

# **Establishing Thames Valley ICB**

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

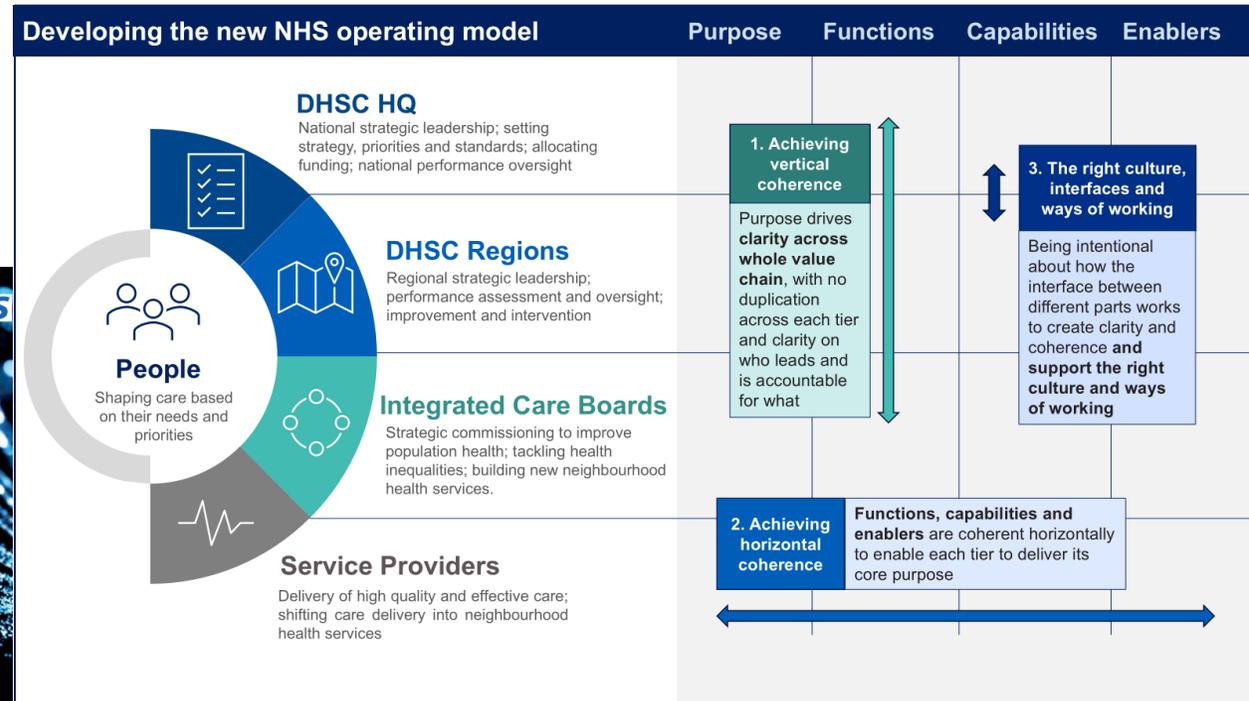
# Purpose of the session

- 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



Model Integrated Care Board – Blueprint v1.0



Single Neighbourhood Providers

Smaller number of ICBs

Integrated Health Organisations

New Foundation Trusts

Multi Neighbourhood providers

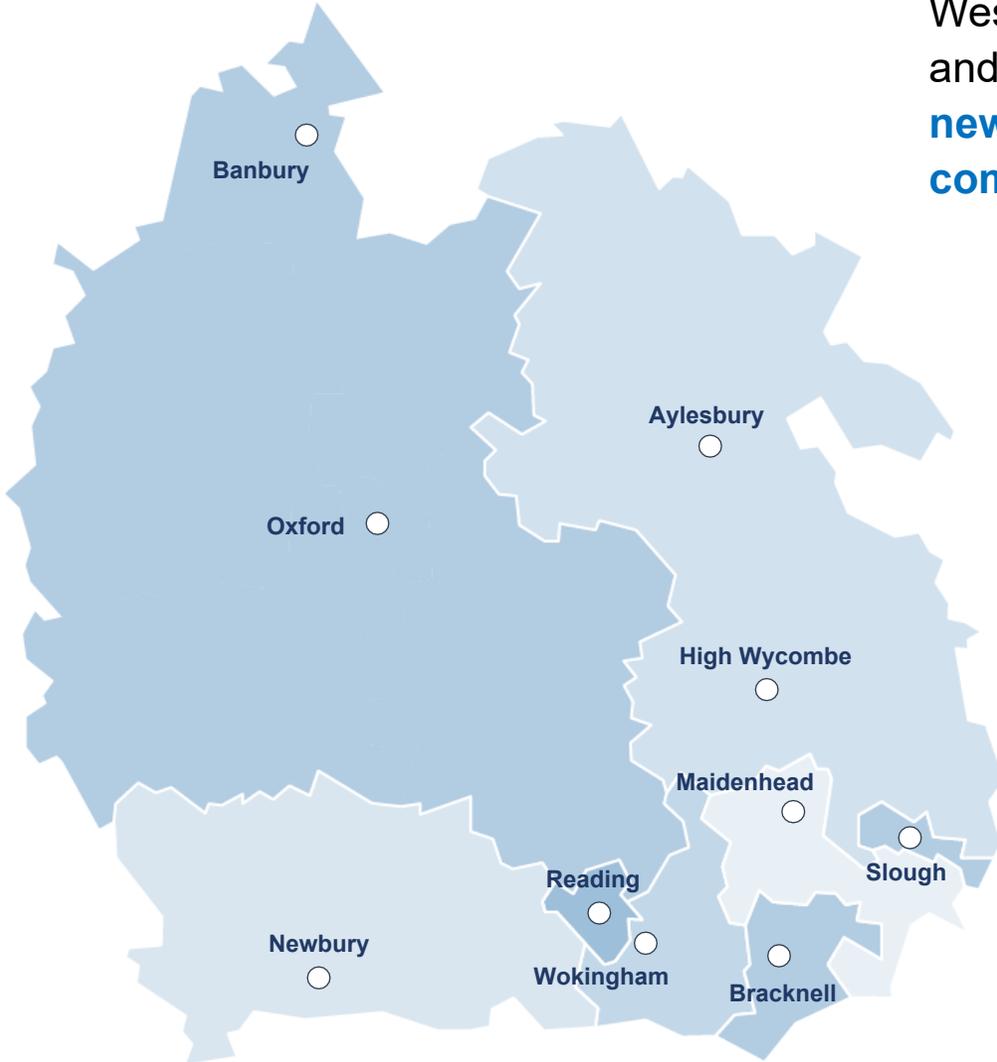
# Thames Valley ICB: Why change is required

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.**

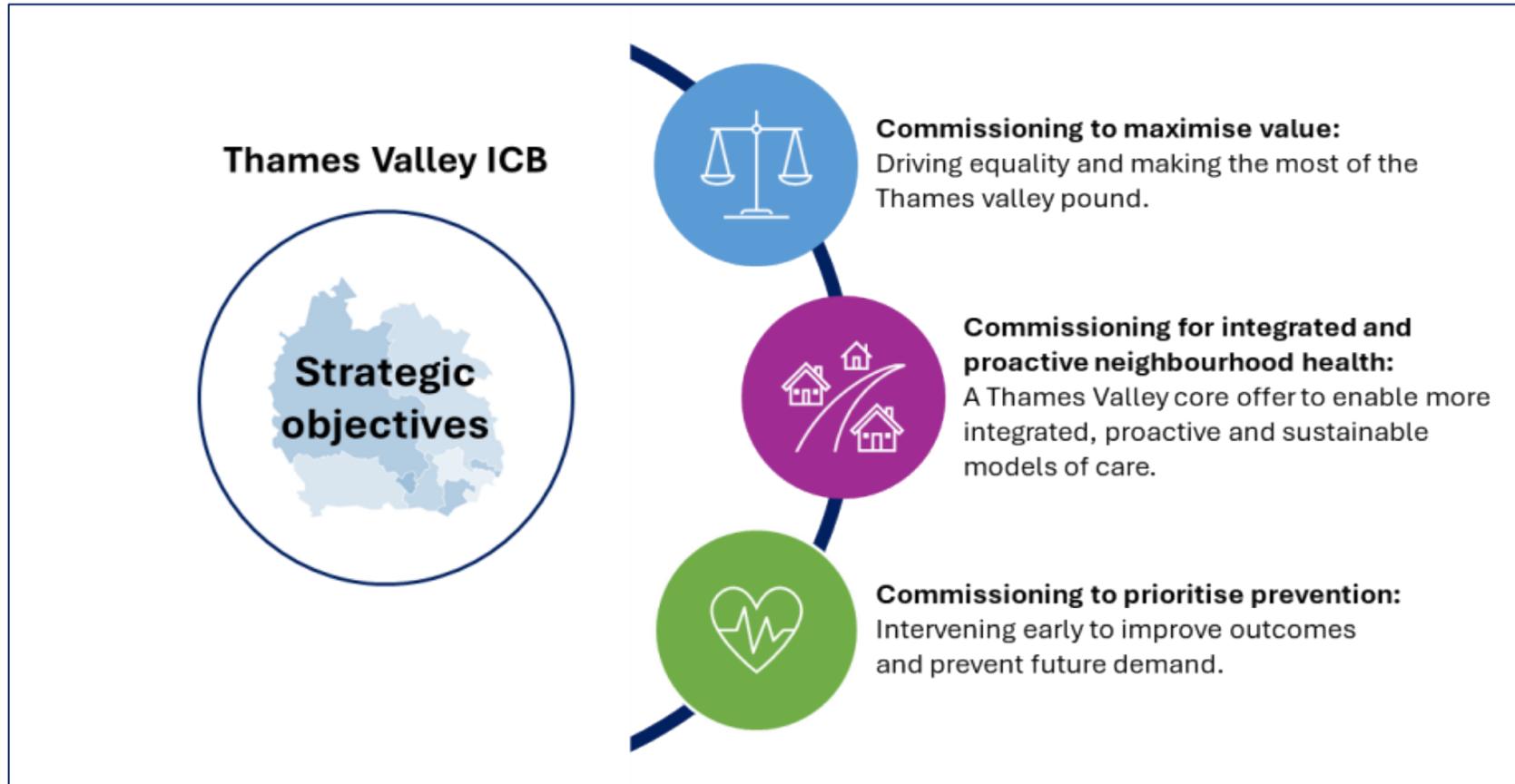
# Changes to ICBs – Strategic commissioning focus

- 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**.



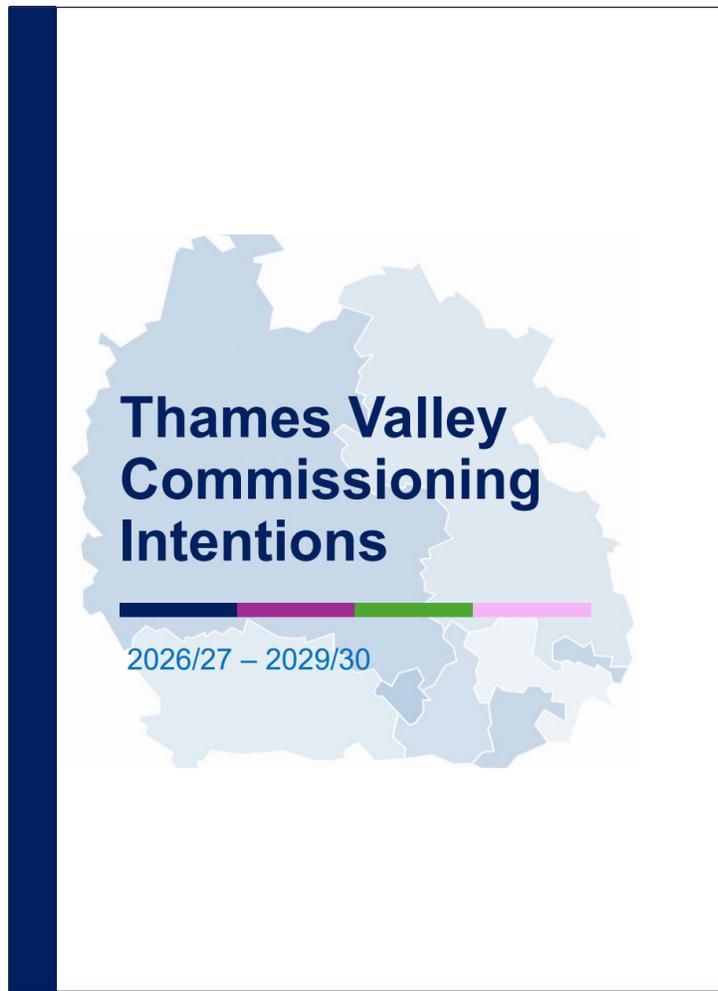
# Where we are: Thames Valley planning

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



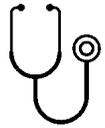


*“... changes will not happen overnight and will require us to **commission purposefully** for the changes we want to see. To support this, **we will set up the Thames Valley Innovation Fund**”*

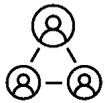
Purpose is to:

- **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



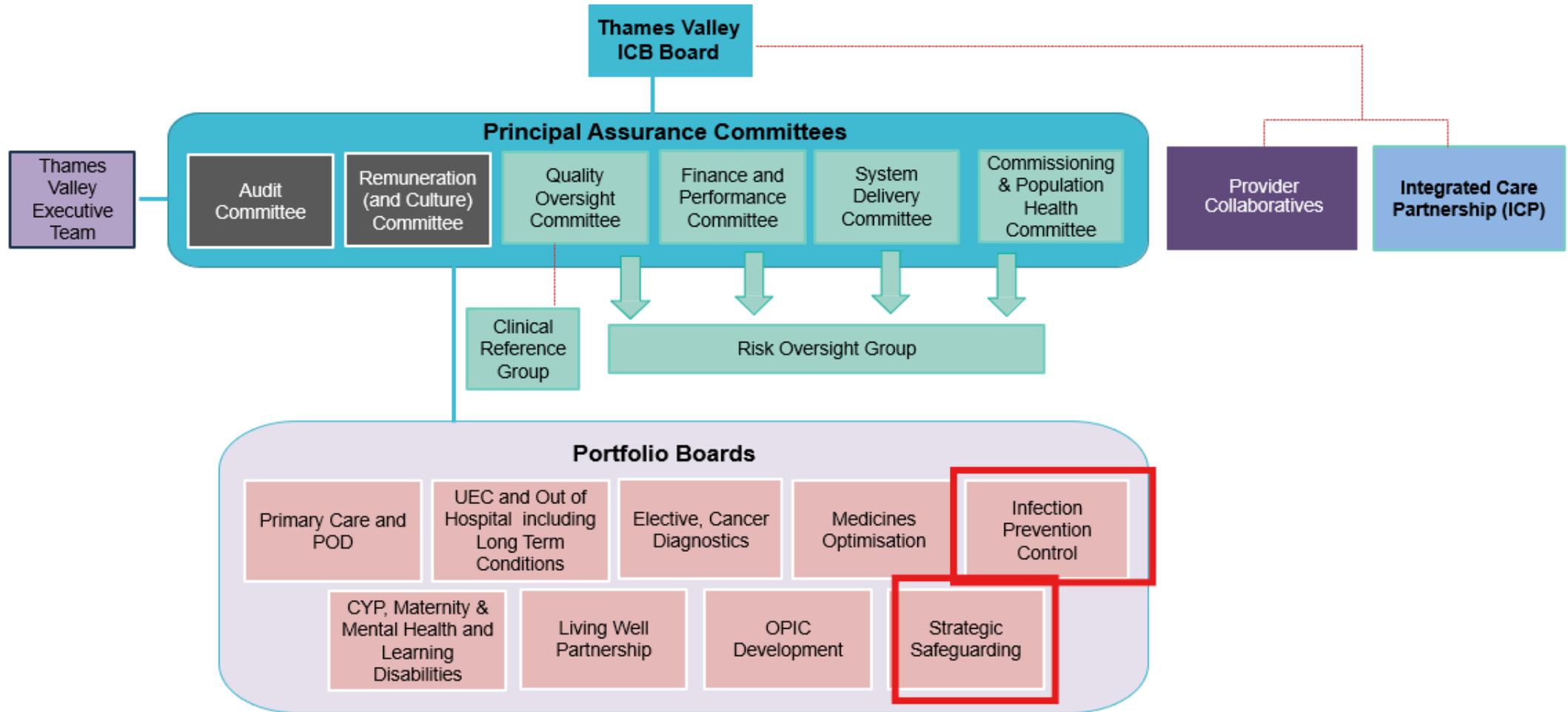
The new Thames Valley ICB Board will be in place from 1 April. We are currently undertaking an appointment process for all partner member roles.



# Executive Structure: Chief Officer roles from 1 April



# Our Governance and how we will take decisions



# 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