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NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 5th March 2026

Time: 12:30 – 15:15

Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's, Bristol BS6 5NL

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 • Positioning the ICB in a New System		
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
- Positioning the ICB in a New System

ICB Organisational Changes

Transition Committee

The Transition Committee met on the 17th February and reviewed progress against the transition programme, with a particular focus on executive appointments, organisational design, financial assurance, workforce change, and risk management.

The programme remains on track for consultation in March 2026, with significant activity underway to design the future operating model, manage workforce reductions, and provide assurance to NHS England. Key areas of Board interest include capacity and capability risks during transition, financial sustainability within the reduced allocation, and the need to embed health inequalities, race equity, and effective matrix working at the core of the new organisation

Key Areas of Discussion

1. Leadership and Organisational Design

The Committee noted that senior executive appointments have been completed and the new executive team is actively developing the future structure and target operating model. External expertise is supporting the design to ensure a place-based, networked approach rather than traditional hierarchical arrangements. Work on job descriptions is progressing, with staff consultation scheduled to commence in late March. The importance of clear executive ownership, balanced with robust non-executive challenge and assurance, was emphasised.

2. Transition Programme Progress and Engagement

The transition programme is currently in its design phase, with multiple workstreams operating at pace. Baseline assessments, particularly for strategic commissioning, are being considered by ICB Boards. Engagement has taken place with senior leaders, staff,

and partners, with feedback consistently highlighting the need for faster decision-making, stronger collaboration, improved digital capability, and a culture that supports strategic commissioning.

Committee members recognised that while these themes are familiar across NHS reorganisations, this transition presents an opportunity to embed them more effectively through organisational design and development. There was strong emphasis on ensuring that engagement feedback is demonstrably reflected in decisions and communicated back to those who contributed.

3. Workforce, Skills and Organisational Development

Significant discussion focused on future skills and behaviours, particularly around strategic commissioning, financial capability, digital literacy, and addressing health inequalities and systemic racism. Members highlighted the need for these priorities to run consistently through structures, processes, and leadership behaviours, rather than being treated as standalone initiatives.

It was acknowledged that current People and HR capacity is heavily focused on managing the reorganisation, limiting immediate progress on longer-term organisational development. The Committee agreed that emerging organisational development plans could be brought to the Joint Transition Committee for assurance in the absence of a dedicated People Committee. External challenge and independent advisory input, particularly on race equity, were identified as important components of assurance.

4. Financial Assurance and NHS England Requirements

The Committee considered and approved a draft assurance letter to NHS England confirming plans to meet statutory financial duties within the £19 per head allocation. While confidence was expressed that the recurrent structure for strategic commissioning can be delivered within this allocation, members acknowledged that the transition period will be challenging, particularly in the early months of the new financial year.

The approach outlined recognises that some non-core services will need to be transferred out of ICBs in a controlled and safe way over time, rather than through rapid disinvestment that could destabilise services or weaken financial control.

5. Voluntary Redundancy (VR) Scheme

The Committee noted the scale of voluntary redundancy approvals and the associated financial implications, including short-term costs and medium-term savings. Differences in uptake between the two ICBs were discussed, with contributing factors including organisational history, workforce profile, and recent experience of change.

Risks associated with the loss of experienced staff were recognised. Mitigations include structured knowledge capture, mapping of existing roles to future directorate portfolios, and contingency planning for business continuity. The Committee also noted equality impact considerations and ongoing support for staff leaving or remaining in the organisation, including the option of a further VR round during consultation.

6. Risk Management and Assurance

The transition programme risk register has been strengthened, with clearer thematic groupings and prioritisation of the most significant risks. To address concerns about operational risks emerging as staff leave and services change, a new mechanism has been introduced to allow all staff to raise transition-related risks directly.

Positioning the ICB in a New System

Considerable time and effort have been place taken to create a new, leaner, ICB however little discussion has taken place with regards to how the new organisation will work within a changing system. This paper provides a potential narrative on the refocused role of Integrated Care Boards (ICBs) under the new NHS operating model. It outlines the strategic shifts underway, the implications for partners at system, place and neighbourhood level, and the areas where collective leadership and planning will be critical over the coming year.

Strategic Context

The new NHS operating model positions ICBs more clearly as strategic commissioners, with responsibility for managing multi-year budgets and leading improvements in population health outcomes, health inequalities, and access to high-quality services.

For BNSSG and Gloucestershire, this represents a significant change in how the system is led and how partners work together. The ICB role will increasingly focus on long-term, data-driven and collaborative population health commissioning, rather than transactional contracting or day-to-day operational involvement. This shift reinforces the importance of strong place-based partnerships and shared system leadership across our two systems.

The Direction of Travel: Key Strategic Shifts

I am suggesting that there are **four core shifts** that will shape future ways of working across BNSSG and Gloucestershire. These are highly relevant to partners at place and provider level.

1. From disease pathways to neighbourhood-level population outcomes
Commissioning will move away from single-disease pathways towards a focus on whole-population outcomes, delivered at neighbourhood level. This includes developing new commissioning approaches that span neighbourhood health services and emerging models such as Integrated Health Organisations (IHOs). For partners, this reinforces the central role of neighbourhoods and places as the engine room for improving population health.

2. From transactional to strategic commissioning
There will be a reduced emphasis on activity-based contracts and routine performance management. Instead, the focus will be on commissioning for outcomes and understanding impact across populations. This will require partners to work collectively around shared outcomes rather than organisational silos.

3. From convening to commissioning
The ICBs will step back from its traditional convening role and from day-to-day operational involvement in system resilience. This represents a deliberate shift in how leadership is exercised across the system, with greater responsibility resting with places, providers and partnerships to lead change together.

4. From 'stepping in' to a leaner model
Reductions in ICB running costs mean there will be limited capacity for the ICB to directly intervene in service improvement or operational challenges. This marks a clear change from previous ways of working and underlines the need for shared ownership of improvement across BNSSG and Gloucestershire.

Implications and Risks for our Partnership

Taken together, these shifts may require new skills, capacity and capability within provider organisations and partnerships, particularly in population health management, outcomes-based commissioning and neighbourhood delivery models.

There is also risks that, as ICBs transition at pace, particularly following staff reductions, gaps may emerge in system leadership, coordination or improvement support. From April 2026, partners across BNSSG and Gloucestershire will need to collectively consider how these gaps are addressed and where responsibility should sit.

Holding on to System Working

Despite these changes, the importance of strong partnership and system working is a consistent theme. Partners are encouraged to continue challenging entrenched structures and behaviours that can inhibit collaboration.

For BNSSG and Gloucestershire, this means doubling down on place-based and neighbourhood-led models of care, and continuing to move away from transactional relationships towards genuinely collaborative approaches to population health commissioning and management. The success of the new operating model will depend on the strength of these relationships.

Questions for ICB Boards

Over the coming months, the new ICB team will establish a process to facilitate the development of a shared set of system norms. Key questions that we will need to consider will include.

- What are the **key opportunities and risks** for partners and the wider system as the ICB role is refocused?
- What **collective actions** are needed to ensure BNSSG and Gloucestershire are ready for this transition?
- How will partners plan and manage the transition together, particularly where new gaps or pressures may arise?