

# Medium Term Planning

## Strategic Commissioning Intentions

2026/27

**Better health  
and wellbeing for all...**

## 1. Purpose

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 5 Year Strategic Commissioning Plan for 2026/27 to 2030/31. Early in the planning process, the system must set out commissioning intentions to enable providers to undertake effective operational planning aligned to national and local priorities.

These commissioning intentions for 2026/27 outline how the ICB will shape priorities for transformation, service development, and resource allocation for the coming financial year. They are informed by national publications such as:

- 10 Year Health Plan for England: Fit for the Future
- NHS England Medium Change Planning Framework: Delivering Change Together 2026/27 – 2028/29
- The Model ICB Blueprint (May 2025)
- The NHS England Strategic Commissioning Framework

And local publications:

- Better Health and Wellbeing for All – The North East and North Cumbria Integrated Care Partnership Strategy, Jan 2023
- The North East and North Cumbria Clinical Conditions Plan 2024

These intentions focus on priorities for conclusion in 2026/27, with a refreshed 5-year plan to follow, detailing longer-range plans for delivering the vision and strategy.

## 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.

The 10-year ICS Strategy, "Better health and wellbeing for all," provides the strategic direction and key commitments to improve health and care in the North East and North Cumbria.

A recent review found strong alignment with the 10 Year Health Plan, based on a deep understanding of health and care needs across the region and at the 13 local authority places.

The strategy makes key commitments under four strategic goals:

- Longer, healthier lives
- Fairer outcomes
- Better health services
- Best start in life

### 3. Financial Context

The financial challenges facing the NHS require continued collaboration with partners to prioritise collective effort and resources where impact is greatest, to achieve strategic goals and improve outcomes for patients and communities. As of this draft, the 2026/27 financial allocation has not been received, but funding is expected to be broadly in line with 2025/26.

Improved outcomes will require significant reshaping and decommissioning of existing services to facilitate additional investment in identified priorities. The ICB is working with national colleagues to influence allocative formulae for fair funding and will ensure resource allocation within NENC aligns with strategy and population health needs.

### 4. Developing Our Strategic Commissioning Capability

#### 4.1 Transition to Strategic Commissioning

In response to the Model ICB Blueprint and the NHS England Strategic Commissioning Framework, including the requirement for ICBs to significantly reduce their management costs, we have developed a new operating model and staffing structure which subject to consultation we hope to fully implement for 2026/27.

#### **Key Features of the Proposed Operating Model:**

- Enhanced insight and population health analysis, strategy and policy capability, and a hub of specialist skills and knowledge for strategic commissioning
- Fewer teams with broader remits across three teams:
  - Neighbourhood Health
  - Secondary Care Physical Health (including Ambulance and Transport)
  - Mental Health, Learning Disabilities, Neurodevelopmental, and individual care packages
- Multi-professional leadership model
- Geographic and thematic working, with lead directors and teams
- Simplified governance, integrating management of quality, access, and finance across contracts

Whilst we are now expecting to reconfigure the ICB either during and/or following the 2026/27 planning round, we have used the Strategic Commissioning Framework and the learning from the reflection on the 2025/26 planning work to shape our planning process for the Medium-Term Plan development.

Our strategic commissioning approach will be 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.
3. **Value for money and financial sustainability** – securing best value for our investments by focussing on effectiveness, productivity and the elimination of duplication and waste.
4. **Outcomes focussed** - Our overarching goal is to equitably improve the health and wellbeing of the population. We will ensure our contracts include measurable outcomes that also address inequalities within and across the NENC system.

## 4.2 Commissioning for Improved Quality:

- Development of a local commissioning for quality incentive scheme/framework to drive quality improvement
- Providers required to develop improvement plans linked to key quality priorities in patient safety, clinical effectiveness, and patient experience
- Delivery linked to financial incentives and supported by a quality management system under development

## 5. Commissioning Intentions 2026/27

### 5.1 Primary Care and Community Services (including Neighbourhood Health Services)

#### General Practice:

We will continue to support the development of Modern General Practice.

- We will conclude our review of the general practice locally commissioned services and, 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.
- We will strengthen contract oversight and transformation for primary care, tackling unwarranted variation and supporting practices struggling to deliver access or other elements of the 2025/26 GP contract and the (tbc) 2026/27 GP contract, including improving and providing good access by phone, online or walk in throughout core hours
- We will work with general practice to identify and address unwarranted variation and improve access, embedding learning from the Modern General Practice programme into neighbourhood delivery from April 2026.
- We will use the Multi Neighbourhood Provider contractual model to support the leadership of general practice in neighbourhood health delivery models.

#### Neighbourhood Health

During 2026/27 we will publish our NENC Neighbourhood Health Model, aligned to the forthcoming national framework. This will translate national guidance into a clear local model, defining the goals, outcomes and practical expectations for neighbourhood health

across our system. We will continue to progress the development of Neighbourhood Health in each of our places, focussing initially on frail older people and those living with multiple long-term conditions.

Once national guidance is released, we will:

- Develop a local framework and delivery plan with councils and partners, setting shared priorities, workforce requirements, and funding arrangements. Test commissioning and provider options, including multi-neighbourhood and integrated contracts, to strengthen collaboration and simplify accountability.
- Review estates and digital infrastructure to support the development of neighbourhood health hubs and ensure interoperability across primary, community and social care.
- Progress the commissioning and implementation of Care Co-ordination Hubs as the single point of access for urgent care response in the community, with providers working together to better integrate services across primary, community, ambulance and voluntary sectors, including meeting the national ask for 12 hours a day 7 days per week.
- Continue work with the hospice sector to improve sustainability of services with a focus on those specified in the statutory guidance.
- Develop a population health management approach to frailty and end-of-life care that costs health spend and sets a plan with providers to reduce and decommission hospital-based care, reinvesting in proactive, personalised home and community-based models.
- Prioritise digital investment in shared care records and tools to support integrated, proactive and personalised models of care.
- By April 2027, align both financial and contractual levers, including the Integrated Neighbourhood Health Organisation development, to support the Neighbourhood Health Urgent and Responsive Care and Neighbourhood Proactive, Preventative Care specifications and so support at pace the implementation of enhanced neighbourhood health services.

## **Pharmacy**

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.

## **Dental Services**

We will continue the delivery of our Dental Recovery Strategy. In 2026/27 we will:

- 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.

## **Eye Care**

We will work with partners across eye care to improve the pathways and timeliness of care, through the introduction of a standard, digitised referral pathways and after care arrangements.

## **Community Services Waiting Times**

We will work with our provider trust partners to ensure community services waits are accurately reported and agree plans to meet the national planning guidance requirement for reduced waiting times in community services, achieving or exceeding the 68% ask for the proportion patients waiting under 18 weeks and seeking achieve a maximum waiting time under 52 weeks, including for Children and Young People.

## **Women's Health**

In 2026/27 we will:

- Collaborate with providers to secure and develop the Women's Health Hubs and build the business case for further movement of women's health services into community settings.
- Expand access to long-acting reversible contraception.
- Work with primary care to improve access to menopause support and hormone replacement therapy, addressing inequalities.

## **5.2 Best Start in Life: Maternity, Children and Young People**

### **Maternity**

Whilst we await a new national maternity and neonatal plan which will require implementation across NENC, we will:

- Review and update maternity service specifications (including perinatal pelvic health and maternal mental health) to reflect new guidance and recommendations.
- Review of Perinatal Pelvic Health Service provision to ensure services are fit for purpose.

### **Children and Young People**

We will work with local authority partners and wider system stakeholders to strengthen the coordination of services for children and young people and align these with our developing Neighbourhood Health model. In 2026/27 we will:

- Align health services to the rollout of Family Hubs, ensuring these acts as a first step towards integrated neighbourhood health services for children, young people and families, supporting early intervention and more joined-up care closer to home.
- Address childhood obesity by working in collaboration with local authorities and other partners to reduce variation in weight-management services and pathways, as well as evaluating the Clinics for Excess Weight pilot (funded through the Healthier and Fairer Programme) to inform future commissioning.
- Strengthen joint delivery of SEND improvement plans, ensuring NHS responsibilities from local area SEND inspections are implemented consistently and embedded within integrated children's commissioning arrangements.
- See also Maternal Mental Health and Community Waiting Times

### 5.3 All Ages Continuing Healthcare

During 2025/26 we launched a far-reaching transformation programme to improve the quality, safety, timeliness and use of resources in our All Ages Continuing Healthcare Service.

In 2026/27 we will:

- Implement 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.

### 5.4 Medicines

We will implement a new ICB wide Prescribing Outcomes Scheme, extending coverage to community pharmacies and improving visibility of impact of the investment, including addressing inequalities.

### 5.5 Mental Health, Learning Disabilities, and Neurodivergence

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.

#### **Neighbourhood Health**

- ICB to work with partners to review the investments made in community mental health transformation, and where appropriate to adapt the currently commissioned services. Informed by learning from the Hope Haven early adopter in Whitehaven and other sites.
- Building the Right Support: ICB with partners to review community provision and agree service changes to improve outcomes and reduce inappropriate inpatient admissions for people with a learning disability and/or autistic people.
- Anxiety and Depression: Improve talking therapy access and outcomes through a standardised service specification for core pathways and a digital innovation plan, and investment in additional capacity to meet national access and recovery targets.
- Assertive & Intensive Community Care: Establishing a clear model to provide long-term, flexible support for people with severe mental illness who are disengaged or at high risk, with full consideration of the impact on broader community treatment team capacity.
- Mental Health Support Teams in Schools: Increase the number of teams to 45.
- Individual Placement Support: Expand access to employment support for people with severe mental illness, with a target to support 3,731 individuals
- Maternal Mental Health: Completing the scale-up of the maternal mental health service model to all consultant-led maternity units.
- Personalised Care Framework: the ICB will work with provider trusts and partners to support the implementation of the national guidance.
- Shared care: Agree the approach for anti-psychotic annual reviews.

## **Inpatient, Urgent & Emergency Care**

- Inpatient Quality Transformation: The ICB will support organisations to deliver the culture of care programme and develop plans for a more effective and sustainable configuration of inpatient services and support the associated major service change processes.
- Urgent & Emergency Care: Continuing the implementation of Right Care Right Person. Develop clear plans for progressing the national ambition for Mental Health Emergency Departments/ Crisis Assessment Suites models.
- Alternatives to Crisis: Continuing to evaluate and, where appropriate, reinvest in alternatives to crisis support models (like crisis cafes and safe havens) to avoid acute emergency department or psychiatric admission.

## **Neurodivergence Pathways**

- NHS Trusts: Agree revised service specifications, focussing NHS Trust capacity on adults with higher levels of complexity, and people under 18. Agree a process of re-triage for existing waiting.
- Criteria: Implement adult referral for assessment criteria as part of a broader commissioning policy.
- Community Hubs: commission community hubs delivering needs led service and referral triage.
- Shared care: agree the approach to shared care for ADHD medication and monitoring.
- Review existing children and young people pathways and develop improved pathways with local authority partners.
- Mobilise accredited providers and use available contractual measures to enable more optimal use of right to choose provision.
- Digital: develop a self-understanding offer to reduce requests for diagnostic assessment and improve functional outcomes.
- North Cumbria: Agree how providers will deliver the children's pathways in North Cumbria, and for Cumbria, Northumberland, Tyne and Wear Foundation Trust to deliver an appropriate adult ADHD service

## **Trauma Informed Approaches**

- ICB to work with partners to inform how the ICB will approach commissioning trauma informed services in the context of broader whole system approaches to trauma informed care.
- Develop a consistent, accessible online training offer open to all via the Boost learning platform, to enhance understanding of trauma-informed principles across the system and address the impact of trauma on the workforce

## **Suicide Prevention**

- ICB to work with NHS Trusts and partners on how follow up within 48 hours of discharge from hospital following a self-harm presentation can be delivered to enable ongoing management of psychosocial needs and risk of further self-harm or suicide.

## 5.6 Secondary Care Physical Health Services

We will work with our providers to develop plans that meet the access targets within the NHS England planning guidance. 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.

### **Urgent and Emergency Care**

We will continue to progress the delivery of our system priorities:

- Full specification 24-hour 'alongside' Urgent Treatment Centres
- Development of Same Day Emergency Care pathways and volumes
- Comprehensive Winter preparedness and commissioning of enhanced services to address peaks in respiratory conditions.
- Working with our ambulance providers to deliver increased hear and treat, see, and treat and transfer to community pathways.
- Increase staff and public 'Flu vaccination rates.

See also, community services and neighbourhood health. We will work with our NHS provider trust community services providers to fully map their current service offers and agree plans to support the shift of resources from hospital-based frailty and long-term condition care to community based and delivered care.

### **Planned Care, including Cancer and Diagnostics**

In 2026/27, we will implement the following, which will comprise our approach to an intelligent demand management plan:

- A complete review of the ENT and Tinnitus/Unilateral Hearing Loss pathway and provision, with consideration of a revised Any Qualified Provider contract for hearing loss and ear wax removal and consideration of a straight to MRI pathway
- Development of a comprehensive Tele-dermatology service, including image capture and review
- A review and implement a revised In-Vitro Fertilisation Commissioning Policy
- Evaluate and improve the effectiveness of our Musculo-skeletal referral pathways, including evaluation of the single point of access spinal pathway being piloted as part of the Growth Accelerator Programme
- Implement the newly developed guidelines for GP referral for non-urgent endoscopy
- Support Trusts to embed the post-menopausal bleeding and breast pain pathways
- Determine the future commissioning arrangements for non-specific symptom services
- Determine the future commissioning arrangements for Long Covid services
- We will work with all providers of planned care to reduce system wide waiting times with the aim of normalising these across the ICB, we will achieve this through our contracting approach including the agreement of indicative activity plans
- Support primary care to understand unwarranted variation in referral rates linked to population health needs analysis and agree actions to address
- Determine the future commissioning, contracting and payment mechanisms for Community Diagnostic Centres
- Support Trusts to improve access to key diagnostic tests
- See also Eye Care pathways work under community services

Our expectations for provider trusts will be that they:

- Deliver increased specialist advice and guidance, triage, straight-to-test, and patient-initiated pathways.
- Embed the good practice and learning from waiting list validation sprints to ensure that waiting lists are accurate.
- Support the delivery of the Provider Collaborative-led Planned Care Programme 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 shared patient tracking list
- Do not undertake treatment which does not meet the criteria set out in the NENC Value Based Commissioning Policy (where treatments do not meet the criteria set out in the NENC Value Based Commissioning Policy payment will be withheld)
- Deliver the national planning asked relating to the full functionality of the NHS App
- Optimise the utilisation and capacity of Community Diagnostic Centres

## **Breast Services**

In response to the service outcome issues identified within Count Durham and Darlington Foundation Trust, we will develop a service specification for Breast Cancer Services and recommission the pathways and services across NENC:

- Development of plans to meet access targets, focusing on pathway and productivity improvements.
- Priorities include urgent and emergency care, mapping and shifting resources from hospital-based to community-based care.
- Support for providers to deliver increased specialist advice, triage, and patient-initiated pathways.

## **5.7 Longer, Healthier Lives and Fairer Outcomes**

In line with our long-term goals, we will invest 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. In 2020/21 we will:

- Establish recurrent funding for Alcohol Care Teams and Tobacco Dependency Treatment Services
- Continue to extend access to Tirzepatide in line with the national guideline and finalise our Healthy Weight Plan with a view to commissioning new obesity service models in 2021/22.
- Optimise the impact of the Health and Growth Accelerator pilot to maximise the chance of further roll-out.
- Deliver the next stage of our Housing Health and Care plan to increase the availability of extra care and supported housing for people with complex needs.
- Develop plans to meet the national ask for a 25% reduction in premature deaths from cardiovascular disease.