Appendix B Phase 1 setting the foundations **ICB** self-assessment

Maturity Scale Key*	1. Not started	2. Developing	3. Maturing	4. Embedded
	No action has been taken. There is no plan, resource allocation, or stakeholder engagement. The need may be recognised but not acted upon.	Action is being scoped or planned. Stakeholders may be engaged, resources identified, and timelines drafted, but implementation has not begun.	Action is being implemented. Activities are occurring, progress is being tracked, and adjustments may be made in real time.	Action has been fully implemented. Outcomes are documented, impact assessed, and learnings captured. May be shared or used to inform future plans

#	Assurance statement / activity	Maturity 1-4*		Details / comments
	Taken directly from table 2 in the planning framework	***See key***	***Lead***	***Use this section to provide any supporting information against the maturity scale rating***
1.	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.	2	Medical Officer Chief Nurse	• The work has commenced on the refresh of the Clinical Strategy. • Multi-disciplinary task group established and meeting fortnightly, to develop the strategy and oversee coordination. • Engagement Plan developed to co-design the strategy with key stakeholders including residents and VCFSE organisations.
2.	Review organisational improvement capability.	2	Chief Commissioner / Chief Operating Officer	• This connects with the requirements outlined as part of the Strategic Commissioning Framework. • Private Board discussion on the Framework scheduled for November 2025 meeting.

#	Assurance statement / activity	Maturity 1-4*		Details / comments
3.	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.	2	Chief Commissioner / Chief Operating Officer	• A governance framework has been established that ensures all component parts of the planning process are connected, risks are managed, and national deadlines are met. • The framework brings together strategic, operational, and financial planning, with clear escalation routes and robust assurance mechanisms. • The Integrated Planning Delivery Group meets fortnightly and includes representation from all key stakeholders • Engagement and involvement plan in place to support local community and patient voice in the planning process.
4.	Ensure strong clinical leadership in plan development and linked decision making	2	Chief Medical Officer Chief Nurse	• Action within the Single Improvement Plan to review the Clinical and Care Professional Leadership Framework. • Clinical leadership clear as part of the clinical strategy refresh • This will be undertaken once the ICB has transitioned to the new Operating Model.
5.	Undertake Quality and Equality Impact Assessments to support informed decision-making through the planning process.	2	Chief Commissioner / Chief Operating Officer	• Revised process held by the PMO- approved through the Quality & Outcomes Committee November 2025. • Will be addressed as part of PID process, led by individual commissioners.
6.	Assess population needs, identifying underserved communities and surfacing inequalities, and share with providers.	3	Chief Digital Officer	• Initial draft Population Health Needs Assessment (PHNA) complete which draws upon existing Joint Strategic Needs Assessment (JSNAs) and identifies

#	Assurance statement / activity	Maturity 1-4*		Details / comments
				populations and communities experiencing significant health inequalities. • The PHNA will be updated on a regular basis.
7.	Review quality, performance and productivity of existing provision using data and input from stakeholders, people and communities.	2	Chief Finance Officer Chief Nurse	• Quality & Performance is reviewed and presented to the Quality & Outcomes Committee within the new Integrated Performance Report. • Latest productivity packs published this week will be reviewed. • Work required to further connect this into the 26/27 planning process. • Insights from engagement with communities and individual experiences from patient experience shared with individual teams for quality and performance improvements. • Key themes from engagement with communities contributes to commissioning intentions, service transformation and quality improvement work and reports to Board meetings.
8.	Develop initial forecasts and scenario modelling for demand and service pressures.	2	Chief Finance Officer	• Demographic and non-demographic demand modelling has been carried out by ICB, to be compared to provider assumptions to ensure alignment • Demand mitigation assumptions in development (with a placeholder required for the first submission as the impact of commissioning intentions is being developed bottom-up)

#	Assurance statement / activity	Maturity 1-4*		Details / comments
				• Further demand modelling to support the five year strategy is being explored through the demand management group
9.	Generate actionable insights to inform service and pathway design with providers.	2	Chief Finance Director Chief Commissioner / Chief Operating Officer	• Part of the integrated planning process responding to data, business intelligence, demand and capacity modelling. • Service and pathway redesign priorities will be included within the 5 Year Strategic Commissioning Plan and Clinical Strategy. • This will be driven through the Integrated Planning Delivery Group.
10.	Create outline commissioning intentions for discussion with providers	3	Chief Commissioner / Chief Operating Officer	• Prioritised list of CIs in place • CI workshop to share proposed CI help with broadly supportive feedback. Partner suggestions and comments incorporate • Quantification is being progressed – linked to Planning Round timescales