

Meeting of Joint Cluster ICB Board

Date: Wednesday 30th September 2026

Time: 11:15am to 1:00pm

Location: Ground Floor Committee Room Shire Hall, Gloucester

Agenda Number:	5	
Title:	Chief Executive Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		
The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives. The main areas of discussion this month are; • ICB Organisational Changes • Developing a Business Plan for the ICB		
Recommendations:	To discuss and note	
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Agenda item: 5

Report title: Chief Executive Report

Introduction

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- ICB Organisational Changes
- Developing a Business Plan for the ICB

ICB Organisational Changes

The Joint Transition Committee met on the 15th September 2026 and considered progress on merger preparedness, workforce change, governance arrangements and the future clinical leadership model.

Merger Programme and Risk Management

The Committee reviewed the emerging merger programme arrangements and the establishment of a formal due diligence structure aligned with national guidance. Members were advised that six workstreams and an oversight group have now been established to support merger planning, with detailed deliverables and milestones being developed against the working assumption of implementation from April 2027.

A significant element of the discussion focused on the risks associated with continued uncertainty regarding future organisational arrangements. Members explored the potential consequences of any further delay to the merger, including the operational and financial implications of maintaining separate organisational infrastructures, governance arrangements and corporate systems for an extended period. The Committee received assurance that these risks are formally captured within the programme risk register and subject to ongoing review. However, members concluded that further contingency planning is required to understand the implications of a prolonged transition period and commissioned additional work in this area.

The Committee also discussed the impact that uncertainty may have on staff morale, retention and engagement. Whilst recognising that some anxiety remains inevitable during periods of organisational change, members were assured that support arrangements are in place and that the leadership team remains actively engaged with affected staff.

Workforce Transition and Organisational Change

The Committee received a comprehensive update on the workforce transition programme and noted continued progress in implementing the agreed organisational design. Members

were advised that the majority of structural changes have now been implemented, although several recruitment processes remain active and some appointments have been delayed due to human resources and pension administration issues. Despite these challenges, executives expressed confidence that remaining recruitment activity will be completed over the coming weeks.

Members considered the experience of staff affected by redundancy, redeployment and recruitment processes. The Committee heard that regular support arrangements have been put in place, including structured engagement sessions and individual HR support. There was recognition that the organisation is now entering a phase where staff increasingly want clarity not only on organisational structures but also on the future vision, culture and priorities of the merged organisation.

The Committee reviewed progress against equality impact assessments associated with the restructure. Members noted that current analysis has not identified clear evidence of disproportionate adverse impact on any protected group, although further analysis will be required once compulsory redundancy processes have concluded. Particular attention continues to be given to race and disability considerations as recruitment and workforce changes progress.

The Committee also considered the risk of losing organisational knowledge through workforce change and received assurance that improved knowledge transfer and retention arrangements have been implemented following previous audit findings.

Governance and Decision-Making Framework

The Committee reviewed a proposed decision-making framework intended to harmonise governance processes across the cluster and support transition to a single organisation. Members welcomed the framework and agreed that it represented a positive step towards clearer and more consistent decision-making arrangements.

Discussion focused on ensuring that governance arrangements appropriately balance delegation and oversight. In particular, members emphasised that decisions should be escalated not solely on the basis of financial value but also where there are significant strategic, political, equality, reputational or public interest considerations. The Committee also stressed the importance of maintaining clear routes through which committees and Boards can seek additional oversight of decisions where necessary.

Further refinement of the framework was requested before final adoption, particularly in relation to assurance routes for commissioning decisions, committee call-in powers and arrangements for periodic independent review of decision-making effectiveness.

Clinical and Care Professional Leadership

The Committee considered proposals for the future clinical and care professional leadership model and the consultation arrangements relating to directly employed clinical leadership posts. Members were advised that the proposed arrangements seek to maintain strong clinical leadership whilst supporting the broader move towards strategic commissioning and operating within a reduced financial envelope. The model proposes a smaller central

leadership function combined with wider clinical and care professional leadership delivered through collaborative arrangements and partner organisations.

The Committee discussed the importance of maintaining multidisciplinary representation and ensuring that future arrangements effectively incorporate nursing, allied health professional, pharmacy, dental and wider care perspectives. Members also explored the implications for relationships with provider collaboratives and One Care as the model develops. Following discussion, the Committee supported commencement of formal consultation on the proposed arrangements.

Financial and System Planning Issues

The Committee also received an update on planning assumptions associated with the £19 per head efficiency requirement and the work being undertaken to understand both current-year and recurrent financial implications. Executives advised that planning remains on track and that the organisation expects to deliver the required savings, although some elements will be non-recurrent in nature.

Committee Assurance and Key Outcomes

Overall, the Committee concluded that transition and merger preparations continue to progress satisfactorily despite significant uncertainty in the external policy environment. Members were assured that appropriate governance structures, risk management processes and workforce support arrangements are in place. The Committee endorsed continuation of the current merger planning assumptions, supported progression of the clinical leadership consultation and agreed a number of further actions to strengthen merger risk management, governance assurance and workforce transition arrangements.

Matters Requiring Ongoing Board Oversight

The Committee highlighted four areas that warrant continued Board attention over the coming months: the impact of national policy decisions on merger timescales; workforce morale and retention during the latter stages of restructuring; delivery of planned efficiencies whilst maintaining organisational capability; and the effectiveness of the emerging governance framework as decision-making responsibilities evolve within the cluster.

Developing a Business Plan for ICB

Work is progressing to create a new 2026/27 Business Plan that will provide a shared organisational framework for the period from August 2026 to March 2028. The plan is intended to focus collective effort on the organisation's most important priorities while the future Target Operating Model is implemented and the organisation responds to the national direction for Integrated Care Boards as strategic commissioners.

The emerging plan is organised around three strategic ambitions:

- **Healthy Lives**
- **Health Equity**
- **Best Value**

These ambitions are supported by five delivery pillars covering neighbourhood health, health equity, strategic commissioning, ICB-led clinical and care services, and organisational effectiveness. Together, the pillars support the longer-term ambition of becoming a high-performing strategic commissioner and a pioneer in left-shift transformation, delivering improved outcomes, greater equity and stronger performance.

The business plan is being developed as more than a collection of projects. It is intended to provide a shared framework for prioritising activity, directing resources, managing risk and measuring progress. Cluster and place-based arrangements will be central to this approach, enabling functions to be undertaken at scale where appropriate while allowing delivery to be shaped around the needs of local populations, communities and neighbourhoods.

Progress to date

The initial phase of development has established the overall purpose and structure of the business plan. This has included:

- defining the three strategic ambitions;
- identifying five organisational delivery pillars;
- describing the principal areas of work within each pillar;
- beginning to articulate the outcomes that should be achieved;
- clarifying the respective roles of the Executive Team and Extended Leadership Team; and
- establishing the expectation that teams will translate the plan into practical actions and everyday decision-making.

The emerging approach was considered with the Extended Leadership Team on 2 September 2026. The discussion focused on ensuring that the business plan creates a clear connection between strategic priorities, organisational leadership and the day-to-day work of teams.

Emerging strategic framework

The business plan is intended to provide a clearer line of sight between the organisation's strategic ambitions, the work undertaken by teams and the outcomes delivered for local populations.

It will also support the organisation to become more focused, collaborative and accountable. Teams will be expected to translate the five pillars into practical actions and to work consistently across organisational and professional boundaries. The success of the plan will therefore depend on shared ownership and collective responsibility across the organisation.

The five delivery pillars

1. Neighbourhood health

The first pillar focuses on implementing neighbourhood health, initially through an all-age frailty approach. This includes the development of Integrated Neighbourhood Teams, neighbourhood health plans, provider collaborative arrangements and delivery of the national Neighbourhood Health Framework.

The pillar also includes the development of a resilient winter plan focused on frailty and complexity. The intended outcome is that people with frailty and complex needs receive more joined-up support closer to home and that winter pressures are better anticipated and managed.

2. Health equity

The second pillar focuses on embedding health equity throughout the strategic commissioning cycle. This work will be informed by an annual health inequalities statement and dashboard, providing clearer evidence of inequalities and how commissioning decisions are addressing them.

The pillar also includes work to develop a more inclusive and anti-racist organisation in which colleagues feel valued and able to contribute. The intended outcome is that health equity becomes an integral part of commissioning and that action on inclusion and anti-racism is visible, structured and sustained.

3. Strategic commissioning

The third pillar focuses on putting in place the foundations for a strengthened strategic commissioning approach. The emerging framework includes:

- an integrated needs assessment;
- a strategic plan and commissioning intentions;
- an outcomes framework;
- a commissioning approach incorporating financial incentives;
- public involvement; and
- place and neighbourhood-based commissioning.

The approach will be tested through the strategic commissioning of the children's contract. This will provide a practical example of how population need, outcomes, public involvement, resources and incentives can be brought together through a more systematic commissioning model.

4. ICB clinical and care services

The fourth pillar focuses on the delivery of safe and more efficient ICB-led clinical and care services.

The emerging plan proposes an annual action plan aligned with National Outcomes Framework requirements. This will set priorities and direct resources towards areas where improvement is required. Identified examples include maternity, cardiovascular disease, mental health, ADHD and autism, and SEND.

The pillar also includes a comprehensive review of All Age Continuing Healthcare. This work is intended to improve efficiency and establish a more resilient and sustainable model, supported by clearer processes, better use of resources and an improved ability to manage demand.

5. Effective organisation

The fifth pillar focuses on bringing the organisation together so that it can operate effectively and deliver the business plan.

The emerging areas of work include:

- developing the next phase of the Target Operating Model;
- establishing effective cluster and place-based arrangements;
- clarifying decision-making and wider partnership governance;
- embedding consistent organisational processes and improvement methods;

- making effective use of digital tools;
- strengthening organisational culture and shared purpose;
- delivering national merger requirements; and
- achieving sustainable financial, quality and performance outcomes.

The intended outcome is an operating model that aligns people, processes, technology and governance with delivery of the business plan. This will be supported by a positive organisational culture and a well-governed and effectively managed merger.

Leadership and organisational responsibilities

The emerging approach distinguishes between the strategic leadership role of the Executive Team and the coordinated delivery role of the Extended Leadership Team.

The Executive Team will be responsible for setting the overall direction, maintaining focus on the five pillars, providing visible leadership and managing strategic risks. It will also have an important role in convening partners around the ICB's core objectives, removing organisational barriers and creating the conditions for successful delivery.

The Extended Leadership Team will translate the plan into team priorities and day-to-day operational activity. It will provide oversight of delivery, coordinate work across organisational boundaries, identify dependencies, resolve cross-functional barriers and provide assurance on progress.

Teams across the organisation will bring the plan to life through their objectives, priorities, behaviours and everyday decisions.

Current areas of development

The strategic framework and broad outcomes have now been identified. The next phase will focus on converting these into a more detailed and executable business plan.

The principal areas currently requiring further development are:

- specific deliverables within each pillar;
- measurable outcomes and success indicators;
- current baselines and expected trajectories;
- delivery milestones;
- named executive and operational leads;
- financial and workforce implications;
- dependencies between the five pillars;
- strategic and delivery risks;
- escalation and corrective action arrangements; and
- reporting arrangements for the Executive Team and Board.

This work will help ensure that the completed business plan provides a practical framework for organisational delivery and assurance, rather than operating solely as a statement of strategic intent.

Key considerations

Prioritisation and organisational capacity

The five pillars contain a significant range of activity. The next phase will need to identify the most important deliverables and sequence them against available leadership, workforce and financial capacity.

Measurement of outcomes

The emerging plan describes the intended outcomes for each pillar. Further work is required to establish baselines, indicators, milestones and sources of evidence through which progress and impact can be demonstrated.

Cluster, place and neighbourhood delivery

The plan will need to identify which activities should be undertaken at cluster scale and which should be led or shaped at place and neighbourhood level. This distinction will be important in supporting local responsiveness while avoiding unnecessary duplication.

Dependencies

Progress across the pillars will depend on the development of the Target Operating Model, governance arrangements, organisational capabilities and enabling infrastructure. These dependencies will be mapped as the detailed plan is developed.

Financial alignment

Best Value is one of the plan's three strategic ambitions. The next stage will therefore need to establish a clear link between business plan priorities, resource allocation and financial planning.

Organisational ownership

Successful delivery will depend on colleagues understanding how individual and team responsibilities contribute to the five pillars. Staff engagement and communication will form an important part of the next stage of development.

Equality, quality and financial implications

Health equity is both a strategic ambition and a dedicated delivery pillar. The business plan is therefore being developed to strengthen the consideration of inequalities throughout the commissioning cycle and improve the evidence available to demonstrate how decisions affect different communities.

Quality considerations are reflected in the focus on safe and efficient ICB-led services, measurable improvement in priority areas, more joined-up support for people with frailty and complex needs, and a more resilient model for All Age Continuing Healthcare.

Best Value is one of the three strategic ambitions, and the effective organisation pillar includes the achievement of sustainable financial, quality and performance outcomes. Detailed financial implications and quantified resource requirements will be developed as the delivery plans for each pillar are completed.

Next steps

The next stage of work will convert the emerging strategic framework into a detailed organisational business plan. This will include:

1. refining the proposed outcomes and deliverables for each pillar;
2. confirming leadership responsibilities and delivery ownership;
3. developing measures, baselines and milestones;
4. identifying financial, workforce and organisational implications;
5. mapping dependencies and risks;
6. aligning team and individual objectives with the business plan; and
7. establishing arrangements for Board approval and Executive Team reporting.

A further update will be provided to the Board as the detailed plan and associated assurance arrangements are developed.