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Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee

Tuesday, 17 March 2026 at 1.00 pm
Council Chamber - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings, please click on this [Live Stream Link](#).
However, that will not allow you to participate in the meeting.

Membership

Chair: Councillor Jane Hanna OBE (Oxfordshire County Council)

Deputy Chair: Councillor Stuart Wilson (Buckinghamshire Council)

Councillors: Shade Adoh, Buckinghamshire Council
Ron Batstone, Oxfordshire County Council
Lesley Clarke OBE, Buckinghamshire Council
Rachel Eden, Reading Borough Council
Imade Edosomwan, Oxfordshire County Council
Judith Edwards, Oxfordshire County Council
Gareth Epps, Oxfordshire County Council
Paul Gittings, Reading Borough Council
Robin Jones, Oxfordshire County Council
Rebecca Margetts, Wokingham Borough Council
Adrian Mather, Wokingham Borough Council
Dominic Pinkney, Buckinghamshire Council
Simon Rouse, Buckinghamshire Council
Paul-Austin Sargent, Oxfordshire County Council
Alan Sherwell, Buckinghamshire Council
Stephanie Steevenson, West Berkshire Council
Martha Vickers, West Berkshire Council

For more information about this Committee please contact:

Committee Officer: *Omid Nouri*

Email: Omid.nouri@oxfordshire.gov.uk AND Scrutiny@oxfordshire.gov.uk

Martin Reeves
Chief Executive

March 2026



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What does this Committee review or scrutinise?

Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of scrutiny/consultation.

About the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview & Scrutiny Committee

The Buckinghamshire, Oxfordshire, and Berkshire West JHOSC operates formally as a mandatory joint committee for the purposes of providing independent scrutiny to activities delivered at a system level by the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System.

Membership of the JHOSC will be appointed by the local authorities of Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee therefore has 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, and 2 from Wokingham.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at.

Requests to speak must be submitted to the Committee Officer no later than 9am three working days before the date of the meeting.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

To receive any apologies for absence and temporary appointments.

2. Declaration of Interests

See guidance note on the back page.

3. Minutes of the previous meeting (Pages 7 - 14)

The Committee is recommended to **APPROVE** the minutes of the meeting held on 16 October 2025 and to receive information arising from them.

4. Petitions and Public Address

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to speak must be submitted no later than 9am three working days before the meeting, i.e. Thursday 12th March 2026.

Requests should be submitted to the Health Scrutiny Officer at omid.nouri@oxfordshire.gov.uk AND scrutiny@oxfordshire.gov.uk.

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Chair's Update

Cllr Jane Hanna (Chair) will provide a verbal update on relevant developments since the previous meeting.

The Committee is recommended to **NOTE** the Chair's Update.

6. **Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Update** (Pages 15 - 28)

Sam Burrows (Chief System Development & Engagement Officer, Buckinghamshire, Oxfordshire and Berkshire West ICB & Frimley ICB), and Caroline Corrigan (Chief Transition Officer, Buckinghamshire, Oxfordshire and Berkshire West ICB & Frimley ICB) have been invited to present the Integrated Care Board Update.

The purpose of this item is to provide an update on the following developments in relation to the establishment of a Thames Valley Integrated Care Board (ICB):

- The national picture – why are these changes happening.
- Dissolution of Frimley ICB and BOB ICB.
- Establishment of the Thames Valley ICB.
- The changing role of the ICB as a “strategic commissioning” organization.
- The ICB’s commissioning intentions.
- The ICB’s future operating model and the design choices.
- What the above developments mean for ICB staff and partners.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

7. **Forward Work Plan** (Pages 29 - 30)

PLEASE NOTE: There are no further meeting dates set owing to uncertainty around the timing of the launch of a new Thames Valley JHOSC.



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Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:



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- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.
- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.



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Agenda Item 3

Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee minutes

Minutes of the meeting of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee held on Thursday 16 October 2025 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 10.30 am and concluding at 1.00 pm.

Members present

Councillor Lesley Clarke OBE, Councillor Paul Gittings, Councillor Jane Hanna, Councillor Rebecca Margetts, Councillor Adrian Mather, Councillor Simon Rouse, Councillor Stephanie Stevenson, Councillor Martha Vickers, Councillor Ron Batstone, Councillor Judith Edwards, Councillor Robin Jones, Councillor Dominic Pinkney, Councillor Alan Sherwell, Councillor Stuart Wilson and Councillor Laura Gordon

Others in attendance

Liz Wheaton, Vicky Phoenix, Madeleine Shopland, Jemma Durkan, Dr Omid Nouri, Rob Bowen, Dr Nick Broughton, Dr Priya Singh, Mr Steve McManus, Naomi Radcliffe and Lisa Reynolds

Apologies

Councillor Shade Adoh and Councillor Rachel Eden

Agenda Item

1 Election of Chairman

The meeting commenced with the formal election of the Chair. Members were invited to nominate candidates, and the process was conducted in accordance with Committee procedures. The Clerk asked if there were any nominations. Cllr Jane Hanna from Oxfordshire County Council was nominated by Cllr Adrian Mather, and was seconded by Cllr Judith Edwards. Cllr Hanna was elected Chair of the Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee (BOB JHOSC) as there were no other nominations.

The Committee **AGREED** to the appointment of Cllr Hanna (as Chair for 24 months as per the Committee's terms of reference), who assumed the position of Chair at this point.

2 Election of Vice-Chairman

Following the election of the Chair, nominations were sought for the position of Vice Chair. Cllr Dominic Pinkney nominated Cllr Stuart Wilson from Buckinghamshire Council, and Cllr Robin Jones seconded this.

The Committee **AGREED** to electing Cllr Stuart Wilson, who assumed the position of Vice-Chair of the BOB HOSC for the ensuing 24 months.

3 Apologies for absence

Apologies for absence were received from Cllr Shade Adoh, Cllr Gareth Epps, and Cllr Rachel Eden. Cllr Laura Gordon substituted for Cllr Gareth Epps.

4 Declarations of interest

Members were invited to declare any interests relevant to the items on the agenda. Cllr Jane Hanna declared her interest as an employee of SUDEP Action.

5 Minutes of the last meeting

The minutes of the previous meeting held on 22 November 2024 were reviewed. Members were invited to raise any matters arising or corrections.

The minutes were **AGREED** and approved as an accurate record of the proceedings.

6 Public Questions

There were no public questions received.

7 NHS reforms - update on the development of a Thames Valley Integrated Care Board

Dr Nick Broughton (Chief Executive NHS Buckinghamshire, Oxfordshire & Dr Nick Broughton (Chief Executive NHS Buckinghamshire, Oxfordshire & Berkshire West [BOB] ICB and NHS Frimley ICB) was invited to present a report with an update on the development of a Thames Valley ICB.

Below are the following themes that were discussed during the items:

National and Regional Context:

The Committee received a comprehensive update on the national changes driving NHS reorganisation. The Chair and Chief Executive of the cluster, now comprising BOB and Frimley ICBs, explained the rationale for creating the Thames Valley ICB. The reforms were described as part of a national framework, with the Southeast region participating in these changes. The drivers included the government's transformation agenda, the Darzi Review, the 10-year health plan, and a shift towards prevention, digital access, and community-based care.

Organisational Changes:

It was reported that the changes would not affect service delivery directly but would alter the organisational structure and strategic commissioning. The new ICB would focus on improving population health, reducing inequalities, and enhancing collaboration both locally and regionally. A significant reduction in running costs was

anticipated, with a target of 50% following a previous 30% reduction.

Data-Driven Healthcare and Integration:

The importance of data-driven decision-making was discussed and emphasised, with reference to shared care records and research networks already operating across the Thames Valley footprint. The Committee noted the value of these foundations for future integration.

Stakeholder Engagement and Organisational Design:

Updates were also provided to the Committee on the progress of organisational design, including ministerial approval for the new ICB, joint executive roles, and governance structures. In response to the Committee's questions around the extent of stakeholder engagement, it was explained that extensive engagement had taken place with staff, stakeholders, NHS providers, primary care, local authorities, the voluntary sector, Healthwatch, MPs, and academic partners. Key themes from feedback included support for strategic commissioning, data-led approaches, addressing health inequalities and neighbourhood-focused care.

Executive Recruitment and Transition Plan:

The formal process of transition to a new Thames Valley ICB was also discussed. It was explained that the executive consultation for the new Thames Valley team was underway, aiming for a smaller, more efficient team. Staff consultation was planned for early next year, with the formal transition to the new organisation scheduled for April 2026. The challenge of maintaining morale amid redundancies and organisational change was acknowledged.

Public Consultation and Constitution:

Questions were raised about the lack of public consultation for the new ICB. It was clarified that the changes were infrastructural and did not affect service delivery, hence no formal public consultation was planned. However, engagement with Committees and partners would occur during the drafting of the new constitution.

Local Authority Representation:

The Committee discussed local authority representation on the new ICB board. It was responded that there was a commitment to improving engagement and representation, with recognition of the need for a stronger public health voice. The board composition was still under consideration.

Healthwatch and Patient Voice:

Concerns were raised by the Committee about the abolition of Healthwatch and the importance of retaining its function which provided an independent patient voice.

Assurance was given that the new organisation would design mechanisms to ensure strong patient and public involvement.

Alignment with Mayoral Authority and Devolution:

The potential impact of future mayoral authority boundaries was discussed. The ICB was proceeding with the Thames Valley footprint, and the Committee was assured that flexibility was built into the plans in order to adapt to future changes around local authority boundaries.

Commissioning Arrangements and Better Care Fund:

The Committee also enquired about joint commissioning arrangements between local authorities and the ICB within Oxfordshire and Buckinghamshire. It was explained that there was a commitment to equity and consistency in service delivery across populations and that there was still uncertainty as to specific future arrangements.

Addressing Rural Health Inequalities:

The Committee expressed concerns about rural deprivation and access to healthcare, and this was highlighted as an issue that was prevalent throughout the BOB geography. The ICB responded that they were committed to using data and evidence to identify and address inequalities, including those specific to rural areas.

Population Health Challenges:

The Committee raised questions on high asthma rates in West Berkshire, projected increases in healthcare demand from older populations, and nurse-to-patient ratios relative to the national average. It was responded that strategies were in place to focus on value, neighbourhood health services, and prevention.

Equity in Resource Allocation:

The Committee raised concerns around the extent of equity in resource allocation across a Thames Valley geography. It was explained that there was a firm commitment to evidence-based, equitable allocation of resources, with a view to target areas of greatest need.

Community Engagement and Access:

The Committee raised concerns about digital exclusion and transport barriers for rural communities or vulnerable patients. It was responded that plans were in place to deliver more care in community settings and to improve engagement with residents around these.

The Committee **AGREED** to take offline the matter of agreeing any

recommendations to issue to the ICB on the development of a Thames Valley ICB.

8 Provider Collaboratives

Naomi Radcliffe (Director, Thames Valley Acute Provider Collaborative) and Lisa Reynolds (Associate Director, Mental Health, BOB Provider Collaborative) were invited to present a report on Provider Collaboratives.

- Acute Provider Collaborative:

The Committee received an update on the formation and achievements of the acute provider collaborative, which included joint initiatives such as the fracture liaison service, elective recovery, and patient choice. The Committee discussed resource availability, allocation, and sharing. It was explained that there would be strategic use of scale for procurement and resource allocation, and that the collaborative now comprised four acute trusts.

- Mental Health Provider Collaborative:

There was a discussion with the Committee around the nature and purposes of the mental health provider collaborative. It was explained to the Committee that this collaborative focused on reducing variation of service efficacy, improving outcomes, and reducing out-of-area placements. There were also plans to align the mental health collaborative with any new and ensuing Thames Valley operating model. The importance of working with partners, including the voluntary sector, was also emphasised.

- Estates Strategy and Capital Projects:

The topic of Estates and available capital for estate development and improvement was also raised. It was explained that the ICB was highly supportive of new hospital developments, such as that involving the Royal Berkshire Hospital. It was also highlighted that there was wider strategic planning for NHS estates which aimed to optimise resources.

- Consolidation of Corporate Services:

The need to ensure adequate resource and staffing for provider collaboratives and Trusts was also discussed. It was explained that there was continuous work to consolidate back-office functions, and that the collaboratives had an aim to maximise funding for frontline services.

- Autism and Neurodiversity Pathways:

The Committee noted a significant increase in demand for autism assessments across the BOB geography, and was concerned about this. It was responded that plans were in place to develop needs-based models and that system-wide neurodiversity pathways were discussed between system partners at the BOB and local levels.

- Data Sharing and Quality Improvement:

The topic of data sharing and quality improvements as a result was discussed with

the Committee. It was explained that there were plans to use national and local data sources to identify opportunities for improvements to services provided through the collaboratives. It was also highlighted that there was a commitment to reducing administrative burdens and promoting quality improvement.

- Collaboration and relationship with local authorities:

The relationship between NHS provider Trusts and local authorities was also discussed. It was highlighted that NHS Trusts, with the support of the ICB, were committed to maintaining close and collaborative relationships with local authorities. The Chief Executive of the ICB also reiterated that he held meetings (on behalf of the ICB and wider NHS providers) with the Chief Executives of the local authorities in the BOB geography every few weeks. This was explained to be a crucial step in keeping local authorities continuously engaged and for relationship building purposes. It was also highlighted that in each local area, strong integrated place-based conversations were taking place directly between NHS providers and the local authorities in their area.

- Collaboration on mental health crises and Emergency Departments:

The Committee enquired about how mental health crises were managed through the collaboratives, and whether there was any collaboration between Trusts around reducing demand on emergency departments from patients experiencing a mental health crisis. It was explained to the Committee that there was a lot of ongoing work between Acute Trusts across Oxford, Buckinghamshire and Berkshire with their local emergency departments to see how they could support patient flow, and to get people to receive the right care in the right place as soon as possible. However, it was recognised and highlighted that more work around this was required, including via better use of data.

- Collaboration with the voluntary sector:

The Committee enquired as to the degree to which there was close collaboration between provider Trusts and the voluntary sector, including via the collaboratives. It was responded that acute Trusts do, both via the collaboratives and through their own individual avenues, collaborate closely with the voluntary sector and recognise the important contributions that the voluntary sector provides. The Trusts also keep local charities and community organisations regularly updated on any key developments around their respective services. This was particularly the case in the mental health provider collaborative, where strong relationships existed with some advocacy organisations that were able to support and advise the best way in which to shape and deliver mental health services.

The Committee **AGREED** to take offline the matter of agreeing any recommendations to issue to the ICB and acute Trusts on provider collaboratives.

9 **Work programme**

The committee discussed the future work programme in light of the extensive reforms and ongoing projects.

It was proposed and **AGREED** that an online meeting be held to set priorities and discuss the work programme in partnership with the ICB.

10 Date of next meeting

It was **AGREED** that the next meeting would be scheduled before the end of March 2026, with dates to be confirmed in consultation with the ICB and Committee members.

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Establishing Thames Valley ICB

Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview
and Scrutiny Committee Meeting – 17 March 2026

Purpose of the session

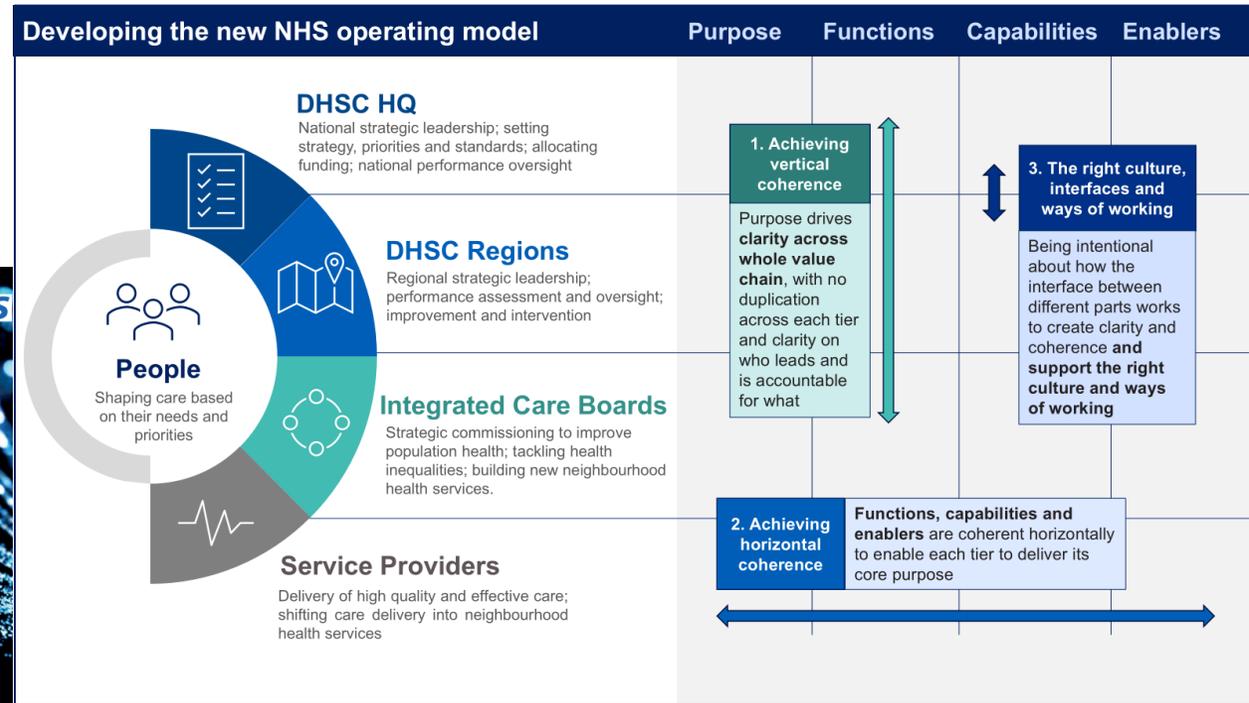
- The national picture – why are these changes happening
- Dissolution of Frimley ICB and BOB ICB
- Establishment of Thames Valley ICB
- The changing role of the ICB as a “strategic commissioning” organisation
- Our commissioning intentions
- Our future operating model and the design choices
- What this means for our staff and partners

National context: A changing operating model for the NHS



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Model Integrated Care Board – Blueprint v1.0



Single Neighbourhood Providers

Smaller number of ICBs

Integrated Health Organisations

New Foundation Trusts

Multi Neighbourhood providers

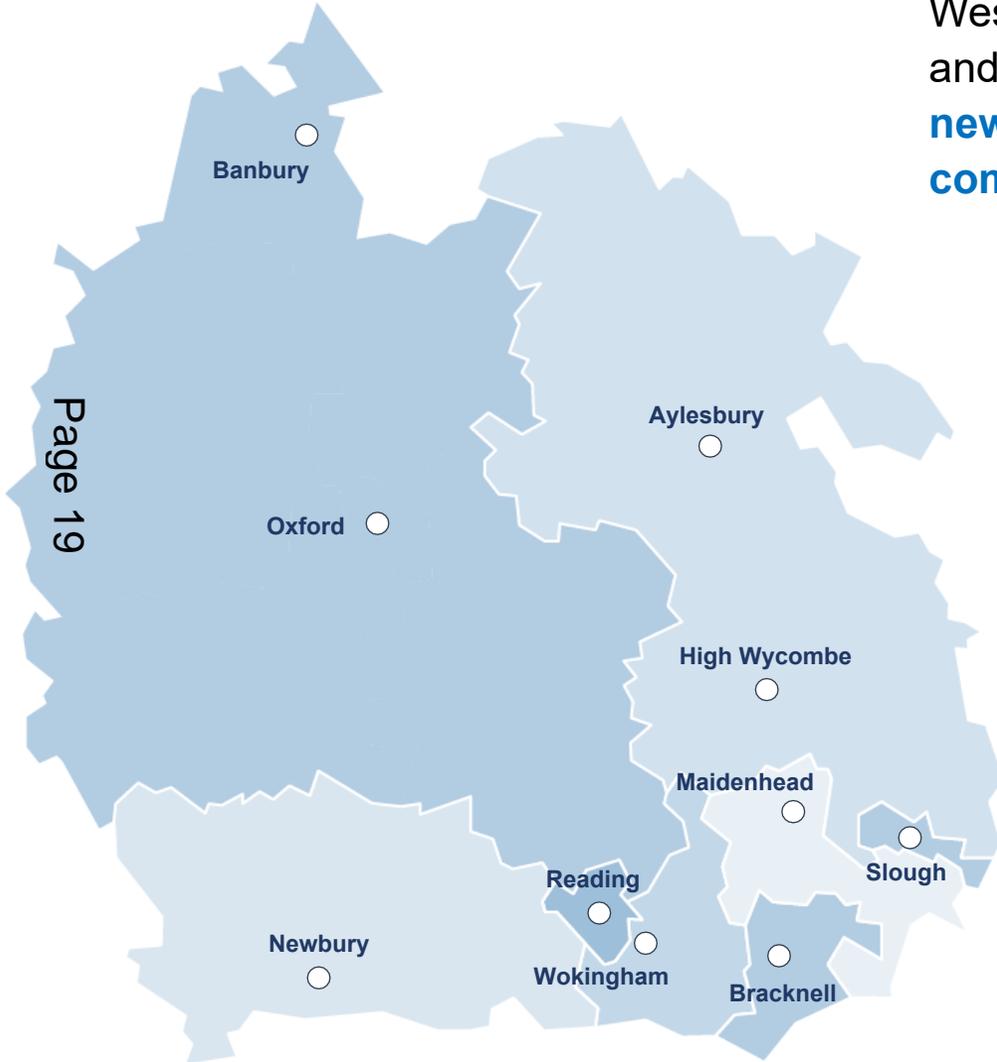
Thames Valley ICB: Why change is required

Within the context of the 10 Year Health plan, the role and functions of ICBs is changing. This is happening within a wider set of changes to the NHS and public sector landscape, which we must respond to, including:

- **A refreshed role and focus for ICBs** – The Model ICB Blueprint sets out the critical role ICBs will play in improving population health outcomes, reducing inequalities, through setting strategy and ensuring effective use of their resources to deliver maximum value for their population.
- **A revised resourcing envelope for ICBs to operate within** – ICBs have been asked to reduce costs by an average 50% to meet the expectation of £19 per head of population.
- **A greater focus on collaboration across regional footprints** – The Model ICB Blueprint refers to examples of functional areas where ICBs may wish to come together at scale to deliver their functions and activities, working at pan-ICB level. In the South East region, we have developed such working arrangements and are working to progress these.
- **Expected changes to local government** – Plans for reform and devolution will see the establishment of Strategic Authorities. Local Government reform is expected to lead to the creation of large unitary authorities merging district and county councils and consolidating smaller unitary authorities. There is a desire for co-terminosity between sectors.

Thames Valley ICB: A new organisation with clear purpose

Map of the new Thames Valley ICB footprint



The Boards of Frimley ICB and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB have committed to close down our exiting organisations and come together across BOB and Frimley to **design and develop a new entity** with a Thames Valley footprint that embraces a **different commissioning construct** and builds on the respective strengths of both ICBs.

This will serve the population of the Thames Valley across Buckinghamshire, Oxfordshire and Berkshire seeking to **improve the population's health** and ensure access to consistently high- quality services both now and in the future.

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

- Berkshire East will merge with BOB ICB to **form Thames Valley ICB**
- Surrey Heath and Farnham will transfer to Surrey and Sussex ICB
- North East Hampshire will transfer to Hampshire and Isle of Wight (HIOW) ICB

Engagement with partners has been ongoing to ensure we build on and maximise the opportunities for **strong local collaboration and successful realignment.**

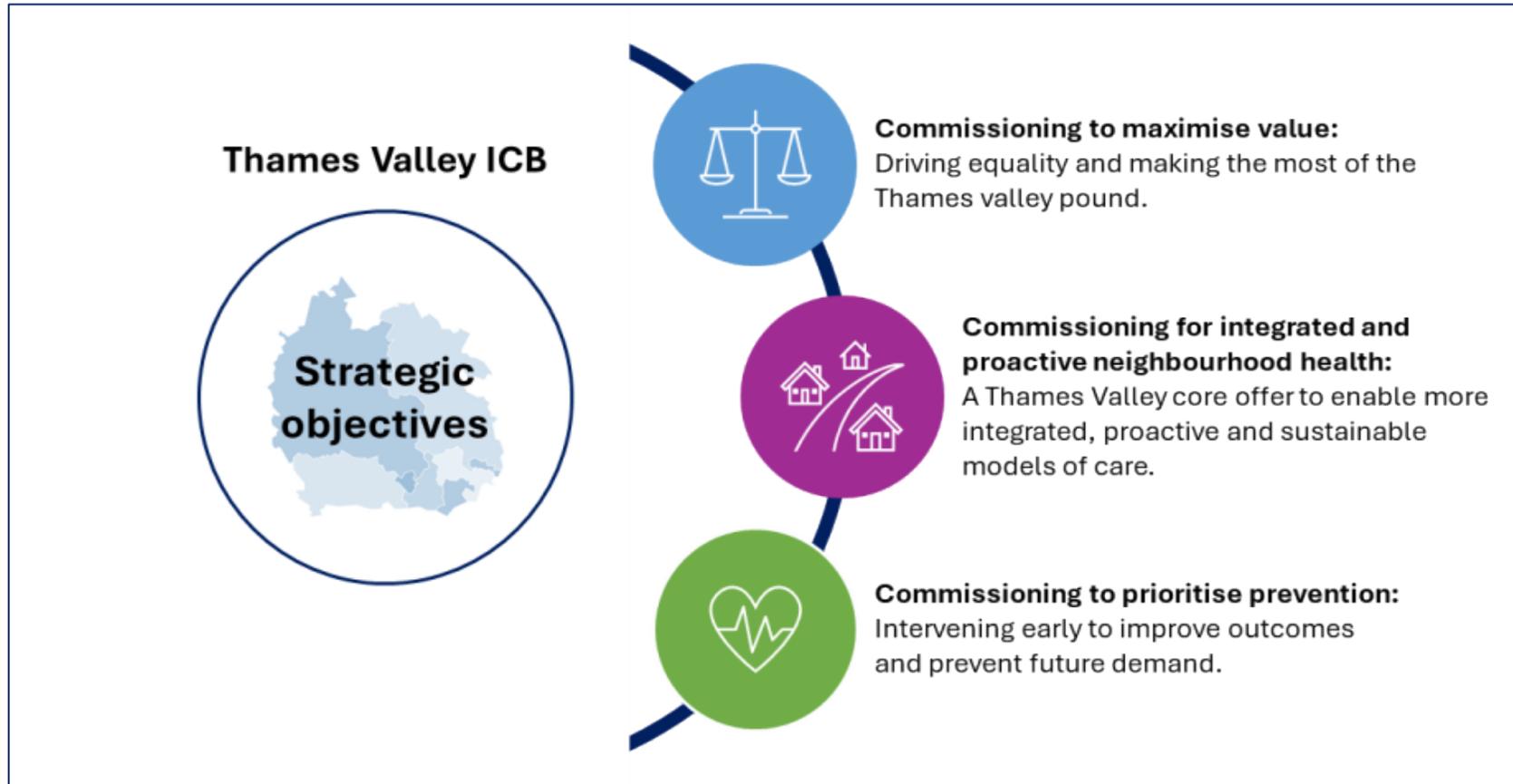
Changes to ICBs – Strategic commissioning focus

- Significant changes are underway to how the NHS is organised in England. Subject to legislation, NHS England will be abolished and some statutory roles and duties will change.
- ICBs are being reduced in number, to cover larger geographies and to focus on a more strategic approach to commissioning.
- NHS England's Strategic Commissioning Framework sets out a clear expectation for how ICBs will approach this challenge
- Thames Valley ICB is committed to taking a whole organisation approach to achieving this, bringing leaders and teams together from across the organisation to commission improved care for our residents.



Thames Valley ICB – Our Organisational Purpose

- The **purpose of the ICB as a strategic commissioner** is to improve outcomes and reduce inequalities by shaping services across whole pathways of care.
- In line with the Commissioning Intentions, all our work will be **framed by three principal areas of focus and effort**.



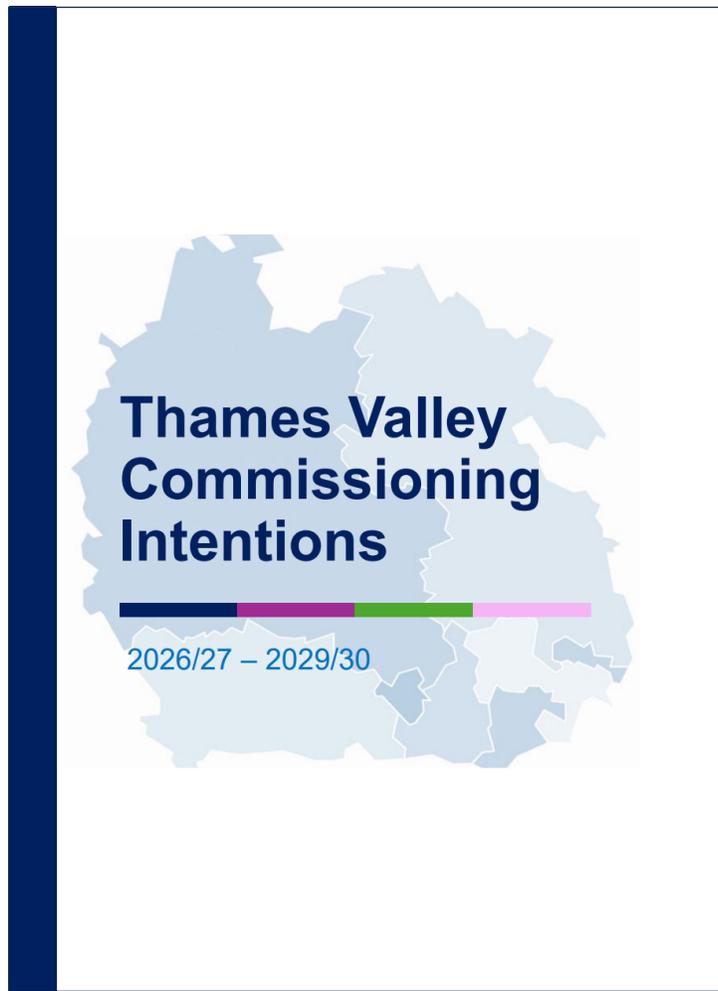
Where we are: Thames Valley planning

The NHS is shifting to medium term planning to support a more strategic approach. Ahead of the establishment of Thames Valley ICB, this planning round is our first Thames Valley-wide commissioning activity, starting to define how we will operate as a strategic commissioner:

Given this, we are focusing on:

- **A population first approach** – shifting our focus from organisation/system to a more population focused approach
- **A transparent, open and logical process** – focusing on building trust, sharing data and being clear on what decisions we are making and why
- **Modelling strategic commissioning through Innovation Fund** – using the commissioning cycle to define an end-to-end process for ~£50m of funding
- **Bringing our people with us** – drawing our teams together around a new purpose & geography





*“... changes will not happen overnight and will require us to **commission purposefully** for the changes we want to see. To support this, **we will set up the Thames Valley Innovation Fund**”*

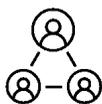
Purpose is to:

- **Seed fund change**, prioritise interventions, pilot new payment approaches and evaluate impact.
- **Identify high-performing solutions** that can be scaled
- **Move money to support evidence-based offers** - commit to removing low value activities. Create a reinvestment pipeline
- **Attract wider investment** to make additional resources available.

In 2026/27 the Thames Valley ICB Innovation Fund will strategically commission approximately £50 million to accelerate delivery of national priorities and sustainable and innovative solutions to identified local system challenges. These include:



Improving access to elective care - Reducing the time it takes for people to access planned care through redesigning outpatient pathways, delivering new neighbourhood MDT based models, expanding Advice & Guidance (A&G), and initiatives that reduce waiting times in acute and community settings.



Accelerating the roll out of neighbourhood health: improving integration between local services using a neighbourhood health approach, to ensure our populations receive more joined up care and support, particularly for those that use multiple services or are living with complex needs.



Strengthening support to **children and young people experiencing poor mental health** through the provision of early, accessible and community-based support services.

Thames Valley ICB Board



The new Thames Valley ICB Board will be in place from 1 April. We are currently undertaking an appointment process for all partner member roles.



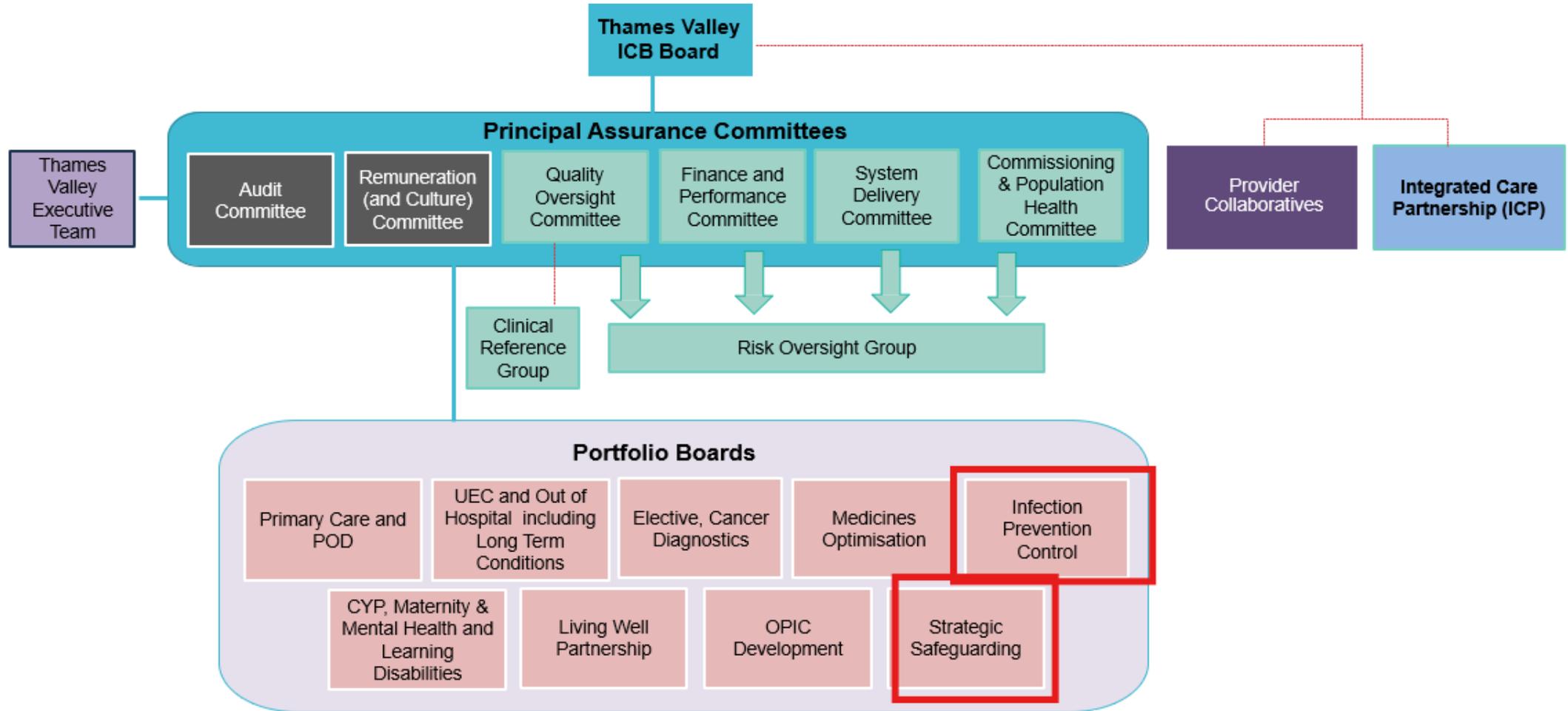
Executive Structure: Chief Officer roles from 1 April



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Our Governance and how we will take decisions

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What this means for our teams – how we work together



These changes are hugely impactful for our staff. Many are now facing an uncertain future and we are committed to supporting them throughout this change. We are also committed to designing a new organisation which helps people do their best work and to have the most impact for those we service. We will do this through adopting the following principles for how we work:

Greater Connection – Stronger connections across the organisation and with partners, working collaboratively in mixed teams.

High Support and High Challenge - create an environment where everyone is supported and empowered to deliver high-quality work that meets high standards and expectations.

New Skills and Capabilities - invest in learning and development to build new skills and capabilities

Culture and Values - our culture will be built on our interim values of Compassion, Collaboration and excellence. We aim to prioritise trust, transparency, and psychological safety, empowering learning and innovation as well as an ongoing focus on the importance of Equality, Diversity and Inclusion

System Leadership and Collaboration - we are committed to being a system leader that improves health outcomes and reduces inequalities by using evidence and population insight to guide decisions.

Data and Digital Innovation - By making better use of data analysis and digital tools, aligned with community insight and commissioning flexibly with long-term thinking, we will deliver sustainable improvements for our communities.

Support for staff to deliver clear programmes of work - We will prioritise our OD Plan and ensure clear flexible working, including support to part time working for roles

Work Programme 2025/26

Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna | Dr Omid Nouri, Health Scrutiny Officer, omid.nouri@oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant Strategic Priorities	Purpose	Type	Lead Presenters
17 March 2026				
Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Update. 08/29	Healthier Fairer	To receive an update from the NHS Integrated Care Board on the following areas/developments: <ul style="list-style-type: none"> ➤ The national picture of NHS reforms. ➤ Details around the dissolution of Frimley ICB and BOB ICB. ➤ Establishment of Thames Valley ICB and appointments to Chair, CEO and Executive roles. ➤ The changing role of the ICB as a “strategic commissioning” organisation. ➤ The ICB’s future operating model. ➤ What the above changes mean for ICB staff and partners. ➤ The ICB’s commissioning intentions and likely service developments for residents coming down the line. 	Overview and Scrutiny	Sam Burrows Caroline Corrigan

No further meeting dates set owing to uncertainty around the timing of the launch of a new Thames Valley JHOSC

Agenda Item 7

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