BNSSG ICB Board Meeting

Date: Thursday 4th September 2025
Time: 12:45 – 16:15
Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's, Bristol BS6 5NL

Agenda Number:	5	
Title:	Chief Executive Report	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- Strategic Direction and Transformation of BNSSG ICB
- ICB Annual Assessment 2024/25
- NHS Planning Framework

Recommendations:	To discuss and note
Author(s):	Shane Devlin

Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin

Agenda item: 5

Report title: Chief Executive Report

Introduction

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Strategic Direction and Transformation of BNSSG ICB

Introduction

The Model ICB Blueprint marked the first step in a programme of work to reshape the focus, role and functions of ICBs, aligned with the ambitions of the 10 Year Health Plan in response to the Darzi Review.

We submitted our initial response to the Blueprint via a regional template on 30th May 2025. Our plan outlined how we intend to implement the Blueprint and achieve a cost reduction to meet the national mandated running cost target of £19.00 per head. This plan included clustering with Gloucestershire ICB and was later approved by NHS England.

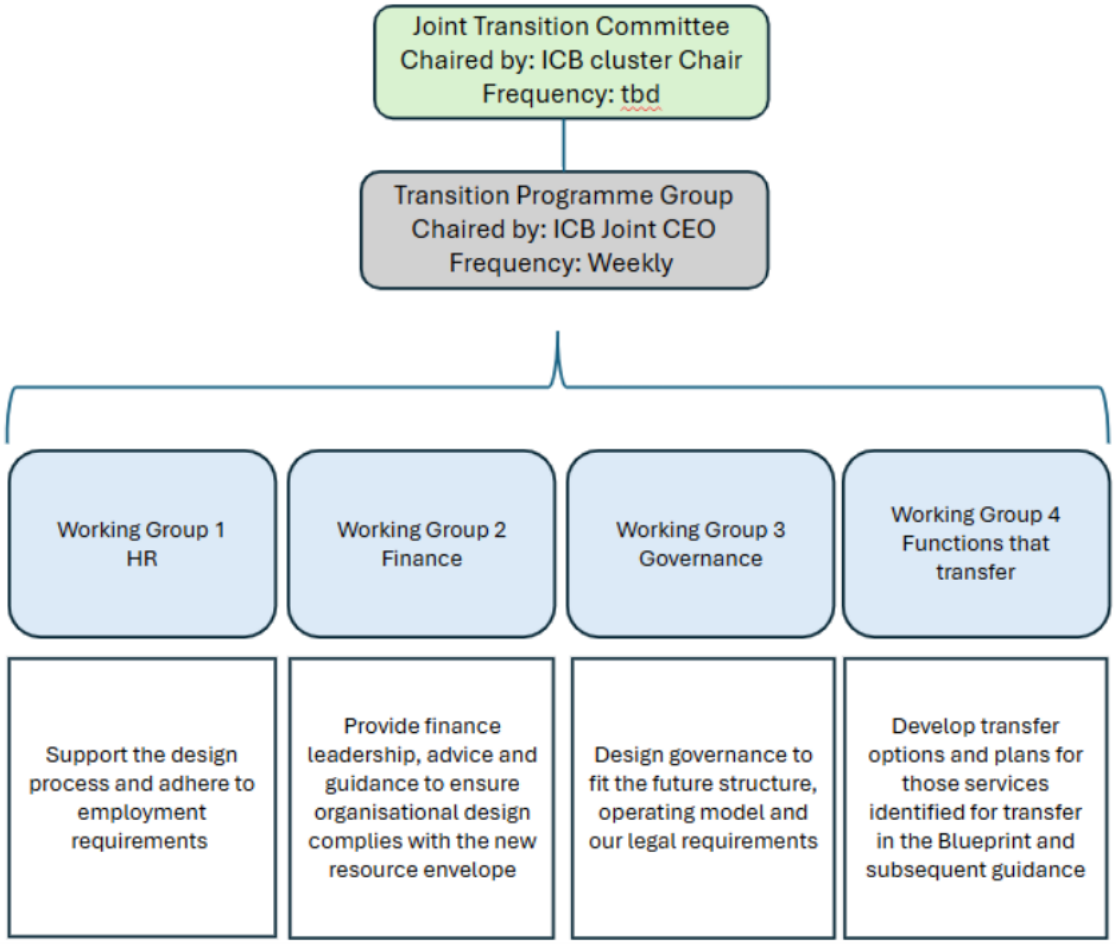
A joint Transition Programme has been stood up to lead the transitioning and clustering arrangements. This paper provides the Board with an update on the Transition Programme and with transitioning and clustering with Gloucestershire ICB.

Transition programme

A joint Transition Programme has been established to lead and oversee the transition to model ICB, within the new resource constraints. The transition programme has been led by the two CEOs with support from Transition Leads in both BNSSG and Gloucestershire ICBs, providing programme management, coordination and liaison with NHS England.

Figure 1 overleaf provides the overall governance structure of the Transition Programme

Figure 1 – Transition Programme governance structure



This structure has ensured we have been able to effectively respond to NHS England, meet early NHS England obligations, start work on organisational design as well as begin to connect the two organisations. Each of the working groups has had a clear purpose to facilitate the development of their respective work areas:

HR - Provide HR leadership, advice and guidance to ensure the organisational design process and staff recruitment / consultation processes are legal and meet employment obligations

Finance - Provide finance leadership, advice and guidance to ensure organisational design complies with the new resource envelope, and to set out the financial implications of the design and HR processes

Governance - Develop options for future governance structures and committees that enables the ICB to fulfil its obligations as a first-class strategic commissioner. These

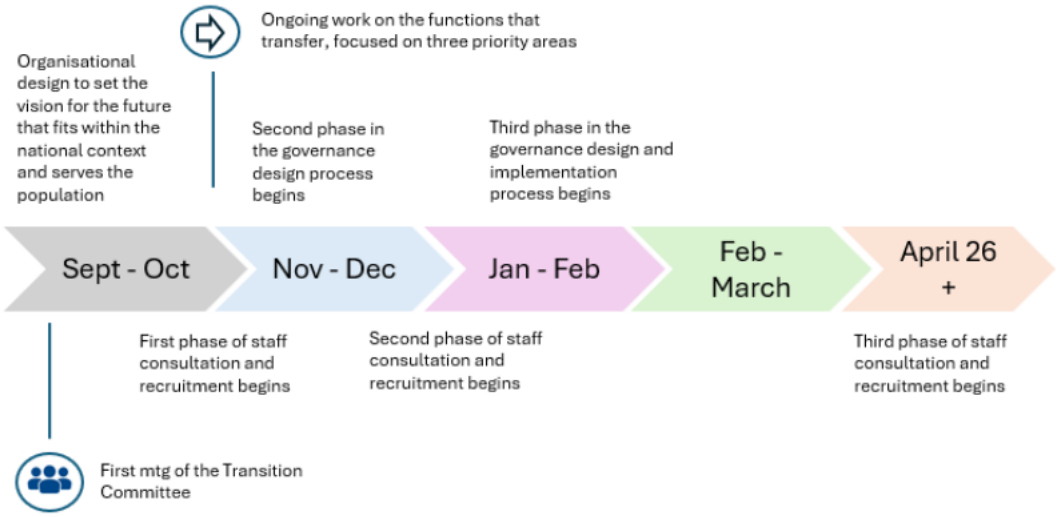
options are to be ready to be considered at an early meeting of the Transition Committee in September

Transfer - Develop options for the 18 activities set to transfer out of ICBs as per the Blueprint, and subsequent guidance, starting with 3 priority areas – Continuing Health Care, Medicines Optimisation and GP IT

Timeline

Figure 2 sets out the high-level timeline of the Transition Programme. It is based on a series of assumptions and shifting national guidance. National direction and policy continue to evolve. The timeline in figure 2 is based on what we know now and may shift as new national guidance is published, or funding released.

Figure 2 - High level timeline



In summary, our current plan is to develop our new organisational vision and design throughout autumn 2025, with staff consultation and recruitment running throughout this period into 26/27. New governance arrangements will be developed to enable our organisational design and are expected to be in place by March 26. Stakeholders including existing Board members will be engaged in this process, helping to shape future governance arrangements.

ICB Annual Assessment 2024/25

On the 22nd July 2025 I received the annual assessment of BNSSG ICB (Appendix 1). This year's annual assessment reflects a period of significant progress, innovation, and challenge. The evaluation, conducted under Section 14Z59 of the NHS Act 2006, considers

performance against national objectives, statutory duties, and the ICB's role within the wider Integrated Care System (ICS). It draws on data, stakeholder feedback, and ongoing dialogue with NHS England.
I have summarised below the key strengths and opportunities that we need to build into our development for the next year, based around the following headings.

1. System Leadership and Management
2. Improving Population Health and Healthcare
3. Tackling Unequal Outcomes, Access and Experience
4. Enhancing Productivity and Value for Money
5. Supporting Broader Social and Economic Development

1. System Leadership and Management

BNSSG ICB demonstrated strong leadership, especially in managing healthcare integration and collaboration.

Key achievements:

- Development of the Innovation, Improvement and Transformation Framework (IITF).
- Co-design of a leadership compact promoting mutual accountability.
- Effective engagement with Health and Wellbeing Boards (HWB), particularly South Gloucestershire.
- Full compliance with all 17 legislative requirements in the Joint Forward Plan (JFP).
- Anti-racism leadership training and staff development initiatives.

Next Steps:

- Accelerate IITF implementation and improve impact measurement.
- Continue strategic commitments with HWBs.
- Include legislative self-assessment as an appendix in future JFPs.

2. Improving Population Health and Healthcare

Significant progress in care model innovation and patient-centred care.

Key achievements:

- Joint CEO appointment for UHBW and NBT.
- Launch of Community Diagnostics Centres and Bristol Surgical Centre.
- Expansion of digital tools and virtual wards.
- Strong performance in cancer diagnosis and dementia diagnosis rates.
- Challenges remain in urgent care, children's services, and mental health access for young people.

Next Steps:

- Sustain improvements in urgent care, cancer, and diagnostics.
- Address gaps in mental health access for children and young people.

3. Tackling Unequal Outcomes, Access and Experience

Strong commitment to reducing health inequalities.

Key achievements:

- Establishment of SHIPPH Committee.
- Targeted cardiovascular interventions for Black African and Caribbean populations.
- Expansion of community pharmacy services and vaccine outreach.
- Strategic investment in prevention and long-term conditions.

Next Steps:

- Reduce service delivery variation and improve timely access.
- Continue system-wide work on health inequalities.

4. Enhancing Productivity and Value for Money

Delivered a small surplus and met capital and agency spend targets.

Key achievements:

- Benefits realisation framework with Newcastle University.
- Impact Accelerator Unit partnerships with local universities.
- Digital strategy achievements including EPR systems and Connecting Care contract.

Next Steps:

- Align transformation with financial sustainability.
- Mitigate unaddressed financial risks.

5. Supporting Broader Social and Economic Development

Progress in workforce diversity and sustainability.

Key achievements:

- BNSSG Green Plan and Why Weight Pledge.
- NBT's Concordat signing and HSJ award for Green Operating Day.
- Community engagement through locality partnerships and health programmes.

Next Steps:

- Develop targeted initiatives for local business support and job creation.
- Continue sustainability efforts and carbon footprint reduction.

Conclusion and Forward Look:

The letter suggests that BNSSG ICB has shown maturity and resilience in a challenging year. While performance against the 2024/25 Operational Plan varied, the ICB remains committed to strategic leadership and collaborative working.

Looking ahead, we will need to deliver our operational plan, including the cost reduction strategy, support staff through transition and develop the new clustered organisation with Gloucestershire ICB.

NHS Planning Framework

Overview

The NHS Planning Framework Version 1.0 marks a significant shift in how services across England will be organised, delivered, and funded. Developed in alignment with the Ten-Year Health Plan (10YHP), this framework introduces a new model of integrated planning designed to meet the evolving needs of the population and support long-term transformation across the health system.

Why This Matters

Historically, annual funding and planning cycles have hindered strategic foresight. This framework breaks that pattern by establishing a rolling five-year planning horizon. It encourages continuous, iterative planning that is both strategic and operational, enabling the NHS to respond more effectively to demographic shifts, technological advances, and systemic challenges

Key Principles

The framework is built on five foundational principles:

1. **Outcome-focused** – Plans must deliver measurable improvements in patient outcomes and value for money.
2. **Accountable and transparent** – Clear governance and oversight are essential.
3. **Evidence-based** – Decisions must be grounded in robust data and analysis.
4. **Multidisciplinary** – Planning must involve cross-functional collaboration.

5. **Credible and deliverable** – Plans should be ambitious yet realistic, with clear mitigation strategies for risks

Roles and Responsibilities

The framework outlines distinct roles for national bodies, regions, Integrated Care Boards (ICBs), and providers:

- **National bodies** set strategic direction and provide tools and guidance.
- **Regions** support cross-system planning and assure responses to national mandates.
- **ICBs** lead system-level strategic planning and commissioning.
- **Providers** develop operational plans and collaborate on service redesign

Boards, including those of ICBs and providers, are expected to play an active role—not just in endorsing plans but in shaping them. This includes challenging assumptions, ensuring alignment with strategic goals, and fostering a culture of continuous improvement

Planning Process

The integrated planning process unfolds in two phases:

Phase One: Laying the Foundations

This phase focuses on establishing governance structures, assessing population health needs, identifying service redesign opportunities, and conducting demand and capacity analysis. It also includes financial baseline reviews and updates to clinical strategies

Phase Two: Developing the Plan

Building on phase one, this phase involves creating comprehensive plans across six domains:

- **Service redesign**
- **Workforce development**
- **Financial sustainability**
- **Quality improvement**
- **Digital transformation**
- **Infrastructure and capital investment**

Triangulation will be key—ensuring consistency across finance, workforce, activity, and quality. Plans must also align with local government strategies for public health and social care

Assurance and Monitoring

Plans must be credible, deliverable, and affordable. Boards are expected to rigorously test assumptions through scenario planning and sensitivity analysis. Delivery monitoring mechanisms should be embedded to support ongoing oversight and continuous improvement

Planning Outputs

The framework identifies four core outputs:

1. **Five-year strategic commissioning plans** (ICBs)
2. **Five-year integrated delivery plans** (Trusts and Foundation Trusts)
3. **Neighbourhood health plans** (led by Health and Wellbeing Boards)
4. **National plan returns** (streamlined templates for finance, workforce, and activity)

Timetable and Next Steps

- **Phase One** runs until the end of September 2025.
- **Phase Two** begins in October with the release of multi-year guidance and allocations.
- Final plans are to be submitted and signed off by December 2025.
- From April 2026, ICBs will receive allocations based on statutory footprints and must reflect any clustering arrangements in their plans

NHS England South West

To: Shane Devlin (CEO)

cc. Jeff Farrar (Chair)

South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

22 July 2025

Dear Shane,

Annual Assessment of Bristol, North Somerset and South Gloucestershire Integrated Care in 2024/25

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as *"The Act"*), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making my assessment I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment I have summarised those areas in which I believe your ICB displays good or outstanding practice and could act as a peer or an exemplar to others. I have also included some areas in which I feel further progress and performance improvement is required. Detailing any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have also sought to consider how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and I have aimed to highlight where I feel you have achieved this and where further specific work is required.

I thank you and your team for all your work over this financial year, and I look forward to continuing to work with you in the year ahead.

Yours sincerely,

Sue Doheny
Regional Director
NHS England – South West

SECTION 1: SYSTEM LEADERSHIP AND MANAGEMENT

Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) has demonstrated strong system leadership and management this year, particularly in navigating the complexities of healthcare integration and collaboration. The Integrated Care Board (ICB) has effectively led the system through significant challenges across 2024/25.

It is good to note that key risks continue to be reported through performance reports to the Board and recorded on both the ICB corporate risk and ICS strategic risk registers. A key focus is addressing flows through health and care settings to ensure that patients receive the care in the right settings; improving performance across planned and urgent care, including ambulance and mental health services and mitigation of risks associated with General Practitioners (GP) collective action.

It is positive to see the ICB has been instrumental in the co-design of a leadership compact to foster collaboration and mutual accountability among system leaders. The compact has been instrumental in aligning leadership efforts towards shared goals and helping overcoming barriers to transformation.

The development and early implementation of the Innovation, Improvement and Transformation Framework (IITF) stands out as a significant achievement. This framework, co-designed with system partners and aligned with National Health Service (NHS) Improving Care Together (IMPACT), reflects a sophisticated understanding of the conditions required for sustainable change. It provides a structured approach to transformation that prioritises user-centred design, benefits realisation, and leadership accountability.

The ICB is a member of three Health and Wellbeing Boards (HWB) Bristol, North Somerset and South Gloucestershire and feedback from South Gloucestershire HWB Board notes the ICB has continued to be effective in working with wider system partners at a BNSSG level. Examples include:

- effective leadership and working arrangements for the development of the BNSSG ICS Strategy and Joint Forward Plan (JFP), which take account of South Gloucestershire JLHWS strategic objectives; and
- contributions to deep dives into strategic objectives at HWB meetings as well as joint working on place-based priorities for South Gloucestershire, including work on prevention, mental health and ageing well.

BNSSG's refreshed JFP has met all 17 legislative requirements based on last year's self-assessment document. The system priorities remain consistent with previous iterations of the JFP, with evidence of updates throughout the document. There is clear evidence of progress being made around the group model and a strong commitment to working with the Voluntary, Community and Social Enterprise (VCSE) sector. The accompanying tracker to the JFP suggests that almost all aspects are on track and to further clarify this, a consistent format across the priorities would highlight where key progress has been made in the last year. Going forward, ICBs are required to set measurable, trackable outcomes which can be monitored annually. The ICS development team and regional leads will provide ongoing support once the 10-year plan is released.

The seminar sessions undertaken by the board, alongside executive members leadership training with a focus on anti-racism delivered as part of a development programme through

Black Maternity Matters, and the organisational wide anti-racism train the trainer programme to enable effective development of all staff in this area is a positive achievement and clearly demonstrates ongoing leadership development.

Key next steps:

- Looking ahead to 2025–26, the ICB is encouraged to build on the foundations laid this year by accelerating the implementation of the IITF, strengthening its approach to evaluation and impact measurement, and deepening its engagement with partners.
- Continue your leadership and support of the three HWB's strategic commitments alongside that of the other NHS partners to deliver the actions set out within all the Joint Local Health and Wellbeing Strategies (JLHWS) to provide the overall improvement in population health and wellbeing, and a reduction in inequalities.
- In future iterations of the JFP, legislative requirements detail or a self-assessment of these, should feature as an appendix to the main JFP document.

SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE

It is positive to see that the ICB has made significant strides in improving population health and healthcare, particularly through the implementation of innovative care models and the promotion of patient-centred care. It's encouraging that there have been in year achievements such as but not limited to the ICBs safeguarding team collaboration with the dental commissioning team and NHS England Southwest Dental leads to design a model that offers improved access to meet the needs of children and young people in care in BNSSG.

2024/25 also saw a number of significant milestone achievements, both from a strategic and operational perspective, including, the appointment of a Joint Chief Executive for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT) Hospital Group; the publication of the Joint Clinical Strategy and establishment of active delivery groups taking forward the first phase of transformation in Single Managed Services; the establishment of new estate and capacity in the form of two new Community Diagnostics Centres, offering diagnostic capacity closer to home; the construction of the Bristol Surgical Centre that will deliver 6,500 more operations a year for the population of BNSSG, opening in 2025; and implementation and expansion of digital tools enabling effective and efficient ways of communicating with patient

Delivery against the 2024/25 Operational Plan has shown sustained improvement in some areas, whilst noting there is more to do in others.

Urgent and Emergency Care (UEC)- There has been periods of improvement in reducing ambulance handover delays, with sustainability proving challenging, particularly during Quarter 4. The mean Category 2 response time remains above the target with a YTD position of 38.4 versus 25 against plan and the system did not achieve its A&E 4-hour performance plan for any month of the year (YTD 65.1% versus 70.7% plan). As partners you will need to remain focussed on the requirement to improve flow across the system.

Elective Care Recovery: It was positive to see that the ICB has made significant progress in reducing waiting times for elective care, with a marked improvement between November 2024 and March 2025 in the number of patients waiting over 65 weeks. This has been

achieved through targeted interventions and the effective use of independent sector capacity.

Cancer – It was encouraging to see that performance against plan for the Faster Diagnosis Standard achieved target for most of the year up to March 2025 achieving 81.4% versus 77% plan and that 62-day waits, except for January and February 2024 remained above plan.

Diagnostic -While not fully delivering to plan, BNSSG are in the top quartile nationally for diagnostic delivery and have utilised their Community Diagnostic Centre (CDC) and resources very well.

Virtual Wards: The ICB has expanded its virtual ward capacity which has enabled more patients to receive care at home, reducing the pressure on hospital beds and improving patient outcomes**.** However, occupancy remained persistently below the national target of 80%.

Perinatal Services: The ICB has exceeded its target for access to perinatal services. This success is attributed to the establishment of a single point of entry for all referrals and the expansion of community-based services.

Transformed Community Mental Health Services: The ICB has consistently met its targets for access to transformed community mental health services which has been achieved through the implementation of comprehensive community-based care models.

Dementia Diagnosis Rate: The ICB has exceeded the national ambition for the dementia diagnosis rate. This reflects the effectiveness of the ICB's efforts to improve early diagnosis and support for dementia patients. BNSSG are the only system in the Southwest region to have met this ambition and are in the top quartile performance nationally.

Children's Services: The ICB continues to have capacity challenges with reducing waiting times for children's therapies and improving access to community paediatric services. The Board paper for implementation of the Neurodiversity Transformation Programme is in development, with the ICB supporting short term in year funding to enable on-going schemes to continue.

Mental Health Access for Children and Young People: The ICB has not met its target for access to mental health services for children and young people. Further efforts are needed to enhance service capacity and reduce waiting times. MHST'S will not be expanding during 25-26, but the System has a plan in place for 100% roll out in-line with the 2029-30 target.

<u>Key next steps:</u>

- Continue the systems focus on achieving and sustaining improvements with UEC, cancer and diagnostics in line with system plans.
- Continue to focus on the improvements required to meet mental health access for children and your people in line with system plans.

SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

The ICB has shown a strong commitment to tackling unequal outcomes, access, and experience, with a focus on reducing health inequalities and improving access to care for underserved populations and it's good to note that during 2024/25 the Strategic Health

Inequalities, Prevention and Population Health Committee (SHIPPH) was established to oversee addressing health inequalities, increasing prevention and improving population health.

Most notable progress includes the publication of Equality Objectives, including a targeted focus on cardiovascular disease in Black African and Caribbean populations, demonstrating a clear commitment to addressing health inequalities through measurable, data-driven interventions. The expansion of anticipatory care models, the increased uptake of the NHS App, and the development of digital inclusion initiatives have all contributed to improving access and empowering patients. However, challenges remain in areas such as community waiting lists, mental health access, and the delivery of neurodiversity services. While the ICB has implemented a range of initiatives to address these issues, including the development of a new neurodiversity model and improvements in talking therapies access, further work is needed to ensure timely access to care and to reduce variation in service delivery across the system.

Other achievements include the successfully expanded community pharmacy services, including the GP Community Pharmacist Consultation Service (CPCS) and the Pharmacy First, routinely responding to over 10,000 referrals per month. All of which have improved access to care for minor ailments and helped reduced the burden on general practice.

Your work with the integrated vaccine outreach services continues to contribute and complement the system provision of delivering Covid-19 vaccines alongside other seasonal vaccines in multiple settings. This has supported and helped maximise vaccination uptake in underserved populations, in addition by reaching into local communities you have been able to also provide wider health, care, and support for other social issues, which is commendable.

The ICB and the systems commitment to strategic investment has prioritised admission avoidance, children's services, long term conditions and the VCSE and it is positive to see that there is good collaboration between the ICB Chief Medical Officer (CMO) working with three Directors of Public Health to develop a prevention plan aligned to BNSSG three commitments to be smoke free, healthy weight and alcohol and drugs.

Key next steps:

- Further focus is required to ensure timely access to care and to reduce variation in service delivery across the system.
- Continue and further develop system-wide work on reducing health inequalities.

SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The ICB has demonstrated a commitment to enhancing productivity and value for money through the implementation of innovative care models and the optimisation of resources.

It is acknowledged that the integration of financial planning with transformation efforts, particularly through the benefits realisation framework developed in partnership with Newcastle University, is a positive step. However, the continued reliance on non-recurrent measures to achieve balance highlights the need for a greater focus on recurrent savings and productivity improvements.

The ICB has delivered a small surplus against its revenue breakeven plan for the year. The system's capital spend was within its capital envelope and agency spend was within the ceiling. There has been under delivery of efficiencies for the 2024/25, driven mostly by delays in developing and commencing delivery of recurrent efficiency schemes at the start of the year.

In respect of innovation and research, it is good to see that your work through the Impact Accelerator Unit (IAU), in partnership with the Universities of West of England and Bristol is ensuring research evidence generated locally will be embedded into practice swiftly. The appointment of a full-time manager who through the IAU is building a regional and national network of partner ICBs and Applied Research Collaborations (ARCs) to accelerate research into practice is also very encouraging to see. This work will be further enhanced through the funding secured from ARC West to offer Knowledge Mobilisation Fellowships to ICS staff to provide them with time and support to embed research evidence into BNSSG.

It is reassuring that the ICBs Digital Strategy is aligned with national policy and regulatory drivers and that the ICS digital foundations of the strategy have progressed.

Achievements include:

- Networks and Wi-Fi being upgraded in all GP Practices providing improved connectivity for staff and patients and faster, reliable data transfer.
- Electronic Patient Record (EPR) systems implemented in all main healthcare providers meaning staff are better able to collaborate in delivering care to patients, with greater ability to share information.
- The procurement of a new contract for Connecting Care, which in February 2024, was estimated to have released over 25,000 hours of clinical time that may otherwise have been spent searching for information across multiple systems.
- Patient Engagement Portals implemented in GP practices and acute hospitals, noting that as they develop, they will enable more patients and carers to access appointment information and test results and to communicate with clinicians online.
- The establishment of a single digital team across the acute hospitals, improving standards of IT infrastructure and services for staff and patients at out hospital sites.

<u>Key next steps:</u>

- Maintain a focus on aligning transformation initiatives with financial sustainability goals and to ensure that investments deliver measurable value.
- Further development to identify mitigations for unmitigated financial risks.

SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

The ICB has made commendable efforts to support broader social and economic development, particularly through initiatives to improve workforce diversity, including targeted recruitment campaigns and the establishment of support networks for staff from underrepresented groups, which have resulted in a more diverse and inclusive workforce.

In terms of broader social and economic development, the ICB has made progress in embedding sustainability and social value into its strategic planning. The BNSSG Green Plan outlines a comprehensive approach to achieving net zero carbon by 2030, and the ICB's work to promote sustainable models of care and engage staff and communities in environmental initiatives is commendable. The integration of sustainability principles into service design and the development of a system-wide approach to social value are positive steps, though further work is needed to strengthen monitoring and evaluation.

Continued progress will depend on maintaining strong partnerships, sustaining financial discipline, and ensuring that transformation efforts remain focused on the needs and voices of local people.

Noteworthy achievements in year include the ICS leading the way in delivering sustainable healthcare with Bristol, North Somerset and South Gloucestershire being set to be the first Integrated Care System to sign the Why Weight Pledge aiming to support a food environment that is sustainable, affordable and enables healthy choices. NBT is the first NHS organisation to sign the Concordat for the Environmental Sustainability of Research and Innovation Practice and the Trust's trailblazing Neurospinal team also won the Health Service Journal (HSJ) Towards Net Zero award for their world first Green Operating Day project, advocating for environmentally conscious decision making in neurosurgical procedures.

Community engagement through various initiatives has been clearly demonstrated, including the establishment of locality partnerships and the implementation of community-based health programmes to continue to improve community health and wellbeing and strengthen the relationship between the NHS and local communities.

The system has engaged widely with stakeholders on the revision of the green plan which sets out the ICS's shared ambition, collaborative intent and describes the assurance and delivery framework. In addition, it clearly articulates the opportunities for being an anchor institution with its vision and outcomes.

- Key next steps: While the ICB has made progress in promoting economic growth, there is a need for more targeted initiatives to support local businesses and create job opportunities in the healthcare sector.
- Continue to focus on sustainability initiatives, including efforts to reduce the carbon footprint of healthcare services and promote environmentally friendly practices.

CONCLUSION

This has been a challenging year in many respects, and in making my assessment of the BNSSG ICB's performance, I have sought to fairly balance my evaluation of how successfully you have delivered against the complex operating landscape in which the ICB is working.

The ICB has demonstrated a strong and evolving commitment to fulfilling its statutory duties during 2024–25, with clear evidence of strategic leadership, collaborative system working, and a growing maturity in its approach to integrated care. By continuing to work collaboratively with system partners, engaging with local communities, and focusing on sustainability and innovation, the ICB can build on its successes and ensure that healthcare services in BNSSG are of the highest quality and accessible to all.

At the end of Quarter 4, 2024/25 the ICB was in NHS Oversight Framework segment 3 and overall performance against the 2024/25 Operational Plan varied with challenges remaining in UEC, cancer, diagnostics and mental health CYP. The 2025/26 Operational Planning process has concluded, and we have written to you on 30th May 2025 confirming we have accepted your final plan and the trajectories you have set out in your plans will form part of our ongoing performance management processes.

In addition to delivery against the 2025/26 operational plan the year ahead is going to see ICBs having to deliver plans to reduce their costs, with the recently published ICB blueprint document 'Model Integrated Care Board' marking the first steps in a joint programme of work to reshape the focus, role and functions of ICBs with a view of laying the foundations for delivery of the 10 Year Health Plan.

The ask on you, your teams and your partners is going to be significant as you work to maintain effective oversight of the delivery of 2025/26 plans, build the foundation for neighbourhood health and manage the local changes involved with ICB redesign and cost reductions in both the ICB and provider, including supporting your staff through engagement and consultation.

My team and I will continue to work alongside you, so jointly we become familiar with the new NHS architecture and ways of working, alongside continuing to support and guide you through what is going to be an extremely challenging transformational year.

In the interim, please share my assessment with your ICB leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.

NHS England

Planning Framework for the NHS in England

DRAFT version 1.0

Contents

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 experiences[1].

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:

<table>
<tr><th></th><th>ICB</th><th>Provider[2]</th><th>Place partners</th></tr>
<tr><td rowspan="2">Phase one: Setting the foundations</td><td colspan="2">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.

Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities</td><td rowspan="2">Provide place-level input on population needs and local priorities including Joint Strategic Needs Assessment (JSNA)</td></tr>
<tr><td>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

Create outline commissioning intentions for discussion with providers</td><td>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 reviewing fragile services

Undertake core demand and capacity analysis and develop initial forecasts and scenario modelling</td></tr>
</table>

[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
	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 QEIAs to support informed decision-making through the planning process Ensure improvement resources are aligned to the priority areas of the plan	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 QEIAs to support informed decision-making through the planning process Ensure improvement resources are in place to deliver plans	

[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

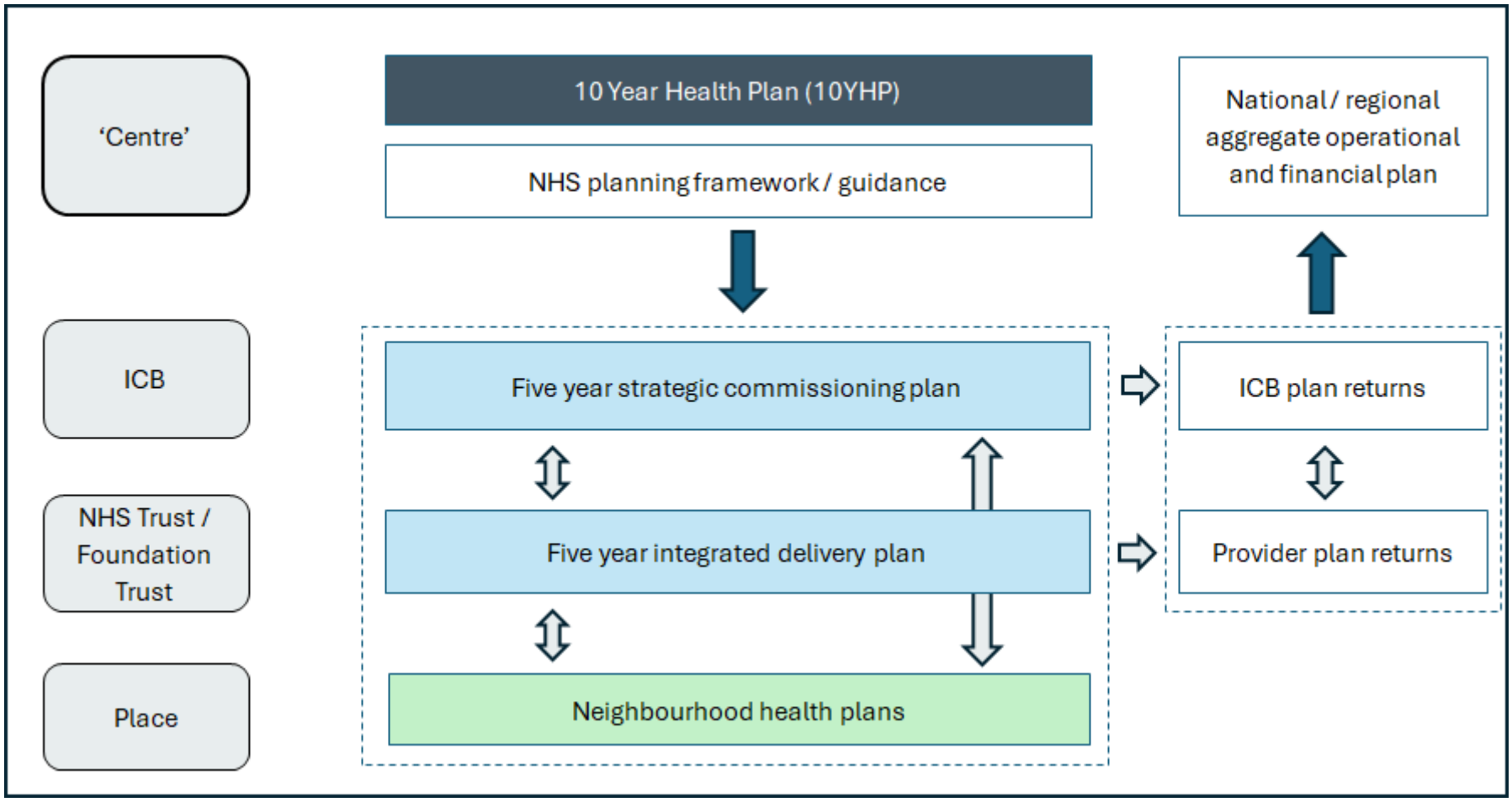


Table 3: Core planning outputs

Output	Description
Five-year strategic commissioning plans (ICBs)	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: • 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. ICBs will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS.

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. We will work with providers to develop specific guidance. As minimum, we expect that plans will:
	• 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	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.

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.

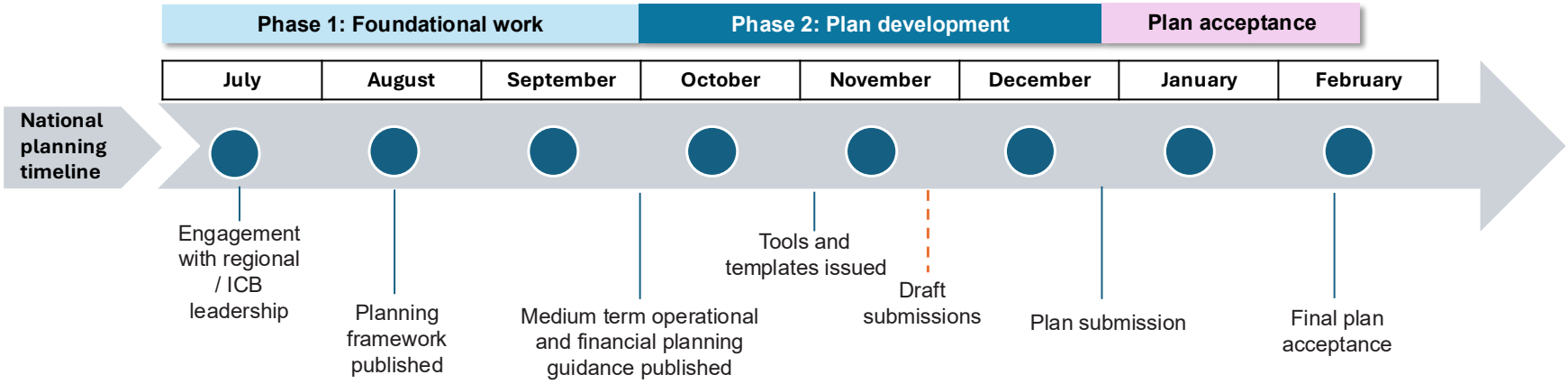
Specialised Services, Health and Justice, Vaccinations and Screening

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



Regional activities	Develop medium-term strategic framework Engage with ICBs and providers to identify support needs		Risk-based planning support to ICBs and providers		Review of draft plans	Plan assurance and acceptance	
ICB activities	Set up process, governance and build a robust evidence base	Create outline commissioning intentions and discuss with providers	Integrated planning		Finalise plans & board sign-off	Respond to outcome of plan assurance	Prepare to implement plans
Provider activities	Set up process, governance and build a robust evidence	Complete foundational work	Integrated planning		Finalise plans & board sign-off		
Outputs		Underlying financial position Block contract reviews		Draft Planning returns	Five year plans National returns		