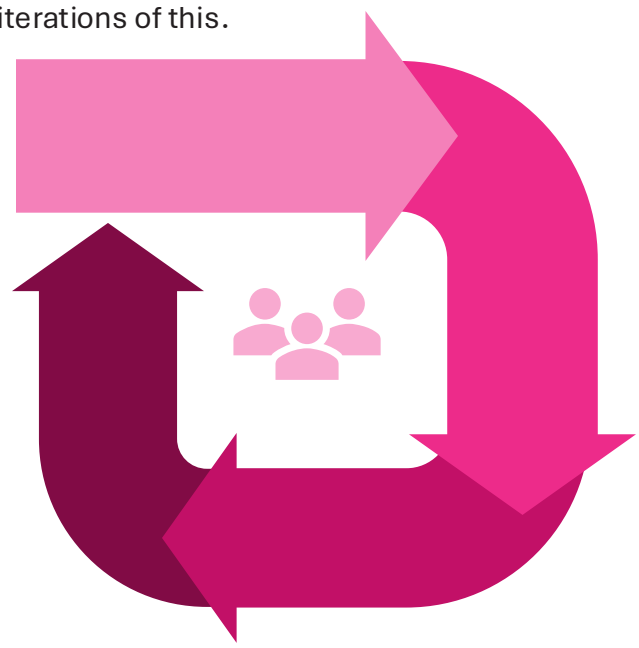
NHSE Strategic Commissioning Framework

- Strategic commissioning is defined as **a continuous evidence-based process to plan, purchase, monitor and evaluate services** over the longer term and with this **improve population health, reduce health inequalities and improve equitable access to consistently high-quality healthcare**
- This Framework supports ICBs and others with this function to **understand strategic commissioning and the key enablers required** – to **support the changes in NHS legislation, operating model and financial context**

The framework sets out a four-stage approach to strategic commissioning:

1. Understanding the context:

ICBs will use linked, person-level data and insights to build an Integrated Needs Assessment. This will identify drivers of risk and demand, underserved communities and variations in access, quality, and productivity. Each ICB will establish an intelligence function to support future iterations of this.



2. Developing long-term population health strategy:

Each ICB must publish a 5-year population health improvement plan and strategy that builds on the understanding of the population and current service delivery formed in stage 1. It will be co-designed with providers, local government, clinicians, and communities to include a case for change, priority outcomes, service transformation requirements and KPIs. It will be reviewed and updated annually to reflect emerging needs.

3. Delivering the strategy through the payor function and resource allocation:

ICBs will act as intelligent healthcare payors, allocating resources to meet strategic priorities. This includes contracting and market shaping across all sectors, using payment models that incentivise outcomes, quality, and prevention. ICBs will use Provider Selection Regime flexibilities and explore joint procurement with local authorities to support equity and efficiency. Annual reviews will be conducted to adjust commissioning as required.

4. Evaluating impact:

Each ICB will have a formal evaluation framework supported by its intelligence function. This will track service quality, access, cost, and outcomes in the short-, medium- and long-term. ICBs will integrate quantitative data with qualitative intelligence to identify unwarranted variation, performance gaps, and inequalities. Each ICB will embed feedback loops with staff, partners and communities, supported by national tools, to ensure inclusive evaluation. Results will be shared with regional NHS teams and contribute to a national evidence base, strengthening accountability, benchmarking, and continuous improvement across systems.

Strategic commissioning operates across scales, with responsibilities devolved or aggregated where appropriate:

1. **Multi / pan-ICB:** commission specialised, ambulance, and cross-system services where there are benefits of scale
2. **System / ICB:** commission acute, community, and mental health services; embedding primary care within system priorities and aligning incentives, workforce, and digital infrastructure to improve outcomes and sustainability
3. **Place:** bring together primary care, community, mental health, social care, and public health through Health and Wellbeing Boards, using pooled resources like the Better Care Fund to address local needs and reduce inequalities
4. **Neighbourhoods:** deliver proactive, person-centred care led by primary care networks to coordinate care and support prevention for people with complex or long-term needs

Enablers for effective strategic commissioning

- **System leadership for population health:** capability in strategic leadership and partnership working with other commissioners, providers, local government and service users to co-design services and improve outcomes
- **Clinical and care professional leadership and governance:** multidisciplinary leadership with deep understanding of population need and best practice pathways for effective decision-making regarding resource allocation
- **Data analytics and technology:** ability to apply a consistent population segmentation and risk stratification approach using longitudinal, linked, person-level data, as well as to leverage the FDP and other new technologies
- **Intelligent payor function:** market management, innovative contracting and a deep understand of service costs to inform investment decisions that support and incentivise improved access, quality, efficiency and outcomes
- **User involvement and co-design:** a systematic approach to co-production with local communities – going beyond formal consultation and working with people as partners to ensure lived experience factors into future decisions
- **Relationships with local government:** strong relationships with local government to enable joint planning, shared accountability and a collective role with local authorities in shaping population health strategies and plans
- **ICB competency and capability:** the skills and capabilities needed for strategic commissioning being developed across the workforce and the ability to effectively deploy these across the whole system

Next steps:

- **November 2025:** Strategic framework released
- **January 2026:** strategic commissioning toolkit issued; pop. health plans in place
- **March 2026:** baseline assessments completed
- **April 2026:** launch strategic commissioning development programme
- **March 2027:** evaluation & intelligence function in place

Source: https://www.england.nhs.uk/wp-content/uploads/2025/11/PRN01836-strategic-commissioning-framework.pdf