

Planning Framework for the NHS in England

DRAFT version 1.0



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Introduction

The Ten Year Health Plan (10YHP) sets out the need for a significant change to the way we organise, deliver and fund services. To support this, a new model of planning is required to meet the challenges and changing needs of England's population and, crucially, build the foundation for the transformation of our services.

The 10YHP makes clear that change needs to be delivered at scale, embedding new ways of working that transform the experience of staff and patients alike. This can only happen through coordinated bottom-up action. Leaders will need to come together alongside the citizens they serve and all those with a role in delivering improved health outcomes, to plan and transform services.

Delivering this change needs a different approach to planning across the NHS and with its partner organisations. Annual funding settlements and planning cycles have made it difficult to focus on thoughtful, long-term strategic planning of services. To break this cycle, this framework shifts the focus towards a rolling five-year planning horizon. Planning across the NHS needs to become a continuous, iterative process that supports transformational change, delivering the three shifts set out in the 10YHP and taking full advantage of breakthroughs in science and technology.

All organisations will be asked to prepare credible, integrated five-year plans and demonstrate how financial sustainability will be secured over the medium term. This means developing plans that:

- build and align across time horizons, joining up strategic and operational planning
- are co-ordinated and coherent across organisations and different spatial levels
- demonstrate robust triangulation between finance, quality, activity and workforce

We have been working closely with colleagues across the NHS to shape a shared view of what effective multi-year planning should look like in the current context. In response to the initial questions and feedback received, we are pleased to share the first draft version of a Planning Framework to support the development of five-year plans covering the period 2026/27 to 2030/31.

This draft framework is intended as a guide for local leaders responsible for shaping medium-term plans. It provides clarity on roles and responsibilities within the context of the new NHS operating model outlined in the 10YHP. It sets out core principles and key planning activities, which should be adapted based on local needs and circumstances.

Annex A outlines national expectations and an indicative timetable for plan development. We will continue to refine specific requirements and ways of working in collaboration with you.

Principles for effective, integrated planning

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. This framework is built around the five core principles shown below.

Table 1: Principles for effective, integrated planning

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.

Roles, responsibilities and accountabilities

In line with the new NHS operating model signalled in the 10YHP, the diagram below summarises the core planning roles, responsibilities for:

- A smaller centre focused on setting strategy, establishing clear priorities and mandating fewer targets, and equipping local leaders to improve outcomes.
- 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.
- Providers focused on excellent delivery on waiting times, access, quality of care, productivity and financial management, as well as working partnership to improve health outcomes.

The role of the Board

The boards of individual ICBs and providers are ultimately accountable for the development and delivery of their plans. Boards are expected to play an active role in setting direction, reviewing drafts, and constructively challenging assumptions – rather than simply endorsing the final version of the plan. Boards should ensure that the plan is evidence-based and realistic in scope, aligns with the organisation's purpose and the wider system strategy, and supports the delivery of national ambitions

Boards should also set the conditions for continuous improvement, ensuring there is a clear data-driven and clinically led improvement approach in place. A systematic approach to building improvement capacity and capability at all levels is essential. This is vital to ensure organisations are ready to both deliver plans and lead wider transformation, including shifting more care from hospital to community, expanding digitisation, and driving year-on-year improvements in productivity.

Accountability at the level of individual organisations sits alongside the duty to collaborate. Effective planning requires organisations to work constructively across the system to deliver shared objectives. ICBs and providers can achieve this by:

- Engaging early and consistently in the planning process, ensuring alignment on priorities, assumptions, and planning parameters.
- Sharing data, forecasts and risk insights to build a common evidence base and support transparency in decision-making.

- Jointly developing scenarios and trade-offs, particularly where financial, workforce, or capacity constraints exist.
- Identifying and agreeing key system priorities and setting out clearly how each organisation's plan contributes to their delivery.
- Identifying and assessing improvement capability and ensuring there are clear roles in leading improvement across the system.
- Using system governance mechanisms, such as partnership boards or planning groups, to manage dependencies and resolve tensions.
- Ensuring mutual assurance, where ICBs and providers understand and can explain how their plans both stand alone and integrate into the wider system plan.

This will help deliver the ambition for integrated, place-based care while maintaining clear lines of statutory accountability.

We will continue to develop this picture as new ways of working take shape (Neighbourhood Health Providers and Integrated Health Organisations).

Key NHS planning roles and responsibilities

Providers:

- Develop strategic, operational and financial plans to deliver on national and local priorities, including pathway redesign and service development.
- Develop and continuously improve the foundations for integrated planning including robust demand and capacity modelling and triangulation across quality, finance, activity and workforce plans.
- Ensure strong clinical leadership in plan development and linked decision making.
- Collaborate with system, place and provider collaborative partners to ensure plans support the delivery of the best outcomes for local populations and the most effective use of collective resources.
- Work with ICBs to ensure plans reflect agreed commissioned activity levels and align to the overall system strategy.

Regions:

- Support ICBs and providers to 'create the conditions' for effective, integrated planning across the region, including assessment of planning maturity.
- Lead those planning activities where a regional or cross-system response is required e.g. strategic infrastructure planning, long term workforce planning, education and training capacity planning.
- Support and assure ICB and provider responses to nationally mandated elements of NHS planning including risk assessment, coordinating appropriate support, and plan acceptance.
- Work closely with national teams to design national planning products and processes and support capability and capacity building.

ICBs:

- Set overall system strategy to inform allocation of resources to improve population health outcomes and ensure equitable access to healthcare.
- Lead system level strategic planning, ensuring effective demand management and optimal use of collective resources.
- Set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities.
- Convene and co-ordinate system-wide planning activities e.g. pathway redesign, neighbourhood health, fragile services, capital and estates.
- Work closely with region on planning activities where a cross-system or multi-ICB response is required.
- Co-ordinate system response to nationally determined NHS planning requirements, working with region and providers.

National:

- Set strategic direction and national priorities and standards for the NHS.
- Develop and continuously improve the national planning framework, including specific requirements for the nationally co-ordinated element of NHS planning.
- Support capability and capacity building across the system and promote sharing and adoption of best practice.
- Deliver centrally developed resources, such as analytical tools, data packs, modelling assumptions, and templates to reduce duplication and ensure consistency.
- Provide guidance and technical support to underpin planning and assurance processes
- Work closely with regions, ICBs and providers on the design and refinement of national planning products and processes.

The integrated planning process

Planning is a continuous cycle that is linked to strategy, delivery and performance management. The most technically sound plan will fail if it does not command the support of the staff who must deliver it and the patients and public whose care it is designed to improve. A robust process ensures the plan is well-informed, broadly supported, and feasible to implement. This section sets out a two-phase process to support the development of credible, deliverable integrated plans.

The aim of the initial phase is to lay the foundations for success. This involves:

- setting up the integrated planning process and governance at organisation, place and system level
- building a robust evidence base including data-driven insights into population needs, service demand, workforce supply and capacity, and finances.

In the second phase, plans are fully developed, triangulated and assured through a multidisciplinary process, and finally signed off by boards. These phases are not rigid and the core activities across these phases may overlap and interact with each other. Table 2 sets out the core activities for ICBs, providers and place partners for each phase. Supporting resources will be shared on the [Futures NHS Planning platform](#). We will continue to develop this into a library of planning best practice, including supporting models and tools, and encourage all organisations to contribute their own best-practice examples and experiences¹.

Phase one

The first step is to establish clear roles and responsibilities and multidisciplinary planning teams to drive and co-ordinate the activities set out in table 2. In phase one these should include:

- Population health needs assessment, identifying underserved communities and surfacing inequalities.
- Identifying service and pathway redesign opportunities, including where services are vulnerable to becoming unsustainable because of size, workforce shortages, infrastructure, or unmet demand.
- Demand and capacity analysis, including a bottom-up assessment to ensure demographic and technological changes are anticipated (demand), and productivity, workforce and estates factors are explicitly considered (capacity)

¹ Please get in touch at england.ops-planning@nhs.net

- Identifying opportunities to improve productivity and efficiency (this should be a continuous process).
- Financial analysis to establish a baseline underlying position and cost drivers, including a clear understanding of unit costs.
- Reviewing and refreshing the organisation's clinical strategy to ensure it is up to date and aligned to the 10YHP.
- Reviewing the organisation's improvement capability.
- Reviewing strategic estates plans, opportunities for disposals and consolidation and where new additional or different estate is needed for transformation or performance improvement

Executives and boards should ensure that structures and processes are in place to support integrated planning e.g. through a programme board or steering group that meets regularly to drive the planning process forward. As noted in section 2, formal arrangements should also be in place to support effective planning with system partners, including the independent sector. This includes joint planning sessions with local authorities to align with their strategies at place, and structured collaboration with the VCSE sector, who often have deep community roots and provide vital services.

Phase two

The development of integrated plans should build on robust population health improvement and clinical strategies that reflect both local needs and national ambitions, including the three shifts set out in the 10YHP. Informed by the foundational activities and analysis undertaken during phase one, the integrated plan should bring together:

- **Service plans** that address key opportunities to redesign pathways to better meet local needs, improve access, quality, and productivity
- **Workforce plans** to deliver the right workforce with the right skills aligned to finance and activity plans. Over a five-year horizon, roles and required skills will evolve e.g. driven by digital transformation and new treatments. Plans will need reflect this as well as setting out the measures to attract staff and improve staff retention
- **Financial plans** that show how the organisation intends to live within its means and secure financial sustainability over the medium-term while delivering on operational and quality priorities
- **Quality improvement plans** to improve patient care, experience and outcomes
- **Digital plans** that build digital capability, leverage data for better decision-making, support improved population health, enable improved patient care and experience, and drive efficiency and integration

- **Infrastructure and capital plans** that maximise the utilisation of existing assets and capital investment in the most effective way, to deliver objectives on transformation and performance improvement over the medium term

Organisations should also be considering how they mobilise their improvement capability to deliver these plans.

Triangulation

Triangulation is a critical part of the integrated planning process, ensuring that each element of the plan reinforces the others, making the plan internally consistent and realistic. As a minimum, this involves:

- a common data set and shared set of planning assumptions at the outset, so that everyone is planning on the same basis.
- holding regular reconciliation meetings, where - for example, finance, HR, and operational leads review draft numbers together to identify and resolve discrepancies.

Integrated planning tools or models that combine activity, workforce, and finance projections can help ensure consistency and provide transparency around how changes in one area of the plan affects others.

Triangulation is not only an internal NHS exercise, it also involves aligning NHS plans with those of local government and other partners. A truly integrated plan will consider the local authorities' plans for public health, social care, and broader community development.

Plan Assurance

Having an aligned, integrated plan is not enough – the plan must also be credible, deliverable and affordable. Credibility means the plan's assumptions and targets are evidence-based and convincing to stakeholders (including regulators and the public). Deliverability means that the plan can realistically be executed with the available resources and operating environment. Affordability means the plan's financial assumptions are sustainable and align with available funding and budgetary limits.

Executives and boards are expected to rigorously test the plan before finalising it using robust assurance processes. This includes formal challenge sessions during the plan's development, to critically test assumptions and proposals, and request revisions if needed. Scenario planning and sensitivity analysis should play a key role in supporting this process to:

- provide a clear, quantitative measure of the plan's key financial and non-financial risks and focus attention on how these can be managed.
- systematically identify the most critical and uncertain assumptions and quantify the impact of this uncertainty.

Declaring a plan “deliverable” is not a one-off event – it requires ongoing oversight once implementation begins. Best practice involves setting up a robust delivery monitoring mechanism as part of the planning framework. Learning should be captured as part of this process to help inform continuous improvement across the planning and delivery cycle.

Table 2: Core activities across the integrated planning cycle:

	ICB	Provider ²	Place partners
Phase one: Setting the foundations	<p>Perform a refresh of the clinical / organisational strategy as required to ensure they are updated to reflect changes in national policy (e.g. the 10YHP) or local context. Review organisational improvement capability.</p> <p>Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities</p>		<p>Provide place-level input on population needs and local priorities including Joint Strategic Needs Assessment (JSNA)</p>
	<p>Assess population needs, identifying underserved communities and surfacing inequalities, and share with providers</p> <p>Review quality, performance and productivity of existing provision using data and input from stakeholders, people and communities</p> <p>Develop initial forecasts and scenario modelling for demand and service pressures</p> <p>Generate actionable insights to inform service and pathway design with providers</p> <p>Create outline commissioning intentions for discussion with providers</p>	<p>Review quality, performance and productivity at service level as well as the organisation's underlying capabilities (workforce, infrastructure, digital and technology)</p> <p>Establish a robust financial baseline based on underlying position and drivers of costs</p> <p>Identify key sources of unwarranted variation and improvement opportunities through benchmarking and best practice</p> <p>Identify service and pathway redesign opportunities including reviewing fragile services</p> <p>Undertake core demand and capacity analysis and develop initial forecasts and scenario modelling</p>	

² Individually and jointly across provider collaboratives

	ICB	Provider ³	Place partners
Phase two: Integrated planning	Develop an evidence-based five-year strategic commissioning plan to improve population health and access to consistently high –quality services	Develop a credible, integrated organisational five-year plan that demonstrates how national and local priorities will be delivered, including securing financial sustainability	Lead the co-design of integrated service models at place level Develop Neighbourhood Health Plan and supporting place-based delivery plans
	<p>Bring together neighbourhood health plans into a population health improvement plan in discussion with people, communities and partners</p> <p>Iterate initial forecasting and scenario modelling for demand and service pressures</p> <p>Finalise commissioning plans to inform provider plan development</p> <p>Undertake QEIAs to support informed decision-making through the planning process</p> <p>Ensure improvement resources are aligned to the priority areas of the plan</p>	<p>Iterate core demand and capacity analysis and scenario modelling to reflect service redesign opportunities</p> <p>Develop clear service level plans that meet national and local priorities, including implementation plans best practice care pathways</p> <p>Triangulate and finalise finance, workforce, activity and quality plans</p> <p>Undertake QEIAs to support informed decision-making through the planning process</p> <p>Ensure improvement resources are in place to deliver plans</p>	

³ Individually and jointly across provider collaboratives

The national planning architecture

This framework has been developed as a guide for local leaders across England responsible for the development of the strategic and operational plans that will deliver on local priorities as well as our shared national ambitions for the NHS as set out in the 10YHP. These plans are the cornerstone of a wider national planning architecture designed to ensure that:

- plans are developed based on appropriate, accurate and timely information.
- plans are developed on a consistent basis to support aggregation, reporting, and oversight and accountability.
- planning activities at local, regional and national level align and support each other.

As set out in the 10YHP, five-year organisation plans together with neighbourhood health plans will be the core outputs of integrated local planning processes. They are described at a high level in [Table 3](#). NHS England and DHSC will issue specific guidance to support their respective development. Given these changes, we will also work with government to review the requirement for ICBs and their partner trusts to prepare a five-year joint forward plan (JFP) and joint capital resource use plan (JCRUP).

Relationship between key elements of the national planning architecture

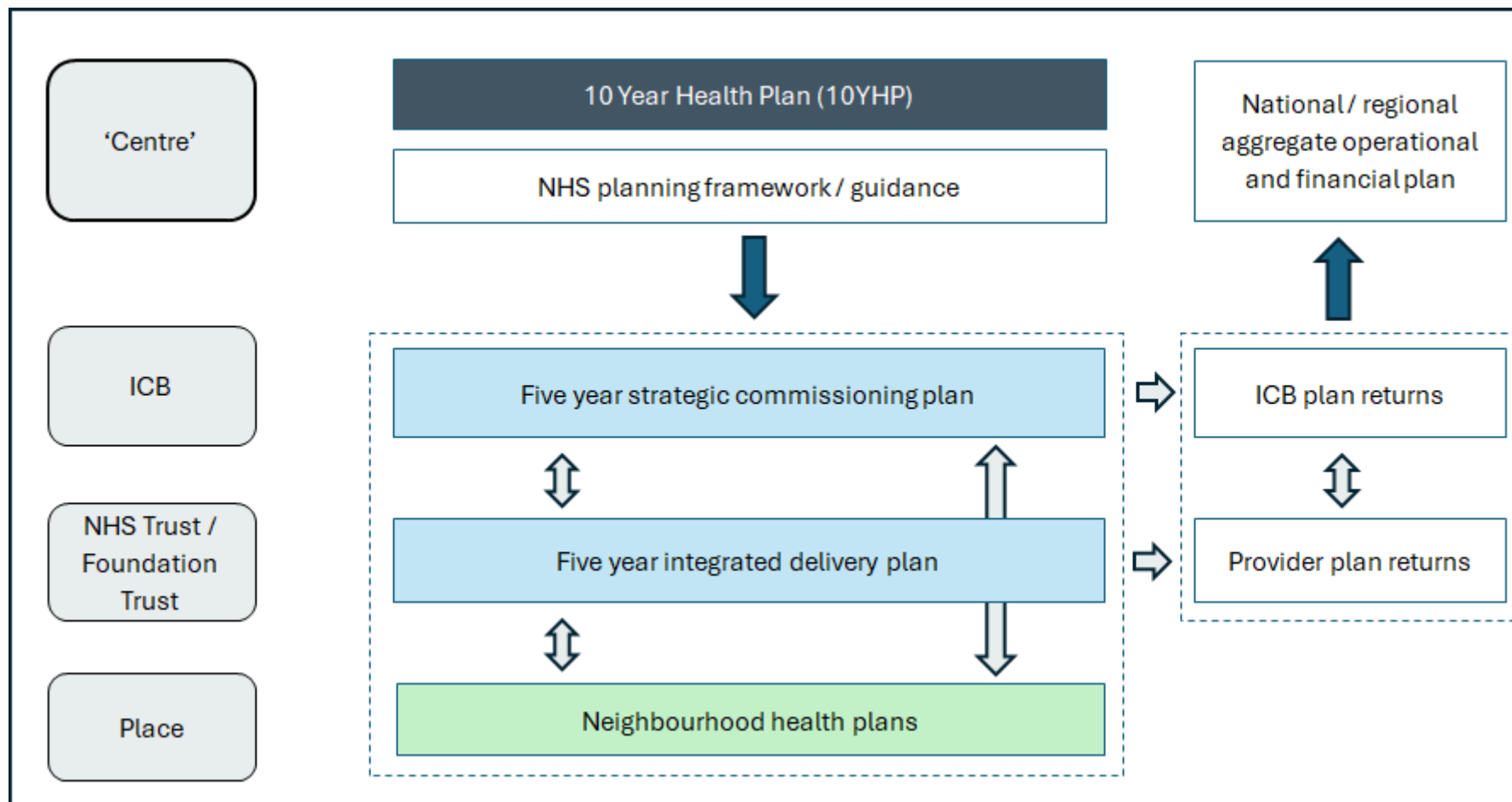


Table 3: Core planning outputs

Output	Description
Five-year strategic commissioning plans (ICBs)	<p>Describes how, as a strategic commissioner, an ICB will improve population health and access to consistently high –quality services across its footprint. We will work with ICBs to develop specific guidance. As minimum, we expect that plans will:</p> <ul style="list-style-type: none"> • set out the evidence base and overarching population health and commissioning strategy • bring together local neighbourhood health plans into a population health improvement plan (PHIP), including how health inequalities will be addressed • describe new care models and investment programmes that maximise value for patients and taxpayers aligned to 10YHP • demonstrate how the ICB will align funding and resources to meet population needs, maximise value, and deliver on key local and national priorities • describe how the core capabilities set out in ICB blueprint will be developed. <p>ICBs will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS.</p>
Five-year integrated delivery plans (NHS Trusts and NHS Foundation Trusts)	<p>Demonstrates how the organisation will deliver national and local priorities and secure financial sustainability. We will work with providers to develop specific guidance. As minimum, we expect that plans will:</p> <ul style="list-style-type: none"> • set out the 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

	<ul style="list-style-type: none"> describe the actions that will support delivery of the trust's objectives, including key service development and transformation schemes and how these will impact quality and support operational and financial delivery summarise how the underpinning capabilities, infrastructure and partnership arrangements required to deliver the plan will be developed e.g. workforce skills, digital capability, and estate. <p>Providers will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS.</p>
Neighbourhood health plans	<p>These will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The plan should set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services. DHSC will publish separate guidance to support their development.</p>
National plan returns	<p>We will engage with ICBs and providers on the specific requirements for the national plan returns. Five-year organisational plans will be expected to fully align with and support numerical returns. The existing set of 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.</p>

Annex A: Development of plans for the five-year period from 2026/27 to 2030/31

We are issuing this framework to help inform the development of plans for the five-year period from 2026/27 to 2030/31. We will continue to work with you to develop specific requirements and ways of working.

Where not already in progress, ICBs and providers must now begin to lay the foundations for developing their five-year plans. This includes the critical work to secure financial sustainability over the medium term. The national planning timetable aligns with the phased approach set out in this framework:

- Phase one will run to the end of September. During this period, NHSE England and DHSC will work together to translate the 10YHP and spending review outcome into specific multi-year priorities and allocations.
- Phase two will launch at the end of September / early October with the publication of multi-year guidance and financial allocations. This will enable ICBs and providers to fully develop their medium-term plans and take them through board assurance and sign off processes in December.

During the initial planning phase, we are asking you to focus on:

- setting up your integrated planning process and establishing a multidisciplinary planning team to co-ordinate activity across functions.
- assessing your organisation's capability, capacity and preparedness against this framework. Key gaps, areas for concern and risks should be discussed at the earliest opportunity with your regional NHS England team, who will work with you to identify potential solutions and support.
- reviewing your clinical strategy against the direction set out in the 10YHP to identify and address any gaps .
- developing a transparent articulation of your underlying financial position
- continuing to develop your understanding of productivity and efficiency opportunities and how they will be delivered, building on the work done through the planning process for 2025/26. Build your Cost Improvement Plans (CIPs) by identifying areas of opportunity.
- developing, where not already in place, a shared view on service reconfiguration opportunities and plans, including approaches to address fragile services.
- assessing and improving the maturity of core demand and capacity planning within your organisation and across the wider system.
- working with NHS England to assess the impact of rebasing fixed payments.

December plan returns will include firm financial, workforce and operational plans for the first year, which providers and ICBs will be held to account for delivering. Regional teams will lead on the review of these submissions and work with organisations to conclude the plan acceptance process during the first half of quarter four. A high-level timeline is shown below.

We will issue allocations based on the statutory ICB footprints for April 2026 and ask ICBs to prepare and submit plans on that basis. Where ICBs are entering into clustering arrangements ahead of a planned future merger they will need to work together to appropriately reflect these arrangements in their plans.

Specialised Services, Health and Justice, Vaccinations and Screening

ICBs have already taken on delegated commissioning responsibility for certain specialised services and will also take on a greater leadership role from April 26 for the commissioning of screening services, vaccination services (building on existing partnership arrangements already in place with ICBs), and health and justice services. It is anticipated that full commissioning accountability for these services will transfer to ICBs from April 27.

ICBs will need to work in close partnership with their NHS England Regional Teams to prepare for these changes, including establishing a single (one per NHS Region) 'Office for Pan-ICB Commissioning' to ensure appropriate 'at-scale' commissioning of these services continues, and a concentration of expert commissioning capability maintained. The Offices will support all ICBs equally and collectively across a Region in discharging these new responsibilities and future accountabilities. Further details on the requirements and timetable for transition will follow.

It is therefore critical that ICBs, in partnership with their NHS England Regional Teams, ensure these services are fully factored into medium terms plans and that those plans begin to realise the benefits of whole pathway and population-based commissioning, including the opportunities that upstream interventions can have in reducing demand for specialised services.

Indicative timetable for 2026/27 – across two phases

