Herefordshire Council

# Title of report: Integrated Care Board Reset

## Meeting: Health, Care and Wellbeing Scrutiny Committee

## Meeting date: Monday 28 July 2025

## Report by: Statutory Scrutiny Officer

### Classification

Open

### Decision type

This is not an executive decision

### Wards affected

(All Wards);

### Purpose

To examine proposed changes to The NHS Herefordshire and Worcestershire Integrated Care Board, and their implications for the delivery of health and social care services in Herefordshire.

### Recommendation(s)

**That:**

**a) Committee members note the report;**

**b) Prepare any questions they may for the Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board; and**

**c) Make any recommendations to support the delivery of health and social care services in Herefordshire.**

### Alternative options

1. Not to scrutinise the ICB reset. This is not recommended as this committee has the remit to scrutinise the work of local health partners, acting as a critical friend by holding them to account.

Further information on the subject of this report is available from
Danial Webb, Tel: 01432 260659, email: Danial.Webb@herefordshire.gov.uk

## Key considerations

### *Proposals to reform NHS England Integrated Care Boards*

2. On 1 April, NHS England wrote to all English Integrated Care Boards (ICBs), setting out proposed reforms to clarify the strategic role ICBs will play in the future as strategic commissioners, and in realising the ambitions that will be set out in the 10 Year Health Plan, NHS England asked boards to develop plans to according to a model ISB blueprint produced by England. This is attached as Appendix 1 to this report. The Model Integrated Care Board Blueprint v1.0 sets out how ICBs will change to focus more on strategic commissioning within the NHS. The aim is to improve health outcomes for populations, reduce health inequalities, and provide more consistent access to good quality care. This blueprint was created with input from ICB leaders from different parts of the country, working together with NHS England.

3. ICBs will focus on long-term planning based on evidence and taking a system-wide leadership role. Their main tasks will be to develop strategies for population health, decide on commissioning priorities using evidence, and ensure that care services meet quality standards. Other tasks such as overseeing provider performance, managing digital services, workforce planning, research, innovation, and sustainability will be shifted to regional teams or service providers over time. This change is intended to make operations more efficient and reduce duplication.

4. To support these changes, ICBs will need to develop certain skills and capabilities. They must clearly understand their purpose, accountability, and how they fit within the wider system. A national development program will be set up to help staff build the necessary strategic commissioning skills. ICB boards are also expected to become smaller, with fewer members, and ensure they have the right leadership in place to meet their new responsibilities.

5. Financial sustainability is a key part of the blueprint. ICBs must create financial plans showing how they will operate within a cost limit of £18.76 per person in their population by the third quarter of the 2025/26 financial year. Meeting this target will require them to reduce costs significantly and use resources efficiently.

6. The move to the new model will mean major changes for ICBs. They will need to work at a scale that allows them to have strong, specialised teams. Their focus will be on the core functions of strategic commissioning, and they will need to improve their organisational capabilities and staff skills to do this. NHS England will provide ongoing support by sharing best practices and helping resolve policy issues quickly so that ICBs can make the transition safely and effectively.

7. The blueprint emphasizes the importance of collaboration and joint leadership. It was developed through input from ICB leaders across the country, ensuring it takes account of different regional needs and contexts.

8. NHS England also confirmed that Integrated Care Boards (ICBs) must also reduce their size and running costs by 50%. While these requirements present a significant challenge to the board, they also create an opportunity to reshape ICBs to focus more sharply on their core role as strategic commissioners, by enabling greater impact on population health, reducing health inequalities, improving productivity, and supporting transformation across systems. This evolving role of ICBs will be central to delivering the ambitions set out in the ‘Fit for the Future: 10 Year Health Plan for England’ (attached as Appendix 2 to this report).

### *NHS 10-year plan*

9. The UK government's "Fit for the Future: 10-Year Health Plan for England" aims to transform the National Health Service (NHS) to meet future challenges. The plan focuses on three main objectives:

    a. **Shifting from Hospital-Centered to Community-Based Care**
    The plan proposes creating 250–300 community health hubs to provide more local and accessible care, reducing pressure on hospitals and improving patient convenience.

    b. **Embracing Digital Transformation**
    By 2028, the NHS App will serve as a comprehensive digital platform for booking appointments, managing prescriptions, and accessing health records. Additionally, a Single Patient Record system will centralise medical information to improve coordination among healthcare providers.

    c. **Prioritising Prevention Over Treatment**
    The plan places greater focus on preventive measures, including expanded access to weight-loss treatments, stricter food advertising regulations, and increased vaccination efforts. A Genomics Population Health Service will use genetic data to predict and prevent diseases.

    These objectives aim to modernise the NHS, improve patient outcomes, and ensure the system's sustainability for future generations.

### *West Midlands' proposals for reform*

10. In a report to the NHS Herefordshire and Worcestershire Integrated Care Board on 16 July 2025, the chief executive officer outlined proposals submitted by the ICB to NHS England. Over the past three months, the ICB had worked closely with the other five West Midlands ICBs to assess how the new expectations around strategic commissioning and cost reduction can best be delivered. This joint effort had focused on maintaining stability, retaining talent, and preparing ICBs for their future roles, all within the significantly reduced budget envelope. A comprehensive review of all available options was conducted, including a detailed appraisal of possible shared management and leadership models. The preferred approach that emerged was for the six ICBs to form three strategic clusters, each developing shared leadership and management arrangements:

    a. NHS Herefordshire and Worcestershire ICB with NHS Coventry and Warwickshire ICB •

    b. NHS Birmingham and Solihull ICB with NHS Black Country ICB

    c. NHS Shropshire, Telford and Wrekin ICB with NHS Staffordshire and Stoke-on-Trent ICB

11. The chief executive officer confirmed that arrangements have now been agreed by NHS England and the Department for Health and Social Care, noting that were no plans to formally merge the ICBs and that each will remain a statutory organisation with its own legal responsibilities and local accountability. The focus instead would be on sharing senior management resources to deliver the required level of cost savings and to support greater strategic coherence across larger footprints.

12. Now that the clusters have been formally agreed, work is underway to further develop the proposed arrangements for NHS Herefordshire and Worcestershire ICB and NHS Coventry and Warwickshire ICB. Immediate priorities include:

    a. Appointment of a single Chair for the cluster

b. Appointment of a single Chief Executive for the cluster

c. Development of a proposed organisational structure working across the combined cluster footprint (Herefordshire, Worcestershire, Coventry and Warwickshire).

13. As part of this process, NHS England have directed all ICBs to change their constitutions to enable chief executive officer appointments at cluster level. This change relates to the eligibility criteria, which have now been amended to allow one individual to be the Chief Executive of multiple ICBs.

14. While at present there is no Treasury or NHS England approved redundancy scheme in place for ICBs, the West Midlands ICBs have all invited staff to submit an expression of interest should such a scheme become available in the future. The purpose of collecting expressions of interest is to help ICBs gauge the level of interest and support discussions on funding and scheme design at national level.

15. These changes will be implemented in a phased and managed way to ensure continuity of leadership, preservation of place-based delivery across Herefordshire and Worcestershire, and no disruption to patient care or local relationships. The chief executive officer assured the ICB that he is confident that this collaborative approach with NHS Coventry and Warwickshire ICB puts the organisation in a strong position to meet national expectations while preserving the strengths of the local system.

## Community impact

16. As this report is for information only, there is no community impact in its consideration.

## Environmental impact

17. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

18. All reports to scrutiny committees, as with all council committees, include appraisals of the impact of the report content on climate change. Scrutiny committee work programmes directly link to the council plan priorities, including the key priority to 'Protect and enhance our environment and ensure that Herefordshire is a great place to live'.

19. Whilst this is a report on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy. Examples include:

a. Creation of an online-only briefing programme, eliminating the need to travel to Hereford for a single meeting.

b. Paper-free briefings and informal meetings, eliminating the need for printed paper.

## Equality duty

20. Under section 149 of the Equality Act 2010, a public authority must, in the exercise of its functions, have due regard to the need to:

a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this act;

b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

21. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report is primarily for information, we do not believe that accepting (or rejecting) this report will have an impact on our equality duty.

## Resource implications

22. Effective scrutiny produces evidence-based recommendations. These can be informed by learning from best practice and an understanding of 'what works' at other similar local authorities, as well as developing a robust picture of what the situation is locally based on data, intelligence and insights. Where adopted, recommendations can help with the efficiency and effectiveness of services that can be delivered differently, as well as informing the development of current and new policies.

23. As this report is primarily for information, there are no direct resource implications arising from this report.

## Risk management

24. Effective scrutiny is a feature of the council's governance arrangements, where the council is operating executive arrangements. There are a range factors that could result in risks to council of not doing scrutiny effectively. These include the failure to:

a. challenge and hold decision makers to account

b. link scrutiny work to the delivery of the council's priorities and risk management

c. carry out thorough and appropriate research to make evidence-base recommendations

d. engage partners and providers

e. ensure that structures and models of operation are fit for purpose and match ambition and available resources

f. ensure that scrutiny can operate as the voice of communities and

g. draw on member knowledge and experience to inform policy development.

25. To mitigate these risks, enablers for effective scrutiny include:

a. operating in an apolitical manner

b. clarity of vision and purpose

c. scrutiny support availability, capability and capacity

d. effective engagement and commitment by members and officers at all levels, including cabinet, opposition leaders, scrutiny chairs and senior officers who play a central role in setting the tone and direction

e. robust work programming and prioritisation of topics with clear objectives and expected impacts

f. ensuring that scrutiny work will add value to the council and communities e.g. through strong links between work programme topics and the integrated strategic plans that set out the actions and timescales to deliver the priorities in the Council Plan

g. access to and availability of robust data and intelligence and

h. good relationships with partners and providers.

## Consultees

None

## Appendices

Appendix 1 Model Integrated Care Board – Blueprint v1.0

Appendix 2 *Fit for the Future*: 10 Year Health Plan for England

## Background papers

None