# Model ICB blueprint – impact on primary care commissioning/ neighbourhood health

May 2025

The Model ICB document was developed by a group of integrated care board (ICB) leaders from across the country.

No detail on neighbourhood health or the role of the centre or regional teams are included.

Going forward ICB core functions will be:

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

Commissioning/ contracting falls within core function 3, ICBs will need to:

- Negotiate and manage outcome-based contracts
- Monitor provider performance, including continuous review of impact, access and quality
- Establish procurement governance, value-for-money checks

The document further sets out areas for ICBs to grow, adapt and transfer, below a few that relate to primary care commissioning/ contracting:

## Grow: functions for ICBs to grow/ invest in:

- Commissioning neighbourhood health
- Commissioning end-to-end pathways (including those delegated by NHS England: specialised services; primary medical, pharmacy, ophthalmic and dental services (POD); general practice, and further services that will be delegated by NHS England to ICBs over time)



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## Selectively retain and adapt: functions for ICBs to retain and adapt including by delivering at scale:

- Quality management as part of commissioning cycle and monitoring of contracts while avoiding duplication with providers, regions and CQC.

## Review for transfer: functions and activities for ICBs to transfer over time:

- Green plan and sustainability to transfer to providers over time
- Development of neighbourhood and place-based partnerships to transfer to neighbourhood health providers over time
- Primary care operations and transformation (including primary care, medicines management, estates and workforce support) to transfer to neighbourhood health providers over time
- Estates and infrastructure strategy to transfer to providers over time, retain limited strategic commissioning overview as part of strategy function.

## Cost savings:

- ICBs to reduce running costs and programme pay to £18.76 per head of population (excluding POD and specialised commissioning delegation).
- Plans to achieve this cost saving to be drawn up and submitted by 30 May
- Document mentions, where appropriate, the eventual merger of ICBs.


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