

HEALTH AND WELLBEING BOARD

DATE	1st October 2026
REPORT OF	Helen Phillips - Director of Commissioning, Partnership and Engagement - Northern Lincolnshire - Humber and North Yorkshire ICB
SUBJECT	Integrated Care Board Update
STATUS	Open

CONTRIBUTION TO OUR AIMS

The changes support delivery of North East Lincolnshire's Joint Health and Wellbeing Strategy by strengthening the shared focus on prevention, reducing health inequalities, improving population health and developing integrated, neighbourhood-based approaches. Continued partnership working through the Health and Wellbeing Board and Health and Care Partnership will help ensure that strategic commissioning decisions reflect local needs and contribute to the ambition for people in North East Lincolnshire to live healthier, fairer and more fulfilling lives.

EXECUTIVE SUMMARY

This report provides an update on the Humber and North Yorkshire Integrated Care Board's organisational change programme and future strategic commissioning model. It outlines the implications for place-based working in North East Lincolnshire, including the continued importance of strong local partnerships, neighbourhood working and alignment with the priorities set by the Health and Wellbeing Board.

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

1. notes the update on the ICB's organisational changes and future operating model;
2. considers the implications for partnership working and delivery at place and neighbourhood level in North East Lincolnshire; and
3. supports continued joint working to ensure that local priorities and the Joint Health and Wellbeing Strategy inform future commissioning and delivery arrangements.

REASONS FOR DECISION

To ensure that Board members understand the implications of the ICB's changing operating model and can provide collective leadership in maintaining effective place-based partnership working. This will help ensure that local needs, priorities and health inequalities continue to inform NHS strategic commissioning and the development of integrated care.

1. BACKGROUND AND ISSUES

The Humber and North Yorkshire Integrated Care Board (HNY ICB) is undertaking a significant organisational change programme in response to national NHS requirements. The programme is designed to enable the ICB to operate within a reduced running cost allocation while strengthening its role as a strategic commissioner of health services.

Why the Change is Happening

National guidance requires all ICBs to:

- Refocus on their core role as strategic commissioners.
- Reduce organisational running costs.
- Transfer or cease functions that can be delivered more effectively elsewhere.
- Strengthen commissioning, population health management and partnership working.

What the Future ICB Will Look Like

From April 2026, HNY ICB has moved to a new operating model focused on four core functions:

1. Understanding local population needs
2. Developing long-term population health strategies
3. Commissioning and allocating resources to achieve outcomes
4. Evaluating impact, quality, performance and value for money

The new structure is intended to strengthen:

- Strategic commissioning.
- Population health intelligence.
- Contracting and performance management.
- Clinical leadership.
- Place-based partnership working.

Impact on Partnerships and Place

The ICB remains committed to partnership working across local authorities, providers, Primary Care Networks, Health and Care Partnerships and the voluntary sector. However, the organisation will work differently, with fewer dedicated place-focused teams and increased emphasis on strategic commissioning at scale. Strong collaborative working at place and neighbourhood level will therefore

become increasingly important.

Strategic Priorities

The organisational changes support delivery of the Humber and North Yorkshire Strategic Commissioning Plan, which aims to:

- Reduce health inequalities.
- Increase healthy life expectancy.
- Improve prevention and early intervention.
- Strengthen neighbourhood health models.
- Deliver more integrated care across organisational boundaries.

Implications for North East Lincolnshire

For North East Lincolnshire, the changes should not alter the shared ambition to improve outcomes for residents through collaborative working. The key priorities remain:

- Tackling health inequalities.
- Supporting neighbourhood and community-based care.
- Improving prevention and population health.
- Ensuring effective integration between NHS services, local government and the VCSE sector.
- Maintaining strong place leadership through existing partnerships, including the Health and Wellbeing Board.

Programmes of Care

As part of its organisational redesign, Humber and North Yorkshire ICB has adopted a strategic commissioning model structured around five programmes of care:

- Family Health,
- Neighbourhood Health,
- Mental Health, Learning Disability and Neurodiversity,
- Planned Care, Cancer and Medical Specialties, and
- Urgent and Emergency Care.

These programmes will drive the ICB's approach to improving outcomes, reducing inequalities and delivering integrated care across the Humber and North Yorkshire system.

Health and Care Partnerships

Health and Care Partnerships remain a critical component of the Humber and North Yorkshire operating model. Whilst the ICB is evolving towards a more strategic commissioning role, place-based partnerships will continue to provide the mechanism through which local organisations work together to improve outcomes, reduce inequalities and deliver integrated care. Health and Wellbeing Boards retain their statutory role in setting local priorities and providing democratic oversight, ensuring alignment between local needs, place-based delivery and system-wide commissioning decisions.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

The organisational changes create an opportunity to strengthen strategic commissioning, population health intelligence and the alignment of resources with local outcomes. There is, however, a risk that fewer dedicated place-focused teams could weaken local relationships, reduce responsiveness to local needs or create uncertainty about responsibilities and decision-making. These risks will need to be managed through clear governance, effective communication and continued collaborative working through the Health and Wellbeing Board, Health and Care Partnership and neighbourhood arrangements.

The proposals have the potential to support greater equality by maintaining a focus on population need, prevention and reducing health inequalities. Equality impacts will need to remain under review as the new structure and commissioning arrangements are implemented, particularly for communities experiencing the poorest health outcomes or barriers to accessing services.

3. OTHER OPTIONS CONSIDERED

No alternative options are presented for decision, as the ICB's organisational change programme is being undertaken in response to national NHS requirements. The Board may, however, wish to consider how existing local partnership and governance arrangements can best support effective engagement with the ICB's new structure and strategic commissioning model.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are potential reputational implications if the changes are perceived as reducing the ICB's commitment or visibility at place level. Clear and consistent communication will therefore be important to explain the future operating model, confirm the continuing role of local partnerships and provide clarity about how local priorities will influence strategic commissioning decisions. Positive communication about continued joint working will help maintain the confidence of partners, communities and elected members.

5. FINANCIAL CONSIDERATIONS

There are no direct financial implications for North East Lincolnshire Council arising from the recommendations in this report. The ICB's organisational changes are intended to enable it to operate within a reduced running cost allocation and to strengthen its strategic commissioning role. Any future commissioning or service changes that create financial implications for the Council or its partners should be considered through the appropriate governance and decision-making processes.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

Children and young people are represented within the ICB's Family Health programme of care. The future commissioning model provides an opportunity to maintain a strong focus on prevention, early intervention, reducing inequalities and improving outcomes for children, young people and families. Continued alignment with local priorities and partnership arrangements will be important to ensure that services respond to the needs of children and families across North East Lincolnshire.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

There are no direct climate change, nature recovery or environmental implications arising from the recommendations in this report. Any future service redesign or commissioning decisions resulting from the new operating model should consider relevant environmental and sustainability implications through the appropriate assessment and governance processes.

8. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

The future ICB model has a strong potential contribution to public health and the Marmot agenda through its focus on understanding population need, developing long-term population health strategies, prevention, early intervention and reducing health inequalities. Effective population health intelligence and strategic commissioning can help direct resources towards communities experiencing the greatest need and support action across the life course.

Continued place-based partnership working will be essential to connect NHS commissioning with the wider determinants of health and delivery of North East Lincolnshire's Joint Health and Wellbeing Strategy. The Health and Wellbeing Board should continue to provide leadership and democratic oversight, ensuring that Marmot principles, local evidence and the voices of communities inform future commissioning and service development.

9. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal

Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

10. WARD IMPLICATIONS

Changes affect the whole of North East Lincolnshire

11. BACKGROUND PAPERS

None

12. CONTACT OFFICER(S)

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