

BOARD MEETING

Title	2026/27 Planning Approach		
Paper Date:	3 September 2025	Board Meeting Date:	9 September 2025
Purpose:	Decision / Discussion / Information	Agenda Item:	09
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Executive Summary			
<p>This paper sets out the proposed approach to planning for 2026/27 across BOB and Frimley ICBs who are working in a clustered arrangement¹ from October 2025. The paper sets out the requirements of the NHS planning framework published by NHS England on 13 August 2025 and shared with ICBs and Provider Trusts. This includes:</p> <ul style="list-style-type: none"> • Context of the 10 Year Health Plan • Fundamental shift to a 5-year planning horizon • Principles for effective integrated planning • Revised roles and responsibilities in NHS operating model architecture • Role of boards • Timetable and expected planning actions and outputs of organisations <p>The paper also sets out the proposed approach to planning, governance arrangements and the key next steps to progress the planning process.</p> <p>Appendices:</p> <p>Appendix A: NHS Planning Framework - Potential Timetable Appendix B: NHS Planning Framework - Planning Activities Appendix C: NHS Planning Framework - Planning Outputs Appendix D: Planning Framework for the NHS in England (Draft Version 1.0)</p>			
Action Required			
<p>The board are asked to:</p> <ul style="list-style-type: none"> • Consider the required ICB activities and outputs set out in the planning framework. • Endorse the proposed joint planning approach, governance arrangements and next steps. 			
Conflicts of Interest:	No conflict identified		
Date/Name of Committee/ Meeting, Where Last Reviewed:	BOB ICB Executive Management Team		

¹ [NHS England » More about each integrated care system](#)

Our 2026/27 planning approach

National Context

1. The [10 Year Health Plan for England](#) (10YHP) was published by the government on 3 July 2025. The plan sets out the need for a significant change to the organisation, delivery and funding of services and focuses on the need for the NHS to make three major shifts:
 - a. from hospital to community
 - b. from analogue to digital
 - c. from treatment to prevention
2. These shifts are underpinned by five key enabling reforms – *a new operating model, new transparency and quality of care, workforce transformation, innovation and technology, and finance and productivity*. It makes clear that change needs to be delivered at scale, embedding new ways of working that transform the experience of staff and patients alike.

NHS Planning Framework

3. On 13 August 2025, NHS England (NHSE) published the *Planning Framework for the NHS in England (Draft Version 1.0)* and shared it with all Integrated Care Boards and Provider Trusts in England. See Appendix D for the document.
4. The Planning Framework sets out a new model of planning that is required to meet the challenges and changing needs of England's population and build the foundation for the transformation of services. It recognises that past annual funding settlements and planning cycles have made it difficult to focus on thoughtful, long-term strategic planning of services. The new Planning Framework shifts the focus to a rolling 5-year planning horizon. Planning is to become a continuous, iterative process that supports transformational change, delivering the three shifts set out in the 10YHP and taking advantage of breakthroughs in science and technology.
5. All organisations (Trusts and ICBs) are to prepare credible, integrated 5-year plans and demonstrate how financial stability will be secured over the medium term. Allocations and plan submissions are to be based on statutory ICB footprints as at April 2026.
6. Plans are expected to:
 - a. build and align across time horizons, joining up strategic and operational planning
 - b. be co-ordinated and coherent across organisations and different spatial levels
 - c. demonstrate robust triangulation between finance, quality, activity and workforce
7. Planning should be a collective activity which draws input from staff, patients, people and communities. It is also a cumulative process, with each stage building on previous work. The framework is built around five core principles for effective, integrated planning (Table 1).

Table 1: National planning principles	
Principle	Description
1 Outcome-focused	Planning should be anchored in delivering tangible and measurable improvements in outcomes for patients and the public, and improved value for taxpayers. Involving patients, carers, and communities is critical for ensuring that plans deliver better outcomes and services that are responsive to local needs.
2 Accountable and transparent	Effective planning requires clarity on roles, responsibilities, and accountabilities. Governance structures must support transparent decision-making, provide regular oversight and constructive challenge, and ensure alignment with strategic objectives at organisation, place and system level.
3 Evidence-based	The decisions made as part of planning should be underpinned by robust analytical foundations, including population health analysis, demand and capacity modelling, workforce analytics, and financial forecasts. This should be informed by best practice and benchmarking.
4 Multi-disciplinary	Planning must bring together staff from across different functional areas (finance, workforce, clinical etc) to ensure that work is co-ordinated and that those responsible for delivery have shaped its content.
5 Credible and deliverable	Plans must set ambitious yet achievable goals. They should clearly articulate the resources required, realistically reflect workforce and financial constraints, and include mitigation strategies for key risks. Robust triangulation between finance, performance, workforce and quality is critical.

8. The Planning Framework sits within the context of the new NHS operating model signalled in the 10YHP with revised responsibilities for:
 - a. Smaller centre focused on setting strategy, establishing clear priorities and mandating fewer targets, and equipping local leaders to improve outcomes.
 - b. ICBs as strategic commissioners, with a core focus on improving the population's health, reducing health inequalities, and improving access to consistently high-quality services.
 - c. Providers focused on excellent delivery on waiting times, access, quality of care, productivity and financial management, as well as working in partnership to improve health outcomes.

9. Boards of ICBs and providers are ultimately accountable for the development and delivery of their plans. Boards are expected to:
 - a. Play an active role in setting direction, reviewing drafts and constructively challenging assumptions
 - b. Ensure the plan is evidence-based and realistic in scope, aligns with the organisation's purpose and the wider system strategy, and supports delivery of national ambitions.

- c. Set conditions for continuous improvement – ensuring a data-driven and clinically led improvement approach is in place.
 - d. Enable a systematic approach to building improvement capacity and capability at all levels to ensure organisations deliver plans and lead wider transformation including shifting more care from hospital to community, expanding digitisation, and driving year-on-year improvements in productivity.
10. The potential timetable for the 2026/27 planning cycle is included at Appendix A. This can be summarised as:
- a. **Phase 1 (to end Sept 2025):** setting the foundations for planning – setup of process and governance and building a robust evidence base.
 - b. **Phase 2 (Oct-Dec 2025):** integrated planning development, triangulation, assurance, sign off and submission to NHSE.
 - c. **Plan assurance and acceptance (Jan-Feb 2026):** plan assurance and acceptance by NHSE.
11. The activities and outputs expected of organisations, including ICBs, Providers and Place partners, from the planning process are set out in appendices B and C. The key ICB activities can be summarised as:
- **Phase 1:** assess population needs (incl. inequalities), review quality, performance and productivity, initial forecasting and scenario modelling for demand/services, generate actionable insights for service/pathway design, and create outline commissioning intentions.
 - **Phase 2:** bring together neighbourhood health plans into a population health improvement plan, iterate initial forecasting and scenario modelling, finalise commissioning plans, undertake EQIAs to support decisions, align improvement resources to plan priorities.
12. The planning outputs expected of organisations can be summarised as:
- a. **ICB five-year strategic commissioning plan**
 - b. **Provider Trust five-year integrated delivery plans**
 - c. **Neighbourhood health plans:** developed by local government, NHS and partners (incl. VCSE) at single/upper tier Local Authority level under the leadership of the Health and Wellbeing Board.
 - d. **National plan returns:** to be submitted by ICBs and Provider Trusts covering finance, workforce, activity and performance. There will be separate returns from ICBs and trusts rather than a single 'system return'. ICBs and providers will need to work together to ensure that these are fully aligned.

Developing our planning approach

13. With BOB ICB and Frimley ICB in a clustering arrangement, there is a need for coordinated action across the two systems requiring:
- a. Clear processes, roles and responsibilities across the system
 - b. Sufficient resourcing to enable activities and outputs to be completed effectively within the timeframes

14. The following joint planning approach has therefore been developed and agreed across the two organisations:

Joint Planning Approach	
1. Joint core planning team	<ul style="list-style-type: none"> • Small dedicated team across BOB & Frimley ICBs – approx.6-8 people • Joint leadership - Hannah Iqbal and Richard Chapman as ICB Executive Planning Leads.
2. Wider organisation input	<ul style="list-style-type: none"> • Expertise and capacity will be required to support core team (e.g. analytics, portfolio leads, performance, workforce, strategy, etc.)
3. Governance	<ul style="list-style-type: none"> • Initially will report through Joint Transition Executive and to both ICB executive teams
4. Engagement with partners	<ul style="list-style-type: none"> • System planning discussion as part of BOB & Frimley System Leadership Event on 29 August. • Engagement planned throughout process.

15. The Joint Core Planning Team first met on 27 August to consider how colleagues across both organisations can work together to deliver on the planning framework requirements within the expected timetable in line with the ICB's defined role as a strategic commissioner within the 10YHP. There was an initial focus on working arrangements going forward and on the ICB activities required in Phase 1.

16. The BOB and Frimley System Leadership Event took place on 29 August and included focused discussions on our collective ambitions for planning. There was general agreement from system leaders to take a data-led approach to planning and an appetite for a shared version of the truth across the system. There was further agreement on the need to arrive at shared planning principles and strategic priorities. There was a recognised need to understand and share risk across the system, with trust across leaders and organisations required to work through difficulties and deliver transformation while ensuring sustainability - with the aim of improving population health and reducing health inequalities.

17. To drive the delivery of the three shifts within the system, improve population health and access to consistently high-quality services, the planning approach will need to be shaped by a healthcare value approach. Within this, priorities and actions for the joint planning approach will be:

- a. Developing a **strategic commissioning framework** which informs the prioritisation of commissioning intentions. This could include balancing priorities for shorter term improvement of operational delivery with improving longer term population health outcomes.

- b. Developing **commissioning principles** that reflect both national direction and local priorities, with these principles guiding development of ICB and provider plans and ICB commissioning intentions. Potential principles could include a focus on equity and population health, a value-based commissioning approach and commitment to financial sustainability.
- c. Establishing a **robust evidence base** as the essential requirement for data-led commissioning intentions. Without a consistent and robust analytical foundation, plans risk being aspirational rather than deliverable. Work has already begun on reviewing key information sources in both ICBs – this needs to be reviewed and understood collectively, with any gaps addressed. The aim will be to produce data analysis that can inform ICB, provider and place-based neighbourhood plans.

Governance

- 18. The planning timetable is fast paced. Outline commissioning intentions will need to be shared with providers by the end of September. As the ICB's strategic commissioning plan, including the population health improvement plan, is developed, reports will be provided to the ICB boards with opportunity for comment and challenge. Final plan submissions will be shared with ICB boards for final approval to submit at end of December.

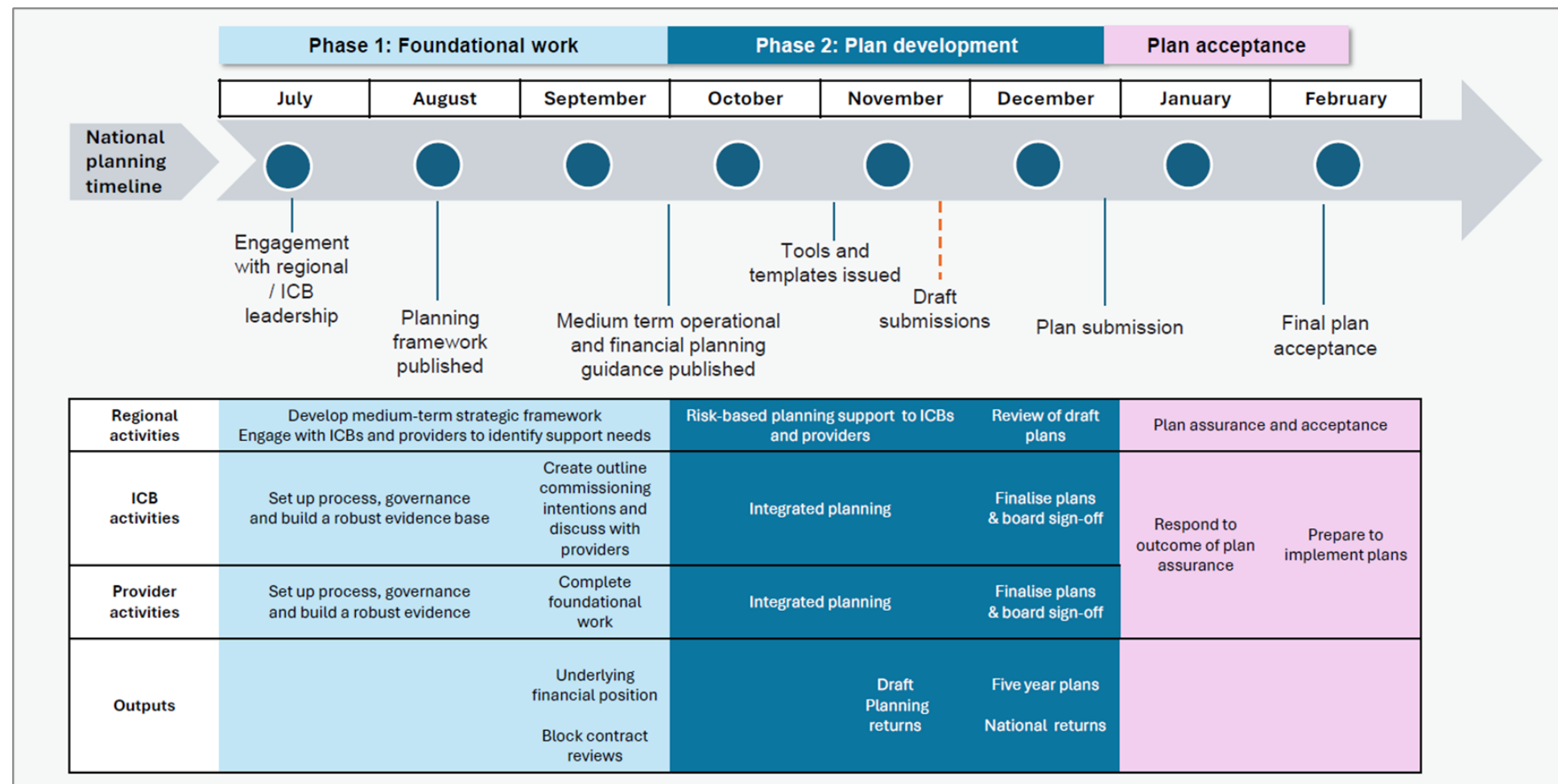
Next Steps

- 19. Joint Core Planning Team to work at pace with required support from ICB colleagues and system partners to deliver imminent Phase 1 planning activities and the output of outline commissioning intentions by end of September which will be shared with providers and openly published. Preparation for Phase 2 activities and outputs to be delivered over the course of October-December following the expected NHS England publication of full operational and planning guidance and funding allocations at end September / start October.

Asks of the Board

- 20. To consider the required ICB activities and outputs set out in the planning framework.
- 21. To endorse the proposed joint planning approach, governance arrangements and next steps.

Appendix A: NHS Planning Framework - Potential Timetable



Appendix B: NHS Planning Framework - Planning Activities

	ICB	Provider	Place partners
Phase 1 (by end of Sept)	Refresh clinical / organisational strategy to reflect changes in national policy (10YHP) or local context. Review organisational improvement capability.		• Place-level input on population needs and local priorities including JSNA
	Establish governance and agree responsibilities and ways of working to support integrated planning process, including engagement with patients and local communities.		
	<ul style="list-style-type: none">Assess population needs, identifying underserved communities and surfacing inequalities, and share with providersReview quality, performance and productivityDevelop initial forecasts and scenario modelling for demand and service pressuresGenerate actionable insights for service/pathway designCreate outline commissioning intentions for discussion with providers	<ul style="list-style-type: none">Review quality, performance and productivity at service level and organisation's underlying capabilities (workforce, infrastructure, digital and technology)Establish robust financial baseline based on underlying position and drivers of costsIdentify unwarranted variation and improvement opportunitiesIdentify service/pathway redesign opportunities, with review of fragile servicesDemand and capacity analysis – initial forecasts and scenario modelling	
Phase 2 (by end of Dec)	Develop an evidence-based 5-year strategic commissioning plan to improve population health and access to consistently high-quality services	Develop a credible, integrated organisational 5-year plan that demonstrates how national and local priorities will be delivered, incl. financial sustainability	• Lead co-design of integrated service models at place level • Develop Neighbourhood Health Plan and supporting place-based delivery plans
	<ul style="list-style-type: none">Bring together neighbourhood health plans into a population health improvement plan in discussion with people, communities and partnersIterate forecasting and scenario modelling for demand/servicesFinalise commissioning plans to inform provider plansUndertake EQIAs to support informed decision-makingAlign improvement resources to priority areas of the plan	<ul style="list-style-type: none">Iterate demand & capacity analysis and scenario modelling to reflect service redesign opportunitiesDevelop service level plans to meet national and local priorities – including implementing best practice pathwaysTriangulate and finalise finance, workforce, activity and quality plansUndertake EQIAs to support informed decision-makingEnsure improvement resources in place to deliver plan	

Appendix C: NHS Planning Framework - Planning Outputs

Output	Organisation	Description
Five-year strategic commissioning plan	ICB	<p>Expected that plans will:</p> <ul style="list-style-type: none"> • Set out evidence base and overarching population health and commissioning strategy • Bring together neighbourhood health plans into a population health improvement plan (PHIP) – including how health inequalities will be addressed • Describe new care models and investment programmes aligned to 10YHP • Align funding and resources to meet population needs, maximise value, and deliver local/national priorities • Set out how core capabilities in Model ICB blueprint will be developed
Five-year integrated delivery plans	Provider Trusts	<p>Expected that plans will:</p> <ul style="list-style-type: none"> • Set out evidence base and organisation's strategic approach to: <ul style="list-style-type: none"> • improving quality, productivity, and operational and financial performance • meeting the health needs of the population it serves and how this approach contributes to delivering the overall objectives of the local health economy • Describe actions supporting delivery of trust's objectives, including service development/transformation • Summarise how underpinning capabilities, infrastructure and partnership arrangements to deliver plan will be developed (e.g. workforce skills, digital, estates).
Neighbourhood health plans	Local government, NHS and partners (incl. VCSE) at single/upper tier Local Authority level.	Developed under leadership of Health and Wellbeing Board, incorporating public health, social care and the Better Care Fund. Plan to set out how the NHS, local authority and other organisations (incl. social care providers and VCSE) will work together to design and deliver neighbourhood health services.
National plan returns	ICB and Provider Trusts	Five-year organisational plans expected to fully align with and support numerical returns. Existing annual finance, workforce, activity and performance templates will be redesigned and streamlined to better support integrated planning. There will be separate returns from ICBs and trusts rather than a single 'system return'. ICBs and providers will need to work together to ensure that these are fully aligned.