

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

BOARD	
30 SEPTEMBER 2026	
Report Title:	Medium Term Planning – Strategic Commissioning Intentions 2026/27: Progress Update
Purpose of report	
To provide the Board with an in-year review and assurance assessment of delivery against the ICB's Medium Term Planning – Strategic Commissioning Intentions 2026/27 and to inform the 2027/28 planning and prioritisation process.	
Key points	
The strategic direction for the organisation remains appropriate and there has been good progress across all commissioning portfolios. Most commissioning intentions remain in progress, with further assurance required on measurable outcomes, inequalities, affordability, workforce, contracting and data quality. Board oversight should focus on the material dependencies, clear accountable ownership, milestones and any decisions required to accelerate, refine or re-plan delivery. The in-year assessment will inform the forthcoming 2027/28 planning and prioritisation process and future integrated delivery reporting.	
Risks and issues	
The principal risks relate to variable maturity of outcome evidence, affordability and recurrent funding, procurement and contracting dependencies, data quality, workforce and provider capacity, national policy dependencies and organisational transition. These risks will be mitigated through the relevant portfolio governance routes, with material matters escalated by exception.	
Assurances and supporting documentation	
Assurance is provided through the published 2026/27 Strategic Commissioning Intentions and the completed Commissioning team status updates. <i>Appendix 1</i> summarises the evidence of progress, assurance requirements and material changes for each commissioning intention. Further assurance will continue through the relevant portfolio governance routes, including oversight of cardiovascular disease through the Prevention and Long-Term Conditions Group reporting to the Neighbourhood Health Commissioning Sub-Committee. Material risks or decisions will be escalated by exception.	
Recommendation/action required	
The Board is asked to: 1) Receive assurance that the strategic direction of the Medium-Term Planning – Strategic Commissioning Intentions 2026/27 remains relevant and that delivery is active across all portfolios. 2) Note that the majority of commissioning intentions remain on track and that further assurance will continue through the relevant portfolio governance routes. 3) Support the escalation, by exception, of any material delivery, affordability or prioritisation issues requiring a decision through existing subcommittee governance routes, with these reflected in the 2027/28 planning baseline.	

Acronyms and abbreviations explained						
AACC – All-Age Continuing Care ICB – Integrated Care Board LCSR – Locally Commissioned Services Review MNP – Multi Neighbourhood Provider NENC – North East and North Cumbria QOF – Quality and Outcomes Framework WINS – Women’s Integrated Neighbourhood Services RTT – Referral to Treatment						
Sponsor/Approving Chief Officer	Levi Buckley, Deputy Chief Operating Officer					
Date approved by Chief Officer	14 September 2026					
Report author	Lee Sprudd, Senior Strategy Manager					
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						
Relevant requirements include the NHS Act 2006, as amended by the Health and Care Act 2022, the Equality Act 2010 and applicable national guidance and commissioning requirements. Programme-specific legal and statutory implications will be addressed through the relevant governance and decision-making processes.						
Any potential/actual conflicts of interest associated with the paper?	Yes		No	✓	N/A	
Equality analysis completed	Yes		No		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 consolidated financial position is presented. Individual returns identify potential recurrent funding, investment, affordability and contractual dependencies that will require confirmation through subcommittee governance and the 2027/28 planning process.					
Contracting and Procurement	No procurement decision is sought through this paper. Programme-specific contracting and procurement requirements will continue through the relevant governance and approval routes.					
Commissioning Team	Commissioning Directors, multi professional leaders and accountable portfolio leads have contributed to the final update exercise.					
Digital implications	Digital dependencies include referral systems, shared records, performance data and digital commissioning systems. Detailed implications remain programme-specific.					
Clinical involvement	Clinical and quality input is reflected within individual programmes. Further approval will be required where service change or commissioning decisions are proposed.					

Health inequalities	Health inequalities are integral to the commissioning intentions and should be evidenced through portfolio outcome measures and impact assessments.
Patient and public involvement	Patient and public engagement undertaken through individual programmes is reflected in the portfolio returns. This assurance paper does not initiate a separate engagement exercise.
Partner and/or other stakeholder engagement	Some delivery milestones have interdependencies with NHS providers, primary care, local authorities, place partnerships, the voluntary sector and national partners.
Other resources	Workforce, analytical, finance, contracting, digital, estates and programme capacity dependencies are identified across the returns.

Strategic Commissioning Intentions 2026/27: Progress Update

Final review | September 2026

1. Introduction

The ICB's Medium Term Planning – Strategic Commissioning Intentions 2026/27 set out how the organisation would shape transformation, service development and resource allocation while developing the wider five-year Strategic Commissioning Plan. This report presents the completed review of progress against those year one intentions, material changes and the further delivery and assurance processes.

2. Overall position

The strategic direction remains broadly valid, reflecting the three left shifts - from hospital to community, analogue to digital and sickness to prevention, supported by the organisation's developing neighbourhood health approach and the transition to a more focussed strategic commissioning operating model. The completed Commissioning Director returns provide evidence of substantive activity across the portfolio and a sound basis for assurance, oversight and future planning.

Progress is most clearly evidenced where programmes have established delivery arrangements, secured funding, commenced procurement, redesigned pathways or introduced formal governance and oversight. Collectively, these developments strengthen the commissioning and assurance architecture linking population need, outcomes, clinical priorities, quality and safety, commissioning action, contractual arrangements and accountable leadership.

The principal cross-cutting requirement is now to strengthen consistent evidence of measurable impact and confirm baselines, trajectories, inequalities impact, financial and contractual implications, workforce requirements, data quality and key decision points through the ICB's existing governance arrangements. This should support proportionate escalation by exception and provide a clear baseline for 2027/28 prioritisation and integrated delivery reporting.

3. Overall update and material developments

The completed review confirms substantive progress across the portfolio, with delivery arrangements, formal oversight and commissioning development established in all areas. The principal material developments and remaining assurance priorities are:

- **Primary care and neighbourhood health:** the general practice service review is nearing completion, with stronger governance and targeted practice support in place. Neighbourhood readiness, planning tools, metrics and emerging provider models provide a firmer platform for community-based delivery; final commissioning, investment and mobilisation decisions remain to be secured. The detailed work aligned to the national review and the ICB's Neighbourhood health Strategy will be presented to Board in Autumn 2026.
- **Community services:** pharmacy, dentistry and eye-care commissioning plans and pathway work are progressing, alongside a programme to significantly strengthen contractual oversight of community waiting times, discharge data and other community metrics.
- **Women's health and best start in life:** hub funding and evaluation are informing the WINS model; maternity specifications, Family Hub alignment, healthy-weight pathways and SEND delivery are advancing. Sustainable commissioning intentions, accountable leadership, recurrent funding and consistent measures of outcomes and inequalities remain the principal next steps.
- **Medicines and all-age continuing care:** the ICB-wide Prescribing Outcomes Scheme is implemented for general practice and wider primary-care development is under way. As previously reported to Board, the Prescribing Outcomes Scheme is delivering in-year savings while continuing to support best prescribing practice. Digital procurement preparation and improved AACC data assurance are progressing, with further work required on improving timely assessments and reviews, contractual mechanisms, outcomes reporting and financial and productivity evidence.

- **Mental health, learning disabilities and neurodivergence:** delivery is progressing across community transformation, Talking Therapies, crisis alternatives, inpatient redesign, neurodivergence, trauma-informed commissioning and suicide prevention. A significant focus on ADHD and autism pathways through a new ICB Commissioning Policy is in the implementation phase and is enabling greater equity through standardised pathways and waiting times. The roll out of the ADHD referral management service began in late June 2026 and in the longer term has the potential to reduce waiting times and the waiting list size, particularly in NHS Trusts. Further assurance is required on evaluation, implementation plans, workforce, funding, clinical governance and pathway interfaces.
- **Secondary care:** winter planning and wider UEC planning and system assurance is on track and planned-care pathway redesign, demand intelligence and productivity work are advancing. Breast-service recovery arrangements, targeted funding and longer-term capacity planning are established; sustained improvement depends on credible recovery trajectories, radiology workforce capacity and quantifiable activity and financial impact. There remains a significant challenge nationally, regionally and locally on RTT standards and elective activity. The ICB is exploring a potential model of system control totals for RTT with the NEY regional team.
- **Prevention and wider determinants:** alcohol and tobacco services are recurrently funded; obesity pathway redesign and the Health and Growth Accelerator are progressing; and housing, health and care has an established development pipeline and sub-regional arrangements. Cardiovascular activity continues under new governance and now requires consolidation into a focused premature-mortality programme aligned with the national framework.

Taken together, these developments provide assurance that delivery is active across the portfolio. Remaining gaps relate mainly to demonstrating measurable outcomes and resolving programme-level dependencies; these will continue to be managed through established governance, with material risks or decisions escalated to the Board by exception. The year ahead will include a more focussed approach to commissioning for outcomes in parallel with stretching activity targets.

4. Key risks and assurance priorities

The completed review identifies a number of cross-cutting risks and dependencies that affect the pace, sustainability and assurance of delivery across the portfolio.

- **Outcomes and inequalities:** evidence of measurable impact on outcomes, baselines and trajectories is not yet consistent across all portfolios, limiting comparative assurance.
- **Affordability and contracting:** a number of intentions depend on recurrent funding, investment decisions, procurement or contractual changes that must be resolved through portfolio and planning governance. This will require a concurrent focus on service redesign, disinvestment and decommissioning options, informed by population health management data, outcomes evidence, quality considerations and affordability.
- **Data and digital:** incomplete activity, performance and waiting-time baselines, together with referral and digital-system dependencies, constrain assurance in some pathways.
- **Workforce and provider capacity:** delivery and sustainability remain dependent on specialist workforce, provider readiness and implementation capacity in several areas.
- **External dependencies:** national guidance, policy decisions and partner action continue to influence scope, sequencing and timing.
- **Governance and accountability:** organisational transition has affected pace in some areas; clear ownership, decision points and timely escalation remain essential.

These issues should continue to be managed through established portfolio governance, with material risks or decisions escalated by exception.

5. Assurance actions and next steps

The following actions will strengthen assurance, support consistent delivery oversight and establish a clear baseline for 2027/28 planning.

1. **Complete portfolio assurance:** accountable leads should maintain agreed RAG positions, milestones, outcome and inequalities measures, financial and contractual implications, quality requirements and dependencies through established governance. The Project Management Delivery Toolkit supports consistent approaches across the organisation. The next phase will establish a regular cycle of programme-level highlight reporting, improving visibility of delivery, milestones, risks, outcomes and dependencies across key workstreams.
2. **Evidence impact consistently:** reporting should distinguish between design, mobilisation, activity delivered and measurable benefit achieved, supported by clear baselines and trajectories.
3. **Integrate oversight:** maintain a single commissioning-intentions tracker aligned to thematic portfolio governance and integrated delivery reporting, with material risks and decisions escalated by exception.
4. **Inform 2027/28 decisions:** use the completed review to support transparent prioritisation, including decisions to continue, accelerate, refine, defer or stop activity, subject to evidence, affordability and strategic fit.

Progress against these actions should be incorporated into integrated delivery reporting and monitored through the relevant governance routes.

6. Recommendations

The Board is asked to consider the completed review and support the following recommendations:

1. Receive assurance that the strategic direction of the Medium-Term Planning – Strategic Commissioning Intentions 2026/27 remains relevant and that delivery is active across all portfolios.
2. Note that the majority of commissioning intentions remain in progress and that further assurance will continue through the relevant portfolio governance routes.
3. Support the escalation, by exception, of any material delivery, affordability or prioritisation issues requiring a decision through existing subcommittee governance routes, with these reflected in the 2027/28 planning baseline.

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Date: 14th September 2026

Appendix 1. NENC ICB Medium Term Planning: Strategic Commissioning Intentions 2026-27 Review

Attached separately to this document update.

Appendix 2. NENC ICB Medium Term Planning: Strategic Commissioning Intentions 2026-27

Attached separately to this document update.