Item: 17

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 Approach to Clinical Services (SACS) Framework**

Purpose of report

The purpose of the report is to:

- consider and approve the draft North East & North Cumbria (NENC) Strategic Approach to Clinical Services (SACS) Framework (Appendix A);
- note the work ongoing to ensure alignment with the rolling five-year strategic commissioning and provider plans' development, specifically associated commissioning resource requirements to be factored into ICB planning.

Key points

The draft NENC SACS framework sets out a system approach for collaboratively developing sustainable acute secondary and tertiary clinical care and offsetting future vulnerabilities over the next decade, supporting delivery of the 10-year Health Plan for England. Aligned to the NENC Better Health and Wellbeing for All Strategy, the framework has been developed through the SACS programme, led by NENC Provider Collaborative in partnership with NENC ICB as part of the Responsibility Agreement between the two organisations.

The draft framework has been developed through clinical engagement, patient insight analysis, activity and financial data analysis, service vulnerability assessments and engagement with a broad range of system programmes and professional groups. It is intended to balance an organic system approach, that will enable strategic NENC hospital service priorities to be periodically reviewed and refreshed and to inform rolling five year strategic commissioning and provider plans, with the establishment of specific collaborative clinical priorities. It does this by setting out:

- four strategic system clinical ambitions for all NHS Foundation Trusts (FTs), networks and system programmes to work towards as they develop local services,
- a number of clinical collaborative priorities where cross-organisational work can add most value,
- a series of underpinning strategic system enabling ambitions to align respective digital, workforce and estates work and investment to clinical priorities, and
- a set of principles and commitments to shape an inclusive, consistent system approach to delivery and to ensure organisational statutory responsibilities and governance routes are duly observed.

The framework will employ a pathway approach by transferring impact and learning from clinical collaboration work across specialities to address common pathway challenges

It has been supported by the NENC Provider collaborative Provider Leadership Board. A wide range of ICB programmes and teams, including specialised commissioners, have been given the opportunity to review and contribute to the framework's development.

Delivery will be through the most appropriate existing or new system vehicles (not exclusively the NENC Provider Collaborative) and underpinned by a shared system resource model, drawing upon capacity and skills from all system organisations. Commissioning and/or contracting capacity will be needed to support the framework's delivery at various stages. Programme delivery will be based on cost-neutral or cost-saving assumptions.

Risks and issues

- Ensuring aligned SACS delivery with rolling five-year commissioning plan development, commissioned pathways and associated contracts, service specifications and funding flows
- Aligning SACS delivery to primary care and neighbourhood health developments
- Delivery progress in light of planned headcount reductions, particularly across NENC PvCv and NENC ICB, with both commissioning and provider expertise required across all clinical priorities
- Ensuring statutory responsibilities are fully met

Assurances and supporting documentation

Planned/required actions to mitigate risks above:

- SACS Delivery and Governance Framework to set out delivery expectations, including statutory decision-making responsibilities, including the role of the ICB's Service Change Advisory Group
- Planned primary care and neighbourhood health engagement around bespoke clinical priority areas
- Commissioning capacity to support SACS framework delivery to be factored into future organisational resource planning.

Recommendation/action required

The ICB Board is recommended to:

- Approve the draft SACS framework
- Note work to align the framework with medium term strategic planning
- Note the need for future ICB commissioning and contracting resourcing to support the framework's delivery as part of ongoing organisation resource planning

Acronyms and abbreviations explained

SACS – Strategic Approach to Clinical Services
VONNE – Voluntary Organisations' Network North East
VCSE – Voluntary Community Social Enterprise

Sponsor/Approving Executive Director	Jacqueline Myers, Chief Strategy Officer
Date approved by Executive Director	11th November 2025
Report authors	Jill Simpson, Clinical Strategy Lead, NENC Provider Collaborative Dr Chris Snowden, Clinical Lead, NENC Provider Collaborative

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

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	
Partner members from Foundation Trusts are impacted by the proposal however can remain in the meeting and take part in the decision making.						
Equality analysis completed	**Yes**	✓	**No**		**N/A**	NB: speciality-specific EQIAs to be undertaken as part of delivery phase
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 direct financial implications at this point, however ICB and broader system resourcing implications must be considered.
Contracting and Procurement	No contracting and procurement implications at this point, however expertise required to support effective delivery.
Local Delivery Team	Opportunity to input to framework as part of ICB engagement and continuing discussions as part of delivery phase.
Digital implications	Maximising digital opportunities a core tenet of delivery expectations, in line with 10-year Health Plan.
Clinical involvement	Draft framework developed through senior clinical engagement with clinically-led delivery groups in place.
Health inequalities	Initial EQIA screening complete and programme EQIA in place with speciality-specific EQIAs built into delivery planning. Work ongoing to incorporate a strategic view of healthcare inequalities into ongoing SACS approach.
Patient and public involvement	High-level patient insight analysis undertaken to inform framework's development and clinical priority-setting, with targeted engagement built into delivery phase.
Partner and/or other stakeholder engagement	Broader stakeholder communications and engagement expected post-ICB approval of framework.
Other resources	A shared system delivery model is being pursued to support delivery phase, drawing upon available expertise and capacity from within all organisations, with commissioning expertise required.

NHS
North East and
North Cumbria

Draft NENC Strategic Approach to Clinical Services Framework

1.0 Purpose

The purpose of the report is to:

- Seek ICB Board approval of the draft North East and North Cumbria (NENC) Strategic Approach to Clinical Services (SACS) Framework (see appendix A);
- Note the work ongoing to ensure alignment with the rolling five-year strategic commissioning and provider plan development, specifically associated commissioning resource requirements to be factored into ICB planning.

2.0 Background, scope and strategic context

2.1 Background

NENC ICB, as part of the Responsibility Agreement with NENC Provider Collaborative, has previously agreed the need to have a clinical framework to offset future vulnerabilities within acute secondary and tertiary care. A framework is needed to ensure resilient hospital-based services in the longer-term, given the predicted changes in population health, associated secondary care impacts, existing performance, quality and staffing challenges, and the need to ensure longer-term financial sustainability.

2.2 Scope

The scope has been specifically agreed as secondary and tertiary care to ensure a manageable and deliverable framework. NEAS, CNTW and TEWV are all active participants in the SACS programme and Board. There is a clear commitment to identify mutually beneficial interface issues across respective sectors as they emerge as part of the ongoing SACS approach as well as to consider the integration of appropriate elements of mental health care into physical health delivery approaches.

The framework is intended to focus on the next five-to-ten years, seeking to achieve greater hospital service resilience by 2035.

2.3 Strategic context

The SACS programme and draft framework supports the Better Health and Care element of the NENC Better Health and Wellbeing for All Strategy by setting out how the quality, consistency and sustainability of NENC acute hospital services will be enhanced. Work is ongoing across the ICB and Provider Collaborative to embed the SACS Framework into respective commissioner and provider medium-term plans.

There is some connectivity between the SACS programme and elements of the ICB Clinical Conditions Strategic Plan and Service Reform programme of work, however their clinical areas of focus and timeframes differ. The Framework also recognises the need for other key system and place-based programmes of work to be factored into the delivery phase of the programme e.g. specific UEC requirements to avoid destabilising front door and acute care, or the development of neighbourhood health models.

Individual NHS Foundation Trust and nested collaboratives will be asked to incorporate the framework into their respective clinical strategies with strategic coherence assured through both the NENC Strategy Network and the SACS Board.

3.0 Framework development, structure and priorities

3.1 Framework development process

The framework's development has been driven through the Provider Collaborative's Strategic Approach to Clinical Services (SACS) Programme, in partnership with the ICB CSO and CMO.

It has been built up through the following components:

Horizon scanning	- review of all major policy documents and literature to shape an agreed set of strategic assumptions to inform the framework's development
Clinical engagement	- bespoke discussions with over 20 system clinical networks and clinical leadership events for both adults and children and young people's senior clinical leaders
Forecast growth analysis	- predictive modelling of secondary care activity across planned and unplanned care delivery points by 2034, informed by historical activity and population health changes and incorporating future planning and transformation impacts where available
Listening to the patient and carer voice	- desk-top insight analysis across all available patient and carer feedback sources for the last two years
Service mapping and vulnerability assessments	- mapping of all services to identify fixed points in the system and structured service vulnerability assessments across all providers for both adult and paediatric services
Quality and outcomes review	- a review of high-level quality and outcome metrics against services presenting as currently/potentially vulnerable and/or with the highest predicted growth
Understanding efficiency opportunities	- use of cost per WAU analysis to identify efficiency opportunities and triangulate with other data sources to inform prioritisation
Strategic alignment	- testing and iteration of framework through a wide-range of system (commissioner and provider-led) programmes and professional groups.

The draft framework has been supported by the NENC Provider collaborative Provider Leadership Board.

3.2 Framework structure, priorities and applicability

The draft SACS framework sets out:

- four shared, strategic system clinical ambitions for all FTs, networks and system programmes to work towards as they develop local services,
- four clinical collaborative 'blueprint' priorities where joined up work can add most value,
- four longer-term, more complex clinical areas to be prioritised across the system
- a series of underpinning strategic system enabling ambitions to help to align respective digital, workforce and estates work and investment to clinical priorities, and
- a set of principles and commitments to ensure a consistent, high quality approach to delivery which observes organisational statutory responsibilities and governance

The framework will employ a pathway approach by transferring impact and learning from clinical collaboration work across specialities to address common pathway challenges.

The framework will not apply equally to all services in every provider organisation. Some elements of the framework will be delivered at an individual organisation and/or nested collaborative level, in line with the majority of acute secondary and tertiary clinical service sustainability work. The majority of the SACS framework will apply to the circa 5-15% of clinical services where some level of

collective planning, delivery or learning can add value and help to achieve more sustainable clinical services and equitable, consistent clinical quality and outcomes.

Similarly, the framework does not reflect every system clinical priority – a vast array of other system collaborative work to strengthen services is already taking place, led by both the ICB and Provider Collaborative, such as the ICB's Clinical Conditions Strategic Plan workstreams. The SACS framework is not intended to cut across this; it is intended to identify different opportunities to add long-term sustainability value.

The framework forms part of an ongoing SACS approach to review and agree strategic system clinical priorities where collaborative work will create longer-term service resilience, including providing an escalation route for more immediate system clinical priorities that are not being or cannot be addressed elsewhere in the system or may require a longer-term strategic, system solution. It is intended to remain part of an ongoing system approach to periodically review or address emerging strategic clinical priorities where collaborative working can add value.

4.0 Delivery, resourcing and governance

4.1 Delivery and resourcing

Delivery of the SACS framework will be through the most appropriate existing or new system vehicles (not exclusively Provider Collaborative) e.g. the Northern Cancer Alliance for the cancer priority. It will be underpinned by a shared system resource model, drawing upon capacity and skills from within provider and commissioner organisations.

The programme and underpinning delivery groups will work on a cost-neutral or cost-saving basis with a requirement for any additional costs to be met through cash-releasing efficiencies elsewhere or alternative investment sources.

A SACS Delivery Leadership Group will oversee delivery, co-ordinate enabling and resource requirements, ensure timely reporting and risk escalation and ensure broader strategic connectivity with other system and place-based transformation work. A SACS Delivery and Governance Framework will also set out core considerations and expectations to ensure a consistent, high quality approach to delivery, in line with both provider and commissioner expectations. Discussions are ongoing with VONNE to harness the VCSE sector's insight and expertise into delivery groups, where most relevant.

4.2 Governance and accountability

The SACS Delivery and Governance Framework will set out clear delivery expectations in relation to organisational accountability and governance and this will be tested with commissioners and providers prior to mobilisation.

Accountability for delivery of the SACS framework will sit with the SACS Programme Board, with reporting routes into both the Provider Collaborative Provider Leadership Board and the ICB as required. Delivery will observe the statutory responsibilities of individual organisations. Delivery plans, and any associated commissioner or provider decisions, will be agreed through all impacted organisations at relevant stages. This will include any commissioning consequences of the SACS Framework's delivery, including any statutory engagement and consultation requirements or service change decisions, which would remain the responsibility of and be led by the relevant commissioner. SACS delivery will be connected to the ICB's Service Change Advisory Group with associated processes followed. The Delivery and Governance Framework will also set out a means of managing conflict, in line with the NENC Provider Collaborative's dispute resolution procedure.

Commissioners have seats on the SACS Board, underpinning SACS Delivery and Leadership Group and some delivery task and finish groups, and this input should be expanded to include commissioner input to each SACS delivery group.

5.0 Next steps and timeline

Planned next steps are as follows:

- Speciality-specific delivery and mobilisation, including detailed delivery and benefits realisation planning and strengthened strategic alignment and input from respective primary care and commissioning leads – Q3
- Regular reporting and oversight through SACS Board and appropriate ICB mechanism as required Q4 onwards
- Embedding and communicating the framework across providers, programmes and networks, including developing a stakeholder communications and engagement plan – Q3-Q4
- Strengthening the ongoing SACS approach, specifically to align development work to rolling five-year strategic plan development – Q3/Q4

6.0 Risks

Risks and mitigations are outlined below:

- Ensuring aligned SACS delivery with rolling 5-year commissioning plan development, commissioned pathways and associated contracts, service specifications and funding flows
- Aligning SACS delivery to primary care and neighbourhood health developments
- Delivery progress in light of planned headcount reductions, particularly across NENC Provider Collaborative and NENC ICB, with both commissioning and provider expertise required across all clinical priorities
- Ensuring statutory responsibilities are fully met, particularly if SACS delivery leads to any potential service change

The delivery planning outlined in section 4.0 is intended to mitigate most risks, however further ICB support to engage and align plans across primary care, and to commit commissioner delivery resource, will reduce risks further.

7.0 Recommendations

The NENC ICB Board is asked to:

- Approve the draft SACS framework
- Note work to align the framework with medium term strategic planning
- Note the need for future ICB commissioning and contracting resourcing to support the framework's delivery as part of ongoing organisation resource planning

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Date: 11th November, 2025

Appendices (see separate enclosure)

A: Draft NENC SACS Framework