Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	25 September 2025
Title of paper	NHS Planning Framework
Presented by	Craig Harris, Chief Operating Officer
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Agenda item	15
Confidential	No

Executive summary

A new multi-year planning framework was published by NHS England (NHSE) on the 8th September 2025. The framework sets out a new model of planning in response to the 10 Year Health Plan and is intended as a guide for local leaders responsible for shaping medium-term plans covering the period 2026/27 to 2030/31. The framework provides clarity on roles and responsibilities within the context of the new NHS operating model and sets out core principles, key planning activities and indicative timescales.

The paper provides Board members with a summary of the principles and requirements set out in the framework and describes the approach we are proposing to take, outlining local governance and processes to meet the requirements. The paper defines the different responsibilities and accountabilities and articulates some of the key risks and mitigations.

The Planning Framework is explicit in its expectations on the role of individual ICB Boards in the development and delivery of plans. The paper describes these responsibilities and sets out proposals for ensuring that the Board is fully and actively engaged in the planning process over the coming months.

Recommendations

The Board are asked to:

- Note the requirements outlined in the NHS Planning Framework
- Support the approach outlined in the paper
- Receive monthly reports on progress and schedule deep dive sessions during October and November to review progress and provide constructive challenge to support plan developments

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓

SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	**Date**	**Outcomes**
Board Briefing	11 September 2025	Focus on population Health Needs Assessment and the role of the Board
ICB Executives	16 September	Comments provided & slide deck updated

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Craig Harris, Chief Operating Officer

Integrated Care Board – 25 September 2025

NHS Planning Framework

1. Introduction

1.1 A new multi-year planning framework was published by NHS England (NHSE) on the 8th September 2025. The framework sets out a new model of planning in response to the 10 Year Health Plan and is intended as a guide for local leaders responsible for shaping medium-term plans covering the period 2026/27 to 2030/31. The framework provides clarity on roles and responsibilities within the context of the new NHS operating model and sets out core principles, key planning activities and indicative timescales.

1.2 This paper provides Board members with a summary of the principles and requirements set out in the framework and describes the approach we are proposing to take, outlining local governance and processes to meet the requirements. The paper defines the different responsibilities and accountabilities and articulates some of the key risks and mitigations.

1.3 The Planning Framework is explicit in its expectations on the role of individual ICB Boards in the development and delivery of plans. The paper describes these responsibilities and sets out proposals for ensuring that the Board is fully and actively engaged in the planning process over the coming months.

2. Principles for Effective, Integrated Planning

2.1 The 10 Year Health Plan sets out the need for a significant change to the way in which services are organised, delivered and funded. To support this, the framework outlines a new model of planning which will build the foundation for the transformation of services.

2.2 All organisations are being 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

2.3 The framework emphasises five foundational principles:

- **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.

- **Accountable & 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.
- **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.
- **Multi-disciplinary**: Planning must bring together staff from across different functional areas (including finance, workforce and clinical) to ensure that work is co-ordinated and that those responsible for delivery have shaped its content.
- **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.

3. Planning Outputs

3.1 The integrated planning process outlined in the framework is expected to deliver a set of core planning outputs that are listed below.

- **Five-year strategic commissioning plans (ICBs)-** also referred to as a Population Health Improvement Plan
- **Five-year integrated delivery plans (NHS trusts and NHS foundation trusts)**
- **Neighbourhood health plans**
- **National plan returns**

3.2 Further detail about each of these is included in Appendix 1.

4. Roles, Responsibilities & Accountabilities

4.1 The planning framework is clear on the roles, responsibilities and accountabilities of NHS organisations in developing and delivering the core outputs which will be required through integrated planning processes. These are described in table 1.

Table 1

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.
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, for example, 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.
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, for example, 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.
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.

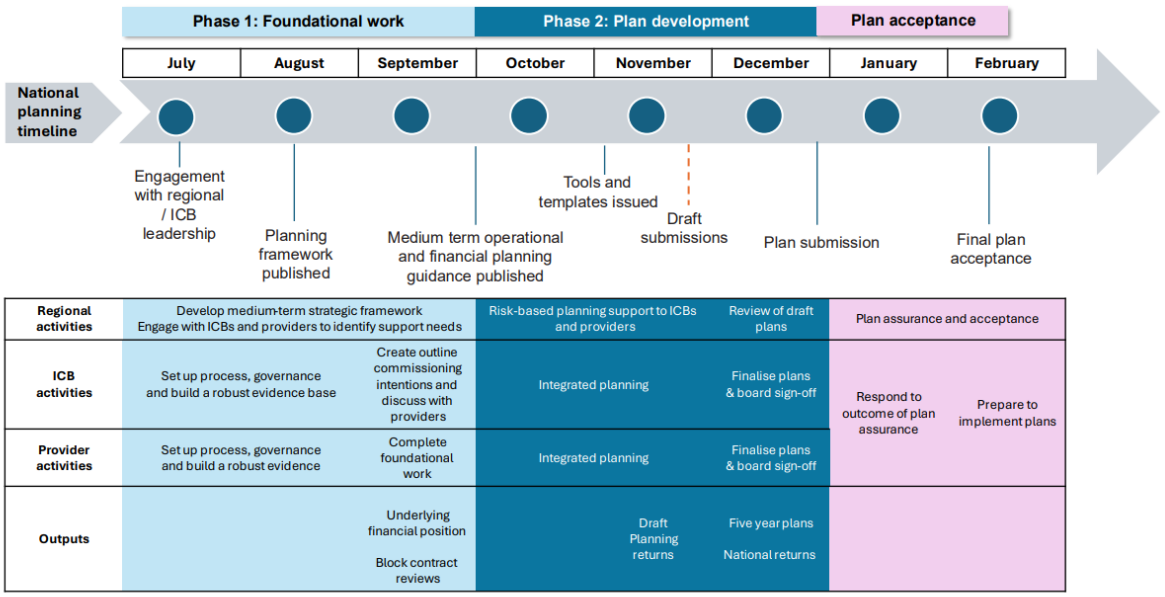
4.2 The boards of individual ICBs and providers are ultimately accountable for the development and delivery of their plans. Boards are expected to play an active role in setting direction, reviewing drafts, and constructively challenging assumptions. Boards are also expected to set the conditions for continuous improvement, ensuring there is a clear data-driven and clinically led improvement approach in place.

4.3 Accountability at the level of individual organisations sits alongside the duty to collaborate. Effective planning will require organisations to work constructively across the system to deliver shared objectives.

5. Timescales

5.1 An indicative timetable has been shared with detailed requirements set out under phases 1 & 2 as outlined in figure 1 below. ICBs and providers are expected to fully develop their medium-term plans and take them through board assurance and sign off processes in December 2025.

Figure 1



5.2 The framework further clarifies the roles of ICBs, providers, and place partners across two planning phases: setting the foundations and integrated planning. This detail is included as Appendix 2.

6. Joint Forward Plan

6.1 The Joint Forward Plan (JFP) is currently the main medium-term strategic plan that ICBs must develop in partnership with NHS providers. It is a statutory requirement under the Health & Care Act 2022, designed to show how the NHS part of the integrated care system will deliver its objectives and contribute to improving health outcomes. The plan must be reviewed annually to reflect changing local and national circumstances.

6.2 In March 2025, Board members received and approved an 'addendum' to the JFP which provides a public facing overview of our plans and intentions over the next 5 years. The addendum drew upon the Lancashire & South Cumbria (LSC) 2030 Vision, the commissioning intentions for 2025-26 and acknowledged some of the key achievements and evidenced based approaches which we intended to build upon.

6.3 The Planning Framework does not make any specific references to the status of the JFP, but we understand that it will remain a statutory requirement until changes in legislation are enacted. As outlined in section 7 of this paper, the five-year strategic health plan which must be developed as part of the new planning framework will build on the existing Joint Forward Plan (JFP) and will include the recovery, stabilisation and transformation priorities as described in the Lancashire & South Cumbria 2030 Roadmap. We will also ensure that the five year strategic health plan incorporates the commissioning intentions which have been developed in collaboration with key stakeholders, including NHS providers.

7. Responding to the Planning Framework

7.1 In line with the requirements of phase 1, the ICB is currently in the process of establishing appropriate governance structures and agreeing lead responsibilities to support the integrated planning process.

7.2 An engagement plan is under development which will outline how the ICB will collaborate with providers and other key stakeholders such as upper tier authorities and VCFSE partners. We will also ensure that engagement work with patients and local communities is reflected in plans and forms a fundamental part of the Population Health Needs Assessment.

7.3 A Planning Oversight Board has recently been established to co-ordinate activities and ensure the requirements of the planning framework are met. Chaired by the Chief Operating Officer & Chief Commissioner the Board will coordinate strategy development and planning activity across the ICB, and direct engagement and collaboration with key stakeholders.

7.4 The Oversight Board will report into the Executive Management Team (EMT) on a fortnightly basis and provide fortnightly 'Flash Reports' into NHSE, updating on progress and escalating any risk areas.

7.5 In recognition of the importance placed on the ICB Board in providing support and challenge to the planning process, it is proposed that monthly updates are brought to the Board and that dedicated time is allocated within Board seminars/ development session to enable members to play an active role in the process.

7.6 Senior leads from within the ICB have been assigned to provide leadership and accountability for specific strands of work that will need enable and underpin the planning activities. These include:

- Analysis of the current baseline position which will include the population health needs assessment, financial baseline data, workforce and activity baseline data.
- Further development of our strategy for the neighbourhood health model
- Refresh of the Lancashire & South Cumbria Clinical Strategy
- Finalisation of the 2026-27 commissioning intentions
- Development of the strategic estates plan for L&SC.

7.7 There is recognition that the timelines we are working to are extremely challenging and as a result we will be building the planning activities on key pieces of work that have previously been supported and approved through Board. This approach will include:

- Building on the established groups and processes that we have in place for integrated operational planning with individual NHS provider trusts and the Provider Collaborative

- Using the updated Joint Forward Plan (which now aligns with the Lancashire & South Cumbria 2030 Vision and associated priority programmes) as the basis for the 5 Year Commissioning Strategy.
- Alignment of the ICB's individual plans and strategies to provide a more streamlined approach and a clear line of sight between strategy, delivery plans and performance and assurance.
- Full alignment of our commissioning intentions within the planning process to identify the services that are deemed to be fragile and require redesign
- Making use of the population health data and community insights that we have available within a population health needs assessment to inform our strategic and operational planning.

8. Risks & Mitigations

8.1 A rapid review of risks and potential mitigations has been undertaken, but will be further refined through the Planning Oversight Board. The risks will be regularly updated and communicated through the relevant governance channels as outlined in section 6.

Risks	**Mitigations**
The proposed organisational redesign developed in response to the Model ICB Blueprint does not provide sufficient capacity for effective delivery of the Planning Framework	Pausing the organisational change process will enable the capacity for effective delivery of the Planning Framework to be retained
Loss of senior leaders and organisational memory to effectively lead the planning process in the coming months	Working in partnership with NHSE, we will seek to secure planning capacity which may be sourced from external partners
Increased sickness absence due to the current uncertainty is already being observed	A refocus on priorities may need to occur as well as identifying additional / pooled support from across the System
National Oversight Framework (NOF) status of Provider trusts could affect the desire to work in partnership and collaborate	Leadership of the new ICB CEO will be fundamental to facilitate collaborative working across the System
Timescales do not allow time for effective engagement and joint working with key stakeholders leading to risks in ownership and delivery	Develop engagement plan early in the process to identify ways to collaborate effectively with key stakeholders including providers, local authorities, VCFSE partners and communities

9. Conclusion & Recommendations

9.1 The new NHS Planning Framework provides a shift from annual to medium term planning and more forward-looking and strategic approach to support delivery of the ambitions outlined in the 10 Year Health Plan. There is a strong focus on evidence based and integrated planning to support more coherent and credible plans that have system ownership.

9.2 The phased timetable provides a clear but challenging trajectory for transition which will require a multi-disciplinary planning team drawn from across the ICB working in collaboration with partners to produce full plans for Board level agreement in December 2025.

9.3 Progress has been made in establishing senior level ownership for the planning process, developing clear reporting lines and assurance and bringing together the capacity and capability across the organisation to support the development of integrated plans.

9.4 Members of the Board are asked to:

i. Note the requirements outlined in the NHS Planning Framework
ii. Support the approach outlined in the paper
iii. Receive monthly reports on progress and schedule deep dive sessions during October and November to review progress and provide constructive challenge to support plan developments

Jane Cass - Director of Partnerships & Collaboration
Claire Roberts, Associate Director, Health & Care Integration

10 September 2025

Appendix 1: Description of the Planning Outputs

Output	Description
Five-year strategic commissioning plans (ICBs)- also referred to as a Population Health Improvement Plan	Describes how, as a strategic commissioner, an ICB will improve population health and access to consistently high–quality services across its footprint. As a minimum, plans are expected to : – 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 10 Year Health Plan – 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 the ICB blueprint will be developed ICBs will be expected to refresh these plans annually as part of a rolling five-year planning horizon for the NHS. This will replace the current Joint Forward Plan.

Output	Description
Five-year integrated delivery plans (NHS trusts and NHS foundation trusts)	Demonstrates how the organisation will deliver national and local priorities and secure financial sustainability. As minimum, plans are expected to set out the evidence base and organisation's strategic approach to: – 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 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. Providers will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS.
Neighbourhood health plans	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.
National plan returns	NHSE 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

Output	Description
	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.

Appendix 2: Roles & Responsibilities Across the Planning Phases

Phase one – setting the foundations

ICB	Providers*	Place partners
In collaboration with providers and partners perform a refresh of the clinical/organisational strategy as required to ensure they are updated to reflect changes in national policy (for example, the 10 Year Health Plan) or local context. Review organisational improvement capability. Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities. This should include working with providers. Assess population needs, identifying underserved communities and surfacing inequalities, and share with providers. Review quality, performance and productivity of existing provision using data and input from stakeholders, people and communities. Develop initial forecasts and scenario modelling for demand and service pressures. Generate actionable insights to inform service and pathway design with providers.	In collaboration with ICB perform a refresh of the clinical/organisational strategy as required to ensure they are updated to reflect changes in national policy (for example, the 10 Year Health Plan) or local context. Review organisational improvement capability. Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities. This should include working with ICBs. Review quality, performance and productivity at service level as well as the organisation's underlying capabilities (workforce, infrastructure, digital and technology). Establish a robust financial baseline based on underlying position and drivers of costs. Identify key sources of unwarranted variation and improvement opportunities through benchmarking and best practice. Identify service and pathway redesign opportunities including	Provide place-level input on population needs and local priorities including Joint Strategic Needs Assessment (JSNA).

ICB	Providers*	Place partners
Create outline commissioning intentions for discussion with providers	reviewing fragile services. Undertake core demand and capacity analysis and develop initial forecasts and scenario modelling.	

*Individually and jointly across provider collaboratives

Phase two – integrated planning

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

*Individually and jointly across provider collaboratives