To:
- Patricia Marquis, Director, RCN England

cc.
- Sir James Mackey, Chief Executive, NHS England
- Dr Penny Dash, Chair, NHS England
- Rt Hon. Wes Streeting MP, Secretary of State for Health and Social Care

NHS England
Wellington House
133-155 Waterloo Road
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4 June 2025

Dear Patricia,

Model ICB Blueprint

Thank you for your letter dated 8 May 2025, outlining the Royal College of Nursing's views regarding the letter to NHS Trusts Foundation Trusts and Integrated Care Boards, and the Model Integrated Care Board (ICB) Blueprint guidance and the wider programme of change. Your concerns are important, and Jim and Penny have asked me to respond to you on their behalf. We value the constructive input you have provided to us as we continue to develop the Model ICB Blueprint and NHS England's organisational design. Your comments have been passed onto the Model ICB team for further consideration and integration into the broader programme. I welcome the constructive tone and the clear recognition of the importance of transparency, clinical leadership, and meaningful engagement with staff across the NHS.

We fully acknowledge the significant contribution of nurses and nursing leaders in ICBs, NHS England and across the wider system. Their roles are integral—not only to quality, safety, and safeguarding, but also to strategic planning, workforce development, leadership of the NHS and care system, and the delivery of transformation aligned to the 10 Year

Health Plan. We are clear that these are not administrative functions and should not be viewed as such.

We do recognise, as you set out in your letter, the challenges around the pace of change in delivering ICB plans which meet the 50% running cost reductions and the potential risks to quality and patient safety if vital nursing skills are lost in the changes ahead. This is in part why we have developed the Model ICB Blueprint document. It is aimed to support ICBs with the development of a future operating model. The focus is enabling ICBs to work through plans, whilst ensuring safe, effective delivery, including addressing operational and workforce pressures. We have co-created this document with a group of ICB leaders, from across all seven NHS Regions including representatives from the ICB CNOs to ensure we have appropriate nursing representation.

The Model ICB Blueprint is the start of an ongoing conversation about the future roles of ICBs, and NHS England is committed to supporting transition, sharing best practice, and ensuring consistency of functions across the health system. Whilst cost reductions are required, the Model ICB Blueprint is intended to help manage that safely as the NHS transitions to new ways of working. Throughout the transition, ICBs are expected to maintain clear, accountable leadership with effective governance, which includes strong clinical leadership.

It is also worth noting that the Blueprint includes a clear emphasis on growing capability in population health, user involvement, and data-driven commissioning. These areas will require clinical input from a range of backgrounds and experiences, including nursing, to make decisions about care design and resource allocation. The document also highlights that quality management and clinical governance will be a key feature of the role of ICBs in the future.

You are right to highlight the risk of unintended consequences if decisions are made solely on financial grounds. The requirement for ICBs to reduce their running costs by 50% should not be interpreted as a mandate to compromise quality, clinical governance, or clinical expertise but to ensure that limited resources are focused on functions that deliver the greatest population impact and ensure appropriate oversight of quality. Judgements about roles and functions should be made based on value, not simply cost and we will continue to communicate this message as plans are developed.

In relation to your concerns about specific nursing-led functions such as IPC, safeguarding, SEND, the Blueprint proposes that some functions could, over time, be streamlined or transferred to other parts of the system. To confirm, there are no changes to current statutory responsibilities including as we continue to develop the future ICB model, we are applying a risk-based approach during this interim period, considering where flexibility can be exercised and where existing arrangements need to remain in place, ahead of any

potential legislative changes. The document highlights the need to test and explore options to streamline and transfer some activities out of ICBs, specifically for CHC, SEND, Safeguarding, and IPC. The detail and implementation will depend on multiple factors, including engagement with partners including professional bodies such as royal colleges, the parallel development of provider and regional models, readiness to transfer and receive across different parts of the system, and in some cases, legislative change. This will take some time and detailed planning.

On staff engagement and impact assessments, while the initial development of the Blueprint was led by ICB leaders working at pace, we are now entering a broader engagement phase. It is essential that effective staff consultation, equality impact assessments (EqIAs), and clinical risk assessments are integral to local implementation, as outlined in the document.

Finally, on your questions around system-wide oversight of professional standards and patient safety, the Blueprint highlights that quality management and clinical governance should be considered for adaption and removing duplication. We recognise that a greater understanding is needed on the regional role to ensure that nothing is missed in the design phase on the quality management approach and review of professional standards. This is something we can pick up in our further discussions with you and can be considered with regions through the ICB CNO forum.

We agree that nursing-led functions should be mapped so they are clearly understood and considered as ICBs develop their plans. With leadership from myself, the Deputy Chief Nursing Officer and co-National Medical Directors, that work has already started through the regional CNO and CMO fora, we have held six sessions with the ICB CNO forum (two of which have been joint sessions with the CMO forum) since the 1 April, most recently Penny Dash, Chair, NHS England, attended the joint session with ICB CNOs and CMOs on the 20 May. It is very important to us that clinical voices are heard as part of the development of ICB plans and I can assure you that all comments received from the nursing community are being actively considered as part of the Model ICB Programme, in which NHS England and ICB executive leads are involved. Regional Chief Nursing Officers and IPC, Safeguarding, CHC leads are also available and actively supporting further discussions where that may be helpful in developing plans.

Next steps

We would welcome further engagement with the RCN as this work progresses, and we will continue to work through ICB CNOs to support the development of plans and to work in close partnership with the RCN.

Thank you for sharing your views in your letter. We appreciate your ongoing leadership on behalf of colleagues. Jim, Acosia, and I, along with colleagues from NHS England, would be

happy to meet with you at a convenient time to discuss these matters further, as requested in your letter.

Yours sincerely,

Duncan Burton
Chief Nursing Officer for England