



Report subject	NHS Dorset ICB 5 Year Commissioning Plan
Meeting date	9 th March 2026
Status	Public Report
Executive summary	<p>NHS England’s new planning framework published on 24 October 2025, marked a shift from short-term operational cycles to a longer-term, locally led approach to improvement, aligned to the ambitions of the 10-Year Health Plan. It introduces a multi-year funding settlement, a revised operating model, and a focus on local innovation, prevention, digital transformation, and quality of care.</p> <p>Integrated Care Boards were required to develop a Five-Year Commissioning plan setting out how local services will be transformed through strategic priorities, improving population health, reducing inequalities, and ensuring long-term financial sustainability. NHS Dorset ICB 5-year plan was submitted to NHS England on 12 February 2026 as per national requirements.</p> <p>An initial high level overview of Dorset Integrated Care Boards (ICB) Five Year Commissioning Plan was presented to Health and Wellbeing Board members on 12 January 2026.</p> <p>Feedback received from members was incorporated within the submitted plan. The commissioning plan remains iterative in nature and will evolve to incorporate more specific place-based priorities aligned to the local neighbourhood health plans once they are developed.</p>
Recommendations	<p>It is RECOMMENDED that the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> a) Note the final ICB Five Year Commissioning Plan; and b) Endorse the ICB Five Year Commissioning Plan.
Reason for recommendations	Health and Wellbeing Board members are fully sighted on the NHS Dorset 5 Year Commissioning Plan.

Portfolio Holder(s):	Cllr David Brown
Corporate Director	Laura Ambler
Report Authors	Rebecca Kendall, Deputy Director of Performance & Planning, NHS Dorset ICB
Wards	All wards
Classification	Information

1.0 Background

1.1 [NHS England's new planning framework](#) published on 24 October 2025, marked a shift from short-term operational cycles to a longer-term, locally led approach to improvement, aligned to the ambitions of the 10-Year Health Plan. It introduces a multi-year funding settlement, a revised operating model, and a focus on local innovation, prevention, digital transformation, and quality of care. Key national priorities include:

- Financial discipline: 3% real-terms revenue growth and 3.2% capital funding, with all systems to achieve balance or surplus by 2029 and deliver at least 2% annual productivity gains.
- Operating model: Empowering Integrated Care Boards (ICBs) and providers to deliver integrated, prevention-focused care through eight strategic themes: local integration, neighbourhood health, prevention, digital transformation, quality improvement, patient experience, workforce and leadership renewal, and embedding genomics and research.
- Operational delivery: 15 national success measures will underpin performance monitoring through the NHS Oversight Framework, supported by new technical guidance and productivity tools.

1.2 As part of the process ICBs were required to develop Five Year Commissioning Plans which were submitted to NHS England on 12 February 2026. These plans are required to set out the following:

- How the ICB will improve population health and access to consistently high – quality services across its footprint.
- 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 the national 10 Year Health Plan.
- Demonstrate how the ICB will align funding and resources to meet population needs, maximise value, and deliver on key local and national priorities.

- Describe how the core capabilities set out in the Model 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.

2.0 NHS Dorset ICB Five Year Commissioning Plan

2.1 An initial overview of the NHS Dorset ICB plan was shared with members on 12 January 2026. Since presenting at the Board, further work has been completed and informed the final plan:

- Concluded the integrated needs assessment which was informed by both Bournemouth, Christchurch and Poole and Dorset Council Joint Strategic Needs Assessment, local performance and insights data.
- Completed the review of five years of insights from 38 engagement reports across local authority, NHS, voluntary sector and Healthwatch. Using a ‘You said – we are doing/planning’ approach, findings from the insight review along with aligned commissioning intentions were tested through 11 subsequent public engagement events, and confirmed the themes reflect what local people in Dorset experience. The insights feedback has been incorporated within our submitted plan. The table below summarises the outputs of our insight work:

The key areas that people feel are most important in terms of health and wellbeing are:

- Integration and joined-up working;
- Voluntary and community sector and social connection;
- Prevention and early help;
- Inequalities and inclusion;
- Digital inclusion and choice;
- Mental health and wellbeing;
- Access and barriers to services;
- Communication and information;
- Workforce and relationships;
- Wider determinants of health.

How this shaped the plan:

- “You said – we are doing/planning” tables were shared at 11 public engagement events, confirming the themes reflect what people experience.
- Feedback from these events led to changes in the plan, including:
 - stronger focus on cross-boundary working
 - embedding communication throughout
 - supporting digital confidence while protecting face-to-face choice
 - better consideration of marginalised and ethnically diverse communities
 - greater emphasis on access and people’s lived experiences
 - stronger commitment to co-production with communities and the VCS

- Received feedback from both BCP and Dorset Health and Wellbeing Board members which included:
 - Strengthening the broader benefits of neighbourhood health and the importance of focus on children and young people as well as adults.
 - Strengthening place and neighbourhood working within the plan, recognising the iterative nature of plan and developing ICB Cluster.
 - Governance includes wider reference to Place in line with the above.
- Completed the System Quality, Equity and Equality Impact Assessment.

2.2 The plan focuses on the following areas:

<p>Neighbourhood Health</p> <p>18 Integrated Neighbourhood Teams in place</p> <p>Focus on proactive, joined-up local care</p> <p>End-of-life rapid response & 24/7 advice</p> <p>Strengthening primary care, pharmacy, oral health</p>	<p>Mental Health, LD and Autism</p> <p>Earlier access and open-access models</p> <p>Expansion of CYP support and THRIVE model</p> <p>Improved physical health checks for SMI</p> <p>Neighbourhood mental health hubs</p>	<p>Planned Care and Cancer</p> <p>End-to-end pathway redesign (dermatology, ophthalmology)</p> <p>AI-enabled triage and clinical decision support</p> <p>Straight-to-test diagnostics & community models</p> <p>Improved communication and waiting-well support</p>	<p>Maternity, Women and CYP</p> <p>Better early years support and school readiness</p> <p>Improved speech & language pathways</p> <p>Continuity of care across maternity and early years</p> <p>Reducing inequalities in CYP outcomes</p>
<p>Urgent and Emergency Care</p> <p>Hospital-at-home and same-day emergency care</p> <p>Transfer of Care and Home First</p> <p>Stronger alternatives to admission</p> <p>UEC Front Door Transformation</p> <p>Mental Health Flow Improvement</p>	<p>Digital and Data</p> <p>Shared digital ecosystem & single patient record</p> <p>NHS App as main digital front door</p> <p>Digital skills framework for workforce</p> <p>Real-time analytics via Dorset Intelligence & Insight Service</p>	<p>Estates and Infrastructure</p> <p>Community hubs and modern primary care estate</p> <p>Acute service reconfiguration</p> <p>Estates utilisation</p> <p>Net-zero aligned estate development</p>	<p>Finance</p> <p>Shift investment towards prevention & community</p> <p>Recurrent productivity improvements</p> <p>Outcome-based contracts & population-based budgets</p> <p>Market shaping and sustainability</p>

2.3 Through the implementation of this plan we will achieve:

- More care delivered locally and proactively.
- Better outcomes and reduced inequalities.
- More efficient use of resources.
- Strengthened partnership working across sectors.

2.4 As referenced earlier, the plan remains iterative and we will continue to work with partners to ensure the commissioning plan aligns with place and neighbourhood health plans once they are developed.

3.0 Options Appraisal

3.1 Not applicable

4.0 Summary of financial implications

4.1 Not applicable

5.0 Summary of legal implications

5.1 The plan sets out how the ICB complies with its statutory duties to commission services that meet local health needs of the population, work with partners, and improve the quality of services.

6.0 Summary of human resources implications

6.1 Not applicable

7.0 Summary of sustainability impact

7.1 Our plan will have a positive impact on sustainability. Through identified programmes we aim to reduce the length of time people spend in hospital, shift to more services being provided within local communities or at home, and optimise the use of available public estates.

8.0 Summary of public health implications

8.1 Our plan places a strong emphasis on prevention, long-term health improvement, and reducing health inequalities. By shifting focus from short-term operational pressures toward evidence-based, integrated neighbourhood care, the plan aims to improve population health, widen access to high-quality services, and support

healthier environments for local communities. Its priorities—including prevention, digital transformation, tackling variation in outcomes, and increasing healthy life years—are designed to reduce the burden of preventable illness, narrow gaps in life expectancy, and strengthen resilience across the health and care system.

9.0 Summary of equality implications

9.1 A System Quality, Equity and Equality Impact Assessment (SQEEA) was undertaken on the Five Year Commissioning Plan and has been reviewed and approved through the ICB Governance arrangements. The assessment noted that the plan would have an overall positive impact against areas reviewed. However, it was noted that the plan is high level and detailed SQEEIA will be undertaken on the individual programmes of work set out in the plan.

10.0 Summary of risk assessment

10.1 The risks to the delivery of the plan are set out within section 15 of the plan along with the mitigations. Key risks identified include:

- Loss of expertise and workforce focus due to significant ICB organisational change.
- Capacity and capability to deliver scale of change required leading to failure to deliver intended outcomes for our population.
- Inability to manage demand resulting in increased cost which is unaffordable. We are developing demand management plans, which will need to be robustly tested to ensure deliverability.
- Failure to align financial resources and models of care to deliver the left shift may impact our ability to sustain improved population healthy life expectancy.
- Lack of effective engagement across strategic partners may lead to lack of support for plans that balance cost, quality, service delivery, outcomes and patient preference and impact the ability to achieve the desired aims and outcomes.

Appendices

Appendix 1: NHS Dorset Five Year Commissioning Plan 2026/27 to 2030/31