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Road to NHS ConfedExpo 2026



HSJ Information is delighted to be participating in the NHS ConfedExpo on 10-11 June. This year's agenda is centered around [8 core themes](#).

In anticipation of the event, we are providing insight and predictions into each of eight themes with our *Road to NHS ConfedExpo 2026* series, featuring expert input from across the HSJ Information portfolio.

This week's entry takes a close look at **Operating Model**.

#4 of 8

The Operating Model: Is it Operating?

Featuring contributions from



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The Operating Model: Is it Operating?



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“Who does what” in the NHS is often a confusing question.

The NHS operating model has undergone a significant shift, moving Integrated Care Boards (ICBs) away from day-to-day operational management toward a "strategic commissioning" function.

As of April 2026, this model officially designates strategic commissioning as the primary role of ICBs, while regulatory performance management of provider trusts has transferred to NHS England regional teams.

ICBs and Strategic Commissioning

Under the revised model, ICBs’ strategic commissioning role is supposed to replace the system management one; although some managers are still unclear on how this differs from their previous role.

In the words of NHS England’s chair the job of ICBs is to "commission services that will deliver improvements in outcomes... at the lowest possible cost".



Sarah Hawkins
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The latest NHS restructure marks a decisive shift in the way the NHS operates and reshapes how stakeholders engage at both a people and organisation level.

The transition is expected to take about 2 years to be fully operational. In that time, we will see new roles and organisations put into place whilst others disappear completely.

Mergers will happen along the way to create new stakeholder groups and make way for the emerging Neighbourhood Health Structure.

Key responsibilities for ICBs now include:

Strategic Planning and Resource Allocation

ICBs must produce five-year strategies and health improvement plans.

They are tasked with understanding population demographics and allocating resources to meet future health needs, particularly in preventative and community spaces.

Market Shaping and Decommissioning

The Strategic Commissioning Framework mandates that ICBs be "bold and rearrange and, potentially, decommission services to secure the best possible health outcomes, quality of services and value for the taxpayer."

System Convening

Despite their reduced operational role, ICBs are still expected to use their "ability to bring together providers, local government and other stakeholders to best improve healthcare and the health and wellbeing".

However, some leaders have warned that this "convening" power remains opaque under the new model.

Retained Functions

While many functions were originally slated for transfer, ICBs have retained responsibility for safeguarding, continuing healthcare (CHC), and Special Educational Needs and Disabilities (SEND) due to legal and safety complexities.

Some have already given up medicines management roles.

What providers should be doing

The new operating model expects providers to take on greater responsibility for service delivery, integration, and local planning.

As ICBs step back from performance management, providers are expected to lead on day-to-day coordination. NHS England leaders have indicated that ICBs should have "little involvement in day-to-day coordination of secondary care".

The 10-Year Plan has sought to initiate change by introducing new organisational forms and contracts intended to "hard-wire" integration across the service.



Emily Townsend

Senior Correspondent, Health Service Journal (HSJ)
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Renewed NHSE scrutiny of trusts, on top of league tables, may intensify competition of providers and pile pressure on leaders with an already-stacked in-tray.

The new operating model adds another layer of internal regulation — so may also complicate recovery of the Care Quality Commission, which is scrambling to rebuild trust with providers.

Integrated Health Organisations

A central initiative was the creation of Integrated Health Organisations (IHOs), modelled after US accountable care organisations. As noted in HSJ's expert briefing The Integrator: IHOs should be a small minority:

"These IHOs will be given a capitated budget to run – and contract in – a wide range of acute, community and primary care services. But the plan went further than previous drafts, saying the IHO model will “over time... become the norm”.

Has it so far? The first small number of these IHOs were designated in 2026, with the goal of becoming fully operational by 2027.



Matt Discombe

Deputy Bureau Chief, Health Service Journal (HSJ)

HSJ Information

Moving care away from acute hospitals into the community requires the resources to follow.

Major shifts in the NHS's financial hardwiring are required to incentivise this shift. The NHS is taking an incremental approach to making the necessary contractual changes.

Some progress has been made in terms of shifting urgent care into community settings, and the NHS is investing in alternative services such as same day emergency care and urgent treatment centres.

But this makes only a small impact on those most at risk – those waiting for long periods in hospital corridors.



Sarah Hawkins

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HSJ Information

We are certainly no strangers to NHS restructures here at HSJ Information.

We have over 35+ years' experience in managing and monitoring change as it occurs and reflecting that in our data-related services.

This ensures that our clients have access to the most up-to-date and timely changes to their target audiences for their sales and marketing activity.

To support this, we are launching our Neighbourhood Team tracker at NHS Confed so that clients can monitor changes to as they happen and amend their strategy, planning and execution accordingly."

FURTHER READING ON OPERATING MODEL FROM THE HSJ INFORMATION PORTFOLIO

[The Integrator: Commissioning's 'last roll of the dice'](#)



Dave West

Deputy Editor, Health Service Journal (HSJ)
HSJ Information

Dave West's article explores ICBs' move away from broad relationship management and regulatory oversight of trusts toward ensuring services are commissioned "in the most efficient way possible".

[ICBs given three years to 'begin' IHO rollout](#)



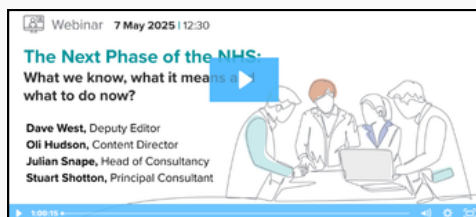
Caitlin Tilley

Bureau Chief, Health Service Journal (HSJ)
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In March 2026, NHS England published guidance titled Fit for the future: towards population health delivery models, which outlines the transition toward Integrated Health Organisations (IHOs).

In this article Caitlin Tilley explains that ICBs are expected to begin implementing outcome-based contracts within three years, with IHO contracts eventually becoming the standard.

[Webinar: The Next Phase of the NHS](#)



Our supplier readers may be interested in HSJ Information's 2025 webinar aimed at Industry.

In it, our consultants discuss the NHS Operating Model and what it will mean for NHS structures, roles and responsibilities.

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