

Status key:
Green - delivery evidenced
Amber - in progress/ on track
Red - at risk (priority, off track)
Yellow - off track & deferred to next year
Blue - no longer a priority

Area	Original intention	Owner	Status	Evidence of progress	Gap / next assurance	Change
Primary Care and Community Services: 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.	Karen Hawkins		Phase 1 LCSR complete and Phase 2 underway.	Confirm LCS review, investment decision, access improvement, contract oversight and neighbourhood role.	Implement local programme of Practice Level support building on learning from 25-26.
				Plans for practice level support in development - financial model to be confirmed. Exploring reintroduction of integrated neighbourhood pharmacy coaches to support joint working between practices and providers to further promote Pharmacy First and improve access		Phase 1 completed and Phase 2 near conclusion. Good progress has been made delivering the Locally Commissioned Services Review, with most of the service review and redesign work now completed. A comprehensive enhanced general practice model has been developed through extensive engagement with clinical leads and LMC and is aligned with out neighbourhood health arrangements, confirming investment and determining the future commissioning model including mobilising implementation. Subject to completion of these final pahses, delivery remain on track across 2026/2027 and 2027/28 with the aim of providing a more consistent, equitable and outcome-focused offer for our population
						Governance arrangements for primary care have been strengthened through the establishment of reporting to the Neighbourhood Health Sub-Committee, supported by a Primary Care Steering Group and a dedicated Quality and Variation Group. These arrangements are enhancing oversight of contractual delivery, access and quality whilst providing a structured approach to identifying and addressing unwarranted variation. Support continues to be provided to practices facing delivery challenges, with a particular focus on improving access through telephone, online and face-to-face routes and ensuring consistent delivery of GP contractual requirements across NEMC
						To support delivery of this commissioning intention, the ICB has commissioned a dedicated delivery partner to provide targeted improvement and transformation support to general practices. This approach will enable a more consistent and proactive offer of support, ensuring interventions are aligned to intelligence from contract management, quality assurance, patient access data and variation analysis. The delivery partner will work alongside ICB teams and practices to support sustainable improvement, capacity building and implementation of best practice.
						Development of a Multi Neighbourhood Provider approach remains under consideration as part of the wider neighbourhood health agenda. The model is not currently an approved contractual arrangement. Proposals are presently subject to national consultation and stakeholder engagement, this commissioning intention will remain in development pending the outcome of consultation.
	Would agree with integrated neighbourhood pharmacy coaches to improve Pharmacy First access. The ICB had been in the "top spot" nationally for Pharmacy First but seems to have slipped down recently. However, PF can have a considerable positive impact on access to appropriate services for people and reduce the burden on GP Practices, although some GPs are suspicious of PF and therefore don't promote it. Coaches can be a vital liaison point between GPs/GP Practices and pharmacies and experience in the past in the ICB would confirm this.					
Primary Care and Community Services:Neighbourhood health	Publish NENC model; progress place delivery, care coordination, digital/estates, frailty and end-of-life models, and contractual alignment.	Martin Short		Following the Claire Fuller stocktake visit on 7 July, progress has continued on the neighbourhood health readiness self assessment. Activity has focused on strengthening the strategic framework, supporting local implementation, developing intelligence and metrics, progressing neighbourhood infrastructure proposals, and deepening collaboration across system partners. A neighbourhood health plan and toolkit approach will align with the strategic priorities and commissioning plans of enabling ICB teams such as Digital and the Secondary Care Alliances. NbH Health Centre bids were submitted with additional information supplied to support national decision making; no decision date has been confirmed. To support the neighbourhood readiness assessments and newly established Boost 'community of practice', case studies have been compiled for each neighbourhood cluster to showcase good practice and provide learning to inform future models.	Conclude partnership engagement on the neighbourhood health commissioning plan.	
				Central NT: We have shared the draft Strategy and a suggested neighbourhood Plan template with our Place partners to develop Neighbourhood Plans. Members of the Central Neighbourhood Team are following this up to support partners with this work, recognising that the ICB has a responsibility for developing the Plans too. Plans are being developed for 1 x MNP in South Tyneside, 1 x MNP in Sunderland and 2 x MNP in Durham. Feedback is being given on the national consultation by our Partnerships.	Continue to develop the neighbourhood planning approach with the strategy team with a view to roll out across all neighbourhood clusters to support the development of neighbourhood plans across the clusters. Launch the neighbourhood health dashboard and consider a train the trainer approach to improve utilising of ICB toolkits to support PHM.	
Primary Care and Community Services: Community pharmacy	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	Martin Short		Plan for community pharmacy is underway including assessment of demand and capacity for OoH provision and role in winter planning. The pharmacy and meds opt team are working collaboratively on this with the ultimate aim of expanding services and ensuring a sustainable community pharmacy offer which is tailored to local need.	Partner and stakeholder engagement to support first draft of commissioning plan/intentions. Agreements finalised for OoH cover and winter plans.	Implementation of agreed recommendations at PRSC re OoH, Bank Holiday and winter planning. Strategic approach for pharmacy will be starting to take shape.
Primary Care and Community Services: Dental services	In 2026/27 we will: •Continued Urgent Dental Access Clinic delivery – full year effect of 111,000 urgent appointments. •Eocal recommissioning of any activity lost through contract hand backs. •Commissioning additional community and secondary care access.	Martin Short		5 year dental commissioning plan at very early stages of development. Further discussion and coordination to take place with Clinical Leads and medical directorate as to how to progress.	Local Dental Network to be re-established with a key role in developing a partnership approach to the development of the commissioing plan.	Referral Management system in process of being implemented.
				The plan will aim to further implement dental reform and strengthen the offer across the NENC footprint based on gap analysis and health inequalities. This will include proposals on how to re-commission handback activity, increase UDA rates across primary care, and strengthen community and secondary care dental services.	Investment and financial model for future commissioning to be determined to support achievement of NHSE targets as part of dental reform. Ongoing monitoring and benchmarking in place -activity, access, contract and finance.	Clear commissioing plan near finalisation with further opportunities to link commissioning plan to neighbourhood health development being explored. This will provide a robust plan for dentistry moving forward, which will be reviewed and iterated as necessary.
Primary Care and Community Services:Eye care	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.	Kaye McEntee		Ophthalmology transformation continues to progress across the system. The ICB is working with NHS England to support the rollout of the eRS referral system across community optometry, however this is currently on hold whilst talks with the National team and LOCs across the country agree a way forward. In addition, the National GIRFT Ophthalmology Team has committed support for the implementation of glaucoma pathways across all five Foundation Trusts, helping to address the current glaucoma backlog and support the delivery of care closer to home. All Trusts have agreed to progress this work as a key priority.	If the NHS England ERS system is delayed further we will need to review what other alternatives are available. GIRFT Glaucoma pathway work will require FT discussions and bench marking to be undertaken. As well as discussion s with the LOCs across the system to take forward the left shift.	The original scope to design, build and procure a digital system, however the national eRS rollout has changed this thinking. The referral pathway is focussing on Glaucoma rather than a number of areas, e.g. cataract, wet AMD.
Primary Care and Community Services: Women's health	•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.	Rachel Mitcheson / Claire Riley / Lee Sprudd		£300k has been secured for Gateshead and Sunderland hub delivery for 2026/27, with evaluation demonstrating strong impact—an estimated £8 return for every £1 invested in Sunderland and potential pathway change for 37% of women in Gateshead. This learning is informing the Women's Integrated Neighbourhood Services (WINS) blueprint and sustainable commissioning framework. The NENC Contraception Plan and strategic commissioning framework are complete and will be considered through the emerging Women's Health leadership and governance arrangements, ensuring alignment with the ICB's neighbourhood commissioning intentions. LARC and menopause support are embedded within both hub offers, while strengthened evaluation, data and outcome requirements are being finalised to inform future commissioning activities.	Assurance requires confirmation of accountable leadership and governance, an agreed delivery roadmap and decision milestones, and a consistent evaluation framework demonstrating activity, outcomes, inequalities impact and value. Clinical and quality sign-off, recurrent funding, contractual arrangements, workforce capacity and provider readiness must also be confirmed. Key dependencies remain national guidance, alignment with neighbourhood commissioning and agreement on the sustainable WINS model beyond 2026/27.	The original intention remains valid but requires refinement rather than a change in ambition. Delivery is moving from separate hub development towards a sustainable WINS model aligned with neighbourhood commissioning, with future scope, ownership, resources and timing to be confirmed through the emerging Women's Health governance arrangements and national guidance.
Primary Care and Community Services: Waiting times	Work with provider trusts to ensure accurate reporting and deliver plans for at least 68% of community patients to wait under 18 weeks, with no waits over 52 weeks, including for children and young people.	NH Commissioning Directors		We have strengthened the oversight of community services through the established provider contract-management arrangements. Community services will be incorporated into the monthly operational contract meetings with NHS foundation trust providers, with dedicated time for review of community performance alongside acute services, recognising the interdependencies across the whole pathway. The quarterly Contract Management Groups will provide the formal assurance and escalation route, including oversight of material performance risks, delivery against agreed actions and recommendations where contractual intervention is required		A more consistent performance and assurance approach is being developed so that contract meetings receive clear service-level information on demand, activity, capacity and waiting-list position. This has been included in DQiP in contract agreements

				Review and commissioning the services that are required		We know there are issues with community dataset reporting. We have already engaged with the Insights team to review what data is available for STSFT and CDDFT. A first draft of information has been produced by the Insights Team and shared with us. We have met to discuss this and have requested some additional information. It is particularly important for us as we need robust activity data to go out to procurement for community services currently provided by CDDFT and if we will include paediatric community services in that procurement or retain within the CDDFT acute contract. Anecdotally, we are aware of very long waits for particular paediatric pathways at CDDFT but do need the data to quantify and evidence this. We will - baseline what information we currently receive - where we have gaps, we will include in a DQIP with the Trust. - have datasets and performance as a standing agenda item on the contract meetings with the Trust. - where we have reliable data that shows waiting times above 18 weeks for CYP therapy services in the community recovery action plans are being agreed and monitored via contract meetings.
Best Start in Life: Maternity	•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.	Nicola Jackson		•Reviewed all existing maternity service specifications. Started to draft refreshed maternity service specifications which will include the antenatal, intrapartum and postnatal period and also specific areas of service delivery such as perinatal pelvic health, maternal mental health and frenotomy. •Undertaken a system wide baseline assessment of the NHSE maternity and neonatal services 10 point plan, all trusts are expected to report compliance or partial compliance against the 26 deliverables with varying degrees of quality and progress. Reviewed and actioning ICB responsibilities within the nationally published Maternal Care Bundle, Postnatal Care Toolkit and Maternity Triage Specification. •Awaiting publication of the findings from the National Maternity & Neonatal Taskforce and associated responsibilities for NHSE, ICBs and Provider Trusts.	Develop delivery roadmap refreshing the maternity service specifications including activity, outcomes, inequalities, impact, clinical and quality sign-off, recurrent funding and contractual arrangements. Key dependencies remain national guidance and alignment with other ICB commissioners.	The original intention remains valid but need to be kept flexible subject to the publication of the findings from the National Maternity & Neonatal Taskforce and associated responsibilities for NHSE, ICBs and Provider Trusts.
Best Start in Life: Children & Young People	•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	Rachel and Hillary		The Clinics for Excess Weight pilot is being evaluated to understand current provision, outcomes and learning. Along with this and the consideration of the NHS England commissioning toolkit, this will inform future commissioning requirements and support a more consistent approach to children's weight management services and pathways across NENC. Local area engagement sessions held to date with DfE and NHSE which scrutinise progress across LA SEND Partnerships have been positive. All LA's areas with AFI (Areas for improvements) following SEND inspection have joint improvement plans in place. SEND reform Plans have been submitted on time and are awaiting National feedback CYP data being reviewed and aligned across ICB footprint to enable greater consistency of reporting and comparison between different LA footprint. Three LA areas are awaiting a SEND inspection - N Tyneside, S Tyneside and Redcar and Cleveland. Central NT: Family Hubs are recognised in the Central team as a key part of the preventative approach to CYP health. A number of health services are already delivered from these sites with plans for more. Through the Experts at hand plans that have been developed and agreed with partners the Family Hubs will be a key enabler in that work. Discussions are underway at a more strategic level in parts of Central to consider where we can work towards shared outcome frameworks. The success of the SLT triage in Sunderland Family Hubs which is leading to the reduction in referrals into specialist services is a model which we need to learn from and replicate in the other LA areas. It is also a basis for developing a Neighbourhood MDT for early years. Further exploration of other health services which can be co-located is being explored. Co-produced resources for CYP and families around childhood obesity have been developed in Sunderland and South Tyneside and had excellent feedback from partners. STSFT weight management service has no waitlist. CEW clinics have stopped taking referrals, so we need to review this more urgently and determine how childhood excessive waits can be managed more through pathway re-design and innovative commissioning. Meeting with Devyn G who is working on ICB wide healthy weight strategy to work on CYP pathway. Boost learning academy for the Healthy weight video materials for health practitioners - engaging with PC to strengthen MECC. SEND improvement plans are used to inform workplans for the Central team and we are in the process of preparing for an expected South Tyneside SEND inspection. The STSFT proposal for Experts at Hand was approved at the	CYP data being reviewed to ensure consistency of measures across the NENC footprint	
All-age continuing healthcare	•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.	Kate O'Brien			Preparation for digital system procurement in 2027 Expand commissioning input into local market sharing for complex and vulnerable patients Monitor impact of new activity on review trajectories to inform the workforce sustainability plan	Greater assurance regarding the reliability, consistency and completeness of AACC data, providing a stronger evidence base for decision-making around productivity, CIP delivery and outcomes. This will enable clearer monitoring of activity, financial performance and benefits realisation, including planned versus actual performance and any areas of under-delivery. A more focused approach will identify areas with the greatest variation from expected performance, enabling targeted review, clearer accountability and earlier corrective action. This will support stronger financial stewardship, consistent
Medicines	Implement ICB-wide Prescribing Outcomes Scheme, including community pharmacy and inequalities.	Ewan Maule		Single ICB-wide Prescribing Outcomes Scheme developed and aligned to the Medicines Strategy, replacing multiple local prescribing schemes. GP scheme implemented for 2026/27. Detailed design work completed for extension into wider primary care, including community pharmacy. Community pharmacy commissioning principles and transformation work have been developed, with prescribing optimisation, population health and inequality objectives embedded within proposed delivery models. Equality Impact Assessments have been completed/drafted and financial modelling undertaken to support implementation	Finalise community pharmacy incentive/specification arrangements and agree contractual mechanisms to support delivery of prescribing outcome indicators not currently covered by existing contracts. Continue development of outcome measures and reporting, including demonstration of impact on medicines optimisation priorities and reduction in health inequalities. Executive assurance required on implementation, provider engagement and evaluation framework	Programme scope has evolved from review of multiple locality prescribing incentive schemes to a single ICB-wide outcomes framework aligned to the Medicines Strategy. Community pharmacy has been incorporated into future development plans, creating a broader primary care prescribing improvement model with a stronger focus on population health outcomes and reducing unwarranted variation and inequalities.

Mental health, learning disabilities and neurodivergence: 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.	Peter Rooney		• Community Mental Health Transformation (CMHT): All funded and contracted services have been mapped. An evaluation methodology is currently being developed to ensure a consistent evaluation of community transformation approaches is rolled out. •CMHT- Integrated primary care: an Additional Roles Reimbursement Scheme (ARRS) mental health workforce and deployment baseline has commenced. Existing primary care mental health, neurodevelopmental and learning disability provision is also being mapped. Learning from enhanced primary care models and mental health multidisciplinary team arrangements is informing development of a more consistent integrated primary care and neighbourhood model. • Building the right support: Scoping of community provision in line with Community Alternatives to Hospital. To include: enhanced/intensive support, community-based forensic support and accommodation-based alternatives to hospital. • Anxiety and Depression / Talking Therapies: The ICB has been working with NHS England to develop a recovery plan for the delivery of an increased amount of completed talking therapy treatments to meet the nationally set trajectory by March 2029. Alongside the recovery plan, a commissioning plan is in development to ensure recovery is sustainable and funding is being utilised to best effect. • Assertive and Intensive Community Care: Strategic discussions are ongoing with the mental health foundation trusts to ensure the current embedded function model is the most effective way to meet the needs of this cohort. Learning and sharing best practice across England continues, a group recently met the Nottingham operational team to understand what approach they are taking. • Mental Health Support Teams (MHSTs): delivery remains on track. Oversight of coverage, workforce, activity and outcomes is being strengthened alongside expansion. with a present procurement exercise underway • Individual Placement Support: Ringfenced funding has been approved to be deployed to the mental health foundation trusts to enable an accelerated workforce growth approach, to support the delivery of the increasing trajectory. • Maternal Mental Health Service: scale-up is progressing, including mobilisation across all outstanding areas, supporting the intention to achieve coverage across all consultant-led maternity units. • Children and Young Peoples keyworker: Alternative keyworker function is advancing through the procuremeent process autistic children and young people and those with a learning disability who are at risk of admission or significant placement breakdown. • Personalised Care Framework: The personalised care framework was published in July by NHS England. Secondary	•Community Mental Health Transformation: Methodology agreed for the full evaluation, with a team of peer reviewers established to roll this out across the NENC. •Community Mental Health Transformation: Primary Care- Complete the ARRS and primary care provision baseline and develop options for a consistent integrated model, including governance, information sharing, outcomes and value. •Building the right support (BTRS): Ensure compliance with national published guidance. Two system wide Learning Disability and Autism Crisis Accommodation units to prevent avoidable admissions to hospital (Sunderland and Middlesbrough). •Anxiety and Depression / Talking Therapies: Submission of the recovery plan to NHS England and progression to market engagement to further develop the strategic commissioning plan. •Assertive and Intensive Community Care: Seek assurance from the mental health foundation trusts on their plans for future delivery, alongside actions realted to the implementation of the personalised care framework. •Mental Health Teams in Schools: Continue assurance of workforce, reach, activity and outcomes whilst procurement process progress • Individual Placement Support: Completed contract variations and successful mental health trust recruitment of expanded workforce. • Maternal Mental Health: Secure timed Maternal Mental Health, data reporting and cross-boundary arrangements. • Children and Young Peoples keyworker: Define the proposed keyworker model's eligibility, workforce, clinical governance, funding and implementation route before seeking approval •Personalised Care Framework: Receiving assurance around implementation from the mental health trusts, as part of their required submitted plans to NHS England in October 2026.	•The work has broadened from individual service developments to a more coherent, evidence-led approach. •The ARRS baseline, learning from mental health multidisciplinary teams and the proposed changes in CYP keyworker function are now integrated into the wider ICB wide offer. •The target around MHSTs and the Maternal Mental Health Service scale-up intention remain unchanged. •Building the Right Support: include changes since the original Transforming Care Model Service Specifications (2017), for example NHS 10 Year Plan, Mental Health Act changes and national commissioning framework for people with a learning disability and autistic people requiring acute mental health inpatient care. •The personalised care framework was published in July 2026 with NHS set actions for mental health trusts by the end of October 2026. •For assertive and intensive care the public inquiry has since commenced around the Nottingham homicides, following the independent inquiry published in February 2025, learning from this will be considered as it emerges. •The ICB engaged in a deep dive with NHS England regarding talking therapies performance and planning in the medium term, the recovery plan and financial template is due to NHS England in September 2026.
Mental health, learning disabilities and neurodivergence: Inpatient, Urgent and emergency care Secondary	•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.	Peter Rooney		• 2-year Culture of Care Programme completed March 2026. Funding allocated to providers to support participation in the programme. • Cases for change and wide system engagement underway regarding the reconfiguration of inpatient services, namely learning disability and autism, older people's and rehabilitation pathways. • Plan in place to roll out Mental Health Emergency Departments/Crisis Assessment Suites (CAS) to total of 5 (including 1 refurbishment of existing CAS in Middlesbrough. • Continued evaluation and refining of the models for safe havens across the geography. Mobilisation phase of safe haven in Middlesbrough and continue learning and evaluation of existing services. • Plan for a total of 10 24/7 Neighbourhood Mental Health Centres to improve access, reduce inequalities, provide earlier intervention, reduce fragmentation and reduce reliance on hospital and emergency care •Right Care Right Person is being considered within the MH Conveyancing procurement. Working with the Police to understand the ask and to ensure that going forward we can commission the right level of service	• Trusts have committed to sustain and scale this work through Culture of Care Framework embedding the principle into clinical practice, leadership development and service transformation programmes. brought together lived experience leadership, quality improvement, trauma-informed, autism-informed and anti-racist practice to support safer, more therapeutic and more equitable care. • Currently working with Overview and Scrutiny Committees and NHSE to progress proposed service change and next steps. • Business Cases being submitted to NHSE. Planned spend profile 26/27 - 29/30. • Continued contract monitoring and quality oversight of existing services. System wide review to enable shared learning and improvement. • Business cases being submitted to NHSE. Planned spend profile 26/27- 29/30. Working through estates deliverability, revenue, workforce affordability, pathway clarity and data consideration •MH conveyancing procurement will address the Right Care, Right Person in the second year. This will allow services to embed and work	• Redesigned model of inpatient care • Hospital to community and earlier intervention • National programme for Mental Health Emergency Departments and 24/7 Neighbourhood Mental Health Centres
Mental health, learning disabilities and neurodivergence: 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	Peter Rooney		• A draft NENC CYP neurodevelopmental commissioning framework has been developed. It proposes a needs-led core offer responding to functional, communication, sensory, emotional and behavioural needs without diagnosis or an Education, Health and Care Plan being the sole gateway to support; diagnostic assessment remains available where clinically appropriate. • The pathway review includes the interface between health-commissioned services, SEND arrangements, local authorities, education, primary care, MHSTs and wider early-help provision. • A referral managemet service pilot has been commissioned as a proof of concept. The service will scale up to full ICB coverage by March 2026 and a full procurement commence from Dec 26. • A LES is in place covering approx 90% of practices resourcing primary care to support shared care for ADHD medication • Accredited providers have been mobilised and Nov 1st will be contracted on the national non mandatory tariff to realise further savings. All Right to Choose providers and Accredited providers (RTC we contract directly with) are operating to an Indicative Activity Plan (IAP) for 26/27, work will commence to model 27/28 IAPs from October 26 • A digital offer will be explored later in the year -all baseline resources to provide needs led support has been consolidated and hosted within NENC ICB webpages as a first step • Accredited providers are being optimised to support an Adult ADHD pathway in North Cumbria - new to market providers have been contracted and capacity protected to support safe patient transfer specialist to specialist - the first tranche of patients will transfer during September • Accredited providers are being optimised to support CNTW and TEWW longest waiter trust backlog - specialist to specialist transfers have been established with a view to patients transferring from November 2026 - the process will	• Complete the regional baseline and formal co-design with local authority/SEND partners, providers, primary care, children, young people and families. • Agree the core standard, clinical governance, revised specifications, waiting-list assurance approach and responsibilities at pathway interfaces. • Develop a costed, assured digital self-understanding offer. • Revised specifications and any systematic review or re-triage of existing waiting lists are not yet agreed and remain subject to clinical, contractual and governance approval. • Commissioning policy will extend to include Autism	• The emerging direction has been refined from predominantly diagnosis-led pathways towards a needs-led, outcomes-based model that provides earlier support before, during and after assessment. This does not create a new universal front door or restrict clinically indicated diagnosis. A digital needs led self support offer has been superceeded with the pilot referral management service and is dependent on the needs led offer being strengthened - -this is largely a priority sequencing to manage greatest need. The referral management service may extend to include a support offer, currently it is comissioned to provide triage. • Non mandatory tariff introduction may remodel available activity and investment balance which will be realised in 27/28 IAP modelling. • Any new accredited providers will be prioritised based on existing RTC contracts or tariffs to bring into line with non mandatory tariff - all existing will transfer from November.
Mental health, learning disabilities and neurodivergence: 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	Erin Harvey/Sarah Dean (CYP)		Whole system approaches to trauma: • The ICB attended, with a group of system leads and experts, a roundtable and reception event at Parliament to both raise awareness and learn from the ongoing work across the North of England on system wide trauma informed approaches and to participate in discussions to contribute to national policy setting. • The ICB continues to work with partners on the actions set in the 5 year plan to enable implementation of trauma informed approaches, make training and resources accessible and review commissioning and pathway design. Accessible training offer: • Led by the CNTW trauma informed care lead on the ICB's behalf, an engagement session was held to design a NENC training curriculum that will be accessibility hosted via the boost platform. • A draft training implementation plan, alongside the draft curriculum, will shortly go out to those who helped create it before being socialised more widely. Children and Young People complex care: • An ICB-wide review of children's complex-care provision has commenced to establish a consistent baseline of current models, access, eligibility, workforce, activity, outcomes and gaps across localities. • Mobilisation of the remaining agreed place-based models is being progressed, with implementation oversight focused on clear pathways, multidisciplinary working, clinical governance and measurable outcomes. • A broader commissioning review is also being developed for psychological and trauma-informed support for children and young people who have experienced sexual abuse. Current arrangements are fragmented across wider mental health contracts, historic or non-recurrent funding, NHS trust-supported services and subcontracted provision, with some known arrangements having lapsed. The review will establish the current provision, financial envelopes, geographical coverage, access, activity, outcomes and gaps, using learning from the time-limited Meadows model where relevant without presenting its unpublished evaluation as formally assured evidence.	Whole system approaches to trauma: • System wide meeting to be held in October to consider next steps against the 5 year plan objectives and system leadership / ownership of actions. Accessible training offer: • Finalised training implementation plan and curriculum which is accessible to the NENC workforce. Children and Young People complex care: • Complete and validate the ICB-wide baseline, including variation in access, coverage, workforce, investment and outcomes. • Agree the minimum equitable core offer and consistent trauma-informed expectations, including workforce competence, supervision, co-production, clinical governance and outcome measurement. • Secure timed mobilisation plans for the remaining models and align these with the wider system approach and workforce training offer. • Confirm interfaces with mental health, neurodevelopmental, SEND, safeguarding, social care and crisis pathways and establish how impact will be evidenced across localities. • Subject to endorsement, complete the proposed eight-week mapping of support for children and young people who have experienced sexual abuse and undertake non-binding market engagement to test a future needs-led model, capacity, affordability and pathway interfaces. • Clarify the implications of the anticipated transfer of relevant Health and Justice commissioning responsibilities from NHS England to ICBs	•The trauma-informed commissioning intention is being extended beyond workforce training into service and pathway design as per the 5 year ICB plan. •The children's complex-care review, mobilisation programme and review of psychological support following sexual abuse provide early opportunities to embed a more equitable, needs-led and trauma-informed approach across multi-agency provision. No future service model, procurement or additional investment has yet been agreed.
Mental health, learning disabilities and neurodivergence: 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.	Peter Rooney		•Tees Esk and Wear Valley Foundation Trust are working to establish an approach to deliver the NICE guidance around 48 hour follow up. • Discussions are ongoing with Cumbria, Northumberland Tyne and Wear NHS Foundation Trust to ensure this approach can be delivered.	• Assurance provided from the trusts that this guidance is being delivered.	No changes noted.

Secondary Care Physical Health Services: 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.	Craig Blair / Matt Thubron		Winter planning processes have commenced and are on track in line with national expectations. ICB winter planning group overseeing the development of an ICB commissioning plan with a twin track process for assuring trust plans. Winter plan to board September'26. GREEN	Delays in agreeing the priorities of the UECN Board and delays to implementing changes to the LAEDBs in NENC.	
				UEC Stocktake completed to inform priorities of UECN Board. Model ED Self-assessment carried out and developing some commissioner recommendations.	Further work required to develop better interface with the NH programme and NEAS around increasing hear and treat	
				Central NT: We have identified staff members who are involved in the urgent care work, recognising the importance of this to ensure that proposals relating to secondary care have been considered for how the impact/interlink with primary and community provision and vice-versa. We are working with partners at Place to review data on timely discharges, noting South tyneside is an outlier. It had been expected that Guiding You Home would support this work. Options to improve the position using winter monies are being developed by Place partners.		
Secondary Care Physical Health Services: Planned care, cancer and diagnostics	Implement demand-management pathway reviews, productivity, diagnostics, waiting-time and provider expectations.	Paul Turner		•Planned care work plan has been developed. This includes plans covering high specialty pathway reviews such as ENT, T&O/MSK, diagnostics, ophthalmology, Gastro/endoscopy, dermatology. Aim is to identify and implement pathway improvements including where left-shift community provision can provide care more appropriately than in secondary care and therefore manage demand more effectively. •Interim teledermatology measures in place and delivering significant improvement in cancer FDS improvement. New spinal SPOA also in place and delivering. Non-urgent endoscopy guidelines implemented and IS providers being audited against standards. •Neighbourhood team plans around neighbourhood health and women's health hubs will also support demand management so collectively high-volume specialties are being targeted. •BI have also built an app to support clearer understanding of demand trends so secondary care team can proactively address changes. •Outpatient transformation delegated to provider collaborative to delivery. Greater progress required around productivity measures such as reducing DNAs, implementation of patient initiated follow-up and therefore secondar	Impact of schemes to be quantified in terms of activity and £	Breadth of demand management and planned care schemes are broadened on review by the new secondary care team so that all high-volume specialties are being targeted.
Secondary Care Physical Health Services: 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.	Craig Blair / Neil O'Brien		•System coordination: The ICB Implemented a Breast Recovery Group to co-ordinate the recovery response. In addition a time-limited Breast Service Stabilisation and Response Group was established under the Provider Collaborative mutual-support arrangements, with representation from the ICB, providers and the Northern Cancer Alliance, charged with identifying opportunities for immediate cross provider and system support. •Capacity and opportunity mapping: Providers assessed workforce, estate and existing recovery activity. The work confirmed that the principal constraint is workforce availability, particularly radiology. •Super September: A concentrated weekend-clinic model across three sites was developed with potential for up to 960 additional appointments. It did not proceed because sufficient workforce commitments could not be secured and providers preferred locally managed recovery arrangements. •Provider recovery plans: Providers are progressing locally delivered additional activity, including insourcing and outsourcing where appropriate. Plans are expected to set out activity, waiting-list reduction, Faster Diagnosis Standard trajectories, milestones and sustainable delivery dates. Plans have not yet been received but have been requested in line with the deployment of recovery funding (via the NCA) •Pathway improvement: Providers are assessing delivery against national breast cancer best-practice timed pathways, including referral triage, pathway redesign, alternative routes for lower-risk patients, workforce redesign and improved use of one-stop clinics. •Targeted recovery funding: £501,075 of the £600,000 Northern Cancer Alliance contingency has been allocated using a methodology based on the gap between current and sustainable waiting-list positions. Release is linked to recovery trajectories and milestones. •Financial and commissioning review: The ICB has reviewed provider costs and activity from 2023/24 onwards, the use of growth and Elective Recovery Fund allocations, and funding transfers associated with displaced County Durham and Darlington activity. •Longer-term rightsizing: Business cases have been developed by providers and reviewed by the ICB to establish	•Finalise provider recovery plans with clear activity assumptions, waiting-list reduction trajectories, Faster Diagnosis Standard milestones and sustainable delivery dates. •Confirm workforce solutions, particularly radiology capacity, as the main constraint on additional activity. •Release and monitor recovery funding against agreed milestones, additionality, value for money and evidenced benefits. •Track delivery through contract-management forums, including activity, backlog reduction, performance variance and funding use. •Escalate material risks or delivery barriers through the relevant sub-committee/committee, performance and cancer governance routes. •Progress sustainable service rightsizing business cases through the 2027/28 planning and prioritisation process, supported by clinical, workforce, financial, equality and affordability assessments. •Continue pathway redesign, including referral triage, lower-risk routes, workforce redesign and more effective use of one-stop clinics.	Marginal performance improvement has been seen in the latest monthly FDS position (June 26) of 2%. Improved system understanding and awareness in relation to available capacity, demand and utilisation of deployed resources (£). Short term action being taken to address demand imbalance through utilisation of NCA performance recovery funding. Clear articulation and understanding of plans to address capacity (including workforce) gaps through production, sharing and review of Rightsizing Business Cases.
Longer, healthier lives and fairer outcomes	Establish recurrent funding for Alcohol Care Teams and Tobacco Dependency Treatment Services	Ben Anderson / Neil O'Brien		Recurrent funding established through Healthier and Fairer programme with services now included in core trust contracts with clear specifications embedded.	The Prevention and Long Term Conditions Group will continue to monitor services.	Trusts now able to manage these as recurrent services with increased service sustainability and ACT and TDTS services fully embedded in trust pathways and strengthened links to relevant services.
Longer, healthier lives and fairer outcomes	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 2027/28.	Ewan Maule / Neil O'Brien		Access to Tirzepatide has transitioned from a LES to being part of QOF, with General Practice supported with the transition. An Obesity Strategic Group has now been set up to take forward an Obesity Pathway Redesign work programme to support further re-commissioning in 2027/28.	Further progress updates to come following pathway redesign workshop.	Access to Tirzepatide has widened in line with NICE guidance.
Longer, healthier lives and fairer outcomes	Optimise the impact of the Health and Growth Accelerator pilot to maximise the chance of further roll-out.	Dan Jackson		Accelerator programme well embedded with Leadership Cttee approval in August to extend contracts to March 2027. Confirmation of funding through to 2029 through the DWP WorkWell programme to further extend the approach.	Extension requires re-procurement of contracts as we move from initial accelerator funded pilot programme.	Acceptance that good work is essential to good health. Programmes in place that specifically focus on tackling the rise in health driven economic inactivity, with an evolving minimum data set and evaluative approach shaping the evidence base and supporting the development of programmes to maximise outcomes.
				Central NT: Healthy Weight and Tirzepatide - South Tyneside and Sunderland are leading development of an innovative Integrated Weight Loss and Work Readiness Pathway through the Health & Growth Accelerator programme. Partners have agreed a 12-month, multi-provider pilot model combining WorkWell support, pharmacy-led clinical intervention, weight-loss medication where clinically appropriate, and a coordinated healthy weight offer incorporating physical activity, nutrition, dietetic support and behaviour change. The pilot is specifically designed to support residents experiencing health-related barriers to employment and will initially focus on communities experiencing the highest levels of deprivation. Current work is focused on finalising clinical protocols, evaluation arrangements, contracting and mobilisation, with learning from the pilot informing both implementation of Tirzepatide and the development of future integrated obesity services. Health and Growth Accelerator - The Health & Growth Accelerator programme continues to make good progress across South Tyneside, Sunderland and Durham, demonstrating how neighbourhood-based approaches can improve both health and economic participation. Key developments include expansion of the WorkWell programme, introduction of a self-referral pathways, VCSE microgrant schemes, personal health budgets supporting health and employment outcomes, enhanced mental health support through FitTalk, targeted support for young people, strengthened musculoskeletal pathways and community-based interventions such as Aquafit and leisure access programmes. Early evidence and case studies demonstrate positive impacts on confidence, wellbeing, physical activity and progression towards employment. The programme is also providing a platform to test new approaches that integrate health, employment and wider determinants of health, generating learning to support future investment		
Longer, healthier lives and fairer outcomes	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.	Sean Cocking/Peter Rooney		Delayed due to workforce changes during ICB transition. We have continued to support local authority partners to develop supported housing and have established a pipeline of developments for the period to 2029/30. A sub-regional complex care commissioning network for the North East Mayoral Authority area to take forward recommendations within the Market Position Statement has been established. Agreement reached that an existing sub-regional group for Tees Valley will take forward recommendations for that part of the region Central NT: Housing, Health and Care - In South Tyneside, partners are actively exploring opportunities through the national SHAPE (Strategic Housing for Older People Analysis for Planning and Evaluation) methodology to strengthen understanding of current and future accommodation needs, inform investment decisions and support the development of a more integrated housing, health and care offer. This work will help to identify gaps in provision, align future housing developments with neighbourhood health ambitions and support planning for an ageing population and people with complex support needs	The original Housing, Health, and Care Programme ran until March 2026. Requires further discussion and agreement for the next steps plan, including priority action and resources. This is scheduled for 21 September with system partners.	The commissioning intention remains relevant but requires refinement and agreement of priorities and actions.
Longer, healthier lives and fairer outcomes	Develop plans to meet the national ask for a 25% reduction in premature deaths from cardiovascular disease.	Alex Kent / Ben Anderson / Lynn Wilson		Delayed due to programme and workforce changes during ICB transition. Work continues on Healthy Heart Checks, NHS Health Checks, Primary Care QOF delivery, Heart Failure Service Provision, CVD Secondary Prevention in cardiac rehab and evaluation of the BP Kiosk programme, but this is yet to be drawn into a focused programme on premature death reduction. New governance structures now in place through Prevention and Long Term Conditions Group which reports to NH Commissioning Sub-Committee.	Alignment to publication of national CVD Modern Service Framework required.	