Torbay OSC – ICB Clustering update

3 September 2026

NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards (ICBs) are making good progress on meeting the government's ask to significantly reduce running costs and shift to a more strategic role with some changes in responsibilities.

Chief executive appointment

Recruitment for a permanent cluster chief executive (CEO) for NHS Cornwall and Isles of Scilly and NHS Devon began in August. Applications are open until Friday 18 September, with interviews and panels to start from the following week.

Further information about the role is available on the dedicated recruitment website.

Mark Hackett was appointed as interim chief executive (CEO) in March but is currently away from work for personal reasons. Susan Bracefield, chief clinical officer, is acting into the role in his absence.

Further updates will be provided in due course.

Joint executive team appointed

The organisations have appointed a new cluster executive team, following a consultation and recruitment process, who commenced their roles on 1 April:

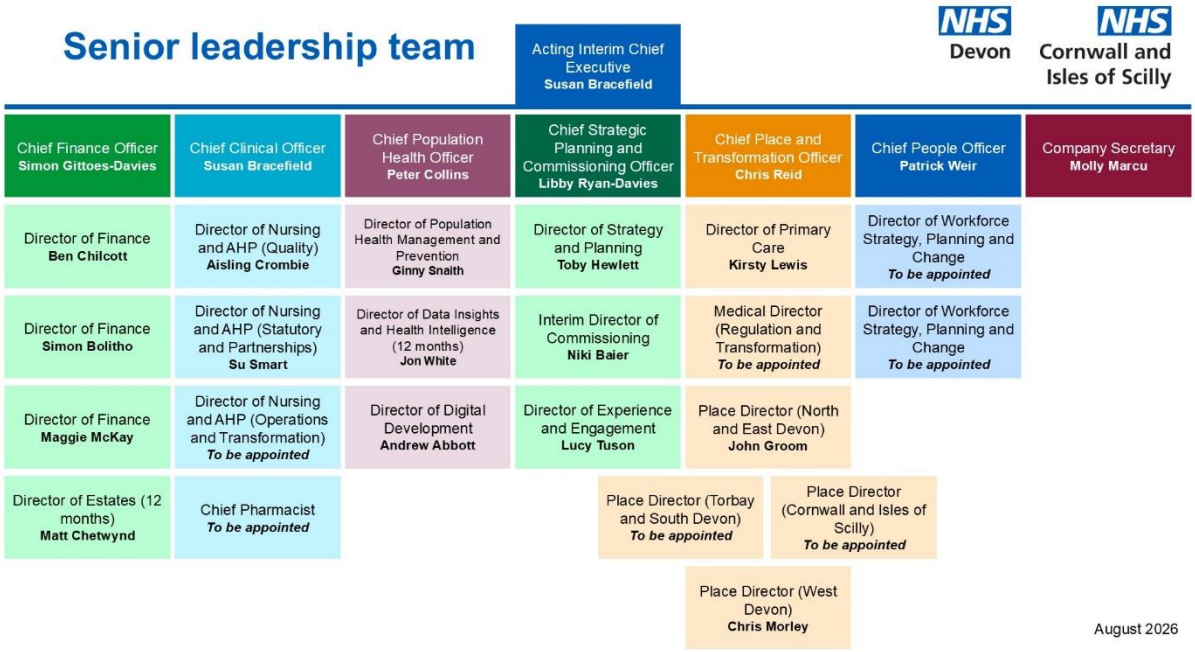
1. Chief Clinical Officer – Susan Bracefield
2. Chief Finance Officer – Simon Gittoes-Davies *(Gary Heneage is currently acting into the role while Simon is away from work)*
3. Chief People Officer – Patrick Weir
4. Chief Place and Transformation Officer – Chris Reid
5. Chief Population Health Officer – Peter Collins
6. Chief Strategic Planning and Commissioning Officer – Libby Ryan-Davies *(Rachel Pearce is currently acting into the role while Libby is away from work)*
7. Company Secretary – Molly Marcu

Together, they bring a wealth of experience, deep knowledge of the Cornwall and Isles of Scilly and Devon systems, and a strong commitment to collaboration across organisational and geographical boundaries to improve health and care for local people.

The new structure was developed after a thorough period of engagement and consultation to align leadership, share expertise and strengthen the collective ability to improve health and care for the local population.

As of 1 April, the new cluster executive team is working with colleagues and partners across the cluster to deliver local priorities – including improving population health, tackling inequalities, supporting the workforce and transforming services.

The majority of direct reports (band 9s) to the executive team have also been appointed – see the full senior leadership team structure below.



Wider staff structure

An initial 12-week staff consultation took place earlier in the year, which was followed up by an extended consultation period in July. The outcomes will be shared with staff on Wednesday 19 August, which will also mark the beginning of the implementation period.

The vast majority of staff employed by both organisations are affected and are being supported with information, advice and training/workshops. A voluntary redundancy (VR) scheme is also running alongside the consultation that allows colleagues to apply to leave the organisations.

ICB merger footprint engagement

NHS England has consulted systems on plans to merge clustered ICBs into single organisations by April 2027. This includes aligning ICB footprints, where possible, with emerging strategic authority and local government boundaries as part of the NHS 10 Year Plan, to support simpler co-commissioning and the development of neighbourhood health services.

ICBs were asked to contribute to the national NHS England consultation, taking wider stakeholder views, and in particular local MPs and local authorities. We have therefore engaged with local partners across Cornwall, the Isles of Scilly and Devon to understand views on our proposed footprint and the potential implications for local systems and communities.

This consultation was not a public consultation and so the feedback is attributed to the specific stakeholder groups requested, which included MPs, local authorities, provider organisations and system partners across Devon, Cornwall and the Isles of Scilly gathered between 24 June – 10 July. In total, we received 28 feedback responses, representing 15 organisations.

Stakeholders, particularly in Devon, understood and often supported the strategic rationale for a merged ICB, recognising potential benefits such as stronger planning, reduced duplication, improved financial sustainability and more effective commissioning.

Support was largely conditional on maintaining strong local influence and accountability, with concerns that a larger organisation could become more remote and less responsive to local needs.

Cornwall Council, its Health and Adult Social Care Overview and Scrutiny Committee and local MPs opposed the merger and stated a preference to retain the sovereign ICB for Cornwall and Isles of Scilly. They also sought assurances around Cornwall's identity, influence, financial safeguards and decision-making powers.

We welcome the feedback received and recognise and understand the issues being raised. They are the same issues that our board and senior management team have considered as the target operating model and leadership structure were developed, and as we finalised our five year commissioning plans for both ICBs providing a clear sense of local priorities over the medium term.

In response, we have designed a future operating model with dedicated leadership for population health, place-based transformation, engagement and local authority relationships.

We have also aligned executive directors with local areas, recognising the importance of our shared commissioning agenda, joint statutory duties, and ensuring local issues remain at the forefront of our thinking and decision making.

Our commissioning plans address the longer term sustainability of health services specific to both ICBs over the next five years, with work continuing in Devon to

develop more financially sustainable services, whilst also prioritising the left shift to place and greater prevention. This will safeguard financial stability across the whole of the footprint.

We will continue to build on the strong neighbourhood work already maturing, particularly across Cornwall and the Isles of Scilly. We are passionate about the importance of place as the foundation for our model of care, working closely with our excellent voluntary sector partners whom we continue to build investment in.

For the reasons set out above, we remain strongly of the view that a Devon, Cornwall and Isles of Scilly footprint represents the optimum configuration for a merged ICB, providing the scale, resilience and strategic capability required for the future whilst retaining a clear and accountable focus on place, partnership and population health.

Whilst we understand the preference of Cornwall, remaining as a cluster and not merging is not an option. The NHS 10 Year Health Plan is clear that clustering ICBs are expected to merge from April next year, and our new financial envelope for staffing ICBs means we could not safely operate two ICBs going forward. We also would not meet the population requirements for a strategic commissioner.

We are committed to ongoing engagement and place-based leadership as the merger progresses.

Background information

In March 2025, the Department of Health and Social Care announced that all ICBs were required to reduce their running costs and shift to a more strategic role with some changes in responsibilities.

This required many ICBs – including NHS Cornwall and Isles of Scilly and NHS Devon – to develop plans to “cluster” with other local ICBs. ‘Clustering’ means that, although both ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure, underpinned by some decisions that will continue to go through the sovereign Boards during clustering.

Following approval of national funding for the costs of change in November 2025, ICBs were asked to develop and implement structures that meet the new running costs allocation.

Over the past few months, NHS Cornwall and Isles of Scilly and NHS Devon have been developing proposals that build on the experience and successes of both organisations since their formation in 2022, with real opportunities to learn from each other as they start to work more closely together.

Both organisations have a shared aim to drive sustained improvement in population health outcomes across the peninsula and build the organisational capabilities described in the national Model ICB Blueprint.

To achieve this, we will put people, patients, customers and communities at the heart of all our work, and make the most of opportunities for digital, clinical and workforce innovation in designing and commissioning new care models and services, and enabling different and more efficient ways of working within a leaner workforce.