

## Draft Coventry and Warwickshire ICB Financial plan 2025/26

### 1. Priorities for 2025/26

1.1 NHS England has stated the following for 2025/26:

- Emphasis on productivity (working with providers to develop 6% efficiency programme).
- Specific workforce targets; agency 30% reduction; bank staff 10% reductions and reduce growth in admin roles.

### 2. Financial plan budgets for 2025/26

2.1 The Coventry and Warwickshire System has been notified of a Core Programme recurrent revenue resource limit for 2025/26 of £1.913bn. which equates to 4.4% rise of that of 2024/25. This £81m growth incorporates a notional 2.8% pay award, investment for Mental Health standards and Better Care Fund (BCF).

2.2 Including Delegated primary care and Specialised commissioning, the overall C&W ICB recurrent allocations is £2.44bn.

2.3 The allocation is fixed and there will be no further in year funding available, it will feel like 1-2% real terms reduction. The statutory duty of the ICB Board to remain within its resources and draft opening budgets have been set on this basis.

2.4 Detailed draft plan submitted to NHS England at the end of February, and the final plans are due at the end of March. The draft plan remains a risky position, with a lot of detail and triangulation (with funding, activity and workforce) to work through as part of the timeline for final plans. This will mean the position is likely move as iterative plans are developed.

2.5 Decisions on changes to some services and activity levels will be required for the ICB to deliver against future Financial Improvement Trajectories in the short to medium term.

### 3. Productivity and Efficiency Opportunities

3.1 NHS England developed productivity and efficiency opportunities packs for each trust and ICB. This identifies a potential 4.3% efficiency opportunity for Primary Care prescribing and 2% for Individual Packages of Care (IPoC).

3.2 In setting the ICB draft opening budgets the plan reflects this recommended 4.3% efficiency for Primary Care prescribing but as one of the measures to provide a balanced budget is proposing an extra stretch to 4% efficiency plan for IPoC.

## 4. Risks in delivery of the 2025/26 ICB financial plan

4.1 There are a number of risks inherent in the ICB financial plan that may need mitigation in-year:

- Efficiencies - Failure to deliver elements of the savings target.
- Contract agreements – The approach is to work with providers to deliver services within the affordable envelope, using outcome-based agreements and agreeing elective baseline targets. This will need to include independent sector providers. It is expected that the 2025/26 national contract and payment system will include contractual and payment levers which support capped payments and management of activity levels.

## 5. Operational Planning Performance Update

5.1 The below tables shows a summary of the system high level operational plan submission. This is the initial plan that the system submitted on the 27th February with a final submission due on the 27th March.

Metric	Target	GEH		SWFT		UHCW		System	
		Latest data	March 2026	Latest data	March 2026	Latest data	March 2026	Latest data	March 2026
Faster Diagnosis Standard	80% March 2026	76.6%	80.1%	80.7%	80.0%	78.2%	80.0%	78.8%	80.0%
62 day Waits	75% March 2026	61.6%	75%	73.3%	75%	56.6%	75%	62.0%	75%
18 weeks RTT performance	March 2026 Target in brackets	58.4%	58.7% (64%)	64.4%	69.0% (69.0%)	54.4%	60.4% (60%)	57.3%	62.4% (63%)
52 week RTT performance	Less than 1% of total PTL	2.5%	0%	1.7%	0.9%	2.5%	0.2%	2.3%	0.2%
Time to first appointment	March 2026 Target in brackets	66.8%	51.7% (71.8%)	65.1%	70.1% (70.1%)	61.6%	67% (67%)	63.1%	66.2% (68.1%)
A&E 4 hour waits	78%	67.6%	80.9%	61.0%	78%	66.8%	78%	65.8%	78.6%
A&E 12 hour waits	Reduction on 24/25 %	13.8%	7.9% (<11.8%)	7.5%	3.1% (<2.8%)	18.1%	14.8% (<16.4%)	13.9%	9.4% (<11.1%)

### 5.2 Key Highlights

- GEH have implemented a new PTL from the 1st February 2025 – this has impacted their current performance and means that their baseline position, based on the new PTL, would have been significantly worse than the November position used to calculate the RTT targets for 2025/26. There is a query with the national team about whether their targets change due to this but we are working on the assumption that they are likely to still need to deliver the performance levels as indicated in the table above.
- SWFT 12 hour waits seems to have been calculated against historic 12 hour breach level and we are picking up the discussion on provider confirm and challenge meetings as it appears the trust are planning to meet the national ask but an incorrect baseline position has been used

### 5.3 Mental Health Metrics

Metric	Target	CWPT		System	
		Latest data	March 2026	Latest data	March 2026
Mental Health average Length of Stay	March 2026 target in brackets	74.2	74.8 days (78.1 days)	77.5	76.2 days (78.3 days)
CYP accessing Mental Health Services	12,690			12,690 (Dec 24)	12,972
Reliance on MH Inpatient Care for adults with a Learning Disability	17.6			22	18
Reliance on MH Inpatient Care for Autistic Adults	12.8			16	13

- The Mental Health average length of stay metric is currently on track at both CWPT and the wider system ICB trajectory. The trajectory is seen as realistic and deliverable.
- Reliance on MH inpatient care for adult LDA and autistic adults shows that the system plans to improve on the current position for both trajectories but wouldn't quite meet the national targets. NHSE have shared that they agree that these are appropriate trajectories and will support them.