Integrated Care System
Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent Integrated Care System

NHS
NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Enclosure No: 07

Report to:	ICB Boards in Common
Date:	30th April 2026
Title:	**Creating the System Architecture to Accelerate Delivery of Neighbourhood Models of Care**
Presenting Officer:	Phil Smith Chief Officer System Development and Integration
Author(s):	Claire Parker, Emma Pyrah and Nicola Harkness

Document Type:				Action Required (select):			
Report	☐	**Business Plan**	☐	**Information (I)**	☒	**Discussion (D)**	☒
Strategy	☒	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐	*(please describe)*		**Ratification (R)**	☐	*(check as necessary)*	

Is the decision within SOFD powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒
Not applicable				
Any financial impacts: ICB or ICS?	**Yes**	☐	**No**	☒
There are no specific financial impact in relation to this paper but there will be a need to deliver the model through medium term financial planning, 'left shift' funding, capital and digital funding.				
Any impacts on ICB Undertakings?	**Yes**	☐	**No**	☒
If Y, are those signed off by and date:	*E.g. Chief Finance Office, dd-mmm-yyyy*			
Appendices:	None			

(1) Purpose of the Paper:

To seek Board endorsement of the development of a single, integrated system vision and delivery approach for neighbourhood health. This is the next step in setting out the delivery environment to support the 5-year Strategic Commissioning Plan agreed at the March ICB Boards in Common and will form part of the response to NHS England's requirement for a system-wide strategic commissioning narrative by 15 May 2026.

The paper sets out:

- A high-level operating model for roles and functions of Place and Neighbourhoods
- Strengthened governance and system leadership
- A proposal for a phased approach to delegation (2026–2029)
- Priority actions for the next 12 months

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Presented for Board discussion on 30th April – recognising component elements on neighbourhood models of care have been presented at the Boards at various times.	
Expand as necessary if the report went to multiple meetings	

(3) Implications:	
Legal / Regulatory	*Set out in the NHS 10 Year Plan for Health*
CQC / Patient Safety	*None identified specifically within this paper*
Financial (CFO-assured)	*None identified specifically within this paper*
Sustainability	*n/a*
Workforce / Training	*Neighbourhood health is about working together differently to make optimal use of shared available resources. This will need to be defined in a workforce model and plan that articulates the future activity shift from hospital and community that fully takes account of population health needs and requirements, joint training and staff rotation across services and productive integrated working with a supply training and education plan to support delivery*
Equality & Diversity	*n/a*
Due Regard: Inequalities	*This model of care is designed to address inequalities including health and wider determinants of health where applicable and based on population health data.*
Due Regard: wider effect	*This model of care is designed to improve health and wider determinants to increase employment, access to education and improve wider socio-economic benefits.*

(4) Statutory Dependencies & Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
DPIA	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
EIA	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		
QIA	**Yes**	**No**	**N/A**	*E.g. per QIA Policy, that it doesn't impact quality of services* Click or tap here to enter text.	*SRO sign-off, outcome & date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Has there been Public / Patient Involvement?	Yes	No	N/A	Click or tap here to enter text.
	☐	☐	☒	

(5) Integration with SBAF (for NHS SSOT) / Strategic Risks (SR, for NHS STW)					
SBAF1	Responsive Patient Care - Elective	☒	SBAF5	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☒	SBAF6	Sustainable Finances	☒
SBAF3	Transforming Community Services	☒	SBAF7	Improving Productivity	☒
SBAF4	Reducing Health Inequalities	☒	SBAF8	Sustainable Workforce	☒
SR1	Strategic Collaboration & Partnership	☒	SR4	ICS Workforce (retention/wellbeing)	☒
SR2a	ICB & System Financial Balance	☐	SR5	Digital & Data Systems / Strategy	☒
SR2b	ICB & System RRL / CRL Plans	☐	SR6	ICS Strategic Response (e.g. EPRR)	☐
SR3	Reducing Health Inequalities	☒	SR7	ICS Socio-Economic Development	☒
			SR8	Patient & Public Involvement	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

To seek both Boards endorsement of the development of a single, integrated system vision and delivery approach for neighbourhood health, as the next step in delivering the ICB's approved 5-year strategic commissioning plan and responding to NHS England's requirement for a system-wide strategic commissioning narrative by 15 May 2026.

Whilst we recognise the considerable progress that has been made to date, including involvement in the National Neighbourhood Implementation Programme (Shropshire), there is a need to have a clearly defined strategy and vision which is aligned across the geography of the Cluster ICB.

This model of delivery should focus on true integration, working together differently, and sustainability for our providers so we can plan for delivery of improved outcomes for our populations. population will only be delivered through sustainable, integrated partnerships between NHS, Local Authority and Voluntary, Community, and Social Enterprise (VCSE) sectors.

This paper sets out:

- Roles and functions of Place and Neighbourhoods
- Strengthened governance and system leadership
- A proposal for a phased approach to delegation (2026–2029)
- Priority actions for the next 12 months

(7) Recommendations to Board:

The Board are asked to:

Endorse the next steps:

Strategy

- Executive creation of a single system vision-mapping (May 2026)
- Establishment of Place Boards in SSoT – first meetings to take place (May 2026)
- System engagement (May–June 2026)
- Agree priority focus areas for year 1 (May 2026)
- Governance and footprint agreement (June 2026)
- Roadmap development (July 2026)
- Support the prompt development of a process to enable 'left shift' funding allocations and phased delegation to Place.
- System CEO development programme for strategic leadership (Sept 26 – Sept 27)

Leadership and sponsorship

- Provide visible leadership and sponsorship to the agenda
- Support the programme team to act to convene partners

Commitment to delivery

- Commit to delivery of identified actions and priorities
- Engage with processes to ensure alignment the development of new proposals and major investment decisions until alignment is achieved, such as estates and digital infrastructure.

Creating the System Architecture to Accelerate Delivery of Neighbourhood Models of Care

2.1 Introduction and Purpose

The purpose of this paper is to advise the Boards on all the strands of neighbourhood health at a national and local level. It then seeks both Boards endorsement of the development of a single, integrated system vision and delivery approach for neighbourhood health, as the next step in delivering the ICB's approved 5-year Strategic Commissioning Plan. The paper also sets out the ICB response to the recently published Neighbourhood Health Framework, including NHS England's requirement for a system-wide strategic commissioning narrative by 15th May 2026.

This paper sets out:

- A high-level delivery operating model for Place and Neighbourhoods
- Strengthened governance and system leadership
- A proposal for a phased approach to delegation from the ICB of authority and responsibility (2026–2029)
- Strengthened governance and leadership at all levels
- Priority actions for the next 12 months

2.2 Background

The NHS 10 Year Plan establishes a clear direction of travel for health and care systems, signalling a shift away from hospital-centred models towards a Neighbourhood Health Service designed around individuals, families and communities. This vision requires the replacement of a 'hospital by default' approach with a preventative, community-anchored model where care is delivered digitally, where appropriate, provided at home, whenever possible, accessed through neighbourhood health centres, when needed, and delivered in hospital settings only when clinically necessary.

The National Neighbourhood Health Framework, published in March 2026, reinforces this ambition and provides a platform for neighbourhood health as the default organising principle for NHS care. National guidance is explicit that neighbourhood health is not a discrete programme but a whole-system transformation. It requires systems to rewire commissioning, governance and delivery arrangements so that neighbourhoods are empowered to plan and deliver integrated, population-focused care. This includes a strong emphasis on prevention and early intervention, integrated neighbourhood teams, aligned governance structures and measurable population health and wellbeing improvement.

Integrated Care Boards are expected to set strategic intent, outcomes and enabling architecture, while devolving increasing responsibility and autonomy for delivery solutions to Place and Neighbourhoods.

Following both Boards approval of the 5-Year Strategic Commissioning Plan in March 2026, NHS England has requested each system to submit a single, aligned narrative by 15 May 2026 describing how partners will:

- Develop strategic commissioning capability
- Deliver neighbourhood health models
- Align financial flows and incentives
- Work collectively to remove barriers to delivery

A series of national publications were issued in March 2026, notably The Neighbourhood Health Framework and Population Health Delivery Models which set out clear expectations to organise services around defined populations, delivering proactive, preventative and integrated care.

Locally, whilst progress is being made and we are not starting this work from a zero base:

- There is no single, shared system vision or roadmap for neighbourhoods across the cluster
- Leadership and accountability for delivery is not clearly defined
- There is the potential for duplication and inconsistency due to delivery decisions often being made before strategy is finalised
- There is a risk of fragmented use of the ICB 2026/27 left shift neighbourhood funding aligned to local interpretation of need

This paper sets out to translates national policy, the ICB's 5-year Strategic Commissioning strategy, and the NHS England planning requirement into a single, coherent system delivery model which aligns to the ICB Operating Model. There is also an opportunity to agree the process to utilise the 'left shift' funding to maximise the opportunities for 26/27 and beyond, to deliver outcomes and impacts recurrently, that support the population and neighbourhoods across our cluster and are aligned to a single view of population need.

2.3.1 Our ambition

Within this national context, the Cluster ICBs as Strategic Commissioners are transitioning to a population-based, outcomes-driven commissioning model. This represents a significant shift in role, from managing individual services and contracts towards allocating resources based on population need, value and measurable impact. To deliver this effectively, Place and Neighbourhoods must be equipped not only with the authority to act, but also with the governance, leadership capacity and system support required to design, plan and implement optimal local models of care. Neighbourhood Health within our system must, therefore, be understood as a system-wide transformation rather than a single programme.

This is not a one-way delegation or passing of responsibility though from the ICB. It will require LA partners to bring their budgets into this space and to work differently to help flatten the demand curve and it will require providers to operate more collaboratively and to take a leadership role in the new models of care.

A wide range of existing community focussed developments already contribute to the Neighbourhood Health agenda: including the hospital transformation programme; the National Neighbourhood Health Improvement Programme (NNHIP) in Shropshire; our developing integrated neighbourhood teams; long-term condition transformation programmes; urgent and emergency care improvement; cancer and elective reform; women's health; access to primary

care and local authority-led community and prevention initiatives and the enabling digital, estates and workforce programmes. The publication of the national framework provides the opportunity and imperative to bring this activity together within a single, coherent delivery architecture, reducing duplication, improving alignment and accelerating impact.

Our ambition therefore is to establish a Neighbourhood Health Service that:

- Shifts care from hospital to community and home-based settings
- Embeds prevention and early intervention
- Is designed around populations and communities
- Improves outcomes and reduces inequalities

Neighbourhoods will become the default model for delivering care, consistent with national policy. It is important that we are accurate and precise in our use of language and that we do not conflate the place work and the neighbourhood work. We risk confusion if we use them interchangeably.

2.3.2 Alignment to National Policy and Delivery Models
In our systems, neighbourhoods will become the primary delivery units for integrated, population-focused care. Defined around natural communities and designed to bring together general practice, community pharmacy and dentistry, community health services, mental health services, acute providers, local authority social care and public health teams, and the voluntary, community, faith and social enterprise sector and where appropriate, urgent care, diagnostics and outpatients to collectively work together differently to achieve shared population outcome improvements.

While Primary Care Network boundaries are often a sensible starting point for neighbourhood geography, national guidance allows and expects local flexibility. In parts of our cluster, this will mean reviewing neighbourhood footprints to ensure they align with natural communities, local governance arrangements and operational viability.

Primary Care Networks have been pivotal in developing the Integrated Neighbourhood Team model which are at different levels of maturity and which in the main have been delivered using existing resources and contractual arrangements. There is a recognition that General Practice, Primary Care Networks and wider primary care services such as community pharmacy, optometry and dental services have a fundamental role within neighbourhood service delivery and will be critical to the further design of services based on population need.

Neighbourhoods are expected to improve routine access to care, provide proactive and anticipatory support for people with complex needs, strengthen prevention and early intervention, and offer safe and effective alternatives to hospital admission.

Whilst individual neighbourhoods are the primary focus, there will also be a need, in some circumstances, particularly where specialist input or larger scale models would make optimal use of the available resources, to develop delivery models that will operate across multiple neighbourhoods or localities. This pragmatic approach will ensure that neighbourhood health improves outcomes and sustainability of services and providers and return on investment.

This proposed approach aligns with national policy and guidance by:

- Establishing neighbourhoods as the primary delivery model, delivered through integrated neighbourhood teams
- Strengthening Place-based infrastructure, governance and planning and Health & Wellbeing Board leadership
- Delivering the three core priorities of neighbourhood health:
    - Improved access to routine care
    - Proactive care for populations with complex needs
    - Alternatives to hospital care
- Supporting the development of population health delivery models, with providers working collaboratively across neighbourhood and Place footprints
- Learning from existing models supported by primary care including PCN's and further testing and escalating where impacts are beneficial.
- Enabling the evolution of provider roles, including multi-neighbourhood and integrated delivery models using different neighbourhood contractual models
- Implementing a phased approach to the delegation of authority and responsibility to Place and neighbourhoods (2026–2029) aligned to national expectations

2.3.3 Proposed operating model, Governance and System Leadership (Definition of Roles)
The ICB acts as the strategic commissioner and system steward, setting system-wide priorities and outcomes, designing commissioning, contractual and financial architecture, removing barriers to integration and ensuring delivery of national requirements whilst laying the foundations for more fundamental reform.

At the same time, the ICB has a stewardship role in convening partners, aligning activity and creating the conditions in which neighbourhoods can succeed.

Health and Wellbeing Boards provide democratic accountability, setting population outcomes informed by Joint Strategic Needs Assessments and through collective leadership the development of Neighbourhood Health Plans.

Place-based Partnerships, operating as sub-committees of the ICB, currently in Shropshire, Telford and Wrekin, translate system strategy and Health and Wellbeing Board priorities into local delivery, provide oversight and assurance, and manage delegated resources. In Staffordshire and Stoke on Trent, some of this work is currently managed through the Joint Commissioning Boards but not specifically in relation to neighbourhood models of care.
We will continue to establish and build on Neighbourhood leadership and infrastructure arrangements, within a clear system architecture:

- **ICB (Strategic Commissioner)-**Sets strategy, outcomes and financial framework for health, including future delegation of budgets; retains statutory accountability.

- **Health & Wellbeing Boards-**Sets population outcomes and priorities, approves the Neighbourhood Health Plan for 2027/28.

- **Place-Based Partnerships,** operate as formal delegated subcommittees of the ICB Boards, with defined authority for local health and wellbeing planning, prioritisation, funding allocation and oversight of delivery. Over time delegated budgets from both the ICB and LA's will need to be brought into this space to be used as levers to drive a fundamentally different approach of delivery.

- **Providers (NHS and partners)-** Play a central role in collectively designing and delivering neighbourhood health, working collaboratively across organisational boundaries to deliver integrated, population-focused care.
  This includes evolving towards new population health delivery models, where providers:
  - Organise services around defined populations and neighbourhood footprints
  - Work as part of integrated neighbourhood teams
  - Take increasing responsibility for outcomes, quality and resource use
  - Collaborate across organisations to deliver care at scale, where necessary
  - Learn from primary care, community care, social care and VCSE services where neighbourhood services already exit or are being tested.

- **Neighbourhoods-** Act as the primary delivery mechanism, bringing together services to design and deliver integrated care for their populations.

Place-based Partnerships, operating as sub-committees of the ICB, currently mobilised in Shropshire, Telford and Wrekin, translate system strategy and Health and Wellbeing Board priorities into local delivery, provide oversight and assurance, and manage delegated resources. In Staffordshire and Stoke on Trent, some of this work is currently managed through the Joint Commissioning Boards but not specifically in relation to neighbourhood models of care, therefore an early priority is to establish Place Boards. There will be a need to revisit the two place Boards in STW to ensure that they are fit for purpose and established to deliver this shift in emphasis and approach.

Providers, both NHS and non-NHS, are expected to collaborate across organisational boundaries in the interests of local populations. Neighbourhood leadership teams will act as the delivery engine, coordinating planning, decision-making and the integrated delivery on the ground.

- Single system governance and accountability
- Place Boards as delegated subcommittees of the ICB

The ICB will retain statutory accountability, with Place responsible for delivery within a clearly defined scheme of delegation.

2.3.5. Phased delegation (2026–2029)

It is proposed that delegation of responsibility and resources to Place is recommended to progress through three phases, subject to further development, between 2026 and 2029. This will require LA commitment and agreement as much as it will require ICB agreement and commitment.

Phase 1 focuses on mobilisation and foundation setting, enabling neighbourhoods to have a key role in determining the use of designated ICB 'left-shift' funding while the ICB retains allocation decisions and assurance.

Phase 2 introduces shadow delegation arrangements and early outcomes-based contracting that will have clear LA budgets identified alongside NHS budgets, Phase 3 moves towards delegation for both Health and LA and accountability for agreed outcomes.

This staged approach reflects national guidance and recognises variation in neighbourhood and place maturity. It provides the ICB Board with assurance that autonomy will increase in a controlled and transparent manner, aligned to capability, governance and delivery readiness, while maintaining system integrity and collective accountability.

A **phased approach** will manage risk and build capability:

- **Phase 1 (2026/27): Mobilise**
  Foundation setting; Limited delegation; ICB retains funding decisions
- **Phase 2 (2027/28): Develop**
  Shadow delegation to Place of both LA and ICB budgets
- **Phase 3 (2028/29): Embed**
  Full delegation aligned to outcomes

Progression will be based on clear readiness criteria that will need to be developed and agreed in line with the phasing and informed by national guidance/neighbourhood maturity criteria.

2.3.6 Delivering this change

To respond to national requirements and enable successful delivery, we will develop and implement:

- A single system vision for neighbourhood health, collectively developed and agreed by all partners
- A single delivery roadmap, aligned to the national neighbourhood framework
- Strengthened infrastructure with clear governance and accountability across all partners

Supported by a targeted OD programme to build leadership, alignment and delivery capability.

2.3.7 Priorities for the next 12 months (2026/27)

The next 12 months represent a critical transition from neighbourhood development to neighbourhood delivery.

During this period, the system will focus on agreeing and refreshing neighbourhood footprints, where required, establishing the required infrastructure with consistent governance arrangements at Place and Neighbourhood level, and equally importantly aligning existing neighbourhood and community transformation programmes into a single delivery roadmap, this includes aligning to our clinical priorities and those priorities identified through the Health and Wellbeing Board Strategies and the Integrated Care Strategies. This will provide greater clarity of priorities and accountability.

The phased approach to delegation could commence in 2026/27, with the partial devolvement of decision-making and removal of duplication.

The focus for 2026/27 is to continue to establish the foundations for neighbourhood health while delivering tangible improvements in system performance, particularly in urgent and emergency care.

Summary priorities for 2026/27:

- Agree and embed a system-wide neighbourhood vision and roadmap
- Align existing neighbourhood and community development programmes into a single portfolio and integrated road map of work, driven by a shared view of population need
- Establish and strengthen Place and Neighbourhood governance arrangements
- Confirm neighbourhood footprints aligned to natural communities
- Develop approach to delegation
- Launch a process for allocation of the 26/27 neighbourhood left shift funding and the development of Neighbourhood Health and Wellbeing Improvement Plans
- Strengthen provider collaboration and population health delivery models
- Ensure learning from existing test and pilot projects is evaluated and rolled out at scale where there are beneficial impacts and outcomes.

Supporting infrastructure and investment

- **OD/Shared Strategic Vision:** Neighbourhood health will only work as a joint endeavour between the NHS and local authorities, alongside wider partners. This requires a truly collaborative effort between all partners and different ways of working together outside of organisational boundaries. Learning from national exemplars show that systems need to invest deliberately in relationships and trust building before expecting integrated delivery, including co-design and whole system shift.

- **Neighbourhood Health and Wellbeing Improvement Plans:** The ICB has ring fenced neighbourhood left shift funding for 2026/27. This is the first additional uncommitted investment available for investment in neighbourhood developments and is intended as a catalyst for future movement of resources in the system to deliver the 10 Year Plan. It is proposed that this opportunity is used to take the next step in the phased approach to delegation this year. All systems are required to have a Population Health Improvement Plan, this funding provides the opportunity to channel the investment at a more granular level through local collectively developed Neighbourhood Health and Wellbeing Improvement Plans. This would involve identification of priorities for funding at neighbourhood level, whilst the ICB specifies the priority outcomes and retains decision making on the allocation/approval of that funding. This change would move away from historic fair share/equal share allocation of funding towards needs and impact-based solutions giving greater local influence and accountability for how care is designed and delivered. The opportunity also exists to utilise other partner monies in this manner.

- **Estates/Capital:** Develop and submit neighbourhood capital estate proposals, working with partners to support neighbourhood health infrastructure and integrated care delivery, in particular plans for Neighbourhood Health Centres (in line with national policy)
- **Digital:** There is an urgent requirement that the system is able to describe the plan and roadmap to deliver the supporting neighbourhood digital model as this is currently a limiting factor to progress.

- **Workforce:** Neighbourhood workforce strategy and delivery plan covering distributed leadership capability across neighbourhood teams, ensuring skills and tools are in place for staff to safely work across organisational boundaries, multi-professional working with clearly defined roles and shared accountability, a shared vision across workforce leaders to inform future expansion plans

- **Community Engagement:** Building on what is already in place, community engagement needs to become continuous not episodic. Proactive listening to and working with patients, people and communities so that neighbourhood developments are informed by what is right for the local population and informed by what frontline staff say needs to change

- **VCSFE:** needs to be enabled to be an equal sustainable system partner with the necessary associated infrastructure, not just a delivery arm.

These priorities reflect the foundational requirements of the Neighbourhood Health Framework for 2026/27 and will form the basis of the NHSE submission in May 2026.

Population priorities for 2026/27:

Whilst the focus for 2026/27 is to establish the foundations for neighbourhood health, it is important that we are delivering tangible improvements for our population.

Priority areas will guide planning, investment and delivery. This will include targeted local activities linked to a shared view of target cohorts, centred around:

- Frail older people
- Long term condition management (focus on Cardiovascular, renal and metabolic conditions including diabetes)
- Children and young people
- Mental Health

With the intention of:

- Developing proactive care models for high-risk cohorts to reduce avoidable admissions and positively impact the UEC pathway
- Strengthening community-based alternatives to hospital care
- Improving discharge pathways and system flow
- Supporting overall delivery of the UEC Improvement Plan

2.3.8 Key risks and mitigations

Risk: Delegating funding too quickly

Mitigated through phased delegation, retained ICB control in Year 1, and clear readiness criteria

Risk: Lack of clarity in provider roles

Mitigated through defined expectations, provider collaboration and aligned incentives.

Risk: Local Government Reform in the Staffordshire and Stoke-on-Trent area resulting in stasis

Mitigated through commitment from the 2 LA's to this agenda and adopting an approach that enables the work to iterate and evolve once the outcome is better understood re the future of the LA footprints.

2.4 Conclusion

Neighbourhood health represents a long-term, system re-architecture of how health and care services are planned, commissioned and delivered. While significant progress has already been made, the next 12 months are pivotal in establishing the governance, delegation and system alignment required to realise this ambition at scale.

This paper provides the Board with clarity on direction of travel and seeks discussion and support for the proposed operating model, phased delegation framework and implementation approach to ensure that financial flows, estates and digital expenditure align to the vision for the system architecture and the delivery of the Strategic Commissioning 5-year plan.

What is also clear is that we need to learn and develop this work by doing. There is a need for clarity and an overarching strategic framework as set out in this paper. However, this is as much urgency for us to mobilise this work now at pace and shift beyond the planning phase. We have an opportunity over the next 3 months to generate some traction and early delivery on this before we get into the winter pressures period. Partners are asked for their commitment to this and for their leadership in driving this agenda forwards.

Next steps:

- Executive vision-mapping (May 2026)
- Establishment of Place Boards in SSoT – first meetings to take place (May 2026)
- System leadership engagement (May–June 2026)
- Place and Neighbourhood governance and footprint agreement (June 2026)
- Roadmap development and alignment (July 2026)
- Process for allocation of the ICB neighbourhood left shift funding (May 2026)
- NHSE submission (15th May 2026)
- System CEO development programme for strategic leadership (Sept 26 – Sept 27)

Phil Smith
Chief Officer: System Development and Integration
April 2026