Item: 16

NHS
North East and North Cumbria

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

BOARD 25 NOVEMBER 2025	
Report Title:	**Draft NENC Strategic Commissioning Intentions 2026/27**

Purpose of report

To approve the North East and North Cumbria ICB Strategic Commissioning Intentions for 2026/27 and receive a medium-term planning update.

Key points

- The Ten-Year Health Plan (10YHP) sets out the need for a significant change to the way we organise, deliver and fund services. To support this, a new model of planning is required to meet the challenges and changing needs of England's population and, crucially, build the foundation for the transformation of our services.
- Delivering this change needs a different approach to planning across the NHS and with its partner organisations. Annual funding settlements and planning cycles have made it difficult to focus on thoughtful, long-term strategic planning of services. To break this cycle, a national medium-term planning framework has been released which shifts the focus towards a rolling five-year planning horizon. Planning across the NHS needs to become a continuous, iterative process that supports transformational change, delivering the three shifts set out in the 10YHP and taking full advantage of breakthroughs in science and technology.
- ICBs and NHS Foundation Trusts are required to produce credible, integrated five-year plans to demonstrate how financial sustainability will be secured over the medium term. These will need to be refreshed annually.
- The published planning framework has been shared with the NHS which sets out an ambitious timeline for the development, agreement and submission of these five-year plans which will be accompanied by workforce, activity, performance and financial technical submissions.
- In line with the new operating model for the NHS, the framework sets out the specific roles and responsibilities of each organisation within the local, regional and national system and sets an expectation of the integrated planning round to commence now as part of phase one of the framework, setting the foundations for success. The ICB has had some engagement with the national NHS England planning team to inform the planning framework.
- A formal timeline for planning submissions is still not available, nor is the technical guidance, financial allocations and a suite of other guidance for requirements such as neighbourhood health and the requirements for production of the ICB five-year strategic plan. Despite this, planning across the ICS and ICB has already commenced.
- ICBs and Trusts are required to undertake a number of preparatory actions which have been set out in the planning framework. A critical action for ICBs was to publish strategic commissioning intentions for 2026/27. To be effective in the planning process these need to be made available early on in order that they can shape the prioritisation process and content of the plan. The ICB has therefore chosen to take a pragmatic approach to commissioning intentions and publish them for 2026/27, with longer range plans being cited within the five year plan.

- The Executive Committee agreed for Strategic Commissioning Intentions to be shared with Trusts and key stakeholders across NENC on the basis that they are draft and subject to ICB Board approval. These were circulated on 13th November'25 in draft form.
- ICB funding allocations for 2026/27 – 2028/29 were expected early October'25 but they have not yet been shared with the ICB. Whilst allocations are not yet confirmed uplift to allocations is expected to be around 2.7%. This level of growth is below the level of uplift received in 2025/26
- For the first time in a long time, each organisation will be required to submit separate plans, no longer requiring ICBs to collate, aggregate and submit a single ICS submission for each of the component parts of the operational planning round. The ICB Planning and Performance Team is working with NHS England and neighbouring ICBs to agree a regional process that supports plan collation and coordination during this transitional period.
- Consideration needs to be given to the accountability of any system level plans given this is no longer a function of ICBs as detailed within the Planning Framework and emerging NHS Operating Model.
- In October 2024, the Executive Committee agreed to implement the planning processes that were set out in the ICB Planning Framework for the 2025/26 planning round. Building on the learning from the previous planning round and recognising where we are in the strategic commissioning transition programme, we have considered how we will fulfil the principles set out in the ICB draft planning framework within what is a very ambitious timeline.
- The high-level outline set out in this report sets out to respond to the national requirements within the national planning framework but sets out a strategic commissioning approach which builds on our existing ICS Strategy: Better Health and Wellbeing for All as well as existing strategic plans such as the Clinical Conditions Strategic Plan. It also sets out an approach to build on our population health analytical and insight capabilities to develop our priorities over the short to medium term.
- The guidance sets out the key ambitions expected of the NHS for key constitutional standards and key national metrics across primary and community care and mental health, learning disabilities and autism over the next three years.
    - Elective care, cancer and diagnostics:
        - Elective (including diagnostic) reform and activity to deliver 92% 18-week referral to treatment by the end of 2028/29.
        - Improve performance against key cancer standards: Maintaining performance against the 28-day Faster Diagnosis Standard (FDS) at 80% and improving 31- and 62-day standards to 96% and 85% respectively.
        - Improve performance for diagnostic waiting times so that the rate of those waiting over 6 weeks is 1% (DM01 measure).
    - Urgent and emergency care:
        - Improve A&E waiting times, so that 85% of patients wait no more than 4 hours, as well as reducing the number who wait over 12 hours.
        - Improve Ambulance Category 2 performance to an average of 18 minutes.
    - Primary Care and Community Services:
        - Improve access to primary care, including reducing unwarranted variation in access. Ensure 90% of clinically urgent patients are seen on the same day.
        - Maintain the additional 700,000 urgent dental appointments per year.
        - At least 80% of community health service activity occurring within 18 weeks.
        - Community pharmacy: maximise pharmacy first and roll out new services (emergency contraceptives and HPV vaccination).
    - Mental health, learning disabilities and autism:
        - 73,500 people accessing individual placement and support and providing 915,000 courses of NHS Talking Therapies treatment.
        - 94% coverage of mental health support teams in schools and colleges, reaching 100% by 2029.
        - Reduce the number of inappropriate out of area placements.
        - Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction year-on-year.
- The guidance also sets out the expectations around financial discipline and productivity with ICBs expected to deliver balanced/surplus financial positions each year and Trusts expected to deliver a minimum of 2% annual productivity. There is also an expectation around transparent reporting on trust level productivity and costing dashboards.
- Board accountability will be a crucial part of the plan submission process with board assurance statements required for oversight and endorsement.

- The draft timeline that has been shared proposes that ICBs and Trusts submit separate numerical and financial plans as part of a first submission on the 18th December'25 with full submissions sometime in January'26. Final plan acceptance is expected sometime in March'26

Risks and issues

- The timeline set out by NHS England remains incredibly ambitious. The lack of the full suite of planning documents, technical guidance and financial allocations impacts the ability to develop a detailed plan within the timescales allowed.
- The performance ambitions set out in the planning framework are extremely ambitious based on current performance delivery at local and national levels. At this point, there is no technical detail for the baseline periods for planned performance improvements and no detail on the financial implications.
- ICBs are no longer required to collate and make an ICS wide submission. Separate submissions will be made by the ICB and each Trust which will require continued ICS working and coordination. To support triangulation, we have engaged with providers to put in place interim "flash" returns.
- As NHS England's role and expectations develop, this will lead to increased resources required to facilitate the plan development (both ICB commissioner and provider) and submission process

Assurances and supporting documentation

- The Strategic Commissioning Intentions are underpinned by detailed submissions from the programmes of work across the ICB.
- The ICB is represented on the NHS England Community of Practice programme for planning which is a new programme of resources and webinars, offering support across a range of planning topics.
- ICS and ICB planning infrastructure have now been implemented to support the development of plans which will provide key forums to discuss key planning publications and agree the dissemination of information and key actions. This includes regular updates to the Executive Committee and ICB Board.
- ICS strategy includes many priorities from the 10YRHP and the ICB has undertaken a significant amount of work over the past 18 months publishing its plan to improve people's health and wellbeing in NENC via the clinical conditions strategic plan. ICB teams and programmes have been engaged in the development of the ICBs draft commissioning intentions and this will continue throughout the planning round.
- The ICB continue to work closely with NEY via established forums to ensure there is clarity in roles and responsibilities during the planning round.

Recommendation/action required

The Board is asked to:

1. Approve the proposed Strategic Commissioning Intentions for 2026/27
2. Note the content included within the accompanying planning update slide deck

Acronyms and abbreviations explained

NEY – North East and Yorkshire NHS England Regional Team
ICS – Integrated Care System
FDS – Faster Diagnosis Standard
RTT – Referral to Treatment

Executive Committee Approval	11 November 2025
Sponsor/Approving Executive Director	Jacqueline Myers, Chief Strategy Officer
Date approved by Executive Director	18 November 2025
Report author	Matt Thubron, Deputy Director of Planning and Performance

Link to ICP strategy priorities	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues						
NHS Medium Term Planning Framework – delivering change together 2026/27 to 2028/29.						
Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	
Equality analysis completed	**Yes**		**No**	✓ – will be completed at a later stage in the process	**N/A**	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**	✓	**No**		**N/A**	

Essential considerations	
Financial implications and considerations	No, finances are a core component of the planning round and ICB teams will be working together throughout this planning round.
Contracting and Procurement	Contracting and procurement will be a core component of the planning approach for NENC.
Local Delivery Team	Local Delivery Teams continue to be engaged throughout the planning process through the strategic programme structures.
Digital implications	Digital implications are being considered as part of programme plans and throughout the planning process.
Clinical involvement	Clinical involvement is a core component of the planning round with engagement through programme structures.
Health inequalities	Not applicable at this point but as guidance is released, this will need to be considered as part of the planning process.
Patient and public involvement	Not applicable at this point but as guidance is released, this will need to be considered as part of the planning process.
Partner and/or other stakeholder engagement	Not applicable at this point but as guidance is released, this will need to be considered as part of the planning process. Existing ICB infrastructure will be used for updates and engagement in the planning process
Other resources	ICB teams will be engaged in the planning process throughout and as resource requirements develop, they will be drawn into the process and appropriate ICB governance followed.