



# NEW NHS STRATEGIC COMMISSIONING FRAMEWORK IS THE OPPORTUNITY FOR CHANGE

The new NHS England Strategic Commissioning Framework provides a timely opportunity to embed consistent adult care pathways for people with CP. By introducing Annual Reviews for adults with CP – modelled on those for the learning disability community and people with chronic kidney disease – Integrated Care Boards (ICBs) can meet core framework expectations on prevention, continuity of care across life stages and co-production with user-led organisations.

Embedding structured reviews would allow early intervention, reduce emergency demand and improve workforce participation. Our proposal directly supports the Framework's aims: population health management, data-driven needs assessment, integrated care across sectors, and measurable system outcomes.

We are ready to work with NHS England, the NHS Confederation and ICBs to co-design and evaluate a pilot model that operationalises these priorities in practice.

The new Strategic Commissioning Framework explicitly requires:

- population health strategies that prioritise prevention and early intervention in identifiable at-risk groups

- integrated care pathways across the life course, addressing the exact type of transition-cliff that people with CP face at 18
- integrated needs assessments (by March 2026) identifying high-risk cohorts with unmet needs
- system-wide evaluation measuring clinical, operational and economic outcomes
- co-production with lived-experience organisations

Adults with CP meet every one of these criteria. What is missing is a structured mechanism to deliver the oversight and preventive care the Framework mandates.

# TIME FOR COMMISSIONING LEADERSHIP

The UK's 130,000 adults with CP deserve the same coordinated, preventive care that the NHS provides to other groups with lifelong conditions. The recent parliamentary statement underscores the mandate and the timeframe to act.

Integrated needs assessments are required by March 2026 – weeks away. Evaluation frameworks are due by March 2027. Adults with CP must be embedded in ICB population health management systems immediately if these deadlines are to be met.

The Framework has created the policy architecture. The Children's Framework has demonstrated that coordinated care works. Annual Reviews provide the proven delivery mechanism to extend this across the life course. What is needed now is commissioning leadership to act before the March 2026 deadline passes.

## A simple question

If coordinated multidisciplinary care works for children with cerebral palsy – and it does – why do we stop providing it at 18? We stop because we haven't made it a commissioning priority.

## A defining moment

The NHS Strategic Commissioning Framework requires ICBs to identify high-risk cohorts and implement preventive care pathways. The Government has committed to personalised care plans for 95% of people with complex needs by 2027. The Children's Framework has demonstrated that coordinated care works. All the pieces are in place. What's needed is leadership.

## Take action

- MPs: Champion Annual Reviews with your ICB and raise this in Parliament
- ICB leaders: Include adults with CP in your March 2026 needs assessment
- Healthcare professionals: Advocate for this proven, cost-effective intervention
- Adults with CP and families: Make your voices heard



# 2026: THE YEAR ADULTS WITH CEREBRAL PALSY ACHIEVE EQUAL TREATMENT

At 130,000, the community of adults with CP is the same size as those living with multiple sclerosis, and those with Parkinson's disease, yet without the same recognition or coordinated care. The consequences are stark: adults with CP are 14 times more likely to die from respiratory disease, three times more likely from cardiovascular disease, and experience nearly six times more falls than adults without CP.

The NHS now officially characterises cerebral palsy as a lifelong condition, yet when people with CP turn 18, specialist support effectively stops. Current services fall far short of providing the structured oversight adults with CP need.

The responsibility for managing this complex condition falls to GPs whose knowledge and resources are insufficient, resulting in unnecessary pain, avoidable medical problems, preventable hospital admissions and early deaths.

In 2026, we are ramping up our lobbying of all those who can help to deliver the changes needed to improve the lives of the adults with CP. Our core objective is to secure Annual Reviews for all our community.

This document sets out the opportunity for change that has emerged and the supporting rationale for the advances that need to be delivered by the end of this year. There is also a dedicated section on our website explaining how you can play your role in advocating for this change, along with templates and social media assets.



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# INVESTING IN CHILDHOOD, ABANDONING ADULTS: THE FALSE ECONOMY

The NHS England Commissioning Framework for Children and Young People with Cerebral Palsy, chaired by Simon Kenny (National Clinical Director for Children and Young People) and Dr Charlie Fairhurst, is currently being piloted in selected ICB sites. The framework demonstrates what coordinated, multidisciplinary care could look like – but there is no plan for wider implementation. And even where it is being piloted, it stops at 18.

There is a false economy in developing frameworks for childhood without committing to implementation or continuity into adulthood. Even where pilot sites are testing coordinated care for children, there is no plan to extend this beyond 18. We are designing sophisticated care pathways for childhood that lead nowhere in adulthood – all that collective effort wasted once paediatric services end.

## The transition cliff in practice

Between ages 20-40, 20-50% of adults with CP experience deterioration in walking function. Many require hip surgery, develop chronic pain, or lose employment. These outcomes are not inevitable – they are the result of the care gap that opens at 18. The Children's Framework provides the model for what coordinated care looks like. Annual Reviews would extend this proven approach into adulthood, ensuring that the progress made in childhood is maintained and built upon throughout life.

# ANNUAL REVIEWS: A PROVEN, COST-EFFECTIVE SOLUTION

NICE guidelines recommend annual reviews for adults with CP with healthcare professionals who have expertise in neurodisabilities. Yet these are rarely implemented, leaving adults with CP without coordinated oversight of their lifelong condition.

We are calling for the implementation of structured Annual Reviews for adults with cerebral palsy – specifically, holistic reviews encompassing both medical and therapeutic assessment. This model, similar to the successful programme established for adults with learning disabilities, would focus on early identification and management of non-communicable diseases while providing access to neurodisability expertise.

These Annual Reviews would provide:

- early identification of respiratory, cardiovascular and musculoskeletal risks

- coordinated management across primary and specialist care, with medical oversight from a named consultant
- prevention of emergency admissions and avoidable decline
- improved workforce participation and quality of life
- measurable system outcomes aligned with ICB evaluation requirements

This is not a new policy demand. It is a practical delivery mechanism that enables ICBs to fulfil their population health management responsibilities for a defined, high-risk cohort whose needs are currently invisible in their data.

# GOVERNMENT POLICY REINFORCES THE URGENCY

In a Westminster Hall debate on 10 March 2026, Stephen Kinnock, Minister of State for Health and Social Care, acknowledged:

*"No young adult with cerebral palsy should reach their 18th birthday and face a cliff edge. They have waited far too long for the NHS to acknowledge their existence in policy, planning and commissioning. We also recognise the importance of preventive, proactive care, including annual reviews, as recommended in NICE guidance."*

The Minister outlined NHS England's revised service specification for adult specialised neurology services, coming into effect next month, and committed that *"95% of people with complex needs will have an agreed personalised care plan by 2027."*

However, cerebral palsy is not explicitly named in the service specification – it is only implied



under *"lifelong neurological conditions."* When CP is not specifically mentioned in commissioning frameworks, it gets overlooked. Adults with CP must be explicitly named in the service specification and embedded in ICB commissioning frameworks now.

