NHS
North East and
North Cumbria

Fit for the future...

Planning and buying services for our communities

Our five year commissioning plan...

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What we do...

We plan and buy NHS services for 3.2 million people in the North East and North Cumbria, making sure that services are safe, high quality and delivering results.

We also focus on improving health, reducing inequalities and helping the NHS to adapt to changing needs – to make the best use of our budget of around £9 billion. We call this strategic commissioning.

As a commissioner we know that things like jobs, money and housing have an impact on people's health, so we work with our partners to support wider wellbeing and help people stay well.

Our area...

Our five year plan at a glance

The challenge

People in North East and North Cumbria:

- Die **younger**
- Live longer in **poor health**
- Face **health inequalities**

At the same time:

- **Rising demand** for services
- More **complex needs**
- **Rising costs**
- Limited **resources**

What will change - 3 big shifts

- More care **closer to home**
- **Preventing** ill-health
- Better use of **digital technology**

Our strategy

Better health and wellbeing for all...

- **Longer and healthier lives**
- **Better health and care services**
- **Fairer outcomes for all**
- **Giving children the best start in life**

What we will focus on

- Expanding neighbourhood health services
- Helping people live longer, healthier lives
- Giving children the best start in life
- Improving access to primary and community care
- Making the best use of medicines
- Reducing hospital waiting times
- Mental health, learning disabilities and neurodivergence
- Improving care for long-term conditions

What we do

We decide how health services are planned and paid for, so we can **improve care for local people.**

- **3.2 million people** served
- **£9 billion invested** each year

How we will do this

- Listen to **patients**
- Focus on **what works** for patients
- Use **data & evidence**
- Spend **wisely**

Our priorities

We will use our commissioning role to **improve health outcomes, reduce inequalities** and ensure services are **fit for the future**.

Our challenges

People in our region:

- Live shorter lives than in other parts of England
- Spend more years in poor health
- Face big differences in health based on where they live

At the same time:

- Demand for services is increasing
- Costs are rising
- Resources are limited

This means we need to do things differently. This five-year plan sets out how we will improve health and care by 2031. It focuses on how we will plan and buy services for our communities.

Our goals

Longer and healthier lives

Better health and care services

Fairer outcomes for all

Giving children the best start in life

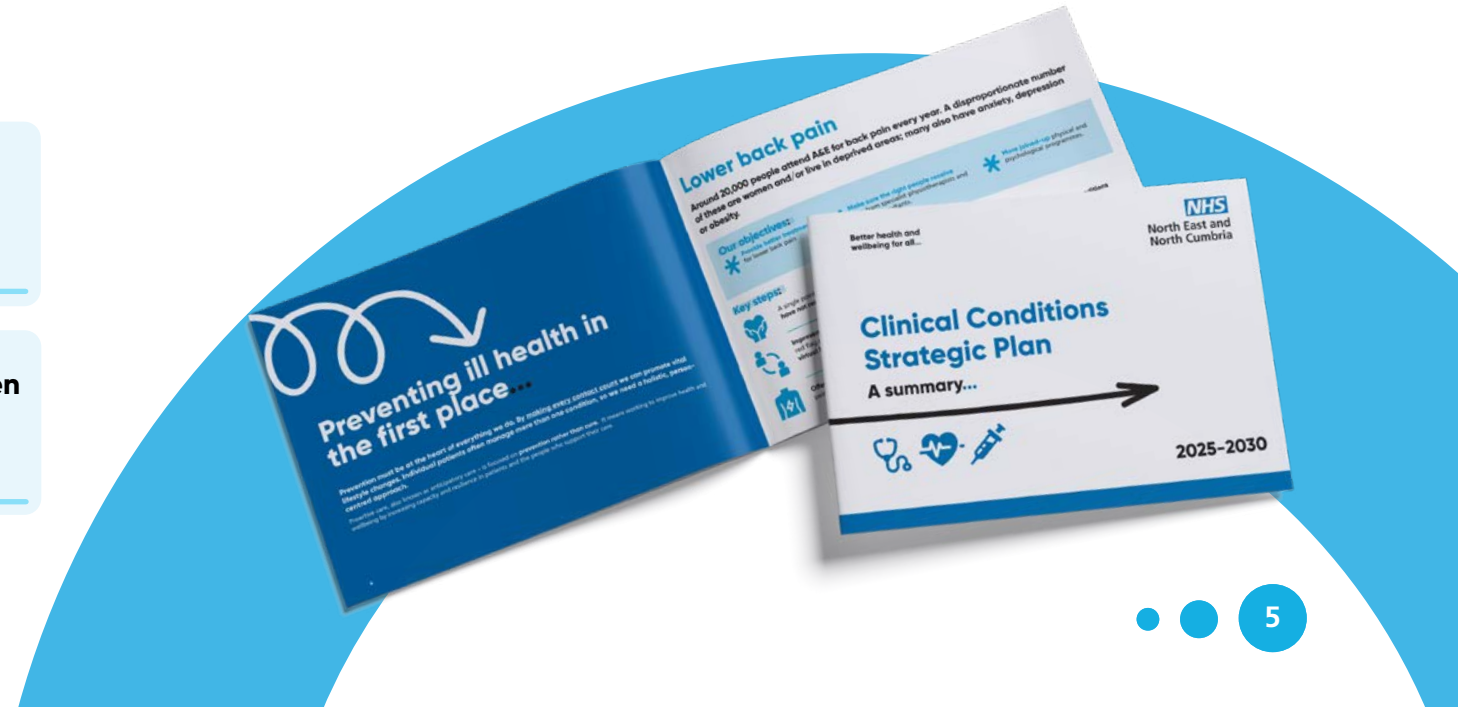
Three big changes

NHS services are making three big shifts, in line with the NHS 10 Year Health Plan:

- More care closer to home – reducing the need for hospital care
- Better use of digital technology – to reduce delays, free up staff time and use digital innovations to improve care
- Focus on prevention – helping people stay well, not just treating illness

12 key conditions

Our Clinical Conditions Strategic Plan focuses on the things that make most impact on people's health – like heart disease, respiratory illness, mental health and obesity.



How we work...

We use data, evidence and patient voices to understand what matters most. We then:

- Set clear goals for services to achieve
- Agree contracts with NHS trusts and other providers
- Use funding to support better, more joined-up services
- Monitor quality and outcomes

Putting people first
We design services with the people who use them

Focusing on results
Better health, not just more services

Value for money
Investing for biggest impact, cutting duplication, and using innovations

Best information
We use data, research and patient feedback to focus on what works, and where it is needed most

Working together, achieving more

We will:

- Bring together GP practices, community teams, pharmacists, social care and voluntary organisations to develop neighbourhood health services
- Work with NHS organisations, voluntary and community groups, patients and the public to design better services
- Link with councils to plan and fund services, sharing budgets where possible
- Share learning and ideas with our partners through Boost, our learning and improvement community

Safe, high-quality care

Our aim is for services to be rated good or outstanding, wherever you live. That means listening to patients, learning from mistakes, supporting staff and reducing avoidable harm, so we can offer safe, consistent care. As a commissioner we will:

- Set clear quality standards
- Monitor performance
- Take action when services need to improve

Fairer health

We will reduce inequalities by:

- Targeting support to those who need it most
- Improving access to services

- Supporting people with complex needs
- Working with partners on wider issues like employment, housing and poverty

Using resources wisely

We manage over £9 billion of NHS funding. This includes:

- £4.3 billion on acute services
- £1 billion on mental health services
- £1.2 billion on primary care

We want to ensure that every pound makes a difference.

Over the next five years, you should see:

- More care closer to home
- Shorter waits for treatment
- Better support to stay healthy
- More joined-up services
- Fairer access to care

Helping people stay healthy

We will:

- Focus on the biggest causes of poor health – smoking, alcohol and obesity
- Improve care for long-term conditions like heart disease, diabetes and lung disease
- Offer easier access to primary care services like GP practices, pharmacies, dentists and opticians
- Expand mental health services like talking therapies, crisis care and support in schools and communities
- Improve services for people with learning disabilities and autism, and reduce waiting times
- Help our hospitals to reduce waiting times, offer faster diagnosis and treatment, and improve urgent care and cancer services
- Address women's health issues with more services in the community, better access to contraception and menopause care and support for women affected by violence and abuse
- Support children and young people with a focus on prevention and early support, obesity, mental health services and joined-up support for families

Looking ahead...

Our Board has shared our commissioning intentions for 2026-27 with our partner organisations.

This five-year strategic commissioning plan builds on the same key priorities and sets the strategic commissioning direction for health and care services.

Helping everyone live longer and healthier lives

We will invest in improving health and reducing inequalities, working closely with our partners. This means targeting the biggest causes of ill health - such as smoking, alcohol and obesity - and supporting people in the communities that need it most. We will:

- Help people maintain a healthy weight, with better access to support and treatments
- Fund alcohol care teams in hospitals, and more support in communities
- Help more people to stop smoking, with specialist support in hospitals and for pregnant women – and support the region's tobacco control programme FRESH, which has helped cut smoking rates

Reducing inequalities

We will work to tackle inequalities and wider causes of ill health, by:

- Supporting social prescribing, so people can get support in their community
- Sharing information that is easier to understand
- Focusing support on the people and communities who need it most. This includes working with GP practices in the Deep End Network, which supports practices serving some of our most disadvantaged communities. It also means poverty-proofing

services, so people are not put off or excluded by cost, language, digital access or other barriers. We are also using Core20PLUS5, an NHS approach to reducing health inequalities.

"Core20" means the 20% of people living in the most deprived areas. "PLUS" means other local groups who may face extra barriers to good health and care. "5" means five key areas where the NHS is working to improve outcomes faster.

Housing, health and complex care

We want to ensure access to high-quality homes with the right support so that older people, and people with learning disabilities, autism or severe mental health conditions can live well in the community.

We will work with our partners to:

- Offer more homes with care and support
- Reduce the number of people in hospital or institutional care
- Develop supported housing and improve existing homes

Case study

WorkWell

Helping people stay well and stay working…

Good work and a decent income are good for our health in all sorts of ways. However, more people in our region are out of work due to health problems than most other parts of the country.

Our WorkWell programme has secured £30m in Government funding, making it possible for us to commission a range of services bringing extra help into our neighbourhoods.

Across the region, we have invested in WorkWell coaches as well as extra help with gynaecological and musculoskeletal problems. Meanwhile, 175,000 health and care workers can benefit from extra wellbeing support.

A £1.5m investment has also brought forward digital innovations to support people's health and work needs, while further initiatives will support young people, carers and people employed in small and medium sized enterprises (SMEs).

Amy's story

Hebburn resident Amy Mercer spent 14 years out of work after long-term health conditions, including living with a stoma, left her unable to continue in her job as a trainee chef. Constant pain, reduced mobility and frequent falls meant she became largely housebound, and it seemed impossible to imagine returning to work.

Amy joined a specialist Aqua Circuit course developed through the WorkWell programme in partnership with South Tyneside Council. Three months later, Amy had regained her confidence and secured a new role as a cooking assistant at a care home.

Amy said: "After 14 years out of work I'd lost my confidence and become housebound. This programme has given me my confidence back. I'm in less pain and I finally feel like myself again. Meeting people each week has made such a difference to my mental health too. I'm so glad I took part because it's really changed my life."

Improving care for long-term conditions

More people are living with conditions like heart disease, diabetes and lung disease. As we move towards more neighbourhood healthcare, we will:

- Expand prevention and early detection
- Improve access to diagnostic tests
- Join up care across GPs, community services and hospitals
- Strengthen rehabilitation services, including community stroke support
- Use digital tools to help people manage their own health

Continuing healthcare

We want to ensure high quality support for people who need ongoing care due to complex health needs. This includes:

- A single, consistent approach to assessments and decisions
- Faster decisions and fewer delays
- More care provided closer to home
- Better support for people with learning disabilities and autism to avoid unnecessary hospital stays
- A new digital system to improve consistency and quality

Making the best use of medicines

We spend around £1 billion every year on medicines in our region. We want to ensure that medicines are providing the greatest possible health benefit for our population, with prescribing decisions based on evidence, outcomes and awareness of inequalities.

This includes:

- Making sure people get the right medicines at the right time – with regular reviews so they still meet people's needs
- Reducing unnecessary prescriptions – which could save over £20 million per year
- Using antibiotics carefully, so they keep working when people really need them. This is called antimicrobial stewardship
- Proactive management of long-term conditions like diabetes, asthma or heart disease
- Making better use of biosimilars. These are very similar versions of existing medicines - they are checked to make sure they are just as safe and effective, and can often offer better value for the NHS

Expanding neighbourhood health services

Developing neighbourhood health services is a key priority for our ICB. Our ambition, with our partners across health, care, local government and the voluntary sector, is to bring care closer to homes and communities, helping people access support earlier, stay well for longer and reduce the need for hospital visits.

By bringing together professionals from across health and care, we can provide more joined-up, proactive and preventative support - with services organised around the needs of local communities, not organisations.

The ICB will not directly deliver neighbourhood services, but as a strategic commissioner we've an important role in setting the overall direction, priorities and outcomes we want to see. This includes aligning commissioning and financial arrangements, and working with partners to make sure services are safe, high-quality, equitable and offer good value.

Local 'place' partnerships, providers and communities will lead on creating neighbourhood health models based on local need.

A new neighbourhood health strategic commissioning plan will set out how we will work together to enhance neighbourhood health services.

Case study

Bringing care into your neighbourhood

Across our region, there are lots of examples of neighbourhood health approaches taking shape.

Stockton and Sunderland are leading the way, with nurses, hospital doctors, social care, pharmacists, dentists, optometrists, paramedics, social prescribers, council and voluntary sector services all joining up to provide tailored care in one place.

In time we will extend neighbourhood health teams like these across the region, using detailed data, digital tools and new ways of funding and organising services.

Other examples include:

- Joined-up teams in Northumberland helping older people stay well and independent and supporting people with long term breathing conditions
- Women's health hubs in Gateshead and Sunderland, designed by local partnerships in line with each area's needs
- Optimise, which offers proactive, early support to help people with Chronic Obstructive Pulmonary Disease (COPD) to stay well through winter and avoid hospital admissions
- Frailty schemes in Durham, which help frail people stay safe and reduces the need for hospital admissions

Supporting primary and community care

GP practices

GP practices will play a central role in providing more joined-up, proactive care in local communities, working together in Primary Care Networks (PCNs). We will:

- Help practices work in local partnerships with community, mental health, pharmacy and social care teams
- Support PCNs and practices to make local plans, using data and digital tools to offer earlier support to people most at risk
- Improve patient care and experience, helping practices to manage expectations and restore public confidence
- Support practices with workforce planning, estates and fair funding

Community pharmacy

Pharmacies play a vital role in our health and care system. We will:

- Encourage people to 'Think Pharmacy First' for common conditions
- Widen the range of services provided by pharmacies
- Support the Discharge Medicines Service to help people manage their medicines safely after leaving hospital

Dental services

We want people to have healthier teeth and gums, fewer hospital visits for decay, and better access to dental care. We will:

- Work to prevent dental problems, targeting areas in greatest need
- Offer more urgent appointments
- Improve access to routine dentistry
- Support our dental workforce

What this means

- Working in schools and communities to prevent tooth decay
- Urgent Dental Access Centres offering more than 100,000 appointments every year
- Easier online booking for urgent appointments
- Making it more attractive for dental practices and skilled staff to stay in the NHS

Optometry (eye care)

We will work with optometry and ophthalmology to:

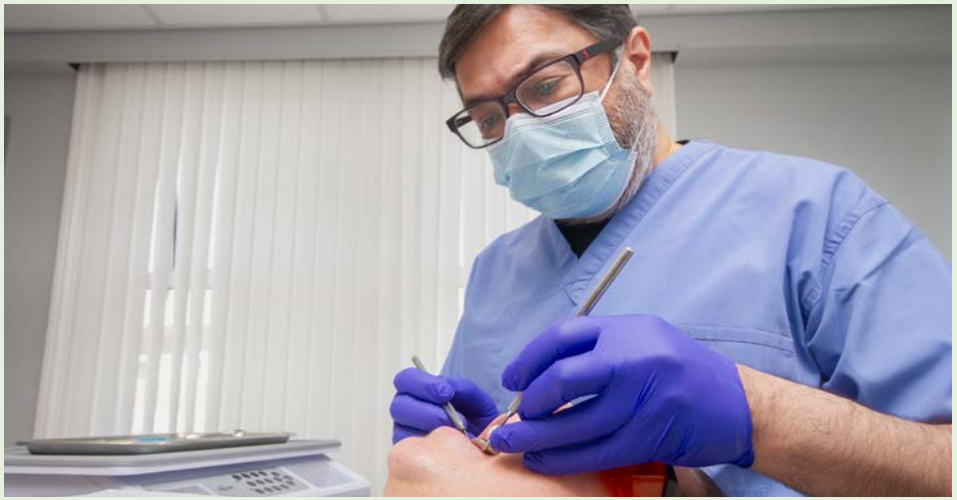
- Improve referral systems
- Modernise the eye care pathway
- Offer eye care in special education settings

What this means

- Faster referrals from opticians to specialist care
- Better support for conditions like glaucoma
- Better eye care for children with special needs

Case study

Improving dental care



Taking on responsibility for dentistry three years ago, the ICB heard loud and clear that people were struggling to access urgent dental care.

A major early investment helped to stabilise services; then we invested £9.5m in a network of 23 urgent dental access centres, which offers 109,000 appointments a year.

New payment rates and support for dental staff are helping to strengthen the workforce, while preventive work like fluoride varnishing and supervised toothbrushing for children will help to reduce decay.

Mental health, learning disabilities and neurodivergence

Neighbourhood and community health

We will:

- Offer more support in communities and test out 24/7 neighbourhood mental health centres
- Provide mental health teams in all schools by 2029-30
- Offer maternal mental health services in all our foundation trusts
- Offer more talking therapies and community care
- Provide more community support for learning disabilities and autism, with earlier diagnosis

Inpatient, urgent and emergency care

- Improve inpatient services and offer more alternatives like safe havens and 24/7 community mental health hubs
- Stop commissioning long-stay out-of-area locked rehabilitation units and spend more on prevention and community support
- Open new intensive support teams, step-up/step-down apartments, and crisis houses in targeted areas

Neurodivergence

- Provide a single hub for access to support for ADHD, autism and neurodivergence
- Offer more information, support and digital tools for people who are neurodivergent

Trauma-informed approaches

- Provide trauma-informed training for all staff, for a wider understanding of how trauma can affect a person's neurological, biological, psychological and social development
- Build trauma-informed principles into all our planning, commissioning and cultures

Suicide prevention

- Reduce suicide and self-harm by providing suicide prevention, intervention and postvention training for staff
- Use data, strengthened services and innovative models to support suicide prevention – including crisis cafes, postvention support for under-18s and crisis text services

Case study

Strategic commissioning in action

Mental health safe havens...

When people told us a wider range of mental health services was needed, we commissioned safe havens as an informal, practical way to access support.

Safe havens are now supporting thousands of people in Ashington, Wallsend (pictured), Newcastle, Gateshead, Redcar and Whitehaven – with our first young people's havens now open in Newcastle and Gateshead.

Reducing hospital waiting times

We will work with NHS trusts and providers to improve access to hospital services, urgent care, diagnostics and cancer treatment. With rising demand and limited funding, we will focus on improved pathways and better use of staff and buildings.

Urgent and emergency care

We want high quality urgent and emergency care for everyone in the region. This includes:

- More care at home or closer to home through urgent community services and virtual wards
- Preventing unnecessary hospital visits and admissions through self-care, same-day emergency care (SDEC) and making better use of NHS 111
- Better flow of patients through hospitals, with earlier discharge planning so people can safely leave hospital sooner

Planned care

We will work with hospitals to reduce waiting times and make best use of capacity. This includes:

- More specialist advice for GPs before referrals are made
- Faster diagnostic processes for urgent suspected cancer referrals
- Better use of digital and patient-initiated follow-up

- Shared waiting lists across the region, meaning quicker treatment for patients who have been waiting more than 52 weeks
- Improving theatre productivity and day case surgery

Diagnostics

We will improve early access to diagnostic tests and scans. This includes:

- Making the most efficient use of community diagnostic centres
- Using iRefer guidelines to ensure the right referrals for scans
- More digital pathology so tests can be reviewed flexibly across the region
- Sharing imaging and reporting across organisations to reduce delays

Managing demand fairly

We will review pathways where demand is rising, such as ENT, eye care, musculoskeletal services and endoscopy. The aim is to make sure people are referred to the right service first time, reduce unnecessary appointments, and improve outcomes.

Women's health

We are working to improve services through our five-year women's health programme. This includes:

- Listening to women's voices
- Tackling health inequalities through robust data collection, needs assessment and interventions targeted at groups who face the biggest challenges
- Providing more care in communities, and evaluating the women's health hubs in Gateshead and Sunderland to create a blueprint for other areas
- Tackle the health impacts of abuse and violence against women and girls, including training for staff on responding to domestic abuse disclosures
- Developing a contraception strategic plan
- Linking with Health Innovation North East and North Cumbria to support innovations in women's health and femtech

Cancer

We will work through the Northern Cancer Alliance to improve prevention, early diagnosis, treatment and support. This includes:

- Increasing access to the HPV vaccine to prevent cervical cancer
- Improving access to cervical screening, including self-sampling
- Expanding lung cancer screening for people most at risk
- Widening access to genomic testing for inherited causes of cancer
- Ensure cancer is integrated into neighbourhood health initiatives and community diagnostic centres
- Work with Fresh and Balance and local authorities to influence healthy choices and reduce harm from tobacco and alcohol
- Using digital tools and innovation, including tele-dermatology to help GPs refer patients with suspected skin cancer to the right place
- Improving breast cancer services through a new commissioning model

Planning for the future

- We continue to work with our region's Provider Collaborative to agree key priorities and respond to local needs
- Our new Strategic Approach to Clinical Services (SACS) framework will help us to set common strategic clinical ambitions for all trusts, identify areas where joined-up work can improve services, and make better use of resources
- We are working with NHS England to take on responsibility for commissioning specialised services like vaccination, screening, and health and justice

Case study

Women's health

Commissioning means identifying we could do better – and crafting a strategy to make it happen.

Women in our region face some of the worst health inequalities in the country, and many women told us they feel they are not listened to.

At the heart of our women's health strategy are women's health hubs, which offer quicker, convenient access to care, and reach out to patients who might otherwise find it hard to ask for support.

Our first two hubs in Sunderland and Gateshead offer long-acting reversible contraception (for endometriosis and heavy menstrual bleeding as well as birth control), menopause clinics, hormone replacement therapy and pessary fittings, as well as training up primary care staff in women's health.

Giving children the best start in life

Maternity

We will continue working to improve maternity care to become safer and more personalised, as well as kind, professional, and family-friendly. We will:

- Listen to women and families and act on feedback
- Grow and support our workforce
- Tackle inequalities in maternity outcomes
- Strengthen safety checks
- Use data and patient feedback to improve service quality

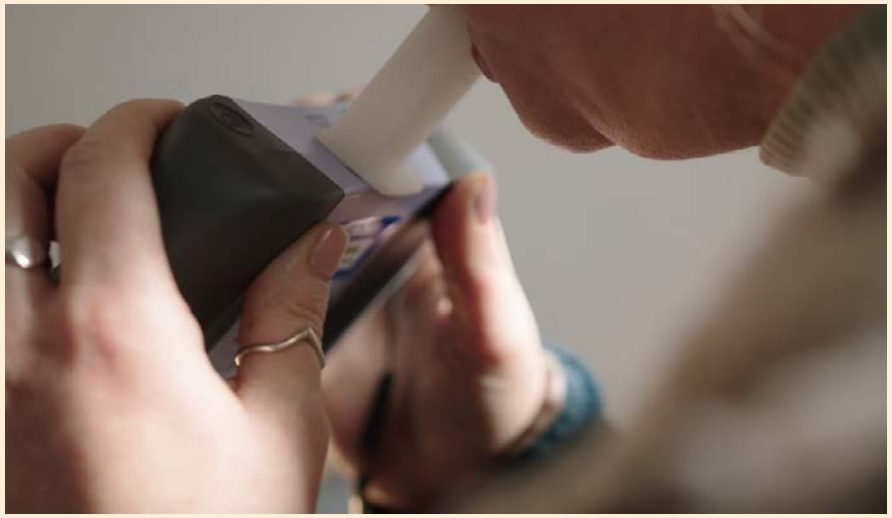
Children and young people

We aim to improve health outcomes for children and young people with more prevention, early help and family-focused support. This includes:

- Neighbourhood teams supporting children and young people in local communities
- Offering better support while waiting for care, including digital tools
- A family-focused approach, including support from social prescribers
- Ensuring obesity services are in place to support young people
- Improved access to perinatal and infant mental health support

Case study

A smoke-free start in life



Smoking in pregnancy increases the risk of low birth weight, miscarriage, stillbirth and sudden infant death.

Identified as a priority, we invested in extra tobacco support services, cessation aids and training. Four years on, a concerted effort by the NHS, Fresh and local authorities and partners has helped bring smoking at the time of delivery down from 13% to 5% – that's 2,155 fewer women smoking when they give birth, 3,751 fewer antenatal complications, 688 less labour complications and neonatal overnight stays reduced by 1,100 per year.

Finance...

The NHS has been under significant financial pressure for several years. The cost of providing care continues to rise, alongside growing demand for services, while increases in funding have been limited.

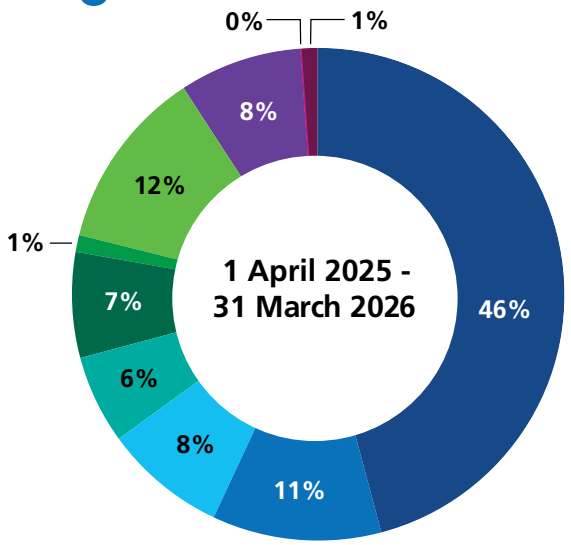
Our ICB manages an annual commissioning budget of more than £9 billion. We have balanced our finances each year to date, but this has relied partly on one-off measures rather than permanent savings. For 2025/26, our latest forecast shows an underlying recurring deficit of £4.4 million.

Our Resource Allocation Group brings together a range of stakeholders and independent expertise to advise on the best way to target our allocation of funding to achieve the aims of this plan.

Our financial aims include:

- Achieving an annual break-even position and avoiding deficits
- Strengthening financial risk management and governance
- Fully complying with national financial requirements
- More integrated financial planning across our system

How funding is currently used in our region:



- Acute services: £4.3bn
- Mental health services £1.0bn
- Community health services: £740m
- Continuing care: £568m
- Prescribing: £646m
- Primary care: £110m
- Primary care delegated: £1.1bn
- Delegated specialised commissioning: £788m
- Other services: £32m
- Running costs: £51m

Please note: these figures have been updated since publication of the full version of this plan and therefore differ slightly

Making it happen...

Our goals are ambitious - within ten years, to transform population health and reduce inequalities across our region. To make this happen, we will draw on a number of strengths and opportunities:

Our workforce

We are committed to making the North East and North Cumbria a great place to live and work. Our People and Culture Strategy sets out our commitment to attract and retain skilled staff and strengthen our workforce.

Research and innovation

Research and innovation are important in helping us improve health and care. We will identify where new ideas and research could help solve problems, and use the best available evidence to inform the decisions we make about NHS services.

Estates

We will work with partners across the region to ensure the best use of our estate as we shift from hospital care to community care. Our estates strategy sets out the key changes that are needed to future-proof our buildings and infrastructure, as well as disposal of poorer quality assets and improving our environmental performance.

Digital, data and technology

We have an ambitious programme to get the best out of digital technologies. This includes supporting providers to adopt shared approaches to patient-facing services, moving to the NHS App where possible and reducing duplication.

We aim to have the best Business Intelligence service in the NHS, using population health analytics alongside clinical oversight to guide our decisions.

Want to know more?

If you would like to find out more about NHS North East and North Cumbria Integrated Care Board and would like to view our five year commissioning plan in full, please go to: **northeastnorthcumbria.nhs.uk/publications**

www.northeastnorthcumbria.nhs.uk