy weight and treating obesity (all ages)

- Review of commissioned tier 3 services to develop a NENC wide sustainable solution including the development of a consistent service offer including prescribing (e.g. non-medical prescribers).
- Working in collaboration with partners to address childhood obesity and reduce variation in services. See section 4.8.2.
- Implement robust data collection and reporting processes across the pathway for ongoing monitoring and evaluation of impact on outcomes for people.
- System wide primary care prescribing pathways and wrap around care: Tirzepatide Prescribing Pathways: Managing rollout for cohorts 2, 3 and beyond across primary care.
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- ICB-wide Healthy Weight Declaration: Co-developing a population-level commitment to a healthy weight declaration across NENC

[6] https://northeastnorthcumbria.nhs.uk/media/t5hdcoo5/nenc-mtp-commissioning-intentions-2627.pdf

- Commissioning work on food environments and advocacy, linking with local authorities.
- Supporting implementation through structured models, feeding into governance and local service action plans.

4.1.2. Alcohol

- Continue to fund the regional Alcohol Care Teams (ACT) in Trusts
- Implementation of a primary care and alcohol model through the development of a toolkit to support the implementation of the model. Aligned to the Neighbourhood Health agenda, we will work look embed with contract levers.
- Evaluate the alcohol support offer for health and social care staff (DrinkCoach) and explore the opportunity to link this to the wider workforce strategy subject to securing a funding source.
- Evaluate the programme for alcohol studies via BOOST and consider further investment opportunities if available.
- Work with local authorities to explore population health approaches including campaigns.

4.1.3. Tobacco

- Continue to fund Tobacco Dependence Treatment Services (TDTS), active in 10 Trusts across 18 pathways.
- Subject to the identification of funding, continue the Tobacco Dependence in Pregnancy programme which is currently funded nationally to March'2026.
- Continue to fund a comprehensive regional tobacco control approach via the FRESH programme which has contributed to the greatest drop in smoking prevalence compared to England.
- Implement Any Smoker Wraparound support as an opportunity to collaborate across NENC and supports the clinical conditions strategic plan.

4.1.4. Healthcare Inequalities

Our focus on addressing health inequalities across NENC will need to be strengthened over the coming years including the role of the ICB as strategic commissioner and the delivery model for the health inequalities and wider healthier and fairer programme. We will embed health inequalities into core commissioning processes where feasible, supported by evidence and evaluation.

In 2026/27 we will continue to support the following health inequalities projects whilst undertaking an evaluation ahead of confirming the commissioning and contracting models in future years.

- Deepend Network which will be a key feature of our neighbourhood health agenda
- Health literacy which remains significant barrier in reducing health inequalities
- Social Prescribing as a cornerstone of our strategy to tackle the wider determinants of health
- Poverty Proofing
- Inclusion Health including multiple complex needs

- Inequalities including CORE20Plus5

4.1.5. Housing, health and complex care

Our plan is to ensure young people and working-age adults with learning disabilities, autism, or severe mental health conditions have access to high-quality homes with the right support, enabling them to live well in their communities and avoid unnecessary institutional care. We will do this by:

- Increasing the availability of suitable, high-quality homes with aligned care and support.
- Reduce the number of people in institutional or highly restrictive settings.
- Improve access to community-based housing for people with complex care needs.
- Foster a joined-up approach to planning, investing, commissioning, and delivering homes and support.

Market Shaping

- We will work collaboratively with local authorities and housing partners to gather data and agree on a pipeline/model.
- Develop, test and iterate the predictive modelling tool and confirm collaborative commissioning activity. If agreed, we will begin collaborative sub-regional commissioning.

Small Supports

- We will use data analysis and insights to identify suitable individuals and engage with partners on the programme to develop the small supports offer.
- We will co-produce the recruitment of new providers and evaluate the programme, including wellbeing measures and system-wide financial / resource efficiencies.

Supported Living Schemes

- We will work collaboratively to finalise business cases to submit and if agreed:
- Refurbish existing properties in Cumberland
- Develop the Tees Valley Supported Living scheme

4.2. Long term conditions

People living with long-term conditions represent a growing proportion of the population and the greatest driver of demand across primary, community, and acute services. Across NENC, the current Long Term Conditions (LTC) landscape is characterised by:

- Fragmented and siloed delivery models, often organised around single conditions
- Short-term funding cycles, pilot-driven services, and limited systematic learning
- Duplication of effort alongside gaps in provision
- Variable access, quality, and outcomes across places and populations
- Increasing complexity and multimorbidity not reflected in current pathways

As we implement our emerging neighbourhood health model, we will look commission a coordinated, whole-system approach to LTC that improves outcomes, reduces unwarranted

variation, and delivers sustainable value by shifting emphasis toward prevention, early intervention, integrated care, and supported self-management. This will be focused on the key priorities set out in the strategy and the clinical conditions strategic plan but delivered in an integrated way.

Our priorities for LTC are:

Shift to Prevention and Early Detection

- Commission a consistent, ICS-wide approach to prevention and early detection, aligning NHS Health Checks, community pharmacy case-finding, public health outreach, and targeted screening.
- Use population health data to proactively identify and target high-risk cohorts as we expand our neighbourhood health model
- Integrate prevention and early detection activity across cardiovascular, diabetes, respiratory, and other priority areas.
- Continue to explore, co-create, evaluate and adopt new innovative technologies and diagnostics, on an equitable basis.

Standardise Access to Diagnostics

- Commission equitable access to core diagnostics across the ICS, including community-based diagnostics where appropriate.
- Reduce variation and duplication through standardised diagnostic pathways and reporting.
- Ensure diagnostics are embedded within end-to-end LTC pathways, not delivered in isolation.

Commission Integrated Models of Care for Multimorbidity

- Re-design LTC pathways to support proactive, coordinated management across primary, community, and secondary care.
- Commission models that respond to increasing multimorbidity and complexity, rather than single conditions.
- Strengthen transitions (including children and young people to adult services) and interfaces between settings.

Commission Integrated Models of Care for Multimorbidity

- Develop a strategic, inclusive rehabilitation offer that supports people with multiple LTCs, including community stroke rehabilitation across NENC.
- Standardise quality, access, and outcome measurement across rehabilitation services.
- Embed digital tools and self-management support to empower patients.

Use Commissioning Levers to Drive Quality, Value, and Consistency

- Align contracts and specifications to outcomes rather than activity alone.
- Aim to reduce unwarranted variation while allowing appropriate place-based flexibility.
- Embed medicines optimisation, workforce development, and role diversification into LTC commissioning.

4.3. Primary and community care services (including Neighbourhood health)

4.3.1. Neighbourhood health

Neighbourhood health services are at the heart of the vision for the NHS and across NENC, aiming to help people to live well in their local areas and reduce their need for care delivered in hospitals.

In September'25, two NENC ICB places were selected as wave 1 pilot sites for the National Neighbourhood Health Improvement Programme. Stockton and Sunderland under the national programme, using general practice as the cornerstone, will draw together a range of professions to develop a neighbourhood health team consisting of community nurses, hospital doctors, social care workers, pharmacists, dentists, optometrists, paramedics, social prescribers, local government organisations and the voluntary sector - giving people easier access to the right care and support on their doorstep.

Using the wave 1 pilot sites, and the work already underway at a local level, facilitated by the Living and Ageing Well Partnership, the ICB will undertake the necessary preparations for the creation of a new **NENC Neighbourhood Health commissioning framework**. This will be aligned to the emerging national neighbourhood health policy and guidance and will be built upon local population health need and design.

The aim of this NENC framework will enable the development of two strategic Neighbourhood Health Specifications for:

- Neighbourhood Urgent Care and Recovery
- Neighbourhood Proactive, Preventative Care

The strategic specifications will not be descriptive in nature but will give neighbourhoods flexibility in how they deliver their services. We will expect the adoption of high-value, evidence-based interventions and delivery principles with personhood, agency, prevention and early intervention at its core.

We will expect people will be offered timely, valued-based access to the right support, by the right team, in or across neighbourhood and where possible is technology enabled.

The overall aim is to improve population health and make our service sustainable. Therefore, we expect an early focus on those most vulnerable who are using avoidable health and care services to allow for future resource release into wider prevention approaches.

From April 27 onwards, there is an expectation that these strategic specifications will enable the ‘at scale’ commissioning of neighbourhood health across places in the North East and North Cumbria. These specifications will offer an opportunity to explore new contractual and payment models being developed nationally (e.g. Model System Archetypes).

The ICB will act as a system convenor, architect, and steward. We will move away from transactional oversight, towards transformational, strategic leadership to guide the future development of Neighbourhood healthcare services so we can meet the needs of our NENC population. Our strategic commissioning guiding principles and intent for Neighbourhood Health over the next five years are as follows:

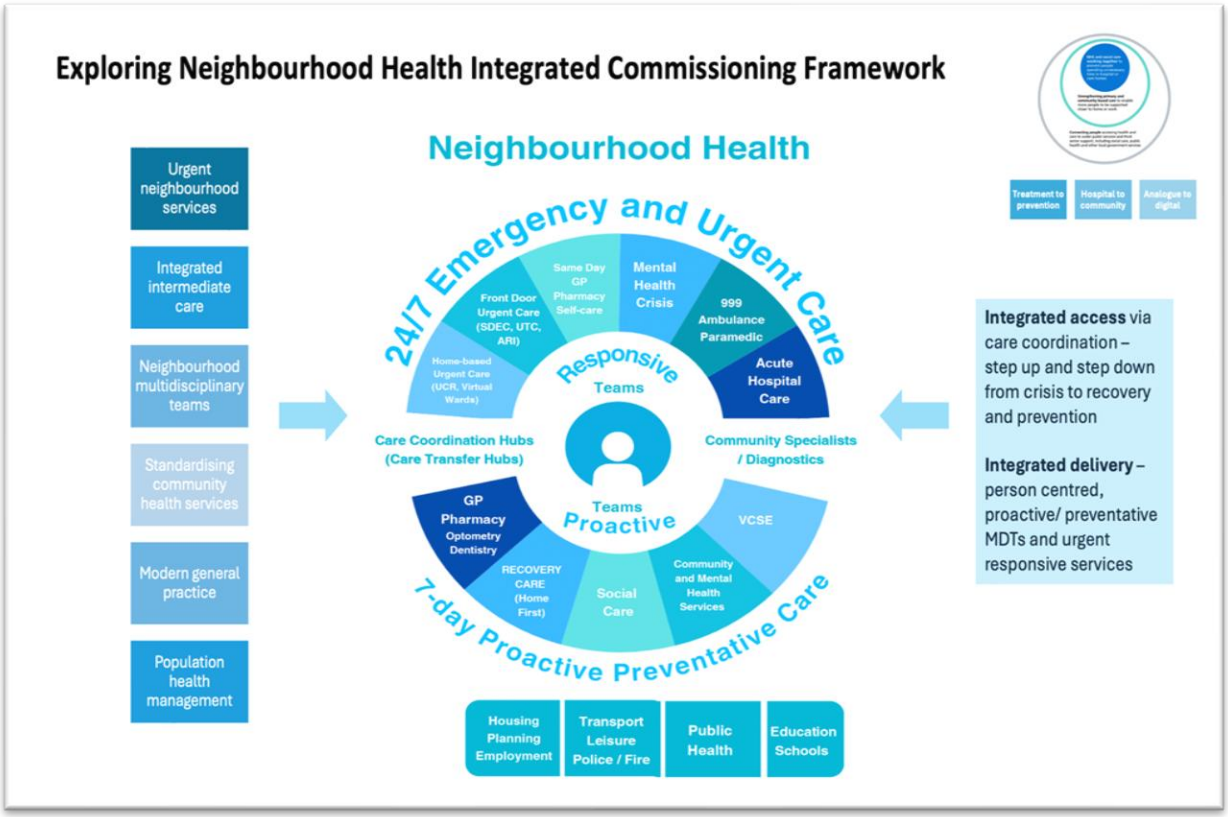
- Insight-led Commissioning: Population Health Management data resources, insights and service baseline information to inform our neighbourhood health commissioning approach.
- Outcome Based Commissioning: We will enact a shift away from activity and organisation led planning to outcome-based commissioning, primarily focusing on the needs of neighbourhood populations.
- Integrated Commissioning: We will commission in at integrated way that enables providers to implement new models of care and innovation that integrate services to address population health needs and health inequalities and provide seamless collaborative and co-ordinated Neighbourhood Health delivery models.
- Balanced Commissioning: We will correct imbalances caused by legacy contracts. We will explore and enact funding and contracting (e.g. shared risk and reward) levers to enable equitable whole population, outcome-based commissioning that promotes and encourages a positive change towards Neighbourhood based delivery models.
- Transformative Commissioning: We will explore the potential development of a transformation fund from a top slice of acute spend with incentivised outcomes for all providers to shift towards collaborative and co-ordinated Neighbourhood Health delivery models

This approach signals a shift in how we will commission healthcare services in NENC with the aim to achieve the best heath value for public money through commissioning. The new Neighbourhood Health Integrated Commissioning Framework must enable and oversee the integration of value-based services, which meet the current and future needs of local people and populations.

In partnership with our LA commissioners and providers our collaborative Neighbourhood Health preparatory actions will be focused on establishing our insights around population need, outcome variation and opportunity for improvement, and exploring new contractual and payments models to enable a shift of resource towards Neighbourhood Health delivery.

Although this is a large-scale change in all healthcare delivery, we will focus our attention on improving access to primary and urgent care services and strengthening community-based proactive, preventative care for those most vulnerable populations with complex health and social care needs in line with national policy. We will build on all the foundations of our urgent responsive model of care and proactive care programmes as we undertake our collaborative preparation actions covering the core components and enabling levers to Neighbourhood Health.

The following diagram shows elements of a Neighbourhood Health ‘offer’ which will be explored as part of our Neighbourhood Health Integrated Commissioning Framework and the development of our neighbourhood urgent care and recovery and neighbourhood proactive, preventative care specifications.



As strategic commissioner, we will investigate the enabling actions that are required in relation to the future commissioning and contracting for Neighbourhood Health that can be employed to facilitate this model change to align and shift resource allocations over the next five years. As part of this approach, we expect all providers to continue to deliver on the national requirements required of them in advance of the development of the full specifications for neighbourhood urgent care and recovery and neighbourhood proactive, preventative care.

Due to the historical allocation of a significant proportion of community health budget in acute contracts, the ICB will use 2026/27 to further understand the outcome of the community "block" financial review process with the intention to align the financial and contractual levers to support specifications.

By quarter two of 2026/27, aligned to the development of neighbourhood health plan, the ICB will agree a roadmap with each organisation for organising care around neighbourhood health, moving away from organisational boundaries.

By April'2027, the ICB will:

- Develop and agree core components for:
- Neighbourhood Urgent Care and Recovery specification
- Neighbourhood Proactive, Preventative Care specification

- Agree core components of community health services for both specifications.
- Agree core components for Urgent and Recovery Care specification.
- Agree core components of urgent responsive care for both specifications.
- Implement a single, live, tiered Neighbourhood Outcomes Framework for oversight and service improvement.
- Establish a single version of the truth supporting all Neighbourhood Health providers.

Over the next two years the ICB will also:

- Align digital workstreams with national/regional direction and key programmes.
- Use Sunderland and Stockton as testbeds for PHM infrastructure and data flows.
- Integrate primary, community, and social care data; address interoperability and data quality.
- Build on Enhanced Care for Older People (EnCOP) programme.
- Develop monitoring, continuous improvement, and evaluation plans.
- Consider advanced practice accreditation, apprenticeship, and certificate awards.
- Develop model and criteria to evaluate infrastructure for Integrated Neighbourhood Health (INH) estates improvement.
- Develop aligned models of neighbourhood health for children and young people and for people with mental health, learning disabilities and neurodiversity.
- Work with community pharmacy, optometry and general dental practices on opportunities to integrate in our neighbourhood health approach.

Maximising care closer to home through early intervention and urgent responsive community services ensures that care can be provided to patients in their own home or as close to home as possible. It is imperative that there are alternatives to accident and emergency and when attendance at accident and emergency is required, rapid access to hospital-based services and timely discharge is in place. Urgent responsive care out of hospital and in hospital is a core component of our integrated neighbourhood model.

We await the publication of the national framework for ICFF and will work together with partners to develop interim Neighbourhood health strategic plans.

4.3.2 General Practice

We have set out our ambitions for neighbourhood health and General Practice is at the forefront of the development of integrated health. This includes being central to the delivery of joined up, proactive care by strengthening Primary Care Networks (PCNs) to manage population health collectively across their neighbourhoods.

We will do this by:

- Enable General Practice to work seamlessly with partners by supporting collaboration with community, mental health, pharmacy and social care teams through embedding this into local place-based partnership arrangements.
- Support General Practice to co-design place-based neighbourhood plans through alignment of priorities and investments.
- Empower General practice to work in partnership to develop locally tailored initiatives specific to their neighbourhoods.

- Support development of a resilient multi-disciplinary neighbourhood team to
- Support PCNs in use of data-driven approaches for risk stratification and proactive management of those with long term conditions.
- Focussed approach to addressing inequalities and the wider social determinants of health in partnership with colleagues for those most at risk within their neighbourhoods.
- Enable General Practice to work seamlessly with partners by supporting collaboration with community, mental health, pharmacy and social care teams through embedding this into local place-based partnership arrangements.
- Support General Practice to co-design place-based neighbourhood plans through alignment of priorities and investments.
- Empower General practice to work in partnership to develop locally tailored initiatives specific to their neighbourhoods.
- Support development of a resilient multi-disciplinary neighbourhood team to address ongoing demand, through supporting workforce development and planning.

We will use the Multi Neighbourhood Provider contractual model to support the leadership of general practice in neighbourhood health delivery models.

Modern General Practice is the foundation of a transformation journey to better align capacity with need, improve patient experience and improve the working environment for general practice staff. We will continue to ensure that general practice is supported to deliver the requirements of modern general practice by:

- Support with digital transformation including the development of digital tools that can be utilised to identify those at risk early
- Provision of data dashboards and support for analytics and insight.
- Support with workforce development and planning.
- Continue with ICB wide approach to quality improvement to ensure drive consistent, measurable improvements in patient care and experience, including supporting funding opportunities to support primary care quality improvement where issues identified.
- Support General Practice in managing expectations and restoring public confidence by ensuring clear and consistent public messaging regarding access to general practice through a system wide campaign to explain new requirements including patient charter, embedding education about who to see and when.

General practice sustainability remains a key priority and the ICB will continue to work with general practice to:

- Support PCNs to use the ARRS opportunities in workforce planning to diversify their workforce and reduce GP workload.
- Support protected learning time to ensure workforce development through investing in leadership of wider general practice.
- Ensure equitable and transparent funding flows in locally commissioned services by concluding our review of general practice locally commissioned services. This will be backed by an increase in our investment in primary care and commission a comprehensive, enhanced general practice service for our population, which will be implemented across 2026/27 and 2027/28.

- Support estates planning to ensure fit for purpose premises and promote collaboration across wider partnerships in managing estate constraints.
- Streamline through local clinical interface groups referral and pathways to reduce the workload and administrative burden.

4.3.3 Community Pharmacy

We will continue to work with Community Pharmacy to make a significant and valued contribution to the wider health and care system. This involves:

- Encouraging more patients to "Think Pharmacy First"
- Addressing health inequalities in both status and access
- Supporting the three left shifts

We will expand the range of services available through community pharmacies in 2026/27, building on the Pharmacy First contracts and Independent Prescriber Pathfinder sites. This will include:

- Introducing new prescribing-based services in community pharmacies.
- Expanding access to emergency contraception through pharmacy provision.
- Maximising use of the Discharge Medicines Service to reduce medicines-related harm and hospital readmissions.

We will work with the national programme to support delivery and raise public awareness through a targeted communications campaign.

4.3.4 Dental Services

In collaboration with partners across NENC, the ICB launched its Oral Health and Dental Strategy for 2025-27[7]. The strategy aims to ensure that everyone in the NENC region has healthier teeth and gums, fewer decay-related hospital visits, and fairer access to NHS care.

The Oral Health and Dental Strategy 2025-27 has four strategic pillars and objectives that will be delivered over the next two years which are:

Preventing Poor Oral Health

- Expansion of Water Fluoridation: Supporting delivery of the agreed plan to expand fluoride in the water supply across the North East.
- Targeted Early Intervention: Focusing on "Core20PLUS5" populations (the 20% most deprived) where decay rates are highest.
- Community Integration**:** Partnering with health visitors and schools to embed oral health habits and fluoride varnish programs in early years settings.

Increasing Urgent Dental Access

- Urgent Dental Access Centres (UDACs): Developing and sustaining a regional network of centres to provide a "safety net."

[7] https://northeastnorthcumbria.nhs.uk/our-work/oral-health-and-dental-strategy-2025-27/

- Capacity Expansion**:** Providing circa 109,000 urgent appointments per year across the region**.**
- Digital Triage**:** Maintaining and development of the online booking to allow patients to secure urgent appointments without needing to contact NHS 111.

Improving Routine Access

- Contractual Flexibility: Offering NHS practices higher minimum rates.
- Maintaining/increasing capacity: Re-commissioning activity from contract hand backs and offering NHS practices the ability to be paid for activity above their contracted levels.
- Specialist Care: Reducing wait times for specialist minor oral surgery and orthodontic services where required.
- Vulnerable Groups: Supporting Community Dental Teams to provide care for those with complex needs closer to home.
- Delivery of the national dental reforms from April'26.
- Procurement of an electronic dental referral system.

Supporting the Dental Workforce

- Retention Incentives**:** Rewarding long-term NHS service and offering support to practices in "at risk" geographical areas.
- Upskilling**:** Using the whole dental team (therapists and nurses) to perform more clinical tasks, freeing up dentists for more complex care, and deliver oral health interventions.

Specifically in 2026/27, we will continue the delivery of our Dental Recovery Strategy which includes:

- Continued Urgent Dental Access Clinic delivery – full year effect of 111,000 urgent appointments.
- Local recommissioning of any activity lost through contract hand backs.
- Commissioning additional community and secondary care access.

4.3.5 Optometry

We will continue to work with Community Optometry to make a significant and valued contribution to the wider health and care system. This includes:

- Working with the Local Optical Committees (LOC) and the profession to deliver an electronic referral system for referrals from optometrists to secondary care
- Working with optometry and ophthalmology to modernise the eye care pathway.
- Procuring eye care in special educational settings
- Glaucoma pathway development
- Enhancing links between primary care optometry and secondary care ophthalmology including independent sector providers.

4.4 Mental Health, Learning Disabilities, Neurodivergence and Wider Determinants

We continue to work together to transform mental health, learning disability, and neurodivergence services, moving to integrated, community-based, trauma-informed, and

person-centred care models. Over the next five years, the ICB has six key strategic priorities:

Neighbourhood Health & Community Transformation

- Evaluate and expand community mental health transformation across the ICB, including learning from 24/7 neighbourhood pilot centres.
- Map and improve enhanced community models for learning disabilities and autism, with a focus on prevention, earlier diagnosis, and equitable access.
- Progress assertive and intensive community care by defining ICB-wide minimum standards and establishing dedicated workforce and safety systems.
- Standardise and expand Talking Therapies (anxiety and depression), including workforce growth, digital innovation, and improved access and outcomes. Subject to successful recruitment campaigns and appropriate lead in times.
- Scale up Mental Health Support Teams in Schools to reach 100% coverage by 2029/30
- Complete scale-up of the Maternal Mental Health model across all foundation trusts. Subject to successful recruitment campaigns and appropriate lead in times.
- Sustain and expand Individual Placement Support (IPS) for employment, meeting national access targets.

Inpatient, Urgent & Emergency Care

- Redesign and realign inpatient services for mental health, learning disabilities, and autism, including learning disability assessment and treatment units and older people's services.
- Increase crisis alternatives such as crisis cafes, safe havens, and 24/7 community mental health hubs, with evaluations and expansion. Some of this work will be underpinned by the national capital investment programme implemented in Jan'26.
- Cease commissioning long-stay out-of-area locked rehabilitation units and reinvest savings into community and preventative services.
- Implement "Right Care Right Person" (RCRP) across urgent and emergency care, optimize NHS 111 press 2 for mental health, and progress Mental Health Emergency Departments (MHED) and Crisis Assessment Suites (CAS) (Capital investment and new conveyance pathway procurement in 2026/27)
- Review and optimize adult eating disorder bed base in partnership with provider collaboratives, aligning with community service developments.
- Open new intensive support teams, step-up/step-down apartments, and crisis houses in targeted areas.
- Build and deploy mental health dashboards focused on inequalities.
- Procure a new mental health conveyance pathway.
- Implement and evaluate redesigned inpatient models.

Neurodivergence Pathways

- Commission accredited providers for ADHD and autism assessment/treatment to ensure consistent quality and tariffs.
- Develop and implement a single access and triage hub (adults first, then children and young people) with digital support for referrals, navigation, and needs-led support.

- Expand self-understanding resources and digital tools for neurodivergent individuals, including horizon scanning, clinical validation, and publication of accessible resources.
- Manage “Right to Choose” activity and improve contract management by setting commissioning policy and indicative activity plans.
- Strengthen information and support offers at place and align digital resources with triage hub functionality.
- Scope and implement children and young people’s triage capability as a second phase.

Trauma-Informed Approaches

- Develop and deliver system-wide trauma-informed training (including e-learning, lived experience-led sessions, and reflective practice) for all staff, hosted on the Boost platform.
- Integrate trauma-informed principles into all planning, policy, commissioning, transformation programmes, contracting, HR procedures, and organisational cultures.
- Develop and implement a trauma-informed framework for NENC to support self-assessment and improvement across sectors.
- Complete implementation of the framework for integrated care for children and young people (in partnership with local authorities), consolidate learning from vanguard sites, and plan for sustainability.
- Align commissioning and service design to trauma-informed care and ensure co-production with people with lived experience.

Specialised Commissioning

- Enhance Mental Health Provider Collaboratives (MHPCs) as delivery arms for ICBs, focusing on population health, reducing inequalities, long-term planning, workforce alignment, and value-based care.
- Review and improve the Lead Provider Model to optimise delivery of Mental Health, Learning Disability, and Autism services.
- Implement new specifications for children and young people’s specialist services to redevelop regional wards into more flexible, locally delivered services.

Suicide Prevention

- Reduce suicide and self-harm rates across NENC by commissioning suicide prevention, intervention and postvention training to NHS staff, emergency responders and services, including Right Person Right Care
- Review and analyse data (including clinical audits and near real-time drug-related death systems) to develop targeted recommendations for high-risk groups and service improvement.
- Expand and embed crisis support services, such as crisis text services (integrated into NHS 111 option 2), crisis cafes, and postvention support for under-18s. Again, some work areas will be underpinned by the national capital investment programme.
- Pilot and evaluate innovative models to support suicide prevention.

- Develop and implement a Children and Young People's Mental Health (CYPMH) plan to close treatment gaps and strengthen prevention.
- Collaborate on prevention programs with public health, medicines optimization, and criminal justice partners, including targeted support for high-risk groups (e.g., those leaving prison, experiencing domestic abuse, or in the youth justice system).
- Implement research programs (e.g., Sunderland University's male suicide study) and review gambling harms services.

4.5 Secondary Care Physical Health Services

We will work with our providers to develop plans that meet the access targets within the NHS England Medium Term Planning Framework over the next five years. Given the financial challenges, these improvements will largely need to be achieved through a combination of improvements in pathways and productivity rather than through increased activity.

4.5.1 Urgent and Emergency Care

As we have set out in section 4.3.1, seamless integration between in and out of hospital urgent and emergency care is a key national and local focus. System leadership is provided through the Urgent and Emergency Care Network and Living and Ageing Well Partnership, with operational delivery via local accident and emergency delivery boards.

In NENC, we are building on a strong foundation with partnership working at a place level and at a strategic network level. The network has a vision of providing safe, effective, quality and equitable healthcare to our whole population. We will continue to do this in partnership by reducing unwarranted variation and improving the quality, safety and equity of urgent and emergency care provision by bringing together all stakeholders to radically transform the system at scale and pace.

Our plan is built around three core priorities:

Urgent Responsive Care – Maximizing care closer to home through early intervention and community-based services.

- Covered in section 4.3.1. and 4.3.4 for urgent dental care.

Before Admission / Alternatives to Hospital – Preventing unnecessary hospital visits and admissions.

- Empowering and enabling self-care with public education and support to help people confidently self-manage minor ailments and long-term conditions. Community pharmacies play a central role in supporting self-care and providing advice. Encourage use of over-the-counter medicines and digital tools for self-management.
- More patients accessing same day emergency care (SDEC) pathways through the development of standard pathways
- Enhanced advice and triage through NHS 111, providing a single point of access for advice and support, clinical triage and direct booking into appropriate services. The ICB will ensure that the directory of services (DoS) is kept up to date to ensure

patients are direct to the most appropriate commissioned services. Clinical triage before ambulance and/or A&D disposition will be in place.
- Reduced variation in urgent/same day urgent care access through the application of standard Urgent Treatment Centre (UTC) specifications (where it is appropriate).
- Improved urgent mental health assessment and response including liaison services in acute hospitals.
- Subject to the approval of business cases by NHS England, the ICB will also commission an agreed number of mental health emergency departments which will be co-located (or in close proximity to) type 1 emergency departments with locations to be determined.
- Increased ambulance capacity for true emergencies, with fewer hospital conveyances through increased "see and treat" and "call before convey" protocols.

Improving Hospital Flow – Ensuring efficient movement through hospital pathways and supported discharge

- Within existing resources, expand the use of virtual ward services to provide acute care at home, or close to home as possible, ensuring that step-up is available to avoid unnecessary admissions.
- Strengthen discharge planning through collaborative multi-agency working aligned to the Better Care Fund (BCF), Care Coordination Hubs and neighbourhood health plans. Discharge planning starting at the very earliest opportunity to ensure that patients leave hospital and access suitable services or pathways of care within an appropriate time frame.
- Over time, we will look to commission appropriate out of hospital beds and improve utilisation and reporting.

Our collective approach to winter planning continues to develop and we will work at a local and strategic level to undertake reviews of winter preparations and delivery and develop future winter plans. This will include a collaborative approach to winter engagement and communications and increasing the uptake of flu vaccinations.

4.5.2 Elective Care

Planned care performance in NENC remains one of the best in England and performance continues to recover from the impact of the pandemic. The national expectations to recover performance to meet the NHS Constitution standards will require a continued focus on meeting productivity requirements, transformation and working together to maximise the capacity across NENC. The ICB as a strategic commissioner has a key role to understand the drivers of demand and implement initiatives to reduce inappropriate demand into services.

Our collective efforts over the next three years continue to focus on delivering timely access for elective and cancer treatment supported by earlier diagnosis. There is a strong commitment across NENC of working together and this will need to continue to ensure that capacity across the system is utilised in a way which maximises the number of patients receiving treatment and addresses current inequalities in waiting times. The Planned Care Board will continue to play pivotal role in the coordination of efforts across NENC.

Through the medium-term planning process for 2026/27 to 2028/29, the ICB has worked with Trusts to set affordable levels of activity in plans to meet performance improvements. Given the level of resource we have available, there is a requirement to improve productivity and transform elective and outpatient pathways. NHS England have provided Trust specific productivity and efficiency opportunity packs which have been used to develop operational performance trajectories for the next three years.
The ICB therefore expects providers to:

- Delivery increased specialist advice and guidance triage and straight-to-test pathways
- Embed the good practice and learning from the waiting list validation sprints to ensure that waiting lists are accurate.
- Participate and support in the delivery of the Planned Care Board priority workstreams:
    - Priority pathway outpatient pathway transformation and digitisation in Ear Nose and Throat and Gynaecology
    - Theatre productivity to achieve at least 85%day case rates and 85% utilisation
    - Mutual aid to access quicker treatment for patients with over 52 week waits, supported by the implementation of a NENC shared patient tracking list.
- Improve the ratio of completed pathways per unit of activity. Trusts will be expected to use available benchmarking to understand the causes and seek improvements.
- Review specialty level outpatient follow-up to new ratios and deliver improvements for each specialty based on benchmarked opportunities and what is deemed clinically appropriate.
    - The reduction of follow up attendances by use of technology, non-face-to-face contact and patient initiated follow up (PIFU) should be in-line with national requirements and best practice.
- Delivery increased theatre productivity to achieve at least 85%day case rates and 85% utilisation.
- Continued focus on the recovery of waiting times for elective care for CYP on a consultant led waiting list.
- Adhere to the NENC Value Based Commissioning (VBC) Policy[8]

Elective Recovery Fund (ERF) has been deployed into Trust contracts in-line with the financial principles agreed across NENC for 2026/27. In future years, the ICB will consider how ERF is funded to ensure equitable recovery of key planned care standards.

4.5.3 Diagnostics

Rapid access to locally delivered diagnostic services supports earlier intervention and decision making for clinicians and patients requiring planned care, cancer and treatment for long term conditions. Over the last two years we have implemented several key national diagnostic initiatives which have attracted additional funding. These have been nationally dictated and support our strategic direction but now we must enact a shift in our approach to the commissioning of community diagnostics linked to our neighbourhood health agenda and utilise the capacity we have across NENC.

[8] https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/policies/corporate-policies/value-based-clinical-commissioning-policy/

A key priority for the ICB is to work with providers of Community Diagnostic Centres (CDCs) and our local stakeholders to optimise the totality of capacity across NENC to best meet demand, within the funding we have available.

Demand for diagnostic tests are rising and the resources we have available are not. We will work with providers of diagnostics to implement demand management indicatives, continue explore the benefits of digitalisation in diagnostics. This includes:

- Implementation of iRefer to facilitate appropriate referrals into radiology departments
- Implementation of digital pathology to allow and reporting of slides digitally, enabling greater flexibility, and cross site reporting
- Global worklist and global reporting enabling sharing of images across NENC and developing cross site reporting for mutual aid

We expect that Trusts also implement productivity opportunities across diagnostic services and the ICB will determine its contracting and payment approach for diagnostic services, particularly CDCs.

4.5.4 Cancer

Across NENC we have a strong commitment to improving cancer care, The Northern Cancer Alliance (NCA) aims to improve cancer care through collaboration across NENC. We do this by bringing together clinical, commissioning, voluntary and operational leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment, and care for cancer patients.
As an Alliance we will respond to the 10-year cancer plan following its publication expected February'26 developing a strategy for NENC based on the 3 shifts.

Sickness to prevention: NENC will enable the NHS to identify those who are at greatest risk of developing cancer earlier and make it easier for everyone to access screening services.

- Increase access to the HPV vaccine to support the national goal to eliminate cervical cancer by 2040
- We will make smear tests more accessible by supporting the roll out and implementation of more self-sample kits especially for women who rarely or never attend screening.
- Continue the roll out of lung cancer screening to those most at risk, with a history of smoking, to detect more cases of cancer at an earlier stage when the disease is more treatable and survivable. The aim is to have 100% coverage of the eligible population for NENC by 2028
- Support access to the extended range of genomic testing for inherited causes of cancers
- Encourage providers to have access to all trials as part of the national cancer vaccine launch pad initiative
- Embedding cancer as a long-term condition within our emerging neighbourhood models. This way of working will also support our ambition to diagnose cancers at an earlier stage thus improving outcomes. Including

    - Supporting initiatives that increase access to services by reducing barriers to referral
    - Ensure cancer is integrated into targeted community and neighbourhood approaches for those localities with the greatest variation in screening, early diagnosis, access to treatment rates and highest rates of emergency presentation
- Development of a sustainable model for both prehabilitation and rehabilitation within the cancer pathway to support secondary prevention.
- Continued deployment of behavioural science approaches to develop and tailor symptom awareness work to target specific population groups.
- Work in collaboration with FRESH, Balance and local authority partners to maximise opportunities to positively influence healthy choices and behaviours within target populations.

Hospital to community will make it easier to access cancer screening, diagnostic and treatment services in patients' local areas, with more choice for people on how and where they access these services.

- Work with partners to develop a cancer neighbourhood model to increase access to primary care and screening and immunisations supported by a full embedded risk stratification approach.
- Develop and embed pathways that support primary care to manage pathways. Identifying all opportunities for direct access/self-referral and advice and guidance,
- Embed cancer pathways in emerging Neighbourhood Health Centres, maximising the use of Community Diagnostic Centres to meet increasing demand and improve performance against the faster diagnosis standard whilst maximising opportunities to transform a cancer outpatients' model.
- Embed local agreements for patient initiated follow ups and explore opportunities to transform the outpatient pathways.
- Develop an integrated clinical service configuration strategy to enable resilient cancer services across NENC.
- Embed a consistent and equitable Non-Surgical Oncology model across NENC including the implementation of a new Acute Oncology SDEC model to reduce urgent and emergency care demand**.**
- Reducing variation in care using national audits to target interventions.
- We will bring together cancer clinical experts as part of the NCA to determine the best approach for delivery of care across NENC, considering national guidance and local context. We will use reduce variation in care using national audits to target interventions
- Genomics is a fast-developing field and will have a significant role in personalised treatment as well as, over time, allowing profiling through a population health model. The NCA will work with the NEY Genomics Medicine Service (GMS) to maximise the benefits of genomics and improve access to genomic testing for the population of the area.

Analogue to digital will ensure that NENC is able to harness the power of technological innovation to improve the prevention, diagnosis and treatment of all cancers.

- Commission a Tele-dermatology service that will allow GPs to refer patients with suspected skin cancer to the appropriate place, developing service models to support access to services for patients. This will reduce inappropriate demand into cancer services.
- Work with Health Innovation NENC (HI NENC) to test out a range of digital innovations and diagnostics that will explore the use of artificial intelligence (AI), digital applications and remote monitoring within cancer pathways to enhance patient experience and improve clinical outcomes
- Continue to focus on operational performance with the continued roll out of robotic data processes to improve data quality and reporting
- Develop and embed new digital connections to support seamless communication for patients and clinicians within cancer pathways – including anywhere working, decision support tools and where possible the same or limited clinical systems

Operational cancer performance remains a challenge across NENC. The NCA will work closely with Trusts to recover operational performance by ensuring best practice pathways are in place for patients with suspected cancer. This will be supported by the deployment of cancer Service Development Funding (SDF) across key tumour groups and pathways. For 2026/27, we have identified key tumour groups and organisations that require specific improvement plans for delivery in 2026/27.

In response to the service outcome issues identified within County Durham and Darlington NHS Foundation Trust, we will develop a commissioning model and service specification for Breast Cancer Services across NENC.

4.5.5 Demand Management

In response to rising demand, financial pressures, and health inequalities across NENC, the ICB has developed a demand management plan which will be enhanced in 2026/27 to implement further demand management strategies from 2027/28.

The key pillars of this plan are included within this five-year plan but specifically, in relation to the management of planned demand into secondary care, we will work with partners and service users to review and redesign whole-system planned care pathways to deliver value for money, efficiency, and improved patient outcomes. This involves shifting demand and flow between sectors, implementing new models of care, and ensuring sustainable, standardised service delivery across NENC. Our developing demand management strategy will need to consider the impact on patients and citizens and initiatives do not simply move patients from one place to another or delays care and treatment.

The following will be priority areas for 2026/27 with commissioning implications for future years:

ENT (AQP Adult Hearing and ENT pathways)

- Remove variation and overspend in AQP audiology; design a NENC-wide hearing pathway (age thresholds, referral routes, offer, aftercare, tariff).

- Working with providers, reduce unnecessary ENT clinics for tinnitus/unilateral HL via A&G and direct-to-MRI where indicated; free clinic capacity and reduce waits.
- Identify ENT pathways contributing most to backlog and reform to meet RTT standards, learning from Eyecare reform.

Eyecare

- Remove fragmentation & referral variation; implementing an electronic referral system to streamline optometry-to-ophthalmology referrals and generate baseline data; standardise clinical pathways and enable patient choice; community post-op follow-up

Community musculoskeletal services

- Review community musculoskeletal services across NENC with the intention of implementing a single point of access in-line with national best practice pathways for musculoskeletal conditions.

Endoscopy

- Implement a standardised service specification for endoscopy (GI) across NHS and I.S. providers in-line with national evidence-based criteria for endoscopy.

We will work with the Outpatient Transformation Programme (sub-group of the Planned Care Board) to identify further clinical specialities which require transformation across the pathway in future years. We will also look to continue to work with our clinical teams across primary and secondary care to maximise the use of advice and guidance, priority pathways and explore opportunities to ensure that patients are referred on the most appropriate pathways.

4.5.6 Women's Health

In response to the first national plan for women's health in 2022, we published our needs assessment on women's health and developed a five-year implementation plan for NENC. Delivery of the plan will require strong collaboration across NENC and will focus on the following priorities:

- Address health inequalities by improving provision and access to services, especially for deprived and underserved groups.
- Develop and implement a contraception strategic plan and commissioning framework.
- Co-produce improvements with women and girls, ensuring their voices are central to service development through production of a women's health promise.
- Develop a baseline of the understanding of violence against women and girls across all healthcare settings with a view to embedding evidence-based advocacy, identification and support.
- Support the co-creation, development, evaluation and adoption of a pipeline of innovations across the women's health and femtech space, in conjunction with HI NENC, thereby gaining recognition for the region as 'Accelerator' in this space.

Addressing Health Inequalities

- Develop and implement a robust data collection and reporting framework to capture women's health data by sex and gender at regional and sub-regional levels.
- Conduct a comprehensive needs assessment using improved data to identify gaps in service provision and outcomes.
- Design targeted interventions for identified priority groups (e.g., women in deprived areas, ethnic minorities).

Moving from hospital to community care

- Evaluate the effectiveness of the two women's health hubs in Gateshead and Sunderland. Subject to the evaluation, develop a "blueprint" for scaling up community-based women's health services across NENC, moving care from hospital.
- Engage with primary care, VCSE partners, and local authorities to co-design service models that shift appropriate care from secondary/acute to community settings.

Tackle health impacts of abuse and violence against women and girls

- Co-produce a comprehensive audit tool (with OHID and safeguarding leads) for use in primary care and other healthcare settings.
- Support the development of a training programme for clinical and administrative staff on responding to domestic abuse disclosures and making effective referrals.

4.5.7 NENC NHS Foundation Trust collaboration

NENC is a region that has thrived on collaboration. The NENC Provider Collaborative was established in 2019 which encompasses all 11 NHS Foundation Trusts across NENC. The ICB works with the NENC Provider Collaborative to agree delivery priorities each year which are then taken forward via established ICS governance.

More recently, we have seen partnerships develop at a more local level with "nested" collaboratives being established to respond to local needs and the challenges we face across the NENC. We continue to support the development of collaboration of our NHS Foundation Trusts and our draft ICB structures respond to these developments.

4.5.8 Strategic Approach to Clinical Services

The ICB requested a review of acute clinical services with a view to developing sustainable hospital care and offset future vulnerabilities across NENC. Recognising the clinical leadership across our NHS Foundation Trusts, the ICB commissioned the NENC Provider Collaborative (PvCv) develop a strategic approach to clinical services (SACS) framework.

The SACS framework was developed with clinical leaders from all 11 NHS Foundation Trusts across NENC to:

- Set some common strategic clinical ambitions for all FTs and system programmes to work towards
- Identify clinical areas where joined up work can add most value, and

- Have a better sense of system clinical priorities to help us to make better long-term system decisions on investment & infrastructure

Although the framework is focused on acute services, there is a requirement to ensure that there is a vital interface with primary care, ambulance services and mental health services.

4.5.9 Specialised and direct commissioning

We will work with NHS England to ensure a smooth transition of specialised services, health and justice, and vaccination and screening commissioning to ICBs where appropriate. We will work to clarify roles and responsibilities across the commissioning functions and will look to:

- Establish regional governance and coordination mechanisms by setting up a single Office for ICB Commissioning and a Programme Board/Transition Steering Group.
- Implement a three-tiered commissioning model to clarify accountability and responsibility for specialised services, health and justice, and vaccination/screening
- Manage phased transition of services and staff to ensure continuity and readiness for full transfer.
- Strengthen population-focused commissioning through joint ICB governance and population footprint guidance.

4.6 All Ages Continuing Healthcare

Provision of continuing healthcare within community settings is critical to ensure our secondary care or frontline services are not further stretched. We want to ensure that every person in NENC who meets continuing care eligibility, across all ages, receives timely, high-quality, equitable, needs-led support that maximises independence, safeguards dignity, and delivers demonstrable value for money.

We will deliver this by ensuring that people who meet continuing care eligibility, across all ages, receive timely, high-quality, equitable, needs-led support that maximises personal choice, independence, safeguards dignity, and delivers demonstrable value for money.

The AACC transformation programme across NENC has the following strategic objectives:

- **Quality, Equity & Consistent Outcomes:** Deliver person centred, timely, and high-quality support across all localities, reducing inequity in access, outcomes, and experience. Resolve complaints swiftly, learn and improve from feedback and the expertise of others, and improve services through consistency, compassion and clarity of communication with people who we support.
- **Standardised, Transparent & Fair Practice:** Eliminate unwarranted variation by embedding consistent pathways, policies, and decision-making processes that ensure fairness, transparency and accountability. Implement robust systems, data quality, audit, and reporting capabilities.

- **Affordability & Effective Use of Resources:** Personalised, needs led packages; strengthen market capacity; and reduce avoidable high-cost placements through proactive planning and oversight.
- **Skilled, Supported & Compassionate Workforce:** Develop and sustain an expert workforce with clear roles, structured training, effective supervision, and strong wellbeing support.
- **Work Well with Stakeholders & Partners:** Strengthen integrated working with Local Authorities (LAs), providers, VCSE, and people with lived experience; embed a proactive communications & engagement strategy.

Our key priorities of our AACC transformation programme are:

- Adopt a single AACC pathway with standardised eligibility, assessment tools and decision-making panels across NENC.
- Implementation of a standardised digital system across all teams.
- Develop an ICB approach to the commissioning of packages.
- Eliminate the remaining backlog for the reassessment of packages of care.
- Continue to work the partners to support the ambitions of transforming care with 10% fewer people with a learning disability or autistic people being in hospital unnecessarily.
- Ensure AACC budget outputs are maximised for the benefit of our population and in line with relevant national benchmarks and expectations

This will deliver the following outcomes which are underpinned by key performance indicators:

- Timely, high-quality decision-making that consistently meets national standards and improves trust in the system.
- Improved experience and confidence for people, carers and families, with care delivered fairly and transparently.
- Better value for money through reduced unwarranted variation, fewer avoidable high-cost placements, and clearer alignment of need to cost.
- Care closer to home for people with a learning disability and autistic people, with fewer unnecessary hospital admissions.
- A capable, stable workforce with strong skills, engagement and retention to sustain improvement.
- A culture of continuous improvement and learning, underpinned by effective complaints handling, audit assurance and high-quality data.

4.7 Medicines

Medicines are the most common and most evidence-based intervention in healthcare. Managing the use of medicines is also a statutory responsibility of the ICB with the ICB spending c£650m on prescribing in primary care and a further c£600m in secondary care. The ICB continues to experience a very high level of growth in our prescribing spend across primary and secondary care which is a significant financial and operational pressure.

Our strategic commissioning approach to medicines is about deliberately shifting from managing activity and spend to shaping outcomes and value. Through our medicines

strategy, we will be using commissioning levers to ensure medicines are consistently delivering the greatest possible population health benefit, reducing unwarranted variation, and supporting financial sustainability. This means aligning prescribing decisions with evidence, outcomes and inequalities, and using our role as a system convenor to set clear expectations across primary, community and secondary care about what "good" looks like in medicines use.

In primary care, this is being delivered through a strengthened prescribing outcomes scheme that moves beyond cost control to focus on quality, safety and measurable health gain. Crucially, we intend to broaden this approach to explicitly include community pharmacy as a core delivery partner, recognising its growing clinical role in optimisation, prevention and early intervention. By aligning incentives across general practice, PCNs and community pharmacy, we are aiming to drive consistent behaviours around best-value prescribing, deprescribing where appropriate, antimicrobial stewardship and proactive management of long-term conditions, all grounded in population health intelligence rather than isolated organisational targets

Alongside this, our secondary care medicines (included within contracts) and wider commissioning activity are designed to reinforce the same principles at scale: timely adoption of innovation, systematic use of biosimilars, alignment with formulary and pathway decisions, and stronger links between medicines use, outcomes and cost over multiple years.

Taken together, these approaches allow us to move from fragmented interventions to a coherent, system-wide model of strategic medicines commissioning, using contracts, data and clinical leadership to maximise the health return from our spend on medicines, while supporting providers to deliver care that is safer, more equitable and more sustainable for our population.

4.8 Best Start in Life

4.8.1 Maternity

The ambition is for maternity and neonatal services across the North East and North Cumbria (NENC) to become safer, more personalised, kinder, professional, and more family friendly. The ICB and its partners have been required to deliver the Three-Year Delivery Plan for Maternity and Neonatal Services which comes to an end in March 2026. The plan focuses on four key strategic priorities which includes:

- Listening to and working with women and families with compassion
- Growing, retaining, d supporting our workforce
- Developing and sustaining a culture of safety, learning, and support
- Standards and structures that underpin safer, more personalised, and more equitable care.
- In June 2025, the Secretary of State announced an independent investigation into maternity and neonatal care and a taskforce to agree and oversee the resulting action plan.
- Ahead of the action plan being finalised and in line with medium term planning guidance **all ICBs and providers are expected to take immediate action to improve care** and **ensure women are listened to**.

This includes**:**

- Implementing best practice resources as they are launched, such as the forthcoming maternal care bundle, new approaches to avoiding brain injury in childbirth, the specification for maternity triage, and the Sands National Bereavement Care Pathway for stillbirth and neonatal death.
- Using the national Maternity and Neonatal Inequalities Data Dashboard to identify variation in practice and put in place interventions for improvement.
- Participating in the Perinatal Equity and Anti-Discrimination Programme to support leadership teams to improve culture and practice.
- After the implementation of MOSS in Nov 25, undertake local safety checks in response to a signal to prevent further harm.
- Utilise MOSS, the maternity and neonatal performance dashboard and the new inequalities dashboard, alongside gathering patient experience information and active staff engagement, to give teams, leadership and boards vital insight into the quality of their services. They should stay continuously curious, actively using this information to understand how their services are performing and whether they are meeting the expectations of the women and families they serve.
- Where there are incidents or things go wrong, they should engage proactively with families, be honest and open, seeking to learn and to implement changes quickly to prevent incidents.

Relevant Trusts are also required to implement the revised national specifications for:

- Special Care Baby Units (SBCU)
- Local Neonatal Units (LNU)
- Neonatal Intensive Care Units (NICU)

4.8.2 Children and Young People

Improving health outcomes for children and young people requires a high level of partnership working, particularly with local authorities, including for example education, safeguarding and social care. We will transform Children and Young People's (CYP) services in NENC shifting from crisis-driven, inpatient, and bed-based care to a model that prioritises prevention, early help, and family-focused support. Our goal is to deliver proactive, right-place care through enhanced intervention at service and sector interfaces—especially within communities—supported by a sustainable, skilled, and digitally enabled workforce.
Through system-wide transformation, we will develop equitable and standardized service delivery, care quality, and outcomes for all children and young people. We are committed to collaborative leadership that empowers local partners to deliver upstream prevention and intervention, always focusing on value and return on investment.

We will focus on five key priorities:

Neighbourhood Health and Integrated Neighbourhood Teams.

Our vision is that Neighbourhood health applies to the whole population and planning should start from babies, children and young people spanning to older people.

- Sustainable, skilled and digitally enabled collaborative clinical teams, to include Neighbourhood Teams.
- Through the development and evolution of the Integrated Neighbourhood Teams model to ensure that there are appropriate graduated services in our communities across health, social and education services to provide appropriate, timely support to children, young people and their families with a focus on prevention and early intervention identification and support the three left shifts.
- Where possible, we will explore how to support general practice by embedding paediatric expertise through MDT discussions.

Community Waiting Times

- Support the system to offer a needs led, integrated approach, working across system partners ensuring that children and their families are offered targeting and specialist support while waiting for any services.
- Set expectations for providers to ensure that CYP, families and carers feel empowered to support CYP while waiting for assessment and treatment in community (and acute) services. This will need to consider the implementation of digital tools.
- Where there are waits for a community service these will be managed in an open and fair way, and the system will work together to ensure there is a focus on reducing waiting times for children and young people (to achieve all of the proposed national targets in this area for capacity, waiting times and service activity) recognising the impact that waits have, particularly on our SEND cohort.
- Through our NHS standard contract, we will increase the focus on providers requirements to improve the data quality of community health services data sets with a particular focus on CYP services.

Adopting a Family approach

- Ensuring a family approach is embedded into all services maximising opportunities to support and educate family members from maternity and throughout all our children's services, extending into adult services when patients have children in their care.
- Standardising a social prescribing model with link/family workers as a valued part of the workforce to effect support and change by sitting alongside families with greatest need. By working in partnership work with NHS, local authority and education agreeing priorities for improving health of babies, children and young people with consideration for reducing health inequalities and linking in with Best Start Family Hubs.

Addressing Children's Obesity

- Greater Integration across sector/service interfaces to ensure right place care: Ensuring systemwide obesity services are in place to address the nationally highest levels experienced in our region
- Working in collaboration with local authority partners to address the tier 2 level services and defining the local impact of Complications of Excess Weight (CEW)

services. National funding will remain in place for CEW clinics in 2026/27 with national evaluation expected to be published in Summer 2026. In line with our approach for healthy weight and treating obesity (section 4.1.1), we will use national and local evaluation (and the needs of our population) to consider wider roll out and sustainability of these clinics.

Perinatal and Infant Mental Health (including maternal mental health)

- Through improving access, strengthening workforce, reducing stigma and ensuring that pathways are integrated and offer a graduated approach that is linked into the Family Hub agenda.
- See section 4.4 which includes Mental Health Support Teams in schools, access to crisis teams and developments in co-located mental health emergency departments.

5 Quality

We want to make care ever safer across our region and set high standards for quality and safety for everyone.

Our quality strategy[9] is key to achieving this, building on continued efforts to create a culture of safety, openness and learning with a focus on driving out unwarranted variation and improving quality. The strategy sets out shared standards for culture, leadership, patient safety, and clinical effectiveness, building on the great work already in place, shaped by feedback from our communities and staff.

Building on the implementation of our quality strategy and a Patient Safety Centre as well as our role as a strategic commissioner, we will use our strategy and commissioned

[9] https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/strategies/high-quality-and-safe-care-for-all/

contracts to drive improvements and enhance the safety and experience of care. During 2026/27 we will:

- Develop a local quality management framework to drive quality improvement for key NENC local quality priorities, secured using NHS standard contracts with providers.
- Require providers to develop improvement plans linked to key quality priorities in patient safety, clinical effectiveness, and patient experience.
- Support the implementation of any new national quality management frameworks, across the ICB and within our commissioned services, whilst accounting for the role of NHS England and CQC as regulators.

For 2026/27, the quality metrics that we will expect our commissioned services to have a focus on are:

- Delivery of quality priorities as identified in individual quality accounts
- Improvement and delivery of plans to reduce avoidable Healthcare Associated Infections (HCAI)
- Learning from patient safety incident investigation (PSIIs) in accordance with the Patient Safety Incident Response Framework (PSIRF)
- Safer staffing
- Outcomes of NHS staff survey results
- Mortality reviews and learning from deaths
- Participation in national clinical audits and national programmes i.e. Getting It Right First Time (GIRFT)
- Learning from complaints
- National patient survey results
- Quality standards relation to emergency departments, including handover delays and corridor care

In future years, where appropriate and affordable, we will develop detailed quality frameworks where delivery is linked to financial incentives and supported by quality management systems. We will also need to respond to quality commitments set out in the medium-term planning framework and how these will need to be implemented across the region, specifically:

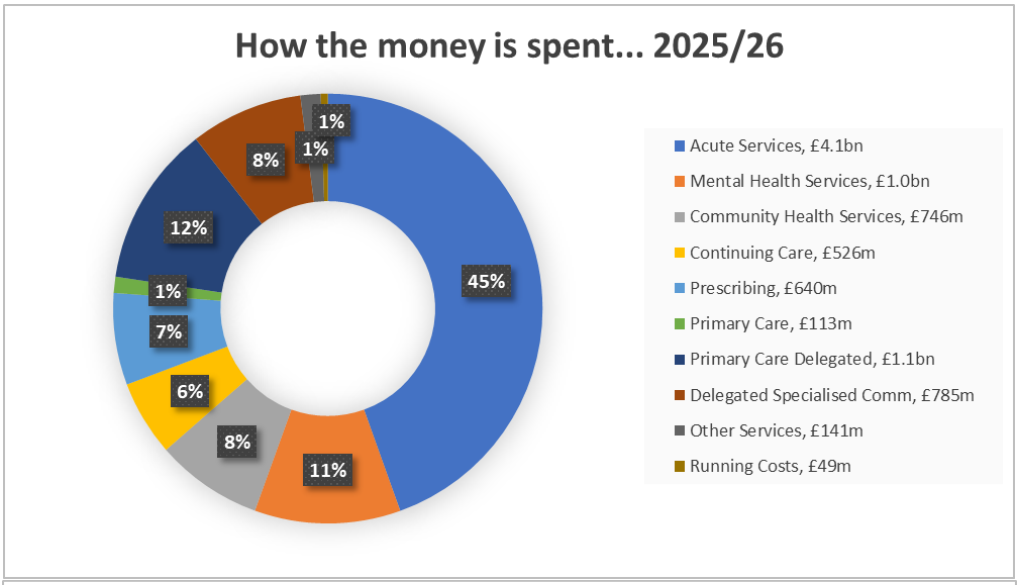
- The National Quality Board (NQB) Quality Strategy, to further enhance improvements in the quality of care in services which we commission, reducing the unwarranted variation in quality.
- The national modern service frameworks (MSFs) and the impact of these on our commissioned services and clinical conditions strategic plan.
- While maintaining oversight initiatives such as the national Paediatric Early Warning System (PEWS) that facilitates the standardised and interoperable method of tracking and detecting the deteriorating child, and links with the implementation of Martha's Rule[10].

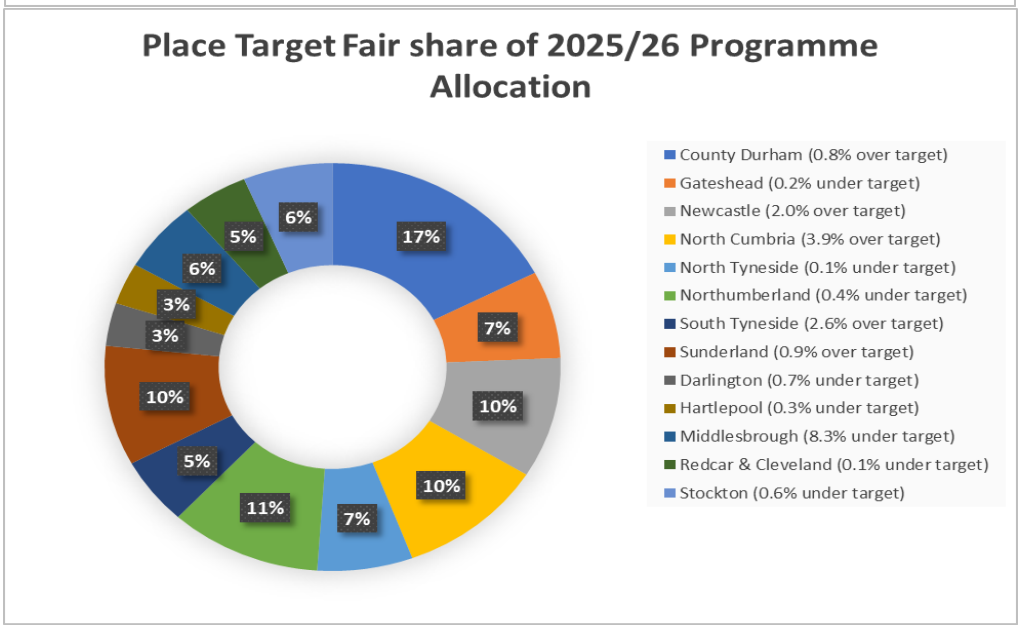
[10] https://www.england.nhs.uk/patient-safety/marthas-rule/

6 Finance

Financial Baseline
The NHS as a whole has faced significant financial pressure for a number of years with increasing cost of delivering care and rising demand, set against constrained real terms funding growth. For the ICB, whilst a position of at least financial breakeven has been delivered since establishment of the ICB, this has included a recurrent underlying deficit offset by non-recurring mitigations. The latest forecast underlying recurrent position for the ICB in 2025/26 is a deficit of £4.4m.

The ICB manages a recurrent commissioning budget of over £9bn in total. The charts below illustrate how this funding is currently utilised, firstly by sector / type of spend and secondly by geographical area (place) across the ICB footprint:





A Resource Allocation Group (RAG) is in place, including a wide range of relevant stakeholders and independent expertise to support the ICB in the appropriate allocation of

funding. This group will be reviewed and led by the Director of Population Health to help ensure ICB resources are best targeted to achieve the expected outcomes of this strategic commissioning plan. Based on the target fair share allocations per place shown in the chart above, which can be only be estimated and can be calculated in a number of ways using different data sources, specific targeted investment for the Middlesbrough population has been agreed over a four year period in line with an agreed pace of change approach.

Financial Ambitions (2026/27 – 2030/31)
The financial ambitions for the ICB over the next five years are shaped by "left shift" ambitions as well as taking account of the updated NHS Finance Business Rules applying from 2026/27 and the need to improve the recurrent underlying financial position. These rules establish a strengthened framework of organisational financial accountability which underpins long-term sustainability, value for money and effective stewardship of public resources. Our ambitions reflect these national requirements and set out a disciplined, forward-looking financial approach that enables delivery of system priorities and improved outcomes for our population within an affordable envelope of funding provided to the ICB by NHSE based on population need.

Achieve and Maintain Annual Breakeven
From 2026/27, the ICB must deliver at least an annual breakeven revenue position as an individual statutory body. Achieving and maintaining this is the foundation of our financial strategy, ensuring that recurrent expenditure does not exceed available funding. This ambition requires effective planning (including delivery of significant recurrent efficiency programmes), robust budget management, and continued collaboration with providers.

The aim of the ICB is to ensure a positive financial position, avoiding organisational deficits, thereby preventing future repayment liabilities. The ICB plan is to restore and stabilise the cumulative financial position over the medium term, ensuring it does not constrain future investment. The ICB is planning for a breakeven underlying position for the three years of the medium-term financial plan and will strive to improve this position over the longer term to provide investment in service transformation and support the 'left shift'. Whist no specific additional revenue funding is expected to support service transformation and potential 'double running' in the transfer of services; funding has been identified from growth monies within each year of the financial plan to support the left shift transition and allow this to progress at pace. Across the system there is also access to significant new capital funding and support for related depreciation costs for example to support necessary infrastructure investment. Any surpluses will only be utilised where approved and where they support transformation which enables delivery of the strategic commissioning plan and long-term sustainability of the organisation.

Strengthen Financial Risk Management and Governance
The ICB will operate with a proactive, evidence-based approach to financial risk. Over the planning period we will:

- Continue to enhance our financial governance arrangements, building upon the implementation of investment and vacancy control panels established in recent years and by further developing and embedding a robust and transparent investment prioritisation process aligned to the strategic commissioning intentions as part of the annual commissioning cycle.

- Identify and mitigate emerging financial pressures early, implementing additional financial controls through investment pauses where necessary to manage financial risk and pressures in the delivery of the planned position in each financial year of the medium-term plan.
- Continued project management office supported approach to efficiency delivery, embedded as a business-as-usual process of monthly monitoring and evaluation of efficiency programme delivery, reported through the appropriate committees chaired by the Chief Executive Officer.
- Ensuring new investment and disinvestment decisions are prioritised appropriately within a healthcare value framework.
- Continue to maintain the risk management strategy and board assurance framework, financial risks are routinely reviewed by the appropriate committee under this framework.
- Establish and maintain contingencies proportionate to risk over the five-year period.
- Agree contract values with providers in advance of each financial year, ensuring aligned and realistic planning assumptions.
- Ensure ICB and system capital is well utilised working with the NENC Infrastructure Board.

This ambition supports organisational resilience and minimises unexpected in-year variance.

Fully Comply with National Financial Requirements
The ICB will continue to meet all its other statutory and policy-based financial duties as well as delivering a breakeven position, including:

- Spending within Revenue Resource Limits
- Spending within Running Cost Allowance
- Meeting the Mental Health Investment Standard
- Complying with the Dental ringfence
- Complying with Better Care Fund requirements
- Manage Capital expenditure within allocated resource.

This ambition ensures the ICB allocates resources in a way that aligns to national priorities and protects investment in key areas.

Enable Integrated, Aligned Financial Planning Across the System
Although financial accountability is now held at organisational level, collaboration with NHS providers remains crucial. Our ambitions include:

- Continuing to develop aligned medium-term plans across the system with our NHS Trust providers, with a commitment to the NHS England Deconstructing Blocks Process to ensure resource is flowing at appropriate levels to our system trust providers.
- Ensuring resources are deployed effectively to meet population need, using resource allocation information on target fair shares of funding as a guide to ensure resource is deployed in an equitable way addressing unmet need and unwarranted variation across the ICB area.

- Supporting provider partners to deliver financial balance and productivity improvements.

This supports integrated care delivery while strengthening individual financial discipline.

Together, these ambitions position the ICB to deliver a financially sustainable commissioning model over the medium term, enabling investment in transformation, improving productivity, and supporting the long-term resilience of local health and care services.

7 Enablers

7.1 Workforce

The North East and North Cumbria (NENC) Better Health & Wellbeing Strategy sets out a ten-year ambition to transform population health and reduce inequalities across our region. It focuses on closing the life-expectancy gap, ensuring fairer outcomes, and delivering consistently high-quality care for everyone. Delivering the outcomes within our strategy and this plan relies on a skilled, adaptable, and resilient workforce—making workforce transformation and inclusive people strategies fundamental to delivering our goals.

Our system-wide People and Culture Strategy, co-produced in 2024 with partners from across the NENC health and care system, sets out our commitment to making NENC a great place to live and work. It supports our ambition to become an employer of choice and improve job fill rates across health and social care. The strategy is structured around six key pillars—supply, retention, health & wellbeing, system leadership and talent, health equity and inclusion, and reform—each designed to strengthen and future-proof our workforce.

With ongoing NHS reforms—and changes to the roles and responsibilities of ICBs and NHSE—together with the forthcoming 10-year national workforce plan, our strategy will require refreshing. The expected national direction will clarify future workforce changes, including the implications of the three major shifts of care outlined in the emerging plan: moving services from hospital to community settings, transitioning from analogue to digital models, and shifting focus from treatment to prevention.

In anticipation, we are already progressing internal work to develop as a strategic commissioning organisation by:

- Building and supporting multidisciplinary, cross-sector teams that deliver person-centred services at neighbourhood level.
- Aligning health and social care workforce planning to reduce duplication and improve efficiency.
- Enabling staff in the system to work flexibly across primary, community, and social care settings.

To fulfil these future responsibilities, key skills will be essential, including:

- Understanding local context
- Developing long-term population health strategies

- Making resource allocation decisions
- Evaluating impact and improvement techniques and capabilities.

A strategic commissioning development programme is being established to equip our workforce with these capabilities, incorporating national directives such as the Management and Leadership Code. We will undertake a training needs analysis across the ICB, aligned with a "digital first" workforce approach to deliver the focused horizon scan we need on workforce skill and capability.

Through the Boost learning and improvement approach, we are supporting both ICB staff and the wider system to build the leadership behaviours and practical skills needed for the new Strategic Commissioning Framework. Boost's capability offer—supported by improvement workshops and aligned OD and L&D plans—helps colleagues strengthen system leadership, data-driven decision-making, co-design, and continuous improvement. This ensures leaders across NENC are confident, collaborative, and ready to operate effectively as strategic commissioners.

7.2 Research, innovation, evaluation and evidence

Strategic commissioning relies on key enablers and components, with ICBs holding statutory responsibilities to support, promote, and integrate research and innovation into their essential commissioning functions. This process is demonstrated through the strategic commissioning cycle, where evidence from research guides decisions, and changes are evaluated to highlight the value of research—both as an informer and an evaluator using various methods.

As we transition to become a strategic commissioner, we have carried out an ICB wide survey to baseline skills and competence in finding, understanding, and applying research evidence, along with their knowledge of evaluation methods. Using a maturity index adapted from an NHS Trust tool for ICB, the survey will help R&E tailor and expand training courses to boost skills and expertise. The survey will be repeated yearly to monitor progress, identify gaps and help develop our approach going forward.

Other key priorities include:

- For major commissioning projects, like mental Health or health and economic inactivity, the R&E team will lead and advise on evidence and evaluation, ensuring thorough evidence synthesis, effective knowledge mobilisation, and appropriate evaluation by partners.
- The R&E team includes an NIHR Applied Research Collaboration (ARC) funded knowledge mobilisation fellow who explores ICB priority evidence gaps and identifies problems research could resolve. This embedded approach ensures timely and relevant information reaches strategic commissioners, having already informed policies on flu vaccinations, hybrid working, and rehab service transformation for cardiac and pulmonary issues.
- For independent external evaluations, we collaborate with the six universities across NENC, often through our ARC, or NI NENC. The current and future ARCs (from April 2026) connect academic expertise to strategic commissioning workstreams such as inequalities, prevention, long-term conditions, and mental health. This alignment

encourages integrating new research into decision-making and joint bids for research funding to answer ICB priorities.

- In collaboration with the BI and Insights Team, and Involvement teams to ensure all evidence provided to commissioners is cohesive, clear, and beneficial.
- Mapping existing evidence and evaluation practices in strategic commissioning and evolving these processes will soon allow us to embed step-by-step guides to guarantee transparency for business cases and decisions.
- To make research truly generalisable, everyone should have the opportunity to contribute or participate. Through NHSE funded Research Engagement Network (REN), we have extended outreach to diverse community groups via VSCEs, developed tools for broader research applicability, and refined the principles for grant applications. A Research Inclusion strategy for the NENC population is being planned.
- BOOST, the NENC learning platform, is expanding to include training resources, YouTube tutorials, guides, evidence repositories, and research outputs to serve as a comprehensive resource for strategic commissioners.
- Continue to support the NENC Secure Data Environment in conjunction with other regional partners enabling safe access to anonymised health and care data for research, planning and innovation purposes.[11]

The ICB will continue to work in partnership with HI NENC, our formal delivery partner, to ensure we fulfil our statutory duty to support innovation and its subsequent adoption, on an equitable basis, across the region. As part of this, we will strengthen our work in supporting the reduction of health inequalities particularly in deprived and underserved communities. For example, building upon our Healthy Heart Checks Programme, which aims to reduce cardiovascular disease across NENC by encouraging CORE20+5 communities to engage with cardiovascular risk reduction strategies.[12]

Further, we will continue to partner with industry to co-deliver programmes of work that support primary care to support the earlier diagnosis of diseases thereby improving patient outcomes. This will build upon our existing portfolios of partnering with both Boehringer Ingelheim and AstraZeneca to identify and optimise care for patients with chronic kidney disease.[13]

From an economic inactivity perspective, we will continue to explore and evaluate new digital innovations and therapeutics that can help people experiencing poor health, to stay in, or return to work, as part of our Work Well / Health and Growth Accelerator Programme, building on those innovations that are currently available to patients and are being evaluated.[14]

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[11] https://northeastnorthcumbria.nhs.uk/our-work/secure-data-environment/

[12] https://healthinnovationnenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/healthy-hearts-checks/

[13] https://healthinnovationnenc.org.uk/blog/transforming-kidney-health-in-underserved-communities-with-spot-ckd/
https://healthinnovationnenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/chronic-kidney-disease/facts-ckd-gateshead/

[14] https://northeastnorthcumbria.nhs.uk/our-work/workwell-programme/

7.3 Estates and Infrastructure

Our infrastructure is a critical enabler for the delivery of our strategy and for the improvement we want to achieve across NENC. We will continue to collaborate with partners across NENC to maximise the use of our estate and infrastructure that is fit for future care models and supports the shift from hospital care to community care.

The NENC ICS has an Infrastructure Board and a ten ten-year infrastructure strategy which has been developed collaboratively across the ICS, with valuable support and input from our partner organisations. This strategy establishes a framework for developing our estate and infrastructure to support the ICS's ambitions. It builds on the good work already underway and advocates for significant, necessary investments to ensure our infrastructure is safe, compliant, and future-proof.

Supported by the national capital planning process, which is included within our full plan submission, we have identified key capital developments that subject to approval by NHS England, we will move to develop full business cases to support delivery of key performance and transformational priorities across NENC.

Through our ICS approach we will:

- Treat our estate as a public sector asset, sharing buildings to maximise utilisation and align services in our core buildings. This is expected to enable the disposal of our poorer estate reducing infrastructure costs
- Jointly plan the transition of low-impact estate functions to alternative providers or community use. ICS strategic oversight will be retained to optimise the estate for both patient benefit and system efficiency.
- Work with partners co-design and deliver recognisable, accessible, and digitally enabled bases for every Integrated Neighbourhood Team (INT). These hubs will bring services together and act as focal points for community care.
- Commission and support estate that is aligned with NHS net zero commitments and local Green Plans. Together, we will deliver greener solutions—such as improved travel and fleet options—while ensuring estates reduce the carbon footprint of care and improve energy efficiency and environmental standards.
- Ensure that estates planning will support existing infrastructure, enabling improved access proactive and preventative care.
- Ensure that facilities will be accessible and inclusive, addressing health inequalities and supporting Core20PLUS5 populations.

In response to the changing NHS landscape and the huge challenges we face across NENC, there is a need to refresh the infrastructure strategy, under the leadership of the Infrastructure and Advisory Board.

We will work with local Foundation Trusts to explore and support opportunities from the recently issued guidance on transfer of estate from NHS Property Services to local providers.

Given the amount of new strategic capital available to be bid for over the next 5 years we will work with Providers to ensure bids are those that will have both the best impact on population health and are also sustainable from a revenue perspective. This may mean

making better use of existing estate and ensuring capital is used for the most effective outcomes – e.g. digital may have more impact that estate investment.

7.4 Digital, data and technology

We continue to progress our ambitious programme to maximise the impact of digital technologies. By effectively harnessing and deploying digital solutions, we will enable every individual to achieve the highest possible standards of health and wellbeing. Through a digital-first approach, we will ensure that accurate and relevant information is consistently accessible to the right person, at the right time, without exception.

We expect that all service transformation articulated within this plan are designed through a digital first approach, which appropriately balances both the opportunities of digital transformation but also the risks of digital exclusion. All providers will also be expected to adopt shared approaches to patient facing services, moving to NHS App first where possible and decommissioning services that are duplicative.

Our ambition continues to have the best Business Intelligence (BI) service in the NHS, and we will build on our population health analysis approach which plays a transformational role in facilitating the delivery of our ICS strategy. NENC are an "incubator" site to collaboratively develop a Strategic Commissioning Tool (SCT) under the national Federated Data Platform (FDP). This, in conjunction with tools and techniques developed across NENC, will enhance our population health analytics to stratify our population, identify unwarranted variation and provide evidence-based models to help support our transformation agenda. Under our draft operating model, strategic clinical oversight will underpin all analytical work, ensuring alignment with clinical priorities.