

Renewed Direction for ICBs:

Shaping our future and Future ways of working

Update for partners/stakeholders
February 2026

What is Happening

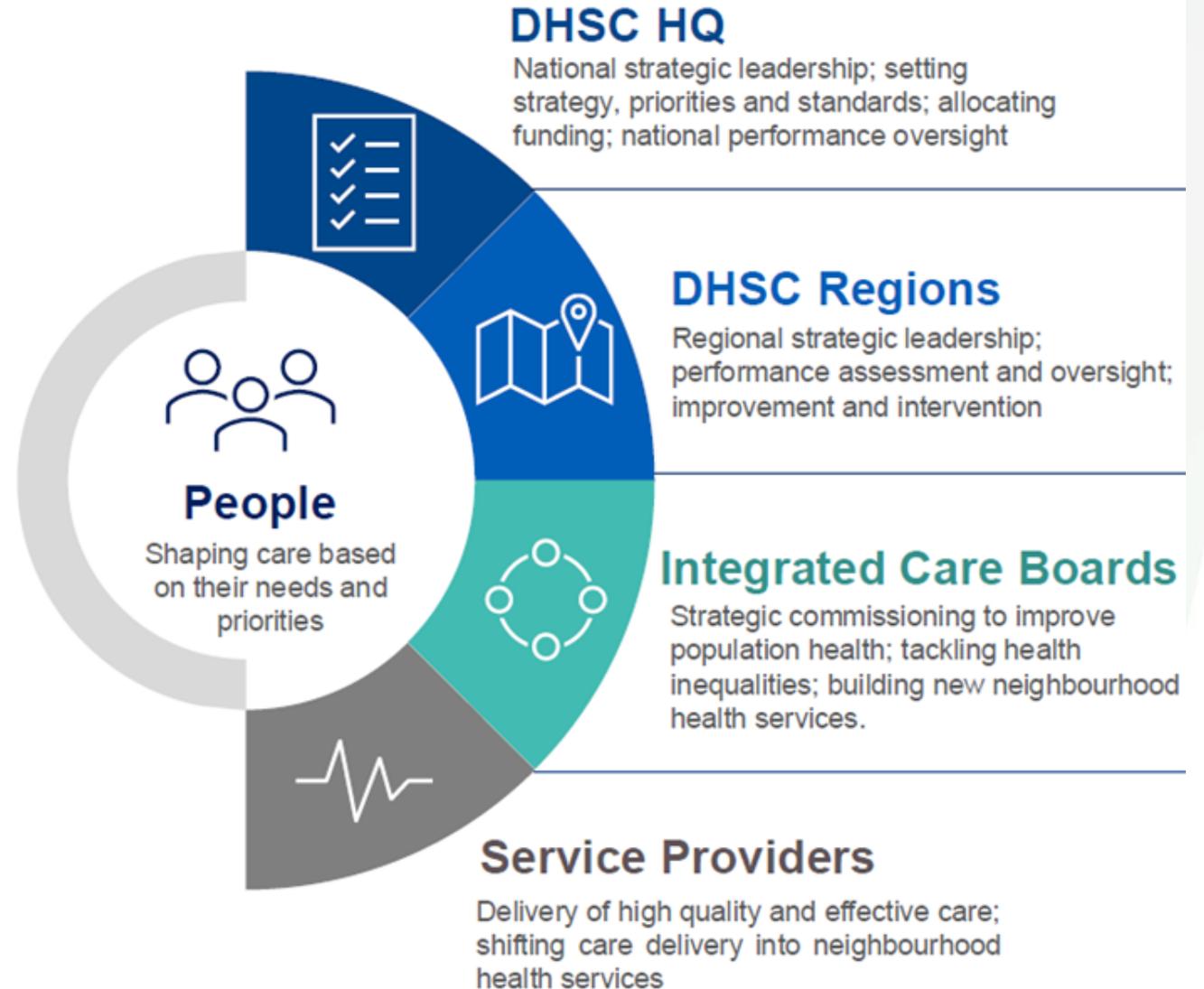
- All ICBs have been undertaking significant organisational change in line with national expectations to strengthen strategic commissioning and operate within a reduced running cost envelope.
- Following consultation with colleagues and further national guidance, the ICB has now agreed our final operating model and structure.
- The new model strengthens:
 - our role as a strategic commissioner
 - alignment between commissioning design, contracting and performance
 - place-based partnership working
 - population health intelligence and strategy
- We intend to implement the new structure from 1 April 2026, subject to completion of appointments.

Purpose and Role: Why ICBs exist

DHSC have made changes to the requirements of and funding for organisations in the NHS system.

As a result we are expected to:

- Refocus on strategic commissioning
- Stop doing some work which is now the responsibility of other organisations
- Reduce the cost of running our organisation to align with a new core funding allocation equivalent to £19 per head of population.
- Deliver these changes with effect from 1st April 2026, when our funding will be reduced.



ICBs will have four core functions:

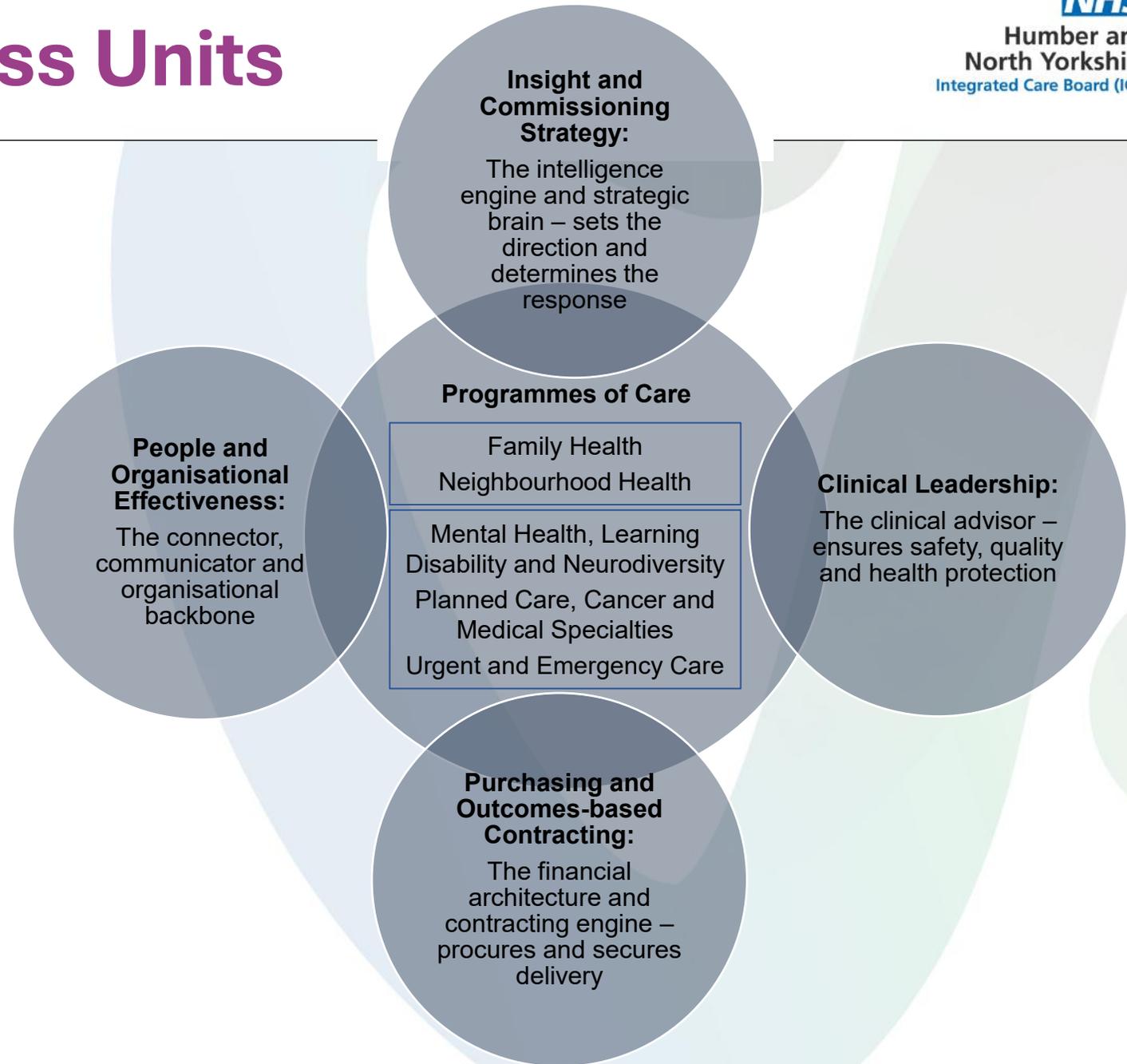
- **Understanding local context:** Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision and tailoring services accordingly.
- **Developing long-term population health strategy:** Long-term population health planning and strategy and care pathway redesign to improve health outcomes, address inequalities and maximise value based on evidence.
- **Delivering the strategy through payer functions and resource allocation:** Oversight and assurance of what is purchased and whether it delivers outcomes required.
- **Evaluating impact:** Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes.

Our system strategy remains

Our aims	Narrowing the gap in health life expectancy by 2030 Increasing healthy life expectancy by five years by 2035			
Our outcomes	Start Well	Live Well	Age Well	Die Well
Our partnership ambition	Radically improving children's wellbeing, health and care			
	Enable wellbeing, health and care equity		Transforming people's health and care experiences and outcomes	
Our person-centred approach	Think Person	Think Family	Think Community	
Our big 4 health outcome priorities	Reducing harm from cancer	Cutting cardiovascular disease	Living with frailty	Enabling mental health and resilience
10 year plan intentions	Hospital to Community	Sickness to Prevention	Analogue to Digital	

Four Business Units

We will have **four** business units which will work together to design, commission, procure, evaluate and pay for impactful healthcare services delivered through **two** pillars across **five** commissioned programmes of care.



What are our Programmes of Care?

Organisational cogs working intraoperatively, our Programmes of Care will evolve continuously to meet the needs of our population.



Three Place-aligned Matrix Teams

Our Sub Geography Place-aligned Matrix Teams

We will ensure that our work responds to local needs by working through three matrix teams each **aligned to a pair of local authorities**, led by the **Directors of Commissioning: Partnerships and Engagement** and each comprising **aligned Neighbourhood Planning capacity** from the Neighbourhood Health Programme of Care, and an **aligned Senior Commissioning Manager focused on children and young people**.

Working through dotted line arrangements, these matrix teams will ensure that local priorities and nuances influence key aspects of the Programmes of Care.

Director of Commissioning: Partnerships & Engagement
- each aligned to a pair of local authorities:

York and North Yorkshire

North Lincolnshire and North East Lincolnshire

Hull and East Riding

Aligned commissioning
capacity for Children
and Young People

Aligned Neighbourhood
Health Planning
capacity

Statutory Partnership services

Alongside our core strategic commissioning functions, **we will deliver a range of Statutory Partnership services** directly to people living in Humber and North Yorkshire. These services include:

- **Continuing Healthcare** assessment and management services.
- **Safeguarding** services.
- **SEND and Children's Continuing Care** assessment and management services.
- **Infection Prevention and Control** services.

What this means for our partners

- **The ICB will be clearer about priorities and choices.** We will have to be upfront about what we are focusing on, what we expect to change, and where we are investing NHS funding to get the biggest benefit for local people.
- **We cannot deliver these priorities on our own.** Improving prevention, reducing inequalities, and supporting people closer to home depends on councils, providers, VCSE organisations and communities working together.
- **Partnership will be about outcomes, not meetings.** We want to spend less time on structures and process, and more time on what actually improves people's lives — better access, better experience, and better outcomes.
- **Local knowledge and relationships really matter.** Councils and VCSE partners understand communities, neighbourhoods and the wider factors affecting health. Providers understand what it takes to make services work in practice. That insight will shape how services are commissioned and delivered.

What this means for our partners

- **Commissioning should support collaboration, not competition.** We want to use NHS funding and contracts in ways that encourage joined-up working, prevention, and shared responsibility — not siloed services.
- **There will be honest conversations.** This includes talking openly about pressures, risks, and where change will be difficult — and working through those challenges together.

HNY ICB will take clearer responsibility for NHS commissioning, but **improving health and wellbeing remains a shared endeavour. Real progress** — especially on inequalities and prevention — **will only happen if we continue to plan, design and deliver together.**

What is NHS commissioning?

NHS commissioning is about deciding how NHS money is used to meet local people's health needs.

In practice, it means:

- **Understanding what local people need** — now and in the future
- **Deciding priorities** when money and capacity are limited
- **Planning which services are needed**, where, and for whom
- **Paying organisations** to provide those services
- **Checking services are safe, effective, and making a difference**

So commissioning isn't about delivering care day to day — it's about **making sure the right care is in place, in the right way, for the right people.**

How we plan, fund and oversee health services



- Buy the right services
- Spend wisely



- Design better care
- Build for the future



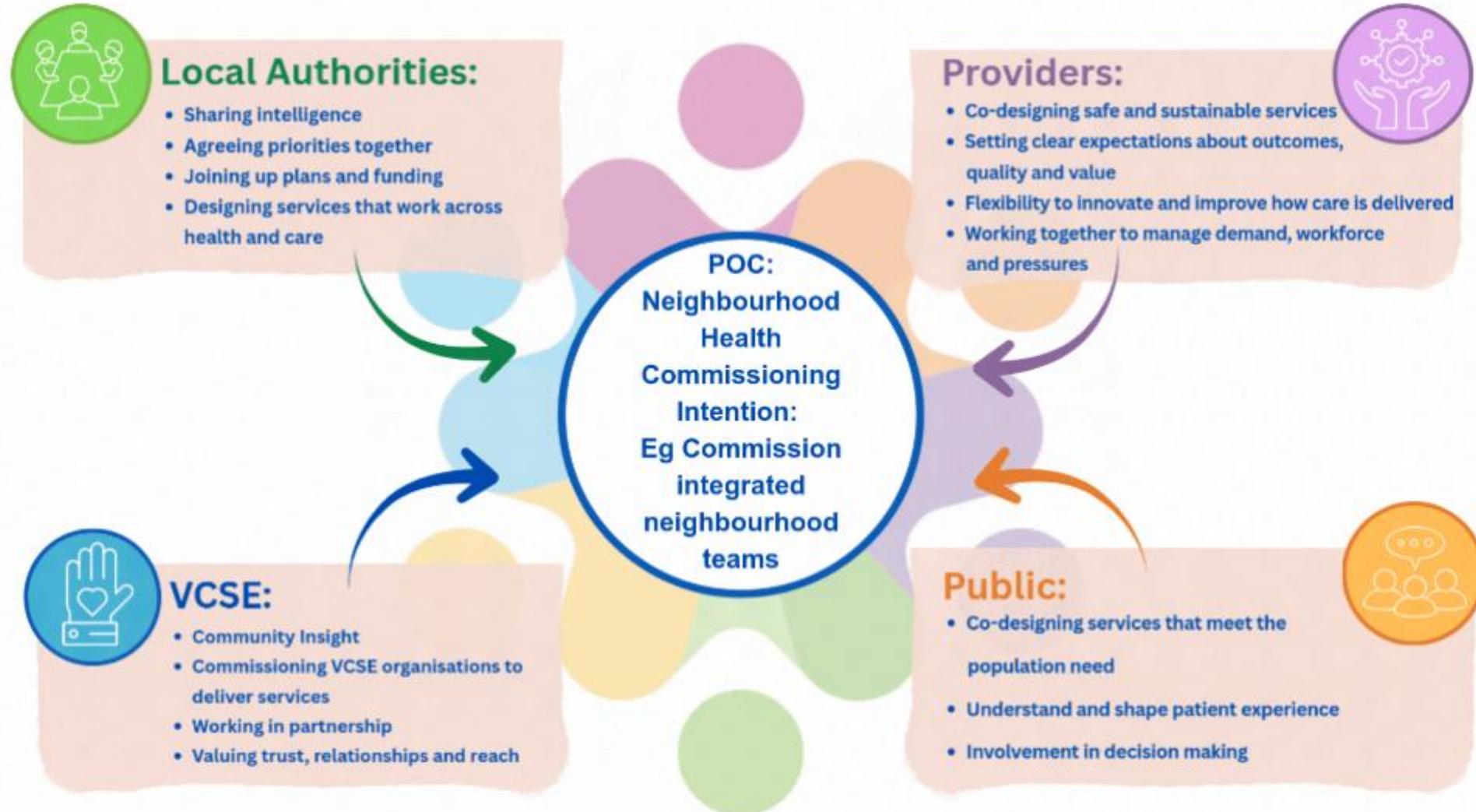
- Bring partners together
- Make it work smoothly

To improve health and get the best results for our communities

How NHS commissioning works with partners



Our New Model in Practice



Thank You