

## BOB ICB BOARD

<b>Title</b>	BOB ICB Board - Update on system planning 2025/2026		
<b>Paper Date:</b>	07 March 2025	<b>Board Meeting Date:</b>	11 March 2025
<b>Purpose:</b>	Discussion	<b>Agenda Item:</b>	11
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### Executive Summary

The purpose of this paper is to provide an update on our planning activities across BOB, focusing on the 2025/26 planning process and the development of a medium-term strategy for transformation and improvement to deliver a more sustainable and equitable health and care system.

This paper builds on our updates provided at the public boards in November 2024 and January 2025 and summarises:

- The national planning guidance and ask of systems
- Where we are with our system planning work ahead of March submission
- Next steps to build our medium-term strategy for system sustainability, transformation and improvement

### Action Required

The Board are asked to note the update and provide any views or feedback into the ongoing planning process and development of the medium-term strategy and approach.

The Board will be updated on these activities at the Public Board in May.

<b>Conflicts of Interest</b>	Conflict noted: conflicted party can participate in discussion and decision.
	The ambition outlined in this paper informs the prioritisation of the use of NHS resources. This will have an impact on organisations that members of the Board lead/work for. The perspective of these members is an important aspect to development and delivery of our priorities and plans.

<b>Date/Name of Meeting, Where Last Reviewed:</b>	Public Board Meeting January 2025.
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## Update on system planning 2025/2026

### Overview

1. We are currently in the latter stages of the annual NHS planning round. This is the annual process coordinated by the Integrated Care Board (ICB), through which we agree how we will use our system resources across Buckinghamshire, Oxfordshire and Berkshire West (BOB) to provide services for our population over the coming financial year.
2. The ICB is working closely with our BOB system partners, convening regular system-wide discussions to ensure alignment and a shared understanding of the plans that we are developing across the system.
3. This paper builds on the updates we provided in November 2024 and January 2025 and summarises:
  - The NHS national planning guidance and ask of systems
  - Where we are with our system planning work ahead of March submission
  - Next steps to build our medium-term strategy for system sustainability, transformation and improvement

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### National planning guidance

4. Nationally, 2025/2026 is intended as a financial reset for the NHS, in particular for systems who have historically been in deficit. To achieve this, there is an expectation that systems will drive productivity, use greater flexibility within allocations to agree how to manage constrained budgets and progress with the “*radical reform and reprioritisation*”<sup>1</sup> required to move to a more sustainable position longer term.
5. The national planning guidance, published at the end of January, sets out a smaller number of national priorities and these have been summarised in **Annex A**.

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<sup>1</sup> [NHS England » 2025/26 priorities and operational planning guidance](#)

6. The operational headlines include:
  - Reducing the time people wait for elective care
  - Improving patients access to general practice and urgent dental care
  - Improving A&E waiting times and ambulance response times
  - Improving patient flow through mental health crisis and acute pathways
  - Improving access to children and young people's (CYP) mental health services
7. The national ambition for the 2025/2026 planning process is for ICBs and providers to develop and submit robust, appropriately triangulated, and deliverable operational, workforce and finance plans, signed off by provider and ICB boards by the end of March 2025.
8. The approach this year places more emphasis on the Board ownership and assurance of plans across provider organisations, in addition to the ICB Board assuring itself on the overall system plan. The national Board assurance framework developed to support this is set out in **Annex B**.

### **BOB planning process**

9. As updated in previous ICB board papers, we have been working to build on the learning from last year's planning round into our approach this year. An important part of this has been the establishment of the System Planning Leadership Group (SPLG). The SPLG reports to the System Recovery and Transformation Board (SRTB), which includes all NHS Trust and BOB ICB Chief Executive Officers (CEOs).
10. Ahead of the plan submission, the ICB has been co-ordinating regular discussions through the system planning group focusing on how we achieve the ambitions of the operational planning guidance within our financial allocation. Our final plan for 2025/2026 will be submitted to NHS England on the 27 March.

### *Headline submission*

11. On the 27 February we submitted our headline planning submission to NHS England for 2025/2026. This collated high-level information on financial, workforce and operational performance plans and outlined the current BOB system position against the NHS England planning guidance.
12. The February submission highlighted that, although there is a systemwide commitment to meeting the planning requirements, we are facing a significant system financial challenge and large deficit position.

13. Following submission of the February plan, the System Recovery and Transformation Board met on 28 February and reflected on the scale of the financial challenge. As such, it was agreed that we should move to a rhythm of daily system planning calls to progress key actions to improve our position and ensure alignment on the difficult decisions required to move towards a balanced plan.

*Improving our position for March submission*

14. We are currently progressing this period of focused work to ensure that we rapidly improve our position ahead of the final submission. The focus has been on the following key areas:

- a. Finalising financial allocations
- b. Enhancing productivity and efficiency
- c. Collaboratively addressing challenging decisions as a system
- d. Agreeing system priority work programmes.

15. Given the size of the system gap we have been modelling, we anticipate that, in addition to driving productivity and efficiency improvements within organisations, we will also need to identify a set of system programmes and longer-term service and commissioning changes to help us operate within our allocation.

16. It is expected that these will relate to areas such as:

- **Identifying a set of priority system programmes to deliver new models of care or opportunities for collaboration** – we will agree a set of system-wide programmes, informed by data and in line with national priorities, to progress at scale to create a more sustainable system. These will likely include a focus on developing more integrated and standardised neighbourhood models of care, for example around key areas such as the frailty pathway. A new system governance structure and programme approach will be mobilised to deliver and coordinate these across our system.
- **Reviewing our commissioned cost base** – At the ICB, we will be evaluating our resource base comprehensively to determine the best use of our resources for our population. In the short term, this may require reviewing projects or programmes of work that are strategically aligned with our system objectives but may not however be sustainable given our current financial situation and current use of resources in the round. We will ensure robust quality and equality impact assessments of any decisions and will communicate these transparently and openly with our

partners. The latter sections of this paper set the foundation for our longer-term approach to data-led allocative efficiency, through which we will focus on ensuring the greatest impact from our resources for our population.

- **Streamlining our offer across our providers and places through a managed approach to service review and system change over time –**  
We will approach this through the lens of a major services review and clinical strategy programme to support robust development with partners, clinical engagement and public consultation of options. We will develop the principles for this work through engagement with our population to ensure their insight is taken into account, alongside working with clinicians and partners to define the most clinically appropriate and cost-effective pathways and provision.

17. As per the national guidance, we will continue to ensure that the above programmes of work are shaped by a robust focus on the equality and quality impact of our decisions in line with the national principles set out in the Annex of the national planning guidance<sup>2</sup>.

#### *ICB plan sign off*

18. The ICB Board will be holding an extraordinary Board meeting to sign off the plans on 26<sup>th</sup> March. This will include a plan overview covering the following key areas and set out in more detail in **Annex B**:

- A high-level summary of what has been submitted as part of the finance, workforce and performance submission;
- An overview of transformation and major savings opportunities;
- An overview of the system's plans to improve the quality of services including experience and outcomes (this should include an overview of how the system has used data to develop these plans);
- An explanation of the approach to reducing health inequalities, including how this will be monitored throughout the year;
- Key decisions that have been made as part of the planning, including prioritisation and EQIAs that have been completed in relation to these decisions; and
- Risks to delivery of the plan and mitigations.

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<sup>2</sup> [NHS England » 2025/26 priorities and operational planning guidance](#)

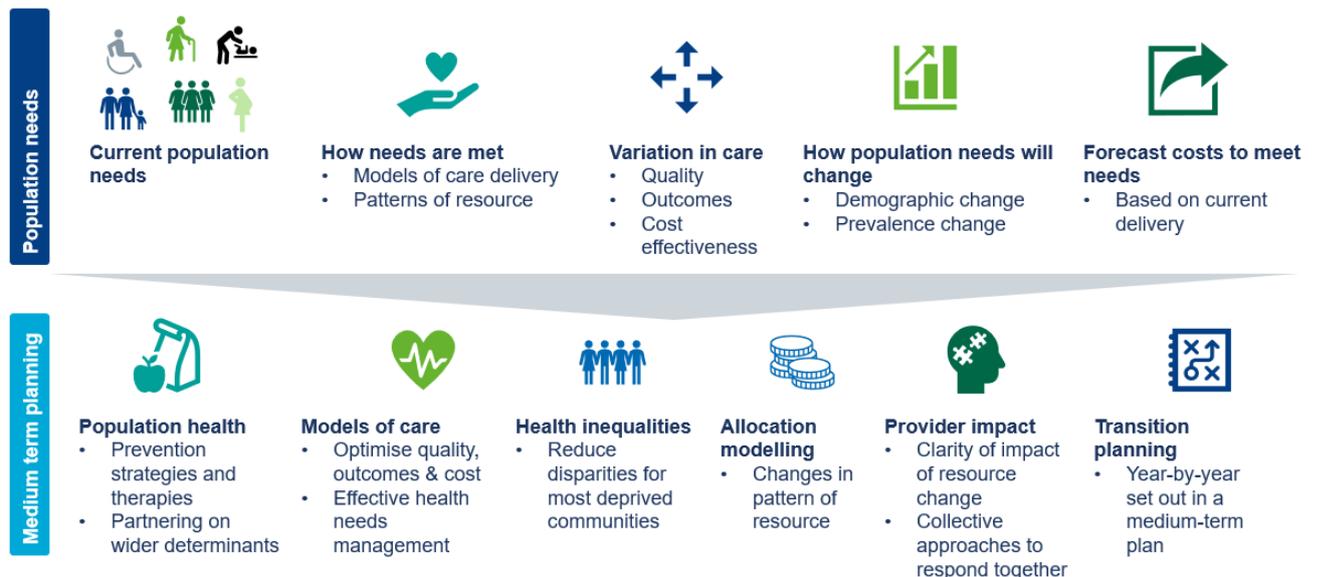
## Creating a more sustainable system

19. The 2025/2026 planning round has surfaced the need for significant system change. We therefore need to ensure we are intentionally creating and moving towards a more sustainable future system, as well as safely managing our ways of working today.

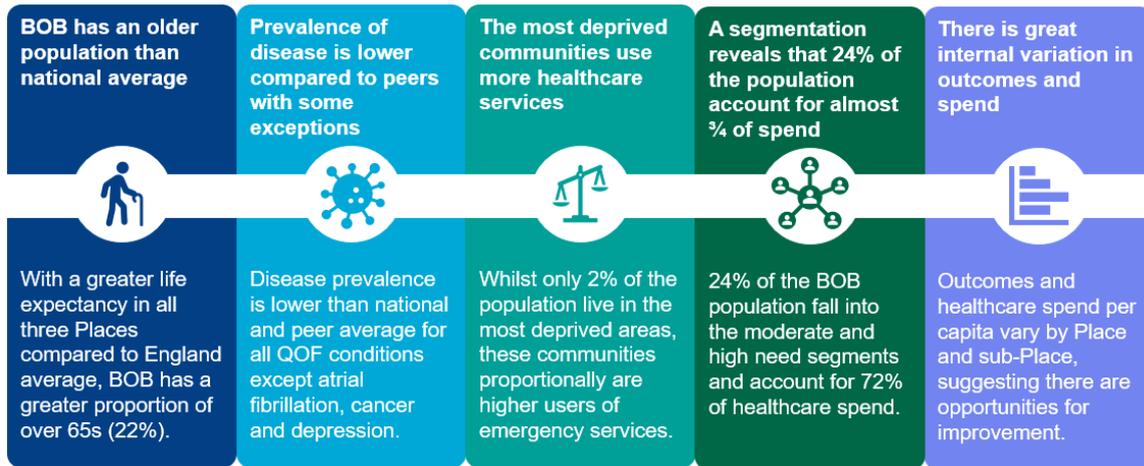
20. To develop a shared data-led case for change, we have been working on drawing together a baseline of our population so that we can better understand how to use our resources to support and improve the health of our population most effectively. This work has been a system programme, sponsored by the System Planning Leadership Group and with input from colleagues from across our system including NHS, social care, public health and the VCSE sector.

21. We have summarised some key headlines of this work over the coming pages and will provide updates to the Board as we continue to build this data into a clear system strategy and set of strategic programmes of work.

22. The outline of the programme of work we have undertaken is set out below:

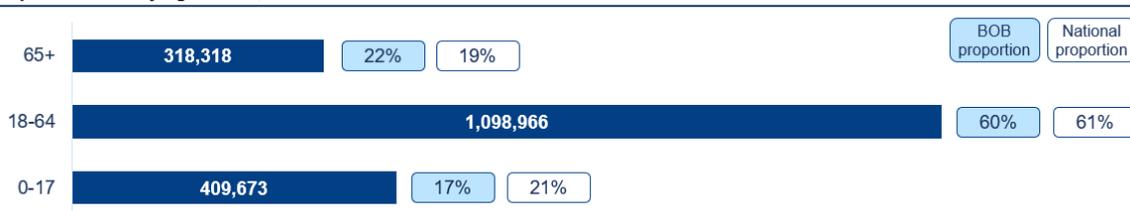


23. To understand population needs and how they will change over time, we have looked at a number of sources of data. The initial analysis shows some of the specific challenges facing our population now:



24. From the analysis it has been possible to confirm the BOB population are older than the national average, living longer and spending more of their lives in good health. However, there is significant variation across our places in terms of outcomes and spend. There are also a small proportion of people, who live in the areas of greatest deprivation (Core20<sup>3</sup>), who face significant health inequalities, as shown below with respect to life expectancy:

Population size by age bands, 2023/24



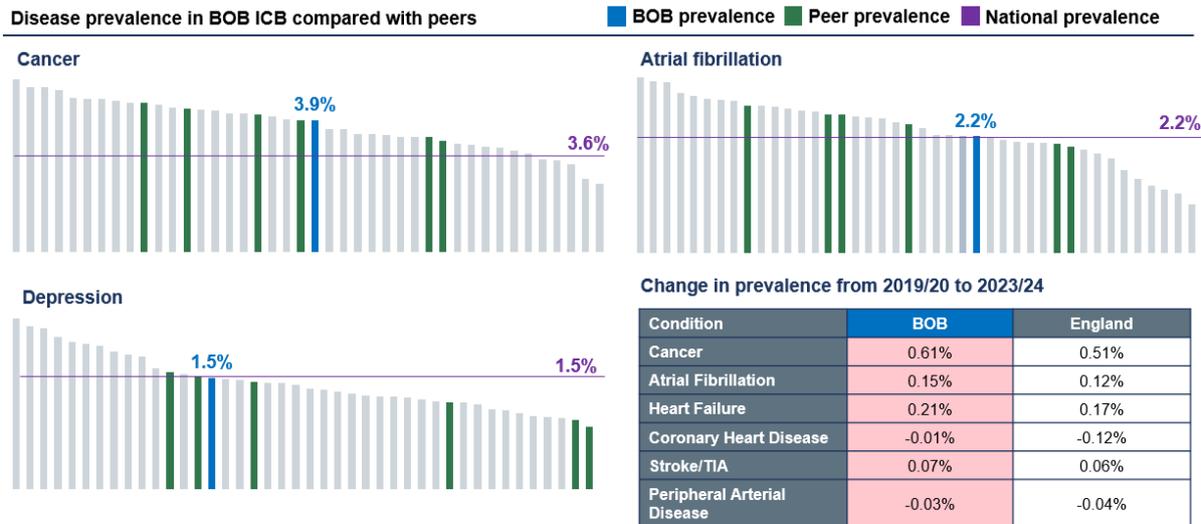
Overall and healthy life expectancy in BOB compared to national average

Place / ICB	Life expectancy		Healthy life expectancy		Proportion of life spent in good health		Inequality in life expectancy between most affluent and most deprived in each place	
	Male	Female	Male	Female	Male	Female	Male	Female
Bucks	81.1	84.5	68.0	69.1	84%	82%	11.7	11.9
Oxfordshire	81.3	85.1	68.0	69.4	84%	82%	9.3	8.8
Berkshire West	81.0	84.6	69.4	70.1	86%	83%	6.8	6.5
England	79.3	83.2	63.1	63.9	80%	77%	9.7	7.9

Worse than national average (pink) Better than national average (green)

<sup>3</sup> [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

25. Although prevalence is lower than the national average for most conditions, prevalence rates for conditions including cancer, atrial fibrillation and depression are above national average. Cardiovascular disease (CVD) prevalence is growing faster than the national average:



26. To support more detailed analysis, the population has been categorised into different segments, according to age and the acuity of a person’s diagnosed health needs. This has been done for the whole of the registered BOB population, allowing us to better understand our population’s needs today and project into the future.

27. The 2023/2024 segmentation snapshot shows 24% of the population of BOB fall into the moderate and high need segments but account for 72% of the total cost:

Total population health baseline in 2023/24 for BOB ICB

Age band	Non-User	Low Needs	Low Complexity Morbidity	Medium Complexity Morbidity	Pregnancy Low Complexity	Pregnancy High Complexity	Dominant Psychiatric Condition	Dominant Major Chronic Condition	Multi-Morbidity High Complexity	Frailty	Population of segment	Proportion of pop.	Proportion of spend
0-17 Pop: 411k Total cost: £340m	£3.1m 19.8k 1.1% 0.1%	£163.8m 312.1k 17.1% 5.9%	£76.5m 48.0k 2.6% 2.7%	£37.5m 14.2k 0.8% 1.3%	£199K 110 0.0% 0.0%	£8K 8 0.0% 0.0%	£19.4m 4.9k 0.3% 0.7%	£26.6m 10.8k 0.6% 1.0%	£12.8m 1.4k 0.1% 0.5%				
18-64 Pop: 1.1m Total cost: £1.3bn	£7.2m 63.5k 3.5% 0.3%	£156.6m 549.1k 30.1% 5.6%	£245.4m 254.1k 13.9% 8.8%	£216.3m 86.8k 4.8% 7.7%	£77.5m 19.1k 1.0% 2.8%	£22.4m 3.5k 0.2% 0.8%	£126.1m 33.4k 1.8% 4.5%	£299.0m 78.8k 4.3% 10.7%	£158.6m 11.0k 0.6% 5.7%				
65+ Pop: 314k Total cost: £1.2bn	£6.8m 7.4k 0.4% 0.2%	£31.4m 47.7k 2.6% 1.1%	£106.2m 77.7k 4.3% 3.8%	£293.6m 90.3k 5.0% 10.5%			£26.9m 6.5k 0.4% 1.0%	£239.0m 44.9k 2.5% 8.5%	£298.1m 29.4k 1.6% 10.6%	£148.6m 9.7k 0.5% 5.3%			

24% of the population are in the moderate and high need population segments yet they account for 72% of cost

28. Our analysis has also looked at the quality of outcomes in BOB associated with the care delivered for the population segments. In population segments with the highest variation in per capita costs between BOB places, there is no link between better outcomes and higher costs. This points to an opportunity to provide more cost-effective services without compromising on quality of outcomes. The table below show the comparative performance (best = green, worst = red) between the BOB places:

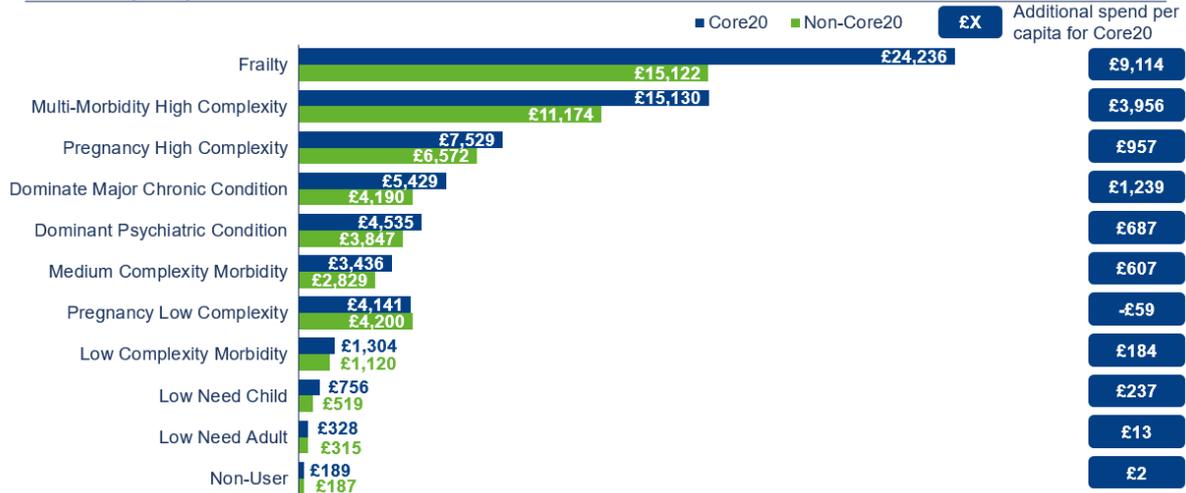
Place	Low complexity morbidity Adults 18-64		Medium complexity multi-morbidity Adults 18-64		Dominant major chronic condition Adults 18-64		High complexity multi-morbidity Adults 18-64	
	Cost	Quality	Cost	Quality	Cost	Quality	Cost	Quality
Buckinghamshire	£917	11 / 12	£2,287	5.7 / 6	£3,337	5.0 / 6	£12,872	5.8 / 6
Oxfordshire	£1,075	11 / 12	£2,843	6.0 / 6	£4,182	5.4 / 6	£16,684	5.6 / 6
Berkshire West	£870	11 / 12	£2,212	5.7 / 6	£3,797	5.8 / 6	£13,037	5.2 / 6
BOB average	£961	11 / 12	£2,476	5.8 / 6	£3,818	5.5 / 6	£14,491	5.5 / 6
Peer average	-	10 / 12	-	6 / 6	-	6 / 6	-	2.9 / 5

Place	Medium complexity multi-morbidity Older adults 65+		Dominant major chronic condition Older adults 65+		High complexity multi-morbidity Older adults 65+		Frailty Older adults 65+	
	Cost	Quality	Cost	Quality	Cost	Quality	Cost	Quality
Buckinghamshire	£3,099	5.7 / 6	£4,643	5.0 / 6	£9,450	6.0 / 8	£15,555	3.6/5
Oxfordshire	£3,512	6.0 / 6	£5,675	5.4 / 6	£10,846	4.5 / 8	£16,003	3.6/5
Berkshire West	£3,029	5.7 / 6	£5,645	5.8 / 6	£9,954	6.4 / 8	£13,663	5.0/5
BOB average	£3,228	5.8 / 6	£5,343	5.5 / 6	£10,163	5.7 / 8	£14,310	3.76
Peer average	-	6 / 6	-	6 / 6	-	3.8 / 8	-	3.7 / 5

29. We have also found that per capita costs for those living in areas of greatest deprivation (Core20) are consistently higher than populations living in areas with less deprivation (Non-Core20), and nearly double the rate in the frailty segment in BOB. Once triangulated with outcomes, it is clear we have more to do to ensure the best use of our resources to support the BOB Core20 population:

Variation in per capita cost between Core20 and Non-Core20 cohorts in BOB in 2023/24

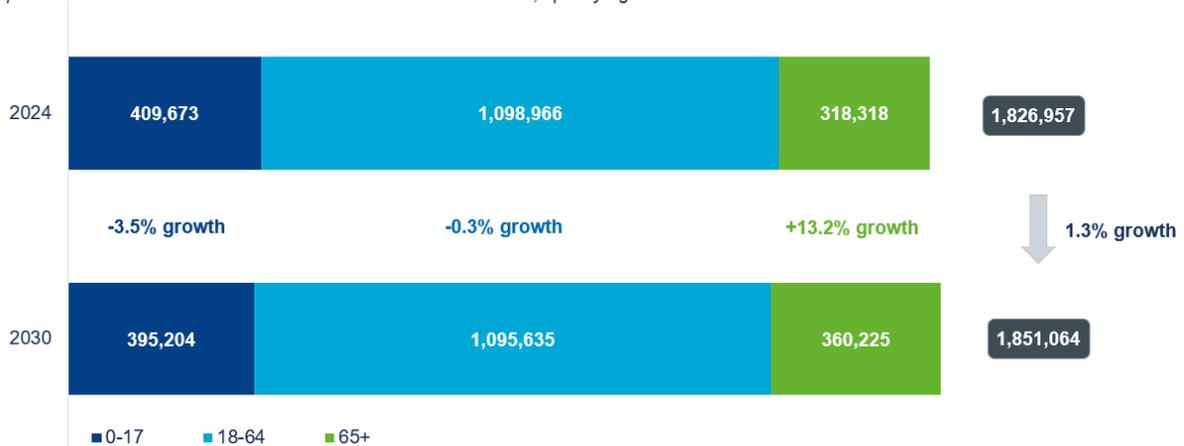


30. As part of the population baseline work we have forecasted the current trends in population health and service use over the next five years as a **“do-nothing” scenario**. The purpose of this is have a baseline from which we can show the major transformation opportunities that will improve population health and improve the sustainability of our system over the next five years.

31. Whilst the overall population is only expected to grow by 1.3% in the next five years, the population of over 65s is expected to increase by 13.2%:

Historic, current and future population in BOB ICB, split by age groups

Population size in BOB ICB in 2024 and future estimates for 2030, split by age bands

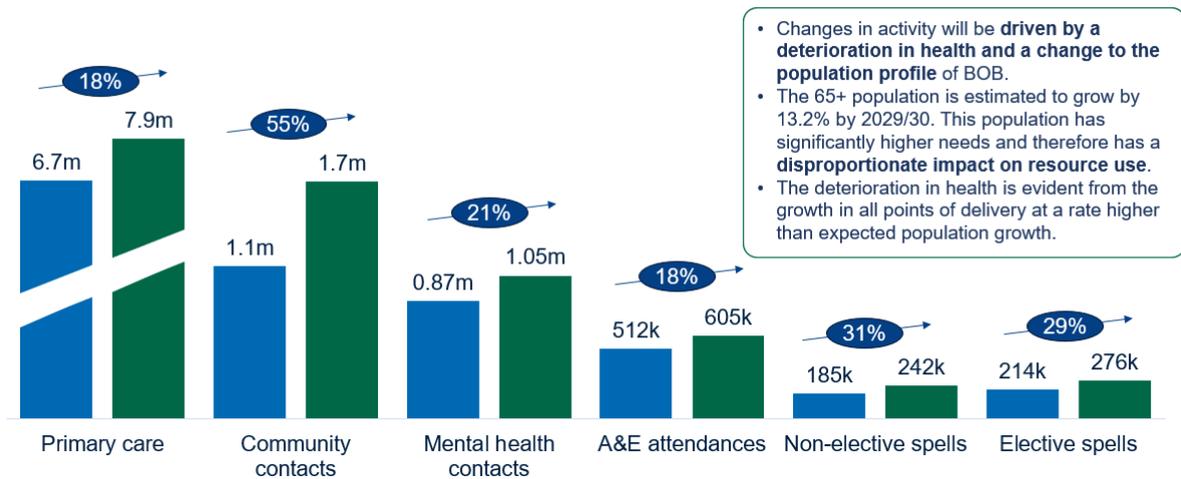


32. With no change to how services are delivered, this population change means that activity will increase for all points of delivery by 2025/26 placing more burden on the available resources within the BOB system:

**Increase in activity volume by point of delivery**

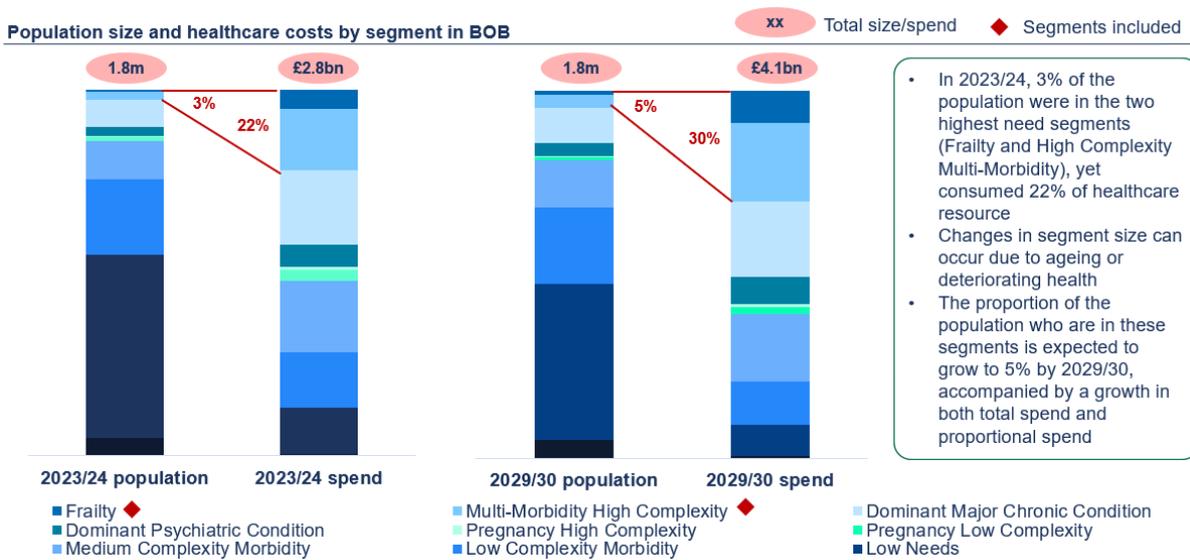
2023/24 and 2029/30 – projected by age band and demographic growth only

■ 2023/24 ■ 2029/30



- Changes in activity will be **driven by a deterioration in health and a change to the population profile** of BOB.
- The 65+ population is estimated to grow by 13.2% by 2029/30. This population has significantly higher needs and therefore has a **disproportionate impact on resource use**.
- The deterioration in health is evident from the growth in all points of delivery at a rate higher than expected population growth.

33. In 2023/2024, 3% of people were in the two highest need population segments. By 2029/2030 this will have grown to 5% and account for 30% of spend:



- In 2023/24, 3% of the population were in the two highest need segments (Frailty and High Complexity Multi-Morbidity), yet consumed 22% of healthcare resource
- Changes in segment size can occur due to ageing or deteriorating health
- The proportion of the population who are in these segments is expected to grow to 5% by 2029/30, accompanied by a growth in both total spend and proportional spend

34. In the same period, the population segments categorised as having medium and high needs will grow from 72% of expenditure to 80% of BOB expenditure. The size of the population categorised into medium and high needs segments all grow between 2023/24 and 2029/30. It is notable that the highest cost frailty segment more than doubles in size during this period.

35. The population baseline analysis for 2023/2024 and the population forecast for 2029/2030 have identified a number of opportunities for transformation and

change over the medium term of the next five years. Any proposed changes should aim to mitigate the deterioration of population health, optimise models of care including addressing where there are inequities, and ensure our resources are used as effectively as possible – all supporting the creation of a more sustainable system.

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### Emerging system priority programmes:

The emerging priorities we are refining and developing as a system are focused on:

<b>BOB system programmes 2025/2026</b>	
<b>Programme</b>	<b>Emerging scope</b>
<b>BOB Neighbourhood health programme</b>	<ul style="list-style-type: none"> <li>Delivering the national neighbourhood health approach and deliver 6 core elements set out in guidance<sup>4</sup></li> <li>Responding to the data and system planning priorities through an initial proposed focus on system-wide priorities including frailty and reducing avoidable A&amp;E attendances amongst others.</li> <li>To include a focused drive on CVD prevention based on the case for change laid out in the data, current system performance and previous discussions about the BOB System Goals in last years planning round.</li> </ul>
<b>BOB clinical services strategy</b>	<ul style="list-style-type: none"> <li>Working with our partners, the public and clinicians across the system to review our current provision and define a new strategy for sustainability and improving population health.</li> <li>Seeking to maximise efficiencies and economies of scale by focusing the offer of services where it makes sense to do so, including by consolidating low volume, sub-scale, fragmented or duplicative across providers.</li> <li>Exploring optimal provider configuration to support sustainability.</li> </ul>
<b>BOB Strategic commissioning programme</b>	<ul style="list-style-type: none"> <li>Responding to the expected new NHSE Strategic Commissioning Framework approach to improve outcomes, cost effectiveness and reduce health inequalities.</li> <li>Using data to ensure that we are allocating our resources to the most impactful interventions, enabling the 'left shift' and commissioning with clear understanding of healthcare value, affordability, return on investment and reducing unwarranted variation across our places.</li> </ul>

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<sup>4</sup> [NHS England » Neighbourhood health guidelines 2025/26](#)

## **Joint Forward Plan Refresh 2025/26**

36. ICBs and their partner trusts have a duty to prepare a plan setting out how they propose to exercise their functions in the next five years (the 'Joint Forward Plan' (JFP)). JFPs should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population.
37. In 2025/26 it is expected that ICBs and trusts will undertake a limited refresh of existing plans before the beginning of the new financial year given the anticipated publication of the 10 Year Health Plan in Spring 2025 and a multi-year financial settlement for the public sector as part of the Spending Review 2025. NHS England is planning to work with systems to develop a shared set of expectations and a timetable for more extensive revision of JFPs. This will include a shift from single to multi-year operational and financial planning.
38. Given the focus on 2025/26 operational and financial planning, and the ongoing development of the BOB Medium Term system strategy we are proposing we will refresh our JFP later in 2025/26 in line with the anticipated NHS England guidance and priorities published in the 10 Year Health Plan.
39. The planning work, described above, and the operational planning priorities will form a part of the 2025/26 refresh of the JFP, alongside triangulation with local strategies and engagement with system stakeholders, including Health and Wellbeing Boards. Further information on our proposed approach to engagement will be provided following the release of national expectations on the development of a revised plan.

## **Conclusion and recommendation**

40. The ICB and BOB system planning continues over the short and medium term time horizons, reflecting our intention for a successful annual planning round for 2025/26; and how we are working to develop a medium term strategy that describes the priority areas for transformation and improvement that will move us to a more sustainable and equitable NHS system over the next 3-5 years.
41. The Board are asked to note the update and provide any views or feedback into the ongoing planning process and development of the medium-term strategy and approach. The Board will be updated on these activities at the Public Board in May.

## Annex A: National priorities

Priority	Success measure
<b>Reduce the time people wait for elective care</b>	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement*
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement*
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
<b>Improve A&amp;E waiting times and ambulance response times</b>	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
<b>Improve access to general practice and urgent dental care</b>	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
<b>Improve mental health and learning disability care</b>	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
<b>Live within the budget allocated, reducing waste and improving productivity</b>	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
<b>Maintain our collective focus on the overall quality and safety of our services</b>	Improve safety in maternity and neonatal services, delivering the key actions of the of the ‘Three-year delivery plan’
<b>Address inequalities and shift towards prevention</b>	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance



# **2025/26 priorities and operational planning guidance**

**Board Assurance and Plan Overview**

**Version 1.0, 3<sup>rd</sup> March 2025**





# Introduction

## 1. Purpose

The purpose of this document is to set out the requirements for board assurance of operational plans for 2025/26. It includes the statements that Integrated Care Boards (ICBs) must submit as part of the full plan submission process as well as the statements provider boards must sign off and submit to lead ICBs. The document also describes what is expected from the plan overview document which should be submitted as part of the full submission.

## 2. Guidance on completing the Board Assurance Statements

Integrated Care Boards (ICBs) are asked to respond to the statements at Section A, ensure that the completed document is signed-off by both by ICB Accountable Officer and Chair. Additionally, there is also a series of statements that ICBs should share with their providers, which will assist in assuring ICBs in terms of the process for provider Trusts.

The purpose of the Board Assurance Statements are to provide assurance that all considerations around finance, workforce, activity have been addressed whilst ensuring that the ambitions for 2025/26 can be met and that quality of patient care is prioritised.

The information provided will be used by regional and national teams to inform assurance conversations.

### **Section A: ICB Assurance**

Please double click on the template header and add the name of your Integrated Care Board (ICB).

This section provides ICBs with the opportunity to describe the approach to creating the operational plan and how links with other aspects of planning have been considered.

### **Section B: Provider Assurance**

This section provides providers within a system with the opportunity to describe the approach to creating the operational plan and how links with other aspects of planning have been considered. These should be shared with the Lead ICB to support their assurance process.

### **Section C: Plan Overview**

This section outlines what should be included in the plan overview document which must be signed off by boards and submitted to NHS England as part of the full submission.

### 3. Submission process and contacts

Completed Board Assurance Statements should be submitted at ICB level, using this template, to the appropriate regional planning mailbox by **11 am on the 27 March 2025**.

Any queries relating to this submission should be directed to regional planning leads:

Location	Contact information
North East and Yorkshire	<a href="mailto:england.nhs-NEYplanning@nhs.net">england.nhs-NEYplanning@nhs.net</a>
North West	<a href="mailto:england.nhs-NWplanning@nhs.net">england.nhs-NWplanning@nhs.net</a>
East of England	<a href="mailto:england.eoe-planning@nhs.net">england.eoe-planning@nhs.net</a>
Midlands	<a href="mailto:england.midlandsplanning@nhs.net">england.midlandsplanning@nhs.net</a>
South East	<a href="mailto:england.planning-south@nhs.net">england.planning-south@nhs.net</a>
South West	<a href="mailto:england.sw-rpdu@nhs.net">england.sw-rpdu@nhs.net</a>
London	<a href="mailto:england.london-co-planning@nhs.net">england.london-co-planning@nhs.net</a>

**Integrated Care Board:**

Double click on the template header to add details

## Section A: ICB Assurance

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<b><i>Governance</i></b>		
The Board has assured the plans for 2025/26 that form the basis of the system's (ICB and partner trusts) submissions to NHS England. This included review of the partner trusts Board Assurance returns.		
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.		
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.		
A robust quality and equality impact assessment (QEIA) informed development of the ICB's and wider system's plans and these have been reviewed by the Board.		
The system's plan was developed with appropriate input from and engagement with system partners.		

<b>Integrated Care Board:</b>	Double click on the template header to add details
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<b>Assurance statement</b>	<b>Confirmed (Yes / No)</b>	<b>Additional comments or qualifications (optional)</b>
<b><i>Plan content and delivery</i></b>		
The Board is assured that the system’s plans address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan ‘checklists’ and the use of benchmarking to identify unwarranted variation / improvement opportunities.		
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered across the system and are reflected in the plans of each system partner organisation.		
The Board is assured that any key risks to quality linked to the system’s plan have been identified and appropriate mitigations are in place.		
The Board is assured of the deliverability of the system’s operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.		

<b>ICB CEO/AO name</b>	<b>Date</b>	<b>ICB Chair name</b>	<b>Date</b>

## Section B: Provider Assurance

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<i>Governance</i>		
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.		
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.		
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.		
A robust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.		
The organisation's plan was developed with appropriate input from and engagement with system partners.		

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
<i>Plan content and delivery</i>		
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.		
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered and are reflected across the organisation's operational, workforce and financial plans.		
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.		
The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.		

## Section C: Plan Overview

It is expected that ICBs will get board approval for their plans. The document that is signed off by the board should be submitted as part of the full submission to NHS England. There is no set template for this document, but it is expected that it will cover the following areas:

- A high-level summary of what has been submitted as part of the finance, workforce and performance submission;
- An overview of transformation and major savings opportunities;
- An overview of the system's plans to improve the quality of services including experience and outcomes (this should include an overview of how the system has used data to develop these plans);
- An explanation of the approach to reducing health inequalities, including how this will be monitored throughout the year;
- Key decisions that have been made as part of the planning, including prioritisation and EQIAs that have been completed in relation to these decisions; and
- Risks to delivery of the plan and mitigations.