An overview of the NHS Model Integrated Care Board Blueprint

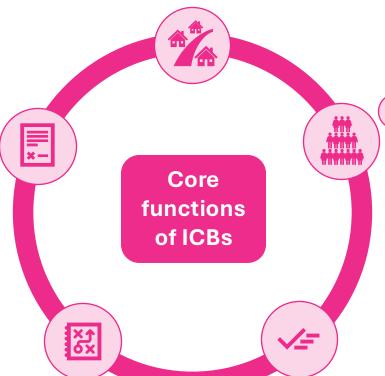


As part of the ongoing reforms to the structures within the NHS, a **new Blueprint for a Model ICB** has been issued to **clarify the future role of ICBs** and their purpose: **to improve their population's health**, ensure **access to high-quality services**, and **ensure the best of the population's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

1

Understanding local context through

- Population data and intelligence
- Forecasting and modelling
- Reviewing care provision and understanding performance
- 5 Governance and core statutory functions, ensuring the ICB is compliant, accountable and safe
 - Establishing robust governance structures
 - Fulfilling statutory duties and monitoring equity of outcomes



Developing long-term population health strategy

- Developing strategic options for testing and engagement
- Setting strategy for the system, codesigned with local people,

- 4 Evaluating impact to ensure optimal, value-based resource use and improved outcomes
 - Utilisation management
 - Evaluating outcomes
 - User feedback, co-design and engagement
- 3 Delivering the strategy through payer functions and resource allocation
 - Strategic purchasing
 - Market shaping and engagement
 - Contracting
 - Payment mechanisms to improve equity, mitigate risk, and incentivize productivity

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 **atscale 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

Source: https://www.hsj.co.uk/integrated-care/cut-board-headcount-icbs-told/7039238.article