

Development of the Thames Valley Integrated Care Board

July 2025

Purpose and overview

This pack, developed by NHS Frimley ICB and NHS Buckinghamshire, Oxfordshire & Berkshire West ICB sets out information on:

- Our intention to develop a **new Thames Valley ICB** and the plans in place to deliver the transition
- Show **how we will deliver national expectations** including boundary alignments and strategic commissioning reform
- Outlines our proposed functions to inform the **development of an operating model** for the Thames Valley ICB

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% by Q3 of 2025/26 to meet the expectation of £19.00 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 BOB ICB have committed to support our organisations come together across BOB and Frimley to **design and develop a new entity** with a Thames Valley footprint that embraces a **radically 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:

- 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

Frimley alignment with neighbouring ICBs and Local Authorities

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**.

We're working closely with neighbouring ICBs to ensure a smooth transition and to **maximise the benefits** of coterminosity.

We understand that change can raise questions and concerns, and we're **committed to listening and responding**.

Over the coming months, we'll be engaging widely to gather a broad range of views and ensure **local insight** shapes the way forward.



Thames Valley ICB: Accelerating integration

The new Thames Valley ICB	
Boundary changes	Buckinghamshire, Oxfordshire and Berkshire West and East Berkshire boundaries
Population	2,491,407 (GP registered population) 2,216,595 (weighted population)
Local Authority geography	Co-terminosity achieved with eight upper-tier/unitary local authorities
Providers (NHS Trusts and FTs)	Berkshire Healthcare NHS FT Buckinghamshire Healthcare NHS Trust Frimley Health NHS FT Oxford Health NHS FT Oxford University Hospitals NHS FT Royal Berkshire Hospitals NHS FT South Central Ambulance Service NHS FT
Primary Care	200 GP practices (53 Primary Care Networks) 326 Pharmacies 210 general ophthalmic contractors 244 dental practices
VCSE Partnership	Working with voluntary, community and social enterprise organisations
Budget	£42.1m

The new ICB will strengthen and accelerated integration across the geography:

- Berkshire Healthcare NHS Foundation Trust (BHFT), a **mental health and community** provider, operates across all Berkshire.
- Other services e.g. **urgent dental care, specialist dental care for paediatrics** and **talking therapies** are also provided
- South Buckinghamshire population are significant users of Frimley Health. 37% of Buckinghamshire's **emergency department activity** is directed to Wexham Park.
- Royal Berkshire Hospitals (RBHFT) provides **ophthalmology and renal services** to the whole Berkshire population
- Brants Bridge Urgent Care Centre in Bracknell provides **minor injury & illness services** to much of Wokingham's population

Thames Valley ICB: Designing the new organisation



Both Frimley and BOB ICBs are committed to forming **a new strategic commissioning ICB** by April 2026. The new entity will align with the Model ICB Blueprint and NHS 10 Year Health Plan operating efficiently within the £19.00 per head allocation, with functions aligned to strategic commissioning aims. The national timetable for change is ambitious and requires the ICBs to implement change rapidly. To create the organisational design for the new ICB, we have developed an approach focused on four phases:

Functional & baseline analysis



Analysis of key inputs including the **Model ICB Blueprint** and the **World Class Commissioning (WCC)** framework. **Joint Board input** to help define purpose and functional priorities.

June

Functional groupings & resource envelopes, & engagement with staff & partners



The **organisation structure phase** of the Design process focusses on the **development of functional groupings, resource envelopes** and **design options** for team size and shape. It also includes working with **staff and subject matter experts** and **engaging with partners**.

July & August

Validation and final alignment



The Design workstream will turn these inputs **into a proposed operating model** and **associated structure**

August

Staff consultation & stakeholder engagement



There will be a **formal staff consultation** launched later in the year. Alongside this further **stakeholder engagement** will take place.

Autumn

The proposed **functional groupings** have been developed to support the design of the future Thames Valley ICB. They are grounded in the requirement for the ICB to be a strategic commissioner of local health services, ensuring the resources available are put to the best possible use: to improve population health, reduce health inequalities and improve access to consistently high-quality services. The groups reflect:

- The **Model ICB Blueprint**
- The **commissioning cycle**
- The **World Class Commissioning (WCC) framework**

This approach groups functions together where there are close alignments and are ordered to reflect the commissioning process and to encourage **clear accountability, collaboration, and efficiency**.

It is important to note that these functional groups are not our proposed directorates; they form the building blocks of the new organisation and for engagement with staff and partners throughout July.

Population Insights, Data & Analytics

Commissioning Strategy & Planning

Finance & Contracting

Neighbourhood Health, Place & Partnership Development

Clinical & Quality Leadership

Corporate Services

Population Insights, Data & Analytics

This groups data, analysis, public health insight, user feedback, service impacts, evaluations and advanced analytics under this function.

The aim of these areas is to **build a clear picture of people's health needs, risks, and how they use services, both now and in the future** so that it can support better decision-making and ensure resources are used where they'll make the biggest difference.

This links to the part of the commissioning cycle that is focussed on understanding our context as the foundation for any commissioning ambition and decision making.

Commissioning Strategy & Planning

Building on a clear understanding of our current position, we need to set the **strategic direction for the services, people and providers** we are responsible for working with.

We have grouped long term planning, system and service strategies options development, system change, development of new care models and pathway redesign together.

The aim of these areas is to **commission system-wide change** through **value-based prioritisation**, pathway redesign, and collaborative planning to **optimise outcomes, reduce inequalities, and ensure efficient resource allocation**.

Finance & Contracting

This grouping includes financial and contracting functions, The contracting functions relate to **the practical delivery of the commissioning strategies, alignment of funding to outcomes**, financial stewardship, market management, negotiating and managing outcomes-based contracts and provider performance under this function.

The aim of these areas is to **drive efficiency, and productivity** through formal contracts and financial incentives.

This will be supported by **robust performance monitoring**, and the use of financial tools to assess value, return on investment, and cost-effectiveness.

Neighbourhood Health, Place & Partnership Development

We have grouped **partnership building, development of neighbourhood health service models, collaboration with local authorities including public health, voluntary and community sector partners** and the pooling of resources to commission local and neighbourhood functions.

The aim of these areas is to balance a **drive for innovation, consistency and equity** with a **neighbourhood-based approach** to reduce health inequalities and reflect community needs.

Clinical & Quality Leadership

We have grouped **quality management and assurance, clinical governance, clinical leadership** and optimisation of care pathways functions.

The aim of these areas is to drive **continuous improvement in patient outcomes, safety, and experience** across the system and continue to oversee areas of **healthcare delivery such as CHC and Medicines Optimisation**.

Corporate Services

We have grouped our critical **enabler and support services** that will ensure compliance, transparency and accountability, oversight of statutory duties of an ICB, information governance and core organisational operations such as communications and engagement, audit and complaints under this function.

The aim of these areas are to ensure the ICB is **meeting its statutory duties and operates smoothly and efficiently** as an independent NHS organisation.

Thames Valley ICB: In summary



NHS Frimley ICB and NHS Buckinghamshire, Oxfordshire & Berkshire West ICB are actively responding to the national ambition to develop ICBs into strategic commissioning organisations. In line with the NHS 10-Year Plan and the Model ICB Blueprint, both ICBs are working collaboratively to form the new Thames Valley ICB; a single, strategic body that will serve the populations of Buckinghamshire, Oxfordshire, and Berkshire.

This transformation is not just about structural change, it's about creating a more strategic, data and insight driven organisation that works closely with partners to plan and deliver healthcare that better meets the needs of local communities.

While timelines are subject to national guidance and approval by the Secretary of State, the commitment to collaboration, flexibility, and local insight remains strong.

Together, Frimley and BOB ICBs are laying the foundation for a Thames Valley ICB that is strategic in vision, grounded in partnership and focused on delivering health for all by April 2026.

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