

BOB ICB and Oxfordshire Place-base Partnership (PBP): Health and Wellbeing Board Update September 2025

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1.0 BOB ICB Board Meetings

The most recent BOB ICB Board meeting took place on 8 July 2025. The papers can be found on the [BOB ICB website](#) where details of future meetings are also published.

2.0 BOB ICB Transition Programme

2.1 Development of the Thames Valley Integrated Care Board (ICB)

The NHS Frimley ICB and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB are working collaboratively to establish a new strategic commissioning organisation: the Thames Valley Integrated Care Board (ICB). This transformation is part of a national programme to modernise the role of ICBs, in line with the NHS 10-Year Plan and the Model ICB Blueprint. The new ICB will serve a population of approximately 2.49 million across Buckinghamshire, Oxfordshire, and Berkshire, and will operate within a streamlined financial envelope of £19.00 per head, a 50% reduction in running costs nationally. The aim is to create a more strategic, data-driven, and locally connected organisation that improves population health outcomes and reduces inequalities.

2.2 Frimley alignment with neighbouring ICBs and Local Authorities

The new configuration requires a three-way adjustment to the current Frimley ICB footprint:

- East Berkshire will come together with the geography of BOB ICB to form a new Thames Valley ICB
- Surrey Heath and Farnham will align to Surrey and Sussex ICB
- North East Hampshire will align to Hampshire and Isle of Wight (HIOW) ICB

Aligning the geographies and local populations of Surrey Heath and Farnham with Surrey and Sussex ICB and North East Hampshire with Hampshire and Isle of Wight (HIOW) ICB will affect stakeholders differently across the current Frimley footprint. We see this as an opportunity to strengthen alignment with local government boundaries, supporting more joined-up planning and service delivery. Frimley ICB is working closely with its stakeholders and neighbouring ICBs to ensure a smooth transition and to maximise the benefits of coterminosity.

2.3 Clustering of ICBs and Chair Appointment

Dr Priya Singh, currently Chair of both ICBs, has been confirmed as Chair of the Frimley and BOB ICB clustering arrangement, which will formally come into effect from 1 October 2025. Dr Singh will ensure continuity of leadership throughout this important period of transition while ICBs move towards leaner and simpler ways of working as part of 10 Year Health Plan.

These [clustering arrangements](#) have been agreed by NHS England's Executive team and by ministers, and will allow those ICBs to harness a shared budget of sufficient size to improve efficiency and reduce running costs.

Clustering ICBs remain separate legal entities with unchanged boundaries, separate financial allocations and legal duties. Any future decisions on ICB footprints and mergers will be taken by ministers in light of the Local Government Reorganisation process.

In addition, we now have two Chief Officer roles working across both organisations.

Sarah Bellars, Chief Nursing Officer (CNO) at Frimley ICB will cover the CNO role at BOB ICB from 1 September, following the departure of Rachael Corser to Barts Health NHS Trust in London. Sarah will continue in her role as CNO at Frimley ICB.

Richard Chapman, Chief Financial Officer (CFO) at Frimley ICB, will cover the CFO post at BOB ICB from 1 October. Richard will continue as CFO for Frimley. BOB ICB's current interim CFO, Alastair Groom, will remain with the organisation until December to ensure a smooth handover.

All roles are interim and not confirmation of final appointments for a future Thames Valley ICB.

2.4 Staff and Stakeholder Engagement

Considerable work has been undertaken over the past few months to design the operating model and structure of the new organisation aligned to the Model ICB Blueprint and NHS 10 Year Health Plan. Between 21–31 July, 278 staff from Frimley and BOB ICBs participated in 13 workshops, generating over 4,000 contributions. These sessions focused on the proposed new ICB's purpose, enablers, culture, and ways of working. Staff appreciated the opportunity to connect across systems, with strong alignment and mutual respect evident.

There was a shared commitment to learning from each other and building a unified culture. We have been working closely not only with staff, but also with partners and wider stakeholders to help shape the future organisation.

While conversations with stakeholders across Frimley and BOB are ongoing and continue to inform our development, we've also completed an initial phase of formal engagement.

Stakeholder engagement is vital; it helps ensure that the new ICB is shaped by local insight and expertise. It will allow us to build on existing partnerships and effective ways of working, and ensure we're aligned with local priorities, governance structures, and the needs of our communities.

A letter and information pack were sent to a wide range of stakeholders including:

- Local NHS Trusts
- Primary Care Leadership
- Local Authorities including Scrutiny Committees and Health and Wellbeing Boards
- Voluntary, Community and Social Enterprise (VCSE) sector
- Healthwatch
- Academic, research and innovation organisations
- MPs

We received feedback from 40 partner organisations, including NHS providers, local authorities, public health teams, patient groups, VCSE alliances, Healthwatch, and other system partners. Many submitted detailed supporting letters and documents alongside their responses.

Key themes from this engagement have been compiled into reports and shared with senior leadership teams and the Joint Transition Programme design team. These insights are directly informing the development of the ICB's operating model and strategic priorities.

We extend our sincere thanks to all staff, partners, and stakeholders across the Frimley and BOB systems for their invaluable contributions. Their insights are helping to shape the future Thames Valley ICB.

2.5 Next steps

Next steps include further refinement of the ICBs functions and development of the new ICB's operating model and associated structures. A timeline for a staff consultation and

further formal engagement with stakeholders on the operating model of the ICB is yet to be agreed.

While we are enthusiastic about the direction of travel, we recognise that our plans are still in development and subject to approval by the Secretary of State. We also remain responsive to national guidance and external factors, which may shape the final form of the new organisation. We see this as an opportunity to stay flexible, collaborative, and aligned with the evolving needs of our system and wider NHS.

3.0 Resident Doctors Industrial Action

Resident doctor (formerly known as junior doctors) members of the British Medical Association took part in industrial action from 7am on Friday 25 July until 7am on Wednesday 30 July.

The NHS trusts affected by this action in our area were:

- Buckinghamshire Healthcare NHS Trust
- Oxford University Hospitals NHS FT
- Oxford Health NHS FT
- Royal Berkshire NHS FT
- Berkshire Healthcare NHS FT

Based on early estimates, more than 10,000 extra patients received their care during the BMA strike compared with the previous industrial action (27 June 2024 – 02 July 2024).

The NHS took a more robust approach during the latest round of industrial action, with staff working round the clock to keep services open for patients.

The NHS maintained 93% of planned care during the action meaning operations, tests and procedures were carried out despite the disruption, as well as dealing with urgent and emergency cases.

Early data indicates that less than a third of resident doctors chose to strike with the number of strikers down by 7.5% (1,243) compared to the previous round of industrial action with most resident doctors choosing to join the NHS-wide effort to keep the services open.

4.0 Community Equipment Provider Change

BOB ICB worked at pace throughout July with all Local Authorities in Buckinghamshire, Oxfordshire and Berkshire and health partners to move to a new social care and community equipment provider from the start of August.

Community equipment includes daily living aids to support patients in their own homes and those being discharged from hospital, such as hospital beds, hoists and mobility aids, continence supplies and digital aids.

The contract is now with Millbrook Healthcare, following the liquidation of the previous supplier, NRS Healthcare.

Currently, equipment supplies are restricted to essential items while the new contract becomes fully operational. This may take up to three months, but local contingencies are in place to support patients who need equipment so they can be discharged from hospital and are safe at home.

There is more information, including links to local authority websites, on the [BOB ICB website](#)

5.0 Winter Vaccines Campaign Support

BOB ICB is preparing for the winter flu season by promoting early protection among colleagues, health and care partners, residents and patients.

5.1 Flu booster: 2 and 3-year-olds, school age children and pregnant women are the first cohorts to be offered the flu vaccine in early September. Cohorts also include frontline health and social care staff (who can self-declare if their organisation is not offering vaccinations), unpaid carers, people aged 65+, and those with long term health conditions. Read more here: [Immunisation and vaccination - Stay Well \(staywell-bob.nhs.uk\)](https://www.staywell-bob.nhs.uk/immunisation-and-vaccination-stay-well)

5.2 Covid-19 booster: starting in early October, eligible cohorts will again be invited by the NHS to book via the national booking system or at a GP practice or community pharmacy. The eligible cohorts are people aged 75+ or immunosuppressed aged 6 months and over. Further information available [here](#). We may also see some pop-up clinics which will be advertised as they arise.

5.3 RSV (Respiratory syncytial virus): this year-round vaccine programme helps to reduce the number of respiratory infections for those most at risk of complications if they become unwell. Cohorts include women from 28 weeks pregnant to protect their babies - vaccination can be accessed via maternity services or GP practice - and adults aged 75-79 years old will be vaccinated by their GP. Read more here: [Immunisation and vaccination - Stay Well \(staywell-bob.nhs.uk\)](https://www.staywell-bob.nhs.uk/immunisation-and-vaccination-stay-well)

6.0 Oxfordshire Place-based Partnership (PBP)

Oxfordshire PBP continues to meet on a monthly basis. The partnership has been considering the role(s) that it may play going forwards to support wider system partners in health and social care throughout Oxfordshire. A letter was sent to the CEO and Chair of BOB ICB to outline an offer for how the partnership could support delivery in Oxfordshire given the guidance contained within the [Model ICB Blueprint and NHS Operating Model](#). In summary, Oxfordshire PBP has offered to:

- A. Become an accountable board for delivering neighbourhood health and care and improving outcomes for agreed priority populations in Oxfordshire.
- B. Take on increased delegation of functions and budgets via Section 75 arrangements, growing pooled budgets and maximising benefits of joint commissioning.
- C. Host and contribute to funding a small place-based team that the ICB can transfer to retain commissioning expertise to support delivery of neighbourhood working and better outcomes for priority populations.

BOB ICB welcomed the views of the partnership and stressed the benefits to established relationships and joint endeavours in place throughout Oxfordshire. Oxfordshire PBP and individual organisations are engaging in the organisational design process that is underway.

Members of Oxfordshire PBP recently supported a proposal to implement a reciprocal mentoring programme with members of the community from priority neighbourhoods in the county. This will help build and improve relationships, increase mutual understanding of communities and organisations, and provide a key personal development opportunity to each participant.

6.1 Children and Young People

The Oxfordshire Local Area Partnership (LAP) SEND Strategic Improvement and Assurance Board continues to meet monthly, reflections from Stever Crocker, the independent chair can be found [here](#). The LAP is working with representatives from NHS England and the Department for Education (DfE) to shift away from an inspection response via a priority action plan, into an improvement plan. Oxfordshire is expecting to be notified of a return visit from OFSTED and CQC relating to an Area SEND inspection.

6.2 Neighbourhood Health and Care

On Monday 8 September, an extraordinary health and Wellbeing Board meeting took place to focus on the development of Neighbourhood Health and Care in Oxfordshire. The Oxfordshire Primary and Community Board met for the first time on 11 September, this will oversee the design and delivery of neighbourhood health and care, reporting to Oxfordshire PBP. A planning workshop will take place in October, to support the development of a joint plan to be signed off by Oxfordshire Health and Wellbeing Board before the end of the calendar year. Oxfordshire is also engaged with the Enabling Neighbourhood programme taking place throughout BOB, to ensure alignment as appropriate.

6.3 Urgent and Emergency Care (UEC)

An Oxfordshire integrated plan for winter has been developed. This will outline how system partners expect to mitigate additional pressures and challenges that are particularly present throughout winter months.

Once more, Oxfordshire will develop integrated planning processes to leverage collective resources. This will bring together the Better Care Fund (BCF), UEC funding and health inequalities funding. An inclusive and transparent planning process will be established once necessary national guidance is released.

6.4 Prevention and Health Inequalities

The Well Together programme has been a key feature of reducing inequalities and increasing prevention in Oxfordshire. Partners are now working on developing the next evolution of Well Together, and how it could be framed as a whole system approach to community development. There is an opportunity to tie together delivery and learning across a range of provision (e.g. Well Together, Community Health Development Officers, Community Health Wellbeing Workers) to build on progress and increase local engagement and involvement.

BOB ICB and Public Health in OCC are jointly developing an Oxfordshire Health Impact Evaluation Unit. A key ambition of this unit will be to develop a methodology to evaluate projects and services in real time. This will provide the required information and intelligence to better understand the effectiveness of each intervention in place, so that it can be changed, scaled or stopped accordingly.

To further support the delivery of Neighbourhood Health and Care, a project has been jointly agreed by BOB ICB and Public Health to improve Oxfordshire's approach to Population Health Management. The project will deliver:

- Mapping of existing analytical capability, capacity and systems, building on previous exercises undertaken by colleagues in Public Health.
- A modular training programme for a variety of staff groups.
- Multiple data packs, covering PCN, locality and county wide populations.

Chris Wright
BOB ICB, Assistant Director of Place - Oxfordshire
September 2025