

NHS Devon update – Plymouth Health and Wellbeing Board

October 2025

ICB recent changes

ICB clustering and leadership update

The new ICB 'cluster' – covering Devon, Cornwall and the Isles of Scilly – was formally approved and is now in place from 1 September 2025.

This is part of a national move to bring together Integrated Care Boards (ICBs) into 26 clusters across England, down from the current 42.

'Clustering' means that, although both ICBs will continue to exist, we will work as one – with a single Board, leadership team and staffing structure.

This is ahead of a formal merger, which is expected from either April 2026 or April 2027, subject to local government reorganisation and further guidance.

In the south west, the seven current ICB will transition into three clusters as follows:

1. Devon and Cornwall and Isles of Scilly (two ICBs)
2. Bristol, North Somerset and South Gloucestershire (BNSSG), and Gloucestershire (two ICBs)
3. Somerset, Dorset, and Bath and North East Somerset, Swindon and Wiltshire (BSW) (three ICBs)

While there are still important details to be worked through – such as arrangements for continuing healthcare, safeguarding, and services for people with special educational needs and disabilities (SEND) – we are moving forward with purpose to ensure a smooth transition that prioritises the needs of local people.

Work is also underway to develop our structure and implementation plan in line with a national Model ICB Blueprint that was published in May.

The Blueprint outlines the core roles and functions that ICBs will be responsible for with a significantly reduced running costs budget.

What this means for partners, patients and public

While this is a change in structure, our focus remains firmly on the health and wellbeing of our population. Our commitment to high-quality, compassionate care for people in Cornwall, the Isles of Scilly and Devon is unchanged.

Our absolute priority this year is to continue providing high-quality patient care and reduce waits for surgery, ambulances, emergency departments and discharge from hospital.

We will continue to work in partnership with local authorities, voluntary organisations, community leaders and others to ensure that services are designed and delivered around the needs of our communities – especially those who are most vulnerable or face health inequalities.

Chair appointed to NHS Cornwall and Isles of Scilly and NHS Devon

The Chair of the new NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) and NHS Devon ICB Cluster has been announced as John Govett, following approval by the Secretary of State for Health and Social Care.

John has chaired NHS Cornwall and Isles of Scilly ICB since it launched in 2022.

John Govett started his new role from 1 September, ahead of the first cluster Board meeting, when he also hopes to be able to announce the new aligned group of ICBs' and Cluster Non-Executive Directors, along with the new ICB Cluster governance and committee arrangements.

Devon's exit from the Recovery Support Programme (RSP)

NHS Devon will be exiting from the Recovery Support Programme (RSP) following significant progress made to improve the quality of care for people in Devon in a sustainable way.

The organisation was placed into the National Oversight Framework Segment 4 by NHS England in 2022/2023 – the bottom category of national assessment – which triggered support from NHS England, both regionally and nationally.

The criteria were also applied to all three acute providers in Devon (Torbay and South Devon NHS Foundation Trust, Royal Devon University Healthcare NHS Foundation Trust and University Hospitals Plymouth NHS Trust).

The criteria were designed to promote system-wide solutions to issues that are similar across Devon, given the geographical, demographic, staffing and financial challenges.

It has been recognised regionally and nationally that improvements have been made within the Devon system during the organisations' time in segment 4 and the associated national Recovery Support Programme (RSP).

As a result, NHS Devon and Royal Devon formally exited the RSP in August 2025 and this means the previous RSP exit criteria no longer apply to both organisations having demonstrated sufficient progress against all exit criteria for leadership, urgent and emergency care, and elective performance.

NHS Devon will continue to receive support for finance and strategy, and we will be agreeing a medium-term financial plan and health and care strategy by the end of the September to set us on a strong footing going forward.

The remaining Devon organisations in RSP (Torbay and Plymouth) continue to be supported regionally and nationally to achieve sufficient progress to also exit the RSP.

While there is still much more to do to continue improving services for our patients, we would like to thank our colleagues for their contributions to making this improvement and the huge achievements made.

Health and Care Strategy development

NHS Devon is in the final stages of developing a Health and Care Strategy for Devon. The development of the Strategy has been guided by a structured Discover–Design–Deliver methodology. This approach ensures that transformation is not only evidence-based and strategically sound, but also inclusive and co-produced with the people who use and deliver services across the system.

Discover Phase: Building a Shared Understanding

The Discover phase focused on developing a rich understanding of the current health and care landscape in Devon. This included:

- Reviewing existing intelligence through the system’s insights library, which collates data on population health, service performance, and inequalities.
- Drawing on the 10-Year Plan engagement, which involved over 3,400 participants across Devon. This provided a robust evidence base, particularly around the three strategic shifts:
 - From hospitals to community and primary care
 - From treatment to prevention
 - From analogue to digital services

This phase also identified a committed cohort of over 200 individuals who expressed interest in ongoing involvement. This presents a valuable opportunity to establish a citizens’ panel or bespoke reference groups to support continued co-design and accountability.

Design Phase: Co-Creating the Future

Building on the insights gathered, the Design phase focused on collaboratively shaping the strategy’s content, priorities, and delivery models. Key activities included design workshops, each aligned to a chapter of the strategy, involving stakeholders from across the system—health, care, voluntary sector, and community representatives.

Deliver Phase: Embedding Change

As the strategy moves into delivery, engagement will remain central.

This ongoing engagement will help build trust, foster shared ownership, and ensure that transformation is sustained over time.

Once this has been agreed by the next NHS Devon Board – this will be presented to OSC members at a future meeting.

ENDS