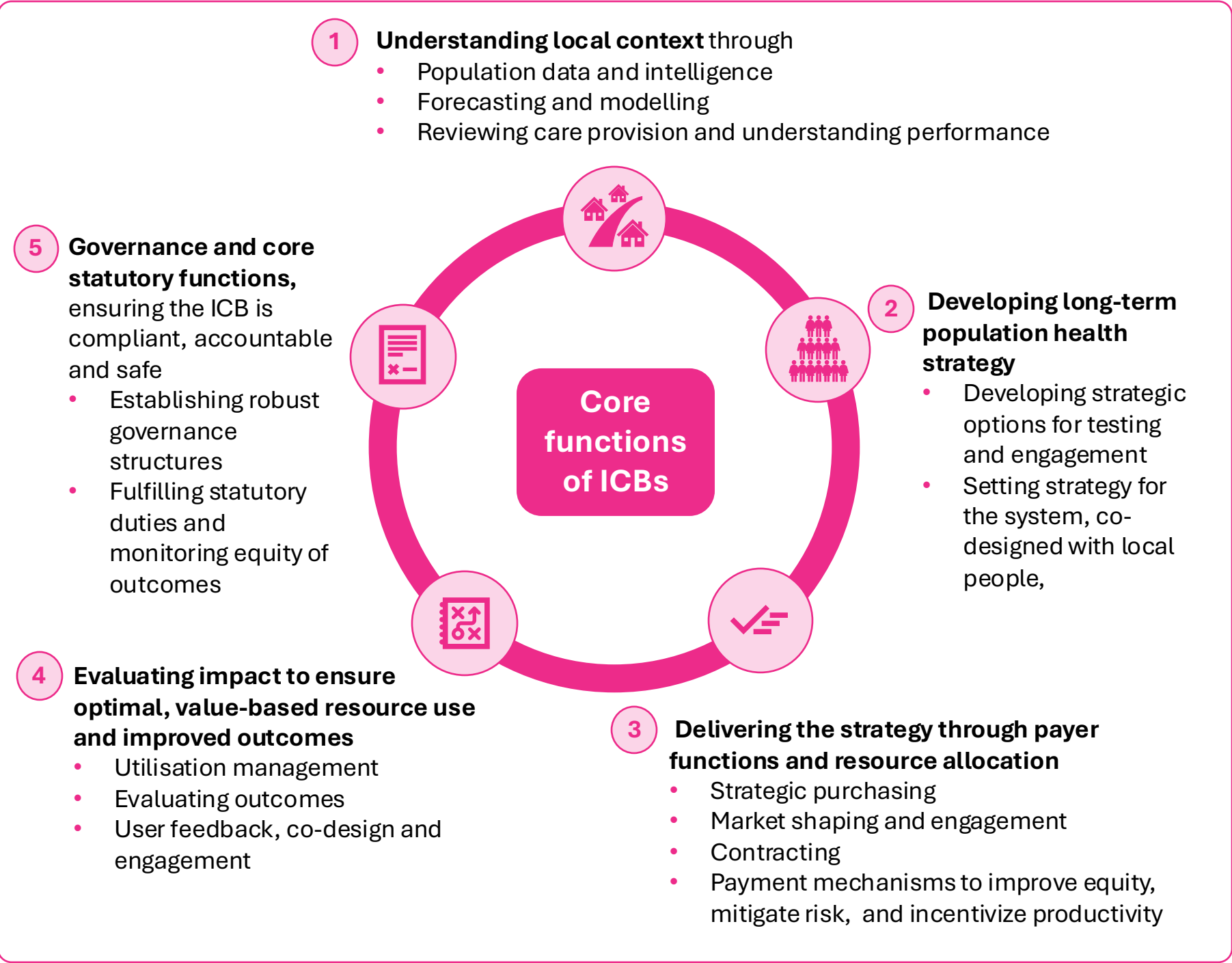




As part of the ongoing reforms to the structures within the NHS, a **new Blueprint for a Model ICB** has been issued to **clarify the future role of ICBs** and their purpose: **to improve their population’s health**, ensure **access to high-quality services**, and **ensure the best of the population’s health budget**.



Enablers and capabilities required to ensure success	
 Health care data and analytics , including population segmentation, predictive modelling, with FDP as the default	 Clinical leadership and governance embedded in ways of working
 Strategy capability , with strategic leaders able to work collaboratively	 System leadership for population health , with leaders and staff adept in system thinking
 Intelligent healthcare payer through “should-cost” analysis and proactive management of provider markets	 Partnership working with local government , building a shared understanding and collaborating
 User involvement and co-design with local people meaningfully involved as active shapers of health and care	 National programme of work to support ICB competency and capability development

Changes required	
 ICBs are expected to create bottom-up plans within an envelope of £18.76 per capita , to be delivered by the end of Q3 2025/26 , with savings to come from streamlining, efficiencies and at-scale opportunities through collaboration, clustering and eventual merging	
 ICBs should streamline Boards and reduce headcount , with a strong non-executive presence encouraged to support oversight and delivery of transition priorities	