



**East Suffolk and
North Essex**
NHS Foundation Trust

Medium Term Planning

FY2026-2027 to FY2030-2031

Council of Governors - December 2025

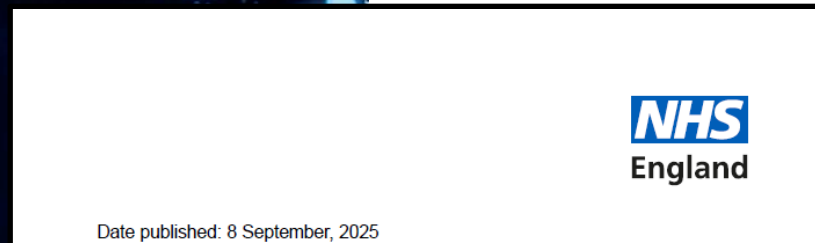


Medium term planning – context and national requirements



The NHS 10-year plan set out the need to:

“break the old, short-term cycle of financial planning, by asking all organisations to prepare robust and realistic five-year plans, demonstrating how financial sustainability will be secured over the medium term”



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Planning framework for England

Version 1

[Publication \(/publication\)](#)

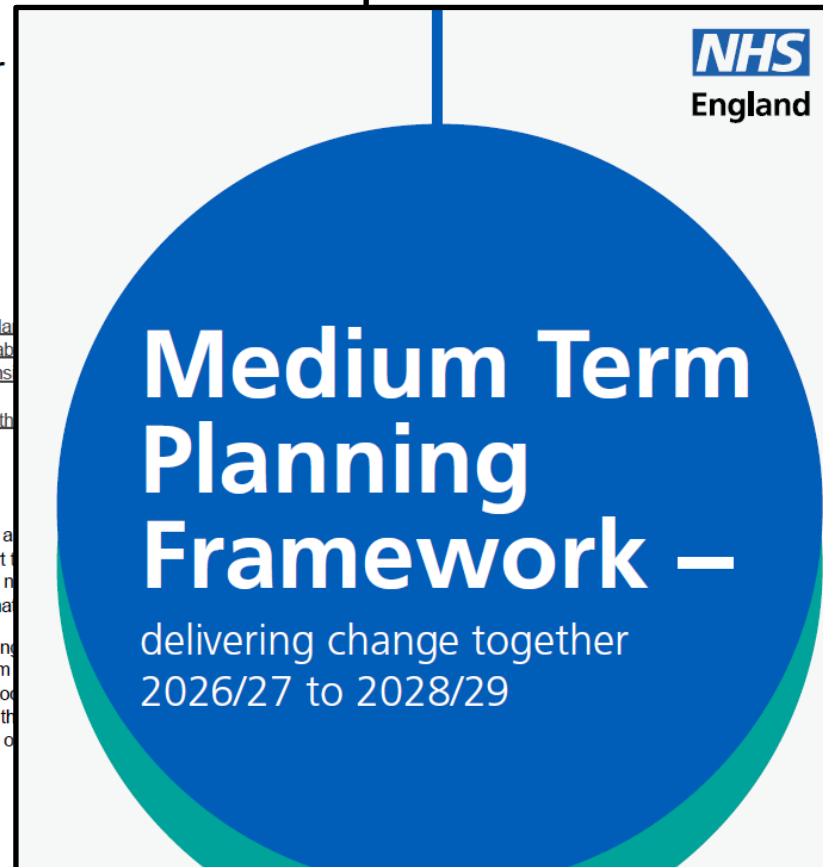
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Introduction

The 10 Year Health Plan sets out the need for a system that can organise, deliver and fund services. To support this, a new system is required to meet the challenges and changing needs of the population. Crucially, build the foundation for the transformation of the NHS.

The 10 Year Health Plan makes clear that change is needed to embed new ways of working that transform the NHS for patients alike. This can only happen through collaboration. Leaders will need to come together alongside those with a role in delivering improved health and care services.



As part of ‘foundational activities’ providers are required to be:

“reviewing and refreshing the organisation’s clinical strategy to ensure it is up to date and aligned to the 10 Year Health Plan...”



Ambition of the medium-term planning framework

The **Medium Term Planning Framework (MTPF)** is an ambitious document. Over the next 3 years it will return the NHS to much better health – with waiting times dramatically reduced, access to local care restored to the level patients and communities expect, and unnecessary bureaucracy slashed so that savings are poured back into frontline services and staff.

Building on the 10YHP it sets out how the NHS can deliver the three shifts and sets out the new way of working:

Hospital to Community	Sickness to prevention	Analogue to digital
<ul style="list-style-type: none">• Accelerating progress on Neighbourhood Health• Same-day appointments for urgent cases in general practice• Increasing community service capacity and productivity• Greater use of community pharmacy• 700k extra urgent dental appointments a year	<ul style="list-style-type: none">• Tackling obesity, including continued rollout of weight loss medicines and weight management services• Supporting the target of a 25% reduction in CVD-related premature mortality• Implementing opt-out models of tobacco dependency services• Reducing antibiotic use and polypharmacy	<ul style="list-style-type: none">• Making full use of the NHS App to communicate with and support patients to better access and manage the care and services they need• Using the NHS Federated Data Platform to improve care through better use of data• Deploying AI tools like ambient voice technology and digital therapeutics

These shifts will be supported by:

1. Transforming our approach to quality, including setting out what good looks like in key clinical areas and rolling out data-led monitoring, starting in maternity services.
2. A new Operating Model for the NHS which provides clarity on roles and accountabilities, and offers greater freedom and flexibilities for those performing well.
3. A new financial regime which distributes funding more fairly and ensures payment schemes support new models of care, including the shift to community.
4. A renewed approach to improving productivity, reducing unwarranted variation, transforming pathways and maximising the use of technology to speed up processes.



Principles for medium-term planning

We set out in August how organisations should plan over the medium-term in a document call the NHS Planning framework. This sets out the principles for planning and makes it clear that planning must be an integrated process, pulling operational, clinical and financial teams together. Organisations are expected to:

- Refresh their clinical strategies to reflect the 10 Year Health Plan and ensure that plans are aligned to an organisation's clinical strategy
- set up the integrated planning process and governance at organisation, place, and system level
- build a robust evidence base including data-driven insights into population needs, service demand, workforce supply and capacity, and finance

	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.

Organisations will be asked to submit board assurance statements which confirm that plans have been developed in line with these principles and that plans are aligned with partner organisations.



What are the expectations for the 5-year plans?

What should be included in the plans?

The NHS Planning Framework has been updated to add further detail on the ICB and Provider 5-year plans. This includes a set of plan principles, objectives and a suggested outline. The outlines are also available as a separate document to facilitate each sharing. The templates are a guide only, organisations can choose to structure their plans differently, so they reflect local needs and priorities.

ICB Strategic Commissioning Plan / Population Health Improvement Plan (PHIP)

Will provide clarity for healthcare providers and other partners on how the ICB intends to allocate resources, and what outcomes will be achieved as a result. The commissioning plan should translate national and local strategic priorities into local action, demonstrate how partners will practically work together to improve health outcomes, and describe the financial framework that will be used to support financial sustainability and value for money.

The commissioning plan should also set out, where appropriate, where the ICB intends to commission jointly with local government and/or delegate commissioning to another provider(s), as well as identify where system and/or service reconfiguration may be required to deliver the agreed priorities (including potential decommissioning options)

Provider integrated delivery plan

Will demonstrate how the organisation will deliver national and local priorities and secure financial sustainability. As a 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
- 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, for example, workforce skills, digital capability, and estate



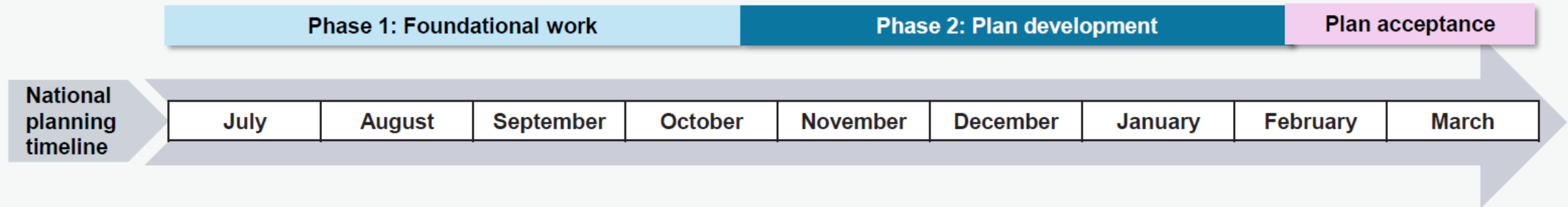
Medium Term Planning approach

In line with the new NHS operating model signalled in the 10 Year Health Plan, planning will require:

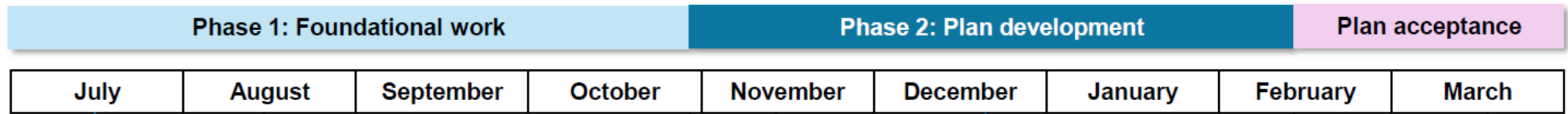
- A **smaller centre** focused on setting strategy, establishing clear priorities and mandating fewer targets, and equipping local leaders to improve outcomes.
- **ICBs as strategic commissioners** focused on improving their population's health, reducing health inequalities, and improving access to consistently 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.

Board accountability is key, and co-operation between organisations is vital.

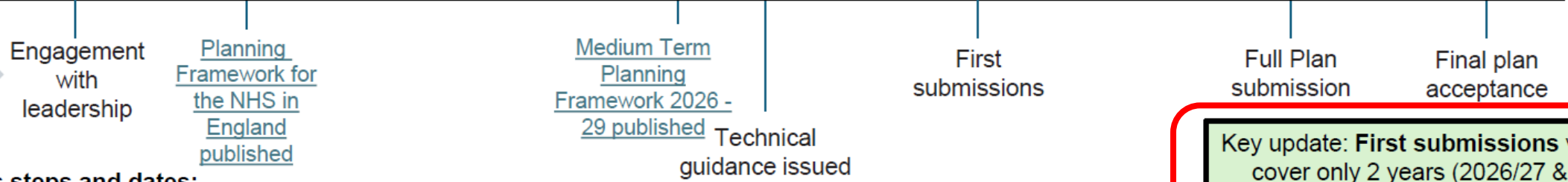
- **Planning works across three phases** – with key foundational activities, based on analysis and strategy development, take place before planning guidance is issued.



Planning timetable



National planning timetable



Key process steps and dates:

- ❖ Planning framework the NHS shared with NHS in August, published 8 September (setting out *how* planning will work, including roles and key tasks)
- ❖ MTP Planning framework (setting out targets and guidance) published 24 October 25, technical guidance and 2-year allocations on 17 November (year 3 allocations will follow)
- ❖ First plan submission – 17 December
- ❖ Full plan submission – 12 February
- ❖ Plan acceptance – 12 March

Key update: First submissions will cover only 2 years (2026/27 & 2027/28) as allocations for 2028/29 are not final

Key differences between first & full

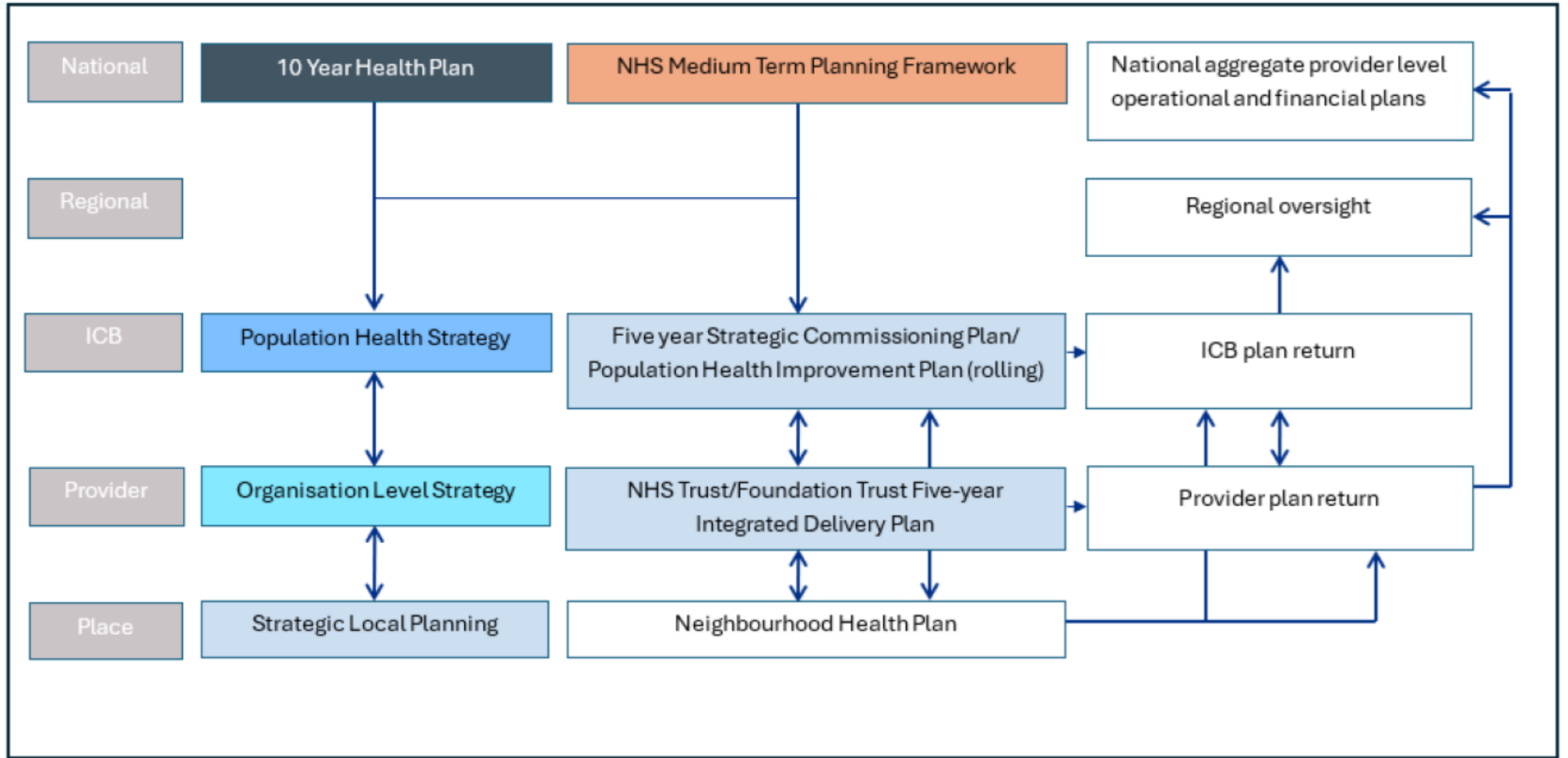
- 3 year numerical plans (4 year capital)
- 5 year plans submitted
- Full plan assurance

Event	Date	Content
First submission	17 December 25 (12 noon deadline)	<ul style="list-style-type: none"> • 2-year finance plans (4 year for capital) • 2-year workforce plans • 2-year activity and performance plans • Integrated medium term plan template giving commentary of areas of non-compliance and board assurance statements • 2-year ambulance operational plans
Full submission	12 February 26 (12 noon deadline)	<ul style="list-style-type: none"> • 3-year finance plans (4 year for capital) • 3-year workforce plans • 3-year activity and performance plans • Integrated medium-term plan template giving commentary of areas of non-compliance and board assurance statements • 5-year plans (Trust delivery plan or ICB Strategic commissioning plan / PHIP) • 3-year ambulance operational plans
Plan acceptance	12 March 26 onwards	Final plans will be accepted from 12 March. This should be completed by the end of March, and all plans ready for implementation by 1 st April.

Planning architecture – how plans fit together

5-year plans will be collected at an organisation level at the full plan submission stage (early February).

The ICB plan will replace the functions of the JFP as well as setting out the strategic commissioning plans.



Plan alignment through system working

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

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

We expect plan alignment to continue after the first submission, to ensure that the full plans are aligned.

The duty to collaborate is captured in board assurance statements. (Statements for full submission are indicative and subject to change.)

Statement	Org.	Sub.
The board confirms that the organisation has established structures to work effectively with commissioners and system partners, ensuring that system working is constructive and efficient.	Providers	First & full
The board can confirm the organisation has the appropriate structures to work constructively across the system and that system working is effective.	ICBs	First & full
The board can confirm that the organisation has worked with its ICB to ensure their plans are fully aligned.	Providers	Full only
The board can confirm that the ICB has worked with providers to ensure that their plans are fully aligned.	ICBs	Full only



What are the expectations for the first submission?

It is important that robust, triangulated plans are returned at first submission, but the plan development phase extends through to the full plan submissions in February 2026, so we expect plans to continue to evolve after the first submission. Factoring in of NHS England feedback between first and full submissions is part of the development process, along with continued collaboration with system partners. As a minimum, at the point of first submission, we would expect:

Numerical compliance

- We are collecting all metrics/targets at first submission to ensure plans present a complete picture / understand the totality of the national position.
- Plans must be complete with all mandatory fields completed.
- Plans must be signed off.
- No formal national acceptance of numerical plans at first submission and recognition there may be areas of non-compliance
- Plans should be credible, realistic, affordable.

Integrated medium term template

- Commentary is mandatory against any plan showing non-compliance and responses will inform the discussions to be held in the New Year

Board assurance statements

- All board assurance statements must be answered and approved by the Board (CEO & Chair details to be provided)
- A maturity assessment of between 1 – 4 is deemed satisfactory at this stage.
- Expect to see a more positive assessment against process statements rather than plan content.
- A brief explanation is mandatory against any assessment between 2 – 4.
- Statements can be reviewed and approved via correspondence no need to arrange an extraordinary board meeting.
- Accessible PowerPoint pack is to support board discussion if helpful, this does not need to be completed as part of plan submission.
- No escalation process at this point however responses will be reviewed and there is an expectation of an improvement between first and final submissions.



What are the expectations for the first submission?

Template	Returned/submitted via
Finance	PFMS (Provider financial monitoring system)
Workforce	SDCS (Strategic Data collection service) - non-functional templates are on NHS Futures and functional templates are expected imminently.
Activity/Performance	SDCS – non-functional templates are on NHS Futures and functional templates are expected imminently.
Integrated medium term template* including Board Assurance statements	PFMS (Provider financial monitoring system)

* Integrated medium-term template – awaiting publication as at Wednesday 03 December



What happens between first and full submissions

Coordinated review of the data by national and regional teams.

NHSE regional teams lead feedback and discussions on plans directly with ICBs and providers

Focused discussion on areas for improvement. Transformation and policy team engagement in sharing best-practice or identifying opportunities for improvement

System partners are able to review and discuss each others plans to agree alignment

Organisations complete EQIA on their plans and adjust plans to ensure there is no adverse impact on inequalities

Organisations iterate their numerical plans and finalise their 5-year narrative plans based on the feedback



Information on targets and baselines

What are the baselines for improvements?

- The Medium Term Planning Framework sets out a number of improvement expectations and targets, each of these have slightly different baselines and asks depending on the programme area and metric
- We have produced a high-level table setting out for each metric highlighted in the framework whether the ask is a specific target or an improvement on a baseline, and therefore what that baseline is for each of the 3 years of the plan
- This has been shared alongside the technical specification for the Activity and Performance collection - [Technical Definitions - NHS Planning - Futures](#)

What if organisations are currently behind plan, how will that be accounted for?

- Where targets are set as an improvement on Mar-26 plan, if organisations are currently behind plan, then the expectation is that this will need to be made up in order to still deliver the 2026/27 target set



Clinical strategy refresh

Evolutionary, not revolutionary; building on existing work from 2023.

Draft* ambition

our ambition is to offer safe, excellent care and experience, building from the fundamentals of care, and to increase equity in health outcomes

Draft* strategic objectives:

- 1 – Supporting improved health; moving from treatment to prevention
- 2 – Partnerships and integration; moving care from hospitals to the community
- 3 – Excellent care, improved outcomes; increasing personalisation and co-production
- 4 – Supporting and developing our staff; building for the future
- 5 – Digital, technology and innovation; shifting from analogue to digital care

* Provisional wording only – subject to change, and included for indicative purposes.

