NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Agenda

Formal Meeting in Common of the Boards of Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and Hertfordshire and West Essex ICB held in Public

Date: Friday 6 February 2026
Time: 10:00 – 13:00
Venue: MS Teams

No.	Agenda Item	Purpose	Lead	Timings
1.	Welcome, Introductions and Apologies	Note	Chair	10:00
2.	Relevant Persons Disclosure of Interests	Note	Chair	
3.	Minutes from the previous Board meeting held in-Common with NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB on 28 November 2025	Approve	Chair	
4.	Review of Joint Action Tracker for NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB	Note	Chair	
5. 5.1 5.2 5.3	Questions from the Public: • BLMK • C&P • H&WE	-		10:10
6.	Chairs Report	Note	Chair	10:30
7.	CEO Board Report	Note	Chief Executive	10:40
8.	Combined Performance Report for BLMK, C&P and H&WE	Note	Executive Director of Finance, Resources and Contracts	10:50
9.	Combined Month 8 Finance Report for BLMK, C&P and H&WE	Note	Executive Director of Finance, Resources and Contracts	11:05
10. 10.1 10.2 10.3	Board Assurance Framework Reports: • BLMK • C&P • HWE	Approve	Transition Director and Executive Director of Corporate Services and ICB Development	11:20
Governance and Assurance				

No.	Agenda Item	Purpose	Lead	Timings
11.	Combined Finance Planning and Payer Function Committee Report for BLMK and C&P Only Strategic Finance and Commissioning Committee Report, H&WE Only	Note	Chair of Finance Planning and Payer Function Committee Chair of Strategic Finance and Commissioning Committee Report	11:40
12.	Combined Utilisation Management and Quality Improvement Committee Report for BLMK and C&P Only System Transformation and Quality Improvement Committee Report, H&WE Only	Note	Chair of Utilisation Management and Quality Improvement Committee Chair of System Transformation and Quality Improvement Committee	11:50
13. 13.1 13.2	Neighbourhood Health Delivery Committee Report • BLMK • C&P – Verbal Update	Note	Chairs of Neighbourhood Health Delivery Committees	12:00
14.	Governance Update	Approve & Note	Transition Director and Executive Director of Corporate Services and ICB Development	12:10
15.	Any Other Business • BLMK • C&P • H&WE		Chair	12:20

Date of next meeting – Friday 27 March 2025
Deadline for papers will be – 12pm, Tuesday 10 March 2026

Resolution to exclude members of the press and public

The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Minutes

Formal Meeting in Common in Public of the Boards of NHS Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and Hertfordshire and West Essex ICB

Date: Friday 28 November 2025
Time: 10:00 – 13:00
Venue: MS Teams

Meetings were held in-Common and these minutes reflect all of the items listed on the Business Transaction Order Agenda and provides details from the meetings relevant to NHS Bedfordshire, Luton & Milton Keynes (BLMK) ICB, NHS Cambridgeshire & Peterborough (C&P) ICB, and NHS Hertfordshire and West Essex (H&WE) ICB.

Members in Attendance:

Non-Executive Members		
Gurch Randhawa	Deputy Chair, BLMK ICB, C&P ICB and H&WE ICB and Chaired the meeting	GR
Ruth Bailey	Non-Executive Member, H&WE ICB	RB
Dorothy Gregson	Non-Executive Member, BLMK ICB and C&P ICB	DG
Sarah Hughes	Non-Executive Member, BLMK ICB and C&P ICB	SH
Vineeta Manchanda	Non-Executive Member, BLMK ICB and C&P ICB	VM

BLMK ICB Only		
Michael Bracey	Chief Executive, Milton Keynes City Council – Local Authority Partner Member	MB
David Carter	Chief Executive, Bedfordshire Hospitals NHS Foundation Trust – NHS Trust Partner Member	DC
Joe Harrison	Chief Executive, Milton Keynes University Hospital NHS Foundation Trust – NHS Trust Partner Member	JH

C&P ICB Only		
Eilish Midlane	Chief Executive, Royal Papworth Hospitals NHS Foundation Trust – NHS Trust Partner Member	EM

Central East Leadership Team		
Jan Thomas	Chief Executive, BLMK ICB, C&P ICB and Hertfordshire and West Essex (HWE) ICB	JT
Karen Barker	Transition Director and Executive Director of Corporate Services and ICB Development	KB
Sarah Griffiths	Executive Director of Finance, Resources and Contracts	SG
Fiona Head	Executive Clinical Director Utilisation Management (Medical Director), BLMK ICB, C&P ICB and Hertfordshire and West Essex (HWE) ICB	FH
Louis Kamfer	Executive Director of Strategy, Planning and Evaluation	LK
Sarah Stanley	Executive Clinical Director Total Quality Management	SS
Kate Vaughton	Executive Director for Neighbourhood Health, Place and Partnerships	KV

HWE ICB Only

Matthew Coats	Chair, South and West Herts Health and Care Partnership and Chief Executive, West Hertfordshire Teaching Hospitals NHS Trust – NHS Trust Partner Member	MC
Prag Moodley	GP Partner - Primary Medical Services Providers Partner Member	PM
Trevor Fernandes	GP Partner - Primary Medical Services Providers Partner Member	TF
Chris Martin	Director for Strategic Commissioning (Children and Families), Essex County Council – Local Authority Partner Member	CM
Mark Hanna	Chief Executive, Age UK Hertfordshire – Voluntary, Community, Faith and Social Enterprise (VCFSE) Member	MH
Ian Perry	GP Partner - Primary Medical Services Providers Partner Member	IP
Angie Ridgwell	Chief Executive, Hertfordshire County Council, Local Authority Partner Member	AR
Karen Taylor	Chief Executive, Hertfordshire Partnership University NHS Foundation Trust – NHS Trust Partner Member	KT

In attendance:

Dr Philippa Brice	Associate Director for Research and Impact, C&P ICB *(for item 11.0 only)*	PB
Michelle Evans-Riches	Head of Corporate Governance, BLMK ICB	MER
Sharon Fox	Director of Corporate Governance, C&P ICB	SF
Dr Anthony Gunstone	GP Partner, Staploe Medical Centre; Co-Director Greater Cambridge and Suffolk NIHR Primary Care Commercial Research Delivery Centre *(for item 11.0 only)*	AG
Laura MacSweeney	Corporate Governance Officer, BLMK ICB (Minutes)	LMS
Simone Surgenor	Deputy Chief of Staff – Governance and Policies, HWE ICB	SS

There were 13 members of the public in attendance

Apologies from members:

Alison Borrett	Non-Executive Member	AB
Elliot Howard-Jones	Chief Executive, Hertfordshire Community NHS Trust – NHS Trust Partner Member	EHJ
Omotayo (Tayo) Kufeji	GP Partner – Primary Medical Services Providers Partner Member	TK
Thom Lafferty	Chief Executive, The Princess Alexandra Hospital NHS Trust – NHS Trust Partner Member	TL
Nick Moberly	Non-Executive Member	NM
Stephen Moir	Chief Executive, Cambridgeshire County Council – Local Authority Partner Member	SM
Robin Porter	Chair, BLMK ICB, C&P ICB and H&WE ICB	RP
Thelma Stober	Non-Executive Member	TS

No.	Agenda Item	Action
	Opening Items	
1.0	**Chair** In the absence of Robin Porter, the Chair of the ICBs, Gurch Randhawa chaired the meeting. The Chair **welcomed** all present to the first formal meeting in common in public of the Boards of NHS Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board	

	(ICB), NHS Cambridgeshire and Peterborough (C&P) ICB and NHS Hertfordshire and West Essex ICB. The Chair advised that the meeting was being recorded for the purpose of the minutes only. **Members were reminded that it is their responsibility to keep their Boards and Councils abreast of developments in the system.** Apologies were **noted** as above and the meeting was confirmed as **quorate** for each statutory Board of the ICBs**.**	
2.0	**Relevant Persons Disclosure of Interests** Members of each statutory Board of the ICBs were asked to confirm that the Register of Interests was up to date in respect of their declarations. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made.	
3.0 3.1 3.2 3.3	**Approval of the Minutes** **BLMK ICB** The minutes of the meeting held on 26 September 2025 were **approved** by the Board of BLMK ICB as an accurate record of the meeting. **C&P ICB** The minutes of the meeting held on 19 September 2025 were **approved** by the Board of C&P ICB as an accurate record of the meeting. **H&WE ICB** The minutes of the meeting held on 26 September 2025 were **approved** by the Board of H&WE ICB as an accurate record of the meeting.	
4.0 4.1 4.2 4.3	**Review of Action Trackers** **BLMK ICB** – No open actions to review. **C&P ICB** – No open actions to review. **H&WE ICB** – The Board of H&WE ICB **agreed** to close the three open actions, as they are no longer applicable in light of the ongoing transition.	
5.0 5.1 5.2 5.3	**Questions from the Public** **BLMK ICB** received no questions from members of the public. **C&P ICB** received one question anonymously from members of the public. FH read out the question in full and answered all points. **H&WE ICB** received three questions from members of the public. • The first was received from Andrew Smith. FH read out the question in full and answered all points. • The second question was received from Justin Jewitt. KV read out the question in full and answered all points. • The third question was received from Lesley and Neal Davison. FH read out the question in full and answered all points. The questions and full answers can be found as appendix A to these minutes and are also available on the ICB website here.	
6.0	**Chair's Report (*verbal)***	

	Presented by Gurch Randhawa, Deputy Chair, BLMK ICB, C&P ICB and H&WE ICB Key points highlighted: • The Chair, Robin Porter (RP), continued engagement with Members of Parliament, NHS Trust Chairs, Local Authority Leaders and key stakeholders. • On 17 October, RP undertook a site visit to Cambridge University Hospitals NHS Foundation Trust. • On 7 November, RP attended the Luton and Bedfordshire Community Awards 2025, an event celebrating individuals and organisations who made a significant difference to the lives of others. The evening also recognised outstanding local charities and organisations for their contributions, reflecting the enduring spirit and unity of the area. • On 24 November, GR chaired the Joint Transition Committee, where the programme is progressing as planned. Eleven workstreams have developed programme plans that are now being implemented. Equality and Health Inequalities Impact Assessments (EHIAs) have been submitted to NHS England (NHSE); these remain live documents and will be updated as the programme advances. The first submission of the Due Diligence Checklist is scheduled for 1 December. **The Boards of BLMK ICB, C&P ICB and H&WE ICB noted** the Chair's Report.	
7.0	**Chief Executive Officer's Report** *Presented by Jan Thomas, Chief Executive Officer, BLMK, C&P and H&WE* Key points highlighted: • **Financial Position** • C&P ICB: Balanced financial plan. • BLMK ICB: Off-plan but improving, progress was acknowledged. • H&WE: On-plan but with a significant financial gap embedded in the plan required urgent resolution. • JT emphasised that financial stability was critical to maintaining organisational autonomy, enabling all three ICBs to act in the best interests of their populations. • **Performance and Winter Pressures** • Providers are working hard to address performance challenges with progress being made in several areas. • Anticipated winter pressures will likely impact performance despite systems and processes in place to support resilience. The Chair raised a question regarding assurance processes for winter resilience, particularly through critical months of December to February when pressures historically increase. In response, JT provided the following update: • Existing governance structures in each ICB will remain in place to ensure continuity, including: ○ System Coordination Centre. ○ Statutory Emergency Preparedness, Resilience and Response (EPRR) arrangements. • These measures safeguard patient care and system flow during peak demand. • Teams across the three ICBs have shared best practice and aligned processes. • A single leadership structure now oversees winter planning to streamline coordination. • Early escalation to provider Chief Executives was agreed to avoid delays. • Oversight will be provided through: ○ Management Committee – operational monitoring and rapid response.	

	○ Utilisation Management and Quality Improvement Committee – ensuring patient impact and quality of care are considered alongside performance. • NHSE requires daily visibility and personal accountability for winter performance. • While winter planning becomes more refined each year, challenges remain significant. Providers have implemented additional internal processes to manage pressures effectively and each Board were assured that robust governance and escalation mechanisms are in place to maintain patient safety and service continuity. • **Data Accuracy** • Potential discrepancy identified in reported figures for children and young people (CYP) under 18 receiving NHS-funded mental health services with C&P significantly higher than other areas. • **ACTION: SG to further investigate C&P figures on CYP under 18 receiving NHS-funded mental health services to confirm accuracy or methodology differences.** • **Planning and Commissioning** • The initial draft of the 2026/27 plans must be submitted to NHSE by 17 December. • This year introduced a significant change in approach with separate submissions required from providers and commissioners, rather than a single system-wide plan. Plans will integrate national statutory requirements (including reducing elective waiting lists, meeting performance targets and delivering mandated improvements), with local population health priorities. This dual focus ensures compliance while addressing underlying health needs of communities across all three ICBs. • The published commissioning intentions provided a clear and structured framework for priority areas, underpinned by robust evidence and analysis. • Strategic priorities have been informed by health economic analysis and population health data, identifying interventions that deliver the greatest impact. • A key area of focus is tackling metabolic disease, which has been highlighted as a major driver of long-term demand on NHS services. • **Transition and Organisational Change** • Work is progressing to establish Central East ICB from 1 April 2026, alongside a structural reconfiguration to meet the required £19 per head of population as set by NHSE. • The national voluntary redundancy scheme was launched across the three ICBs on 19 November 2025, as well as the all staff ICB Consultation on the proposed staffing structures and appointment process. The professionalism and resilience of staff during this challenging period was acknowledged and the emotional impact of change while maintaining operational delivery was noted. • Engagement continued with colleagues in Essex to support the transition for West Essex staff. • **Governance and Technical Alignment** • New delegation levels have been agreed in accordance with the delegation at the last Board meeting, across the three ICBs to ensure consistency in decision-making. The Chair acknowledged the extensive work being undertaken by staff and stakeholders under challenging circumstances and expressed appreciation for their continued focus on delivery. Thanks were also extended to stakeholders for their patience and support during this period of significant change. **The Boards of BLMK ICB, C&P ICB and H&WE ICB:**	**SG**

	1. **Noted** the Chief Executive's Report. 2. **Noted** the delegation limits approved by the CEO, in consultation with the ICB Chair and Chair of the Finance Planning and Payer Function Committee and the Scheme of Reservation and Delegation will be updated accordingly.	
8.0	**Performance and Finance Reports**	
8.1	**Combined Performance Report for BLMK, C&P and H&WE ICBs** *Presented by Sarah Griffiths, Executive Director of Finance, Resources and Contracts, BLMK, C&P & H&WE ICB* SG presented a combined performance report covering all three ICBs, highlighting key national indicators, local risks and areas requiring escalation. The report drew on detailed analysis reviewed by the Utilisation Management and Quality Improvement Committee on 14 November. **National Performance Indicators** • **Cancer Standards** o BLMK is on plan. Performance remained below plan in C&P and H&WE for both the 28-day faster diagnosis and 62-day treatment standards, with variation driven primarily by Cambridge University Hospital and Princess Alexandra Hospital, both under NHSE tiering arrangements for recovery. • **Elective Care** o BLMK, C&P and H&WE achieved Referral to Treatment (RTT) targets in August. o First appointment waits were slightly off plan but marginal. o 52-week waits remained above plan across all ICBs; national expectation is to be less than1% of total lists by March 2026. Forecasts suggested this was achievable with strong system collaboration. • **Urgent and Emergency Care (UEC)** o A&E 4-hour standard: ▪ H&WE – on plan ▪ BLMK – slightly off plan ▪ C&P – the most variation to plan with 71.3% performance in September against a plan of 75.8%. o Long A&E waits persist at some acute sites; it was confirmed that affected providers are in NHSE tiering programmes. o Ambulance response times in H&WE exceed the 30-minute target. o Winter plans approved at previous ICB Board meetings are now fully operational, including enhanced coordination and escalation processes. • The challenge of improving A&E performance from 71% to the national target of 82% for 4-hour waits was highlighted. SG explained that the 82% target applies to 2026/27 and will require: o A whole-system approach to demand management. o Provider-level improvements in productivity, pathways and patient flow. o Operational plans are being developed, and winter pressures will influence the current year-end trajectory. • **Mental Health and Learning Disability** o H&WE – meeting 3 of 4 key performance indicators (KPIs) o BLMK and C&P – off-plan for all KPIs; recovery discussions are ongoing via contract management. • **Mental Health – Out of Area Placements** o BLMK reported 20 placements in the most recent month against a target of 4. o Short-term mitigations included supporting discharge, crisis provision and addressing step down capacity. Strategic mitigations are also	

underway, including mobilisation of a short stay admission pilot and creation of 9 additional mental health inpatient beds.

- **Primary Care**
  - Positive improvement in patient experience across all ICBs compared to March 2025 baseline, though practice-level variation remained and will be monitored through oversight routes.
- **Agency Workforce**
  - Agency reduction plans remain under close monitoring across all systems.

Local Risks and Escalations

- Paediatric Audiology
  - Significant concern across the three ICBs due to workforce shortages and quality issues.
  - A national review is underway with current commissioning arrangements being assessed. Updates will be provided via the Utilisation Management and Quality Improvement Committee.
- **Community Paediatric Waits**
  - Extensive delays in H&WE, with 39% of patients waiting over 52 weeks, including neurodevelopmental pathways.
  - System-wide review of contracts, specifications and waiting lists is in progress; an options assessment is due early in January 2026.
- **Diagnostics**
  - Six-week wait standard will become a national metric for 2026/27.
  - Current focus on capacity planning, insourcing/outsourcing, and alignment with national funding for Community Diagnostic Centres.

Forward Look

- The ICB performance framework for 2026/27 will include metrics discussed above, alongside new diagnostic standards.
- Work is underway to align measures with strategic commissioning outcomes, demand management and reducing variation. Further proposals will be reviewed by the Utilisation Management and Quality Improvement Committee in January.
- The approach for the new Central East ICB was outlined:
  - Provider-level metrics will remain separate to reflect operational realities.
  - System-wide metrics will be introduced for the entire resident population.
  - Reporting will clearly distinguish national askes from local plans, using straightforward formats such as red, amber, green (RAG) ratings for transparency.
- It was noted that this approach will help identify variation in service quality and support efforts to level performance across the system.
- Future reporting should address waiting times that are not apparent, e.g. certain mental health care.

Board Discussion

- DG sought confirmation that partnership work addressing LeDeR (Learning Disability Mortality Review) recommendations and needs assessments in C&P ICB is continuing. FH confirmed that LeDeR remained integral to mortality surveillance and learning processes across the cluster. Current priorities included:
  - Integrating LeDeR processes with wider governance.
  - Targeted work on respiratory risk identification during learning disability health checks to reduce aspiration pneumonia-related deaths.
- VM queried why some ICBs rated “red” have higher absolute numbers than those rated “green,” querying whether this reflected different targets and how

target-setting will evolve as ICBs merge. SG confirmed that performance targets vary due to a mix of national standards and locally agreed plans. In some cases, NHSE approves local plans that differ from national targets and performance is tracked against those agreed plans. For elective care, targets are often provider-specific, based on historic performance and improvement ambitions.

- TF highlighted that the formation of a single ICB presented an important opportunity to learn from best practice across different areas noting that some systems are performing strongly in areas such as A&E and mental health. Sharing approaches could help improve consistency and outcomes across the footprint. Embedding this principle of collaborative learning into future ways of working was encouraged to ensure the benefits of integration were fully realised.
- The need to move beyond traditional NHS performance targets and adopt a broader, outcome-focused approach as the ICBs transition to a new structure in 2026/27 was noted. It was emphasised that reducing utilisation and improving care cannot be achieved by NHS commissioners and providers alone; a more ambitious, integrated approach is essential.

The Boards of BLMK ICB, C&P ICB and H&WE ICB noted the report.

8.2 **Combined Month 6 Finance Report for BLMK, C&P and H&WE ICBs**
Presented by Sarah Griffiths, Executive Director of Finance, Resources and Contracts, BLMK, C&P & H&WE ICB

SG presented the financial position at Month 6 for the three ICBs and their respective system control totals. While the transition to a single cluster is underway, each ICB remains a separate statutory entity and is accountable for delivering its own control total for 2025/26.

Current Position

- C&P and H&WE:
  - Reporting on-plan.
  - H&WE position includes £12m national deficit support funding and is based on a back-loaded efficiencies plan, carrying additional risk.
- BLMK:
  - Reporting an adverse variance of £6.3m against plan.
  - Enhanced financial recovery actions are in place to address this.

Key Financial Risks

- **High Demand Pressures**
  - Elective activity and independent sector usage exceeding planned contract envelopes.
  - Engagement with providers underway to review activity, prioritisation, and options to remain within financial limits.
- Concerns were raised regarding the financial risk posed by independent sector activity and its impact on achieving system balance. VM queried the contracting model in place and the levers available to manage this risk. SG clarified that independent sector arrangements operate on a payment-by-result basis, with indicative activity plans and associated financial envelopes agreed at the start of the financial year. Challenges arise where activity exceeds agreed levels, particularly as previous financial regimes allowed for higher volumes to be funded, which is no longer the case.
- SG reported that overspend attributable to independent sector activity is approximately £7-8 million year-to-date for C&P ICB and H&WE ICB. To mitigate this, the ICBs are:

- Working with providers to reprofile activity and prioritise long-wait patients within the agreed financial envelope.
- Implementing contractual enforcement steps, though these require time-bound processes under current payment mechanisms.
- Deploying non-recurrent mitigations, including use of reserves, tighter financial controls and review of uncommitted spend.

- It was confirmed that this risk sits within ICB budgets rather than NHS provider organisations. SG emphasised that this is the first year operating under the current regime and lessons learnt will inform future contracting and risk management approaches.
- **Neurodiversity Assessments**
  - Demand continued to outstrip planned assumptions, creating additional cost pressures which require careful review in 2026/27 operational planning.
- **Continuing Healthcare (CHC)**
  - Rising demand and cost pressures remain under close monitoring.
- **Prescribing Costs**
  - Volatile spend driven by price and volume.
- **Efficiency Targets**
  - H&WE ICB set an ambitious efficiency plan; delivery remained challenging.
  - Current mitigations are largely non-recurrent, posing a sustainability risk for 2026/27.
- **Provider Pressures**
  - Mental health out-of-area placements, winter resilience costs, industrial action and elective recovery targets all impact financial performance.

Mitigation Actions

- Enhanced financial recovery plans and budgetary controls across all three ICBs.
- Use of non-recurrent mitigations to support year-end positions.
- Ongoing review of risks and sustainability planning for 2026/27 and beyond.

Forecast

- All three ICBs are currently reporting a break-even forecast, but this remains under regular review given the scale of risks.
- Focus will shift to medium-term financial sustainability and integration into commissioning plans for 2026/27.

Board Discussion

- TF reflected on historic financial challenges and highlighted the value of revisiting measures that previously delivered both financial and clinical benefits. He noted that earlier initiatives, such as tighter prescribing policies for non-essential items and prior approval for certain surgical procedures, not only controlled costs but also improved patient outcomes by encouraging pre-surgery health improvements. It was observed that some of these approaches had become diluted over time and TF suggested refreshing them at scale within the new ICB structure to support financial sustainability and enhance patient safety.
- JT outlined the new structures being developed for Central East ICB to address challenges, highlighting:
  - The introduction of an Executive Clinical Director for Total Quality Management and an Executive Clinical Director Utilisation Management, ensuring a system-wide approach to managing clinical and financial risk.

	○ A focus on driving up quality, reducing unwarranted clinical variation, and embedding population health analytics into commissioning decisions. ○ The need for purposeful design rather than relying solely on contractual mechanisms, with future models built around integrated quality and utilisation oversight. • FH expanded on this, emphasising the importance of consistent, standardised prior approval processes that are led by clinicians, to manage variation and ensure decisions are in the best interest of patients and populations. The need for difficult but necessary conversations with clinical colleagues to explore alternative approaches that deliver better outcomes at lower cost was also stressed. • SS added further perspective on the strategic direction noting that current systems are delivering results they were designed for, and many are not performing optimally therefore redesign is essential. The approach would combine short-term utilisation management with longer-term system redesign, informed by evidence, digital innovation and global best practice. Future performance measurement will go beyond NHS metrics to include proxy measures, process indicators and population health outcomes, enabling the ICB to demonstrate improvements in quality, cost-effectiveness and patient experience. **The Boards of BLMK ICB, C&P ICB and H&WE ICB noted** the report.	
9.0	**Neighbourhood Plan** *Presented by Kate Vaughton, Executive Director for Neighbourhood Health, Place and Partnerships, BLMK, C&P & H&WE ICB* KV presented a paper and accompanying slide pack on the acceleration of neighbourhood working across the cluster. The initiative aims to strengthen multi-agency collaboration to improve outcomes for the population and reduce system variation and duplication. Key points highlighted: • **National Guidance and Expectations** ○ Recent and forthcoming guidance from the Department of Health and Social Care sets out expectations for enhanced multi-agency working across public sector organisations. ○ Health and Wellbeing Boards will act as the governance vehicle to validate neighbourhood plans, troubleshoot barriers and ensure alignment between elected members and system partners. • **Neighbourhood Model Development** ○ The approach focused on joint ownership and collective capacity at neighbourhood level, with clear NHS and broader system responsibilities. ○ By April 2026, neighbourhood plans should identify capacity and demonstrate impact on population outcomes. • **Enablers and Resources** ○ The Better Care Fund will play a key role in supporting neighbourhood development, with emphasis on reducing duplication and delays in joint packages of care. ○ Additional guidance expected imminently will define goals, priorities and modelled neighbourhood centre archetypes to inform operational and estate planning. ○ The transition of the Better Care Fund into a more prescriptive integrated care funding framework was noted. Future funding will be more tightly linked to measurable outcomes and preventative models of	

	care. Aligning multiple funding streams across neighbourhood, place and system levels will be complex and must be handled collaboratively to strengthen and not destabilise existing services. Further detail will be brought back to the Boards once national guidance is confirmed. ○ Discussion reinforced that collaboration at neighbourhood level is essential to reduce duplication, reach underserved populations and deliver improved outcomes. However, it was recognised that the system faces significant pressures from the combined challenges of finance, rising demand and workforce constraints. Addressing the eradication of duplication, developing more flexible integrated roles and anticipating unintended system consequences were identified as critical enablers. • **Strategic Alignment** ○ The neighbourhood approach will feed into the emerging strategic commissioning framework, ensuring integration between NHS planning and wider public sector objectives. ○ Local teams are mobilised to implement this work over the next quarter, with development sessions already held (for example, Cambridgeshire & Peterborough Health and Wellbeing Board on 12 November). **Board Discussion** • It was noted that there is significant variation in the pace and maturity of neighbourhood development across the footprint, creating a risk of inequity. A consistent operating framework is required to ensure equitable progress, avoid fragmentation and define what "good" looks like, underpinned by strong partner commitment, particularly workforce capacity and social care engagement. • Board members across BLMK, C&P and H&WE ICBs agreed that future delivery must move from relationship-based working to a structured, data-driven model with clear accountability and shared expectations. • It was emphasised that neighbourhood planning must be community-led rather than provider-driven. The voice of residents will be embedded within commissioning and planning at all levels through a single, integrated data set that captures both local need and measures impact, enabling continuous improvement. • The need for consistent and meaningful engagement with the voluntary, community, faith and social enterprise (VCFSE) sector was highlighted with current variability in influence across the three ICB noted. Neighbourhood Health Delivery Committees will be key to strengthening VCFSE involvement and ensuring the sector voice is fed into place and Board-level decision-making. • The Board agreed that neighbourhood planning must be locally informed while remaining aligned to national expectations. Variation is appropriate where it reflects genuine community need. National deadlines for Health and Wellbeing Board neighbourhood plans (April 2026 and Q2 2026/27) were noted, and the Board confirmed its role as a strategic partner in this work. A further update will be provided when national guidance and financial detail are available. The Boards of BLMK ICB, C&P ICB and H&WE ICB noted this as a significant development aligned with national policy and the NHS Long Term Plan. The initiative represents a step-change in partnership working, aiming to deliver improved outcomes through integrated neighbourhood teams and shared accountability across health, social care and community partners. **The Boards of BLMK ICB, C&P ICB and H&WE ICB noted** the report.	
10.0	**Board Assurance Frameworks**	

	Presented by Karen Barker, Executive Director of Corporate Services and ICB Development The Board received an update on the development of the Board Assurance Framework (BAF). The paper presented two key elements: 1. **Alignment of Frameworks and Templates** Work is underway to align approaches to risk management across the three ICBs, addressing current variations in templates and processes. Efforts included establishing a consistent BAF template and harmonising supporting systems for risk oversight. Progress will continue to be reported to the three Boards of the ICBs, with detailed assurance provided through the Audit and Risk Management Committee. 2. **Review of Risks** The next phase involves reviewing the risks of each ICB with Executives addressing detailed queries. **Board Discussion** • It was noted that development of a unified BAF remained an ongoing programme of work, with further updates to be provided regularly for transparency and assurance. • Board members across the three ICBs discussed progress in aligning the BAF as a strategic, system-wide document. It was emphasised that the BAF was unlikely to vary quarter to quarter, with a robust risk management arrangement providing assurance on the process and reporting to the Board and Committees. • VM provided assurance that all risks have been reviewed in detail at the Audit and Risk Management Committee. While differences in reporting approaches across organisations were acknowledged, significant progress is being made towards a common understanding and consistent presentation of risk ahead of transition to a single organisation in April 2026. Further progress will be reviewed at the next Committee meeting. **The Boards of BLMK ICB, C&P ICB and H&WE ICB noted** and discussed the content of the reports.	
11.0	**Research Performance and Future Strategy** *Presented by Fiona Head, Executive Clinical Director Utilisation Management BLMK, C&P & H&WE ICBs* FH introduced the annual report on research performance, clarifying that research referred to research generation, trials and studies primarily in primary care and public health that informed decision-making over a 5-10 year horizon. Funding for research is sourced externally and not from NHS core budgets. C&P ICB currently host a National Institute for Health Research (NIHR) funded team, which supports researchers at all career stages. Key performance metrics included the number of studies and participant recruitment, with detailed data provided in the report appendices. Dr. Philippa Brice, Associate Director for Research and Impact, C&P ICB, outlined the following points from the paper: • Research performance across the three ICB systems remains strong despite national challenges that have impacted activity in recent years. • From 2026, Trust and ICBs will be required to formally scrutinise research performance, positioning the report as an important foundation for future assurance.	

	• Key strengths included commercial research delivery, strong recruitment performance and demonstrable progress on diversity and inclusion in patient access. • The establishment of a Strategic Research Office was proposed to maximise growth opportunities and ensure closer alignment between research activity and commissioning priorities. • Commercial research delivery centres in primary care were highlighted as exemplars of long-term investment and innovation, with the potential to drive transformational change at neighbourhood level. **Primary Care Research Development Centres (PCRDCs)** Dr. Anthony Gunstone, GP Partner, Staploe Medical Centre; Co-Director Greater Cambridge and Suffolk NIHR Primary Care Commercial Research Delivery Centre, provided an overview of the PCRDC initiative: • Research activity enhances care quality, workforce recruitment and retention, and supports an education and innovation-led culture. • National policy strongly supports the expansion of commercial research into primary care, where access and long-term condition expertise are greatest. • The PCRDC model embeds research into routine neighbourhood care, integrating prevention, education, commercial partnerships and community access. • The Greater Cambridge and Suffolk PCRDC delivered more than50 Phase II–IV studies in five years and is recognised as a global exemplar. • The programme is co-directed by Dr Gunstone and Dr Louisa Wood, supported by a three-year NIHR and Department of Health grant, with plans for a 2,000m² purpose-built health and research centre, scalable for growth and supported by industry funding. • Outreach included multilingual engagement, community-focused pathways and data-sharing across a 1.4 million population. • The programme represents a generational opportunity to strengthen regional research capacity, improve care quality and deliver long-term economic value. FH emphasised the benefits of co-working with research teams and highlighted how commercial funding supports patient care and business development. Future updates on PCRDC development and related plans will be brought back to the Board at a future date. **The Boards of BLMK ICB, C&P ICB and H&WE ICB:** 1. **Noted** the annual research performance report for each ICB. 2. **Approved** the outline plan for establishing a Strategic Research Office.	
12.0	**Governance Update** *Presented by Karen Barker, Executive Director of Corporate Services and ICB Development* KB provided a comprehensive governance update. Key points included: **Board Appointments** • KB confirmed that Robin Porter was appointed to the Hertfordshire and West Essex ICB Board on 4 November 2025 and now serves as Chair of all three	

ICBs represented at the meeting. It was noted that non-executive appointments referenced in the report have already been ratified, so no further action was required.

Governance Handbook

- The Governance Handbook has been updated following significant work by governance teams across the organisations. Two specific items were highlighted for Board approval:
    - **BLMK ICB:** Amendment to section 3.2 of the Audit and Risk Management Committee Terms of Reference.
    - **Hertfordshire and West Essex ICB:** Approval of an Essex Joint Committee to support transition of the West Essex element to the proposed Essex ICB by 1 April.

Due Diligence for Central East ICB Formation

- Extensive due diligence was required to establish the new Central East ICB from 1 April 2026 with NHSE requiring a detailed assurance document to confirm readiness. Key points included:
    - A Joint Transition Committee (non-statutory) is overseeing the work and will report progress to all three Boards.
    - Deadlines for due diligence do not align with scheduled Board meetings therefore, delegation was **approved** for the Executive Management Team to sign off urgent items.
    - A full summary will be presented at the next Board meeting in common on 6 February 2026, with some elements reviewed in a private meeting ahead of the formal public launch on 1 April 2026, when all documents will be presented for approval by the new Central East ICB Board.

Audit and Risk Management Committee

Presented by Vineeta Manchanda, Non-Executive Member and Chair of the Audit and Risk Management Committee

VM provided an overview of the recent Committee meeting held in common across the three organisations. The Committees considered several key areas:

- Governance and assurance updates were reviewed and noted, aligning with matters already reported to the Board.
- The BAF was revisited to confirm that strategic risks and mitigations remain robust.
- Implementation of IFSE2 (the new financial system) was reviewed; with significant effort from the finance team, the transition progressed smoothly with satisfactory assurance over data transfer processes.
- An internal audit of BLMK Section 117 work and specialist hospital placements identified suspected process weaknesses, reinforcing the need for stronger partnership working to improve quality, utilisation and value for money.
- The current audit and counter-fraud arrangements that are provided by a number of organisations across the three organisations will be streamlined via a future procurement exercise.
- Stronger system-wide collaboration was emphasised as essential to delivering the right care to the right people at sustainable cost.

Finance Planning and Payer Function Committee

Presented by Dorothy Gregson, Non-Executive Member and Chair of the Finance Planning and Payer Function Committee

DG provided a brief update from the Committee, noting that most matters had been previously addressed under earlier agenda items.

	• A business case for redesign of dermatology service in C&P was presented and received positively by the Committee. • Significant system effort to align work across organisations was reiterated. • With the Committee now fully operational, focus was shifting to establishing subgroups and ensuring effective integration into the core governance structure. **Utilisation Management and Quality Improvement Committee** *Presented by Ruth Bailey, Non-Executive Member and Chair of the Utilisation Management and Quality Improvement Committee* RB updated on the joint Committee meeting between BLMK ICB & C&P ICB and a meeting in common with H&WE ICB on 14 November. The Committee covered several key topics: • **Paediatric Services:** Specific focus was given to paediatric audiology and community waiting lists. Assurance was welcomed that targeted work has now been commissioned to address performance and quality concerns. • **Winter Planning:** Assurance was provided that winter pressures will be managed through the Executive Management Committee, with a detailed update due to the Committee in January. • **Risk, Performance and Quality Reporting:** Reporting approaches currently vary across ICBs. Work is underway to consolidate into a single reporting framework for the new Central East ICB, with a phased transition planned between January and March 2026. • **Patient Voice:** RG emphasised the vital role of patient representatives in the future Central East ICB governance. KVs earlier commitment to engage directly with patient forums to maintain strong and meaningful involvement was welcomed. The dedication of patient representatives across the three ICBs and the value they bring to shaping services was noted. • The Committee reaffirmed its commitment to maintaining robust quality and performance oversight throughout the transition and keeping patient voice central to future governance. **The Boards of BLMK ICB, C&P ICB and H&WE ICB:** 1. **Noted** the ICB Chair update. 2. **Noted** the Due Diligence update and **delegated** authority for the Executive Management Committee to approve submissions. 3. **Noted** the Committee updates. 4. **Approved** the Governance Handbook amendments referenced at paragraph 3.2 in the report and **noted** updates to the financial thresholds referenced in the CEO update. 5. **Approved** the delegation functions as cited at paragraph 3.3.4 (iii). 6. **Approved** the points for ratification and highlighted in the Committee summaries found at paragraph 3.4 (b) in the report.	
13.0	**Any Other Business** The Chair invited items of **Any Other Business** from each ICB in turn: • **Bedfordshire, Luton and Milton Keynes:** No items raised. • **Cambridgeshire and Peterborough:** No items raised. • **Hertfordshire and West Essex:** No items raised.	

	Before formally closing the meeting, the Chair thanked all attendees for their participation and extended special appreciation to the governance leads for their exceptional work in coordinating the meeting. The Chair noted the significant volume of business transacted, acknowledging the valuable contributions of Committees feeding into the Board and recognised the dedication and professionalism of all involved in ensuring the meeting's success. **Resolution to exclude members of the press and public:** The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960. *The meeting finished at 12:46*	
Details of Next Meeting: Friday 6 February 2026 10:00 – 13:00, TBC		

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Gurch Randhawa	Deputy Chair	23 January 2026

Appendix A – Public Questions

Cambridge & Peterborough ICB

1. **Question (submitted anonymously)**
What is, or should be, the protocol for continuing to prescribe ADHD (Attention Deficit Hyperactivity Disorder) medication for adult patients who have recently moved from another Integrated Care System, but are awaiting an annual review? Should additional guidance be developed and disseminated to avoid poor outcomes where medication is denied because an annual review was delayed under the originating ICS, despite the existence of a valid shared care agreement?

Answer, read out by Dr. Fiona Head, Executive Clinical Director Utilisation Management

Thank you for letting us know about your experience about moving and your ADHD treatment. We're glad to hear you've registered with a new GP and received your prescription.

Here are some important things to know about ADHD care:

Shared Care

- Your GP can work with specialist services to manage your treatment, even if they're in a different area.
- However, your GP does not have to prescribe medication if it goes against their usual clinical practice. If they do prescribe, they take responsibility for your treatment and monitoring.
- Before prescribing, your GP must have all the information they need to do this safely, including assurance that any responsibilities that the specialist service should undertake to ensure that the treatment the GP is prescribing is still safe for you, have been completed and are up to date. This would include completion of the specialist annual review.

Stopping Medication

- If your medication needs to be stopped, this should always be done by a specialist—not by your GP alone.

Moving to a New Area or GP

- When you change GP or move to a new area, a new shared care agreement should be set up. This could be with the specialist you saw previously (we have assumed that the specialist you had been seeing for the management of your ADHD was funded by the NHS and not privately funded by yourself), or you may choose to transfer to another NHS funded specialist within the new area.
- Your specialist should be told about any changes to your GP or contact details.

Guideline Updates

Our local ADHD care guidelines are being updated to align to national principles. These updates should be ready early in 2026**.**

Your feedback is really helpful and will improve the process for patients moving between areas. If you have more suggestions or questions, please let us know—we want this to be as clear and supportive as possible for you.

Hertfordshire and West Essex ICB

1. **Question from Andrew Smith**

This question is about the future of local services for attention deficit hyperactivity disorder ("ADHD") and related neuro-developmental conditions. On 20 June 2025 the NHS Independent ADHD Task Force published a report recommending comprehensive changes to ADHD services. Amongst other things the report recommends that ADHD be considered part of a spectrum of disorders that require common treatment provision (appropriate medication and/or psychological therapy, besides support in school and at home). Appropriate treatment should commence once it is evident that it is needed, rather than be postponed to diagnosis of a specific disorder such as ADHD, which may take years for lack of staff. This requires that the present ADHD specialist service model be replaced by a more general provision including all statutory services, e.g. education, health, social services and justice working in common.

Does the Board agree with the report? How will it follow its recommendations in co-operation with other statutory services? Is action taking place in the current planning process for services commissioned in the financial year commencing 1 April 2026? Does the Board intend to increase staffing for ADHD assessment in the short term to reduce the assessment backlog?

I'm fairly sure that planning of services for FY 2026 hasn't yet gone into detail. Accordingly, the Board may wish to give a general answer on 26 September and a more detailed one at the meeting in public in November. If however no additional information is available in November I could ask for an update in the New Year.

Answer, read out by Dr. Fiona Head, Executive Clinical Director Utilisation Management

Thank you for your question about the future of ADHD and related neuro development conditions. The ICB welcomes the first Report of the independent ADHD Taskforce and the breadth of issues it raises and the acknowledgment of the impact on people who are waiting for assessment.

The report pointed to the increasing demand, waiting times, and under diagnosis nationally and the challenges this poses to both people and services which we see reflected in our ICB area. The report proposes a graded needs led approach with those with severe ADHD and other co-occurring conditions being seen by specialists, and a generalist approach for those who do not fit these criteria.

The ICB had started to scope what a generalist pathway to diagnosis and support could look like in future for adults and children, including which interventions may benefit people. It is however, expected that the next report from the Taskforce will be published in the coming months and provide further guidance on a national response and what a variety of assessment and treatment interventions might look like. It is also important to recognise that not all interventions will be commissioned by the NHS and planning for such a significant change requires work and planning across a wide number of agencies.

In the meantime, it may be useful to highlight the existing arrangements and some key highlights from the current work programme, which has a strong focus on improving services for children and young people and supports the direction of travel set out by the initial report.

Work is ongoing with partners to support a process of transformation in ASD and ADHD diagnostic pathways and the delivery of pre/post diagnostic support, for children in Hertfordshire this is being led by the MHLDA Health Care Partnership. In Essex the West Essex children's and young people's team are working to deliver the Essex wide work programme for their local population.
Key actions in the current work plan include:

- a significant increase in the number of Right to Choose and Patient Choice activity from residents and the ICB is actively progressing a local accreditation policy.
- for Children and Young People there is a dedicated programme to reduce waiting times for both ADHD and Autism assessments which has received additional funding in this financial

year. Although the continued increase in referrals and requests for assessment is impacting on the impact this investment is having in terms of reducing waiting times.
- working with partners to support children, young people, their families and carers to access support without a formal diagnosis via the support hub.

Last month the operational planning guidance for 2026/27 was published and we are now working though the planning for next year. We are also expecting the final report of the independent task force shortly. This is an area of work which has been flagged in the transition plans for the new ICB clusters as requiring additional work and investment.

2. Question from Justin Jewitt

What specific plans are there for contact and involvement, over the next 3 months of the PPG (Patient Participation Groups) network as the representatives of patients, for their views and ideas going into the Central East ICB?

Answer, read out by Kate Vaughton, Executive Director for Neighbourhood Health, Place and Partnerships

The ICB fully appreciates the vital role that PPGs play in engaging with patients in our area. We will work with PPG networks as a new People and Communities Strategy is developed over the coming months that will guide the overarching approach to engagement and involvement for the future Central East ICB. We are committed to developing an approach that builds on effective engagement networks, takes on board a wide range of patients' experiences and draws on the best practice from each of our three ICBs.

As part of the new Central East ICB from April onwards, we will have a place based primary care team within each of our combined authority/former ICB footprints and a dedicated Director of Neighbourhood, Place and Partnerships, with primary care within their portfolio. This will help to ensure we maintain a strong voice for Primary Care and the residents it serves, back into the newly formed ICB Cluster Board. We will therefore continue to work with our local PPG members to ensure residents' voices play a key part in our strategic commissioning model going forward.

Once we have completed recruitment into local teams, we can facilitate a meeting with local PPG representatives and the newly appointed teams.

3. Question from Lesley and Neal Davison

In July 2024 you received a Regulation 28 Report from Herts Coroner Alison McCormick expressing concerns that provision for T1DE (Type 1 diabetes with Disordered Eating) sufferers in your area was unfit for purpose. What actions are proposed or have been put in place to ensure that services have been standardised across the entire area, and that the unmet needs of T1DE sufferers will be met?

Answer, read out by Dr. Fiona Head, Executive Clinical Director Utilisation Management

Thank you for the question, I wanted to note that all PFD (prevent future death) notices Regulation 28 reports relate to tragic deaths. We need to acknowledge the impact that has on all those who are impacted. It is important that as an ICB we work with our partners to make sure we do all we can to learn from these tragic deaths and implement changes.

We will be providing direct to the inquirer, a written response and also putting it on our website so it is in the public domain. In terms of specific services for those with diabetes and eating disorders, there is, since the Regulation 28 was sent through in July 2024, a new integrated diabetes service model which is delivered by East and North Hertfordshire Healthcare Partnership. It has pathways for complex management, including pathways for people with diabetes who have complex mental health needs, such as an eating disorder or a serious mental illness. The multidisciplinary team also

will include psychiatric support. The healthcare partnership is in an early stage of developing and implementing the mode but there is psychological provision under development.

I also wanted to take this opportunity to comment to the Board on the importance of these Regulation 28 notices and as we proceed to become one ICB, making sure we do all we can to learn from them. I'd also like to propose that I bring back to the Board at a future date, the mechanism assurance about how we are identifying and taking forward actions as a result of these notices, both in the work we do as commissioners and how we work with our providers.

NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire and Peterborough ICB and NHS Hertfordshire and West Essex ICB Boards in Public Meeting in Common - Action Tracker as at 23/12/2025

Key

Escalated	**Escalated** - items flagged RED for 3 subsequent
Outstanding	**Outstanding** - no actions made to progress OR actions
In Progress	**In Progress.** Outstanding - actions made to progress &
Not Yet Due	Not Yet Due
COMPLETE: Propose closure at next meeting	**COMPLETE** - GREEN
CLOSED (dd/mm/yyyy)	CLOSED

Action No.	Meeting Date	Item Title	Action	Responsible Manager (Enter full name)	Past deadlines (Since Revised)	Current Deadline	Current Position	RAG
1	28/11/2025	CEO Report	SG to further investigate Cambridgeshire and Peterborough ICB figures on children and young people under 18 years old receiving NHS-funded mental health services to confirm accuracy or methodology differences.	Sarah Griffiths		06/02/2026	30/01/2026: SG confirmed that there was an error in the data and that has now been updated and reflected in current reports.	**COMPLETE: Propose closure at next meeting 06/02/2026**

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 7:	Chief Executive Officer's Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Executive Lead:	Jan Thomas, Chief Executive
Report Author:	Sharon Fox, Director of Governance
Reason for the report to the Committee/Board:	For information as part of the cycle of business.
Recommendation/s:	The Board is asked to **discuss** the report and **note** the content. The Board is asked to **endorse** the appointment of the Partner Member for Primary Medical Services for Cambridgeshire & Peterborough ICB until 31 March 2026.

1 Executive Summary

1.1 This report provides an overview of some of the key issues facing Central East (NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire and Peterborough ICB, NHS Hertfordshire and West Essex ICB) to bring to the attention of the Integrated Care Board (ICB) board at its meeting on 6 February 2026.

2 Finance and Performance

2.1 Finance Overview

Full details of the financial performance across the three ICBs and systems is included within the separate finance report and further areas for the Boards attention are covered in the report from the Finance, Planning and Payer Committee. The below represents a number of highlights for the Board's information:

- Under the current financial framework in place for 2025/26, we remain accountable for the delivery of three breakeven system control totals for each of Bedfordshire, Luton & Milton Keynes, Cambridgeshire & Peterborough and Hertfordshire & West Essex. We also remain accountable for the delivery of a breakeven ICB financial position for each of the three ICBs.

- The reported financial position at Month 8 is:
  - Bedfordshire, Luton and Milton Keynes system reports an overall system deficit of £8.1m which is £6.4m adverse to plan. This includes a £0.1m adverse variance to plan for the ICB. Financial challenges at Bedfordshire Hospitals NHS Foundation Trust are the key driver with recovery actions underway.
  - Cambridgeshire and Peterborough system reports an overall system deficit of £6.7m which is £1.6m adverse to plan. This includes a £0.0m variance to plan for the ICB. Financial challenges coupled with industrial action pressures are the key drivers for the adverse position.

- Hertfordshire and West Essex system reports an overall system deficit of £20.9m which is £3.1m adverse to plan. This includes a £3.3m adverse variance to plan for the ICB. This is linked to an agreement for the ICB to hold the financial risk across the system with plans underway to mitigate this by all system partners before the end of the financial year.

- National funding to support the direct costs of Industrial Action is expected to be released to mitigate some of the adverse variances reported in the year-to-date position.

- We continue to forecast the delivery of the three system control totals in line with NHS England agreed plans with a systemwide approach to the management of financial risks.

2.2 Performance Overview

The table below provides a summary of performance across three ICBs against national priority indicators as outlined in 2025/26 planning guidance including cancer standards, elective recovery, urgent and emergency care, and mental health. A performance paper is included on the agenda which provides more information, and the three ICB integrated performance reports are discussed at length at the Utilisation Management and Quality Improvement Committee that took place on 23 January 2026.

Off plan vs. local trajectory

On plan vs. local trajectory

Indicators	Latest month	BLMK	C&P	HWE
Cancer 28 day waits (faster diagnosis standard)	Oct '25	76.38%	82.5%	79.5%
Cancer 62-day performance	Oct '25	65.05%	74.0%	77.5%
Proportion of total waiting list over 52 weeks for treatment	Oct '25	2.2%	1.8%	2.8%
RTT Performance % (ICB)	Oct '25	59.18%	59.0%	61.8%
Patients waiting for first attendance who have been waiting less than 18 weeks	Oct '25	61.06%	64.4%	64.0%
A&E four-hour performance	Nov '25	76.15%	71.0%	79.0%
Attendances at Type 1 A&E departments where the patient spent more than 12 hours	Nov '25	5.46%	11.8%	10.3%
Category 2 ambulance response times (minutes) – average across 2025/26 (EEAST Only)	Nov '25	32.44mins	28mins	34.8mins
Reliance on mental health inpatient care for adults with a learning disability	Nov '25	6 (Dec 25)	8	9
Reliance on mental health inpatient care for autistic adults	Nov '25	11 (Dec 25)	13	23
Average length of stay for adult acute beds	Oct '25	56	56	47
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	Oct '25	13,580	11,705	22,420
Proportion of those surveyed whose experience with accessing primary care has improved in last 12 months (ONS Survey)	Nov '25	20.2%	23.4%	20.9% (Dec '25)
Deliver a balanced net system financial position for 2025/26 (variance)	Nov '25	(£8.1m)	(£2.9m)	(3.102m)
Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	Nov '25	£3.5m	£6.255m	£2.241m

BLMK key headlines and risks

- Cancer metrics are currently under plan. Actions identified in improvement plans continue to be worked on.
- 52-week waits are above plan but have seen a significant reduction over the last three months. 18 Week Referral to Treatment (RTT) performance has been improving month on month.
- A&E 4-hour waits remain under plan. 12-hour journey time performance has deteriorated and is now under plan.
- Child and Adolescent Mental Health Services (CAMHS) access is currently 6.5% under plan, with mitigation to improve in place.

C&P key headlines and risks

- 5 out of 15 priorities are on/above plan whilst 10 are below plan.
- Cancer 62-day performance improved from 71.7% to 74.0%. 27 Faster Diagnosis Standard (FDS) above plan. Elective activity & performance challenges remain a key area of focus and attention.
- A&E performance has remained stable.
- System finance position is adverse to plan by £2.9m.

H&WE key headlines and risks

- Performance vs the 4-hour A&E standard has been maintained above plan in November despite the early flu season and an increase in A&E attendances (2.4% more attendances in Nov-25 vs Nov-24). However, performance vs the 12-hour standard remains off-track.
- The 28-day FDS target returned to being ahead of plan in October following improvements at East & North Herts NHS Trust (ENHT) and West Herts Teaching Hospitals NHS Trust (WHHT).
- All three providers in H&WE are ahead of their 18-week RTT recovery target currently. However, both Princess Alexandra Hospital (PAH) and WHHT are below plan for their >52-week recovery target.

3 Emergency Preparedness Resilience and Response (EPRR) Core Standards

The NHS England Board has a statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. NHS England ensures that NHS funded organisations are compliant with the requirements of the Core Standards, via the annual Core Standards assurance. In January 2026, ICB Management Executive Team considered the outcome of BLMK, C&P and H&WE Core Standards process, noting:

- All three ICBs declared 'Substantial' compliance for 2025/26.
- Provider self-assessments have been completed and signed off via respective provider boards, though the ICB has an oversight, assurance and coordination responsibility through this process.
- ICB core standards assessments have gone through the appropriate governance, including endorsement through Local Health Resilience Partnership (LHRP) Boards, and check and challenge review meetings with NHS England EPRR teams, with positive feedback shared on the robustness of localised processes for ICB wide peer collaboration, support and challenge.
- Where providers are not declaring full compliance with Core Standards, action plans are in place to support improvement, with regular oversight via LHRP, ICB EPRR and NHS England, with a six-month formal review process.

ICB Management Executive noted the significant work that has been undertaken to ensure the completion and compliance levels of the ICBs Emergency Preparedness Resilience and Responsiveness (EPRR) Core Standards process and endorsed the final submissions.

4 Transition

An update to the Due Diligence Checklist was submitted to NHSE on 5 January 2026 and a draft Level 3 Schedule of Staff and Property being transferred to Essex ICB on 1 April 2026. As part of the assurance process, there are a series of Checkpoint meetings with NHSE and the last one was on 7 January 2026, which considered the Due Diligence submission and Level 3 Schedule. NHSE was impressed with the level of detail in our submission and pleased with the progress being made.

5 Governance

5.1 Board Member – Appointments

Cambridgeshire & Peterborough ICB – Primary Medical Services Member

Following the process set out in the ICB's Constitution, Dr James Howard, from Staploe Medical Centre has been appointed as the Cambridgeshire & Peterborough ICB – Primary Medical Services Member until 31 March 2026. I would like to welcome James to the Board and also ask the Board to endorse his appointment.

5.2 Central East ICB – Board Appointments

We are in the process of completing the Board Appointments for Central East ICB in preparation for the establishment of the new organisation from 1 April 2026. I will keep the Board updated on progress.

6 Recommendation

6.1 The Board is asked to **discuss** the Chief Executive's Report and note the content.

6.2 The Board is asked to **endorse** the appointment of the Partner Member for Primary Medical Services for Cambridgeshire & Peterborough ICB until 31 March 2026.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 8:	Combined Performance Report for BLMK, C&P and H&WE
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Executive Lead:	Sarah Griffiths, Executive Director of Finance, Resources and Contracts
Report Author:	Stacie Coburn, Director of Contracting and Procurement Gary Hardy, Head of Performance & Planning (C&P)
Reason for the report to the Committee/Board:	Oversight of performance against operational plan commitments for 2025/26, including winter performance, current national oversight rankings of providers across BLMK, C&P and H&WE and NHS England-led tiering arrangements where provider performance is reviewed.
Recommendation/s:	The Board is asked to **note** the report.

1.0 Executive Summary

1.1 This report is split into five main sections:

1.1.1 A high-level overview of ICB performance against key national performance indicators in 2025/26, identified as must do commitments in the national operational planning guidance along with a summary of local risks and areas of escalation that do not form part of the national suite of indicators.

1.1.2 A summary of winter performance to date.

1.1.3 A summary of the NHS National Oversight Framework (NOF) rankings for BLMK, C&P and H&WE providers.

1.1.4 A summary position of NHS England-led tiering where performance is particularly challenged.

1.1.5 Next actions.

1.2 Extensive performance and quality content is included within individual Integrated Care Board (ICB) integrated reports, which are discussed at length at sub committees. The most recent reports were discussed at Utilisation Management and Quality Improvement Committee on 23 January 2026 and headlines summarised in the Committee assurance report from this meeting, also shared with ICB Board.

2.0 Key Implications

2.1 Financial implications – There are no implications identified.

2.2 Equality and / or health inequalities implications – Equality and health inequalities impact considered for individual performance indicators, as part of ongoing work to mitigate variation and risk.

2.3 Engagement – ICB Integrated Performance reports have been considered by Utilisation Management and Quality Improvement ICB Board subcommittee in November prior to this summary being provided for Board.

2.4 Green Plan commitments – Not applicable.

2.5 Risk – Risks are already sufficiently captured in ICB Board Assurance Frameworks and no proposed changes are required at this stage.

3.0 Performance Overview

National key performance indicators

3.1 The table below outlines performance at ICB level against the key priority national indicators for 2025/26. Performance is shown as on plan or off plan, assessed against the monthly trajectories submitted by each ICB as part of planning.

Off plan vs. local trajectory

On plan vs. local trajectory

Indicators	Latest month	BLMK	C&P	HWE
Cancer 28 day waits (faster diagnosis standard)	Oct '25	76.38%	82.5%	79.5%
Cancer 62-day performance	Oct '25	65.05%	74.0%	77.5%
Proportion of total waiting list over 52 weeks for treatment	Oct '25	2.2%	1.8%	2.8%
RTT Performance % (ICB)	Oct '25	59.18%	59.0%	61.8%
Patients waiting for first attendance who have been waiting less than 18 weeks	Oct '25	61.06%	64.4%	64.0%
A&E four-hour performance	Nov '25	76.15%	71.0%	79.0%
Attendances at Type 1 A&E departments where the patient spent more than 12 hours	Nov '25	5.46%	11.8%	10.3%
Category 2 ambulance response times (minutes) – average across 2025/26 (EEAST Only)	Nov '25	32.44mins	28mins	34.8mins
Reliance on mental health inpatient care for adults with a learning disability	Nov '25	6 (Dec 25)	8	9
Reliance on mental health inpatient care for autistic adults	Nov '25	11 (Dec 25)	13	23
Average length of stay for adult acute beds	Oct '25	56	56	47
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	Oct '25	13,580	81,820 (YTD)	22,420
Proportion of those surveyed whose experience with accessing primary care has improved in last 12 months (ONS Survey)	Nov '25	20.2%	23.4%	20.9% (Dec '25)
Deliver a balanced net system financial position for 2025/26 (variance)	Nov '25	(£8.1m)	(£2.9m)	(3.102m)
Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	Nov '25	£3.5m	£6.255m	£2.241m

3.2 For Cancer, October 2025 28 faster diagnosis standard (FDS) performance improved with C&P & H&WE above plan with North West Anglia NHS Foundation Trust (NWAFT), Cambridge University Hospitals NHS Foundation Trust (CUHFT) and West Hertfordshire Teaching Hospitals NHS Trust (WHT) all above 80%. However, all three ICBs are below plan for 62-day performance with BLMK most challenged. Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) has the lowest 62-day performance at 53%, followed by Princess Alexandra Hospital NHS Trust (PAH) at 67%, both providers remain in NHS England Tier 1 arrangements. East and North Hertfordshire NHS Trust (ENHT) has the best performance at 86%.

3.3 Referral to treatment (RTT) performance remains above trajectory for BLMK and H&WE but has recently dipped below plan for C&P at 59%. All three ICBs are below plan for the proportion of patients waiting over 52-weeks for treatment; the expectation is to reach 1% by March 2026 but is currently 2.2% in BLMK, 1.8% in C&P and 2.8% in H&WE. The current forecast outturn is that this will be achieved across Central East, with recovery plans in place at provider level, tracked either through tiering or contract oversight routes. Further 52-week clearance activity will be supported through national elective sprint and 52-week wait clearance funding which has become available in late December. Revised trajectories aligned to this additional funding will be finalised in January. Diagnostic waits continue to impact RTT recovery for specific specialities and remains a core area of focus for improvement.

3.4 Urgent and emergency care performance is variable across the cluster and is a continued risk through coming months. Weekly performance tracking against key indicators, additional surge capacity plans and forecasting for seasonal illness is being reported weekly to ICB Management Executive. Additional winter governance and reporting is in place, commenced from 1 November 2025. See section *4.0 Winter performance* herein.

3.4.1 All type A&E four-hour performance is strong at H&WE at 79% and above plan. C&P is most variable. A summary of provider performance is below with national rankings:

- Bedfordshire Hospitals NHS Foundation Trust 76% (101/188)
- Milton Keynes University Hospital NHS Foundation Trust 72% (124/188)
- North West Anglia NHS Foundation Trust 70% (140/188)
- Cambridge University Hospitals NHS Foundation Trust 72% (127/188)
- The Princess Alexandra Hospital NHS Trust 80% (82/188)
- West Hertfordshire Teaching Hospitals NHS Trust 84% (70/188)

3.4.2 Type 1 performance is as follows, with particular good performance seen at WHT and PAH.

- Bedfordshire Hospitals NHS Foundation Trust 62% (54/121)
- Milton Keynes University Hospital NHS Foundation Trust 60% (64/121)
- North West Anglia NHS Foundation Trust 55% (83/121)
- Cambridge University Hospitals NHS Foundation Trust 61% (55/121)
- The Princess Alexandra Hospital NHS Trust 72% (17/121)
- West Hertfordshire Teaching Hospitals NHS Trust 70% (20/121)

3.4.3 Within emergency departments, a significant proportion of type 1 patients spend longer than 12 hours in department prior to admission, discharge or transfer. C&P has the highest proportion at 11.8% followed by H&WE at 10.3% and 5.5% at BLMK.

3.4.4 Category 2 (C2) ambulance response performance is better than plan in both C&P and H&WE, but above the 30-minute target in BLMK at 34.44mins.

3.5 Performance against Mental Health and Learning Disability indicators is behind plan in BLMK (2 of 4 KPIs met) and C&P (1 of 4 KPIs met), with only H&WE achieving plan for 3 of

4 key performance indicators (KPIs). Discussions are ongoing with providers through contract routes to understand drivers for variation and ensure appropriate recovery plans are in place to return performance to expected levels as quickly as possible.

3.6 November and December data demonstrates a continued improvement in our population's experience of accessing primary care compared to 12-months ago. All three ICBs are reporting positive experience improvement compared to the March 2025 baseline, though this aggregate position hides significant practice level variation, which is being picked up through individual practice level conversations and through other oversight forums including Primary Care Commissioning Committees.

3.7 Delivery against financial commitments, including reduction in agency and bank usage are covered in the ICB Board finance report. All three ICBs are reporting negative variances against their financial plans totalling £14.102m. Positively, all three ICBs are performing better than anticipated in relation to reducing agency expenditure.

Local risks and areas of escalation

3.8 Paediatric audiology remains a concern across all three ICBs in the Central East cluster, with contractual and regional escalation in place for several hospital sites. Services are fragile due to national shortages of suitably qualified workforce, and several providers are now conducting reviews of historical activity following national identification of quality concerns in paediatric hearing services. The final Kingdon review of children's hearing services, published on 10 November sets out several recommendations for consideration. The ICB is rapidly progressing an assessment of services to establish if current commissioning arrangements are sufficient to meet demand, while also assessing opportunities for bringing together oversight and recovery arrangements across the three ICBs. A further update will be provided to the Utilisation Management and Quality Improvement Committee in January 2026.

3.9 Community waiting times across the cluster remain prolonged. H&WE reports the highest proportion within the cluster, with 41% of all paediatric patients waiting over 52 weeks, up from 39% the previous month. Notably, 47% of these have been waiting in excess of 104 weeks.

Immediate actions include an Audiology action with East and North Hertfordshire NHS Trust (ENHT), Hertfordshire Community NHS Trust (HCT) and The Princess Alexandra Hospital NHS Trust (PAH), including workforce, estates and facilities. There continues to be a review of Mutual Aid and Load Levelling on-going across the System. There is Director-level engagement around special school place projections and Theatre space for Tooth Extraction to be raised via Health and Care Partnership (HCP) governance. There remains a focus on high priority appointments in community paediatrics and paediatric audiology in South and West Hertfordshire (SWH). CYP Therapies increasing capacity and waiting list initiatives in place, as well as patient self-booking.

In C&P, a total of 99 adults and 1,039 children and young people (CYP) are currently waiting beyond 52 weeks. Significant pressures are evident within community paediatrics, speech and language therapy, and dietetic services.

Across all three ICBs, delays in accessing neurodevelopmental services remain a particular concern. Waiting list initiatives are in place to limit the risk of 65+ week waiters across CYP pathways, with additional activity expected to be commissioned in Quarter 4, both internal capacity and outsourcing to support waiting list improvement.

Following discussions between the ICB and Providers in October 2025, the Central East Cluster commenced a review of current H&WE contracts and specifications for commissioned community paediatric services, a waiting list review to understand potential and actual harm and consolidation of options for a sustainable new model of care or service reconfiguration. This work is being undertaken collaboratively with providers, with an expected output for discussion in January 2026 (not available at time of submitting this paper).

3.10 Mental Health inappropriate out of area placements were variable across the cluster in October 2025. In terms of bed days, BLMK had 505 (2% of adult mental health acute bed days), 40 in C&P (below 1%) and 3,535 in H&WE (11%) with 30 patients active in an inappropriate setting at the end of October. Action is being taken across the ICBs to support core flow improvements, including focus on supporting discharge, crisis provision and addressing step down capacity. Alongside these operational actions, strategic mitigations are also underway, including mobilisation of a short stay admission pilot and creation of nine additional mental health inpatient beds in BLMK.

3.11 Diagnostic performance across all three ICBs is challenged. While not a national priority indicator in 2025/26, expectations are that this will be reintroduced in 2026/27, with an expectation that no more than 5% of patients wait more than 6 weeks for their diagnostic test. Performance in this area is also intrinsically linked to overall RTT delivery. The national performance average is currently 21.3%. 6-week breach performance in October 2025 was 31.4% in BLMK (an improvement from 33.4% in August 2025, ranked 36/43), 30.3% in C&P (an improvement from 31.2%, ranked 35/43) and 34.9% for HWE (an improvement from 38.7% but ranked low at 41/43). A significant driver for the deterioration seen in 2025/26 to date is the removal of additional insourcing and outsourcing providers were able to fund in the previous year. The ICB is assessing demand to identify areas of variation to plan, and discussions are ongoing with providers through appropriate contract routes and performance tiering to ascertain recovery plans.

4.0 Winter Performance

4.1 As of early January 2026, overall performance demonstrates a notable improvement compared with the same period last year. Of the eleven key performance indicators, nine show a positive trajectory year-on-year. This progress can be attributed to several factors: a marginal reduction in demand for urgent and emergency care services, stronger provider performance in the pre-winter period relative to last year, and a more robust approach to winter resilience and planning, underpinned by enhanced oversight and control measures.

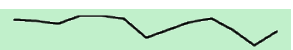
4.2 The metrics which are performing worse than a year ago are the % of patients discharged on the discharge-ready-date and the mental health attendances >24 hours.

4.3 The winter dashboard below outlines the Central East position compared to 6-weeks ago, last year along with 12-week trend. Please note, the dashboard includes West Essex, but we are actively collaboratively working with Mid and South Essex ICB on the transition approach given the imminent transition.

Central East UEC winter performance dashboard

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board
NHS Cambridgeshire & Peterborough Integrated Care Board
NHS Hertfordshire and West Essex Integrated Care Board

Select system / cluster>>** Central East

Metric*	Date of latest data	Latest week's performance	Performance vs 6 weeks ago	Performance vs last year	12 week trend
111 abandonment rate	04/01/2026	1.4%	+0.2%	-4.2%	
C2 mean response times	15/12/2025	00:25:59	-5m 53s	-32m 32s	
Number of handovers	04/01/2026	4,215	+10	+290	
Mean handover time	04/01/2026	00:38:04	+16m 35s	-21m 20s	
A&E attendances - type 1	03/01/2026	15,047	-714	+274	
A&E attendances - type 2+3	03/01/2026	8,992	-312	-117	
A&E attendances - paeds	31/12/2025	3,635	-968	+151	
A&E attendances - total	03/01/2026	24,039	-1,026	+157	
4-hour performance type 1	03/01/2026	56.9%	-8.8%	+8.4%	
4-hour performance type 2+3	03/01/2026	98.2%	-1.0%	+2.8%	
4-hour performance paeds	31/12/2025	87.6%	-0.6%	+1.0%	
4-hour performance total	03/01/2026	75.2%	-4.4%	+3.0%	
Type 1 12-hour performance	31/12/2025	7.8%	+1.0%	-3.1%	
Mental health >24 hours performance	31/12/2025	7.9%	+0.9%	+2.1%	
Admissions via A&E	03/01/2026	4,989	+56	+110	
G&A bed occupancy	03/01/2026	92.7%	+0.1%	-0.9%	
% pts discharged on discharge ready date	27/12/2025	80.9%	-1.1%	-3.4%	
Ave daily G&A beds occupied by flu patients	03/01/2026	164.0	+130.1	-88.4	

4.4 During Quarter 4 of 2025/26, Central East teams will be reviewing winter performance to capture insights and lessons learned from operational and winter schemes delivery. The findings will be translated into actionable recommendations to inform winter planning for the forthcoming year, aligning with the new structure within Central East.

4.5 An immediate observation from ICB teams is that contrary to the original intention for ICBs to step back from System Control Centre (SCC) responsibilities, there has been a notable increase in requests for information, situation reports, and updates, alongside a continued expectation for ICBs to manage risk and patient flow within systems. This raises critical questions regarding the impact of these expectations on the new Central East organisation, which is structured to focus on strategic commissioning and planning with reduced emphasis on operational performance and delivery. It also prompts consideration of the ICB's ability to plan effectively for next winter within this context. At the time of writing, there remains no clarity on the national or regional Urgent and Emergency Care model, nor on future functions and responsibilities.

5.0 NHS England Tiering

5.1 Where performance challenges persist, NHS England applies enhanced oversight through the national tiering framework. Acute providers are categorised into Tier 1, representing the most significant performance concerns, or Tier 2. Providers within scope are required to identify the key factors contributing to their challenged position and set out mitigating actions alongside agreed recovery trajectories. These plans are reviewed at monthly assurance meetings with NHS England, attended by ICB representatives to ensure system alignment and support. A summary of the acute trusts currently subject to tiering is provided below.

Tier 1

- Cambridge University Hospitals NHS Foundation Trust (Electives)
- Milton Keynes University Hospital NHS Foundation Trust (Electives & Diagnostics)
- The Princess Alexandra Hospital NHS Trust (Cancer & Diagnostics)

Tier 2

- North West Anglia NHS Foundation Trust (UEC)
- The Princess Alexandra Hospital NHS Trust (UEC & Electives)

6.0 NHS Oversight Framework

6.1 NHS England assesses NHS trusts against a range of performance criteria and publish the results. This assessment determines the support individual NHS trusts need to improve with those in the middle of the pack supported by NHS England to improve and those demonstrating persistently low performance, receiving prompt intervention. Those performing at the top may be rewarded with additional freedoms.

6.2 The table below summarises the Central East acute provider Q2 segmentation and rankings, published 11 December 2025. Performance across the acute provider cohort is mixed with Royal Papworth ranked as the best performing acute provider in the country. Out of eight acute providers, one (Papworth) is in segment 1, one is in segment 2, five are in segment 3 and one is in segment 4 (Princess Alexandra ranked 119/134). Five out of the eight acute trusts are in financial deficit based on the information reviewed prior to publication.

Acute Providers	NOF Q2 Segment	Rank / 134	In Financial Deficit?	Access to Services	Finance & Productivity	Effectiveness & Experience	Patient Safety	People & Workforce
North West Anglia NHS Foundation Trust	3	81	Yes	3 – Below average	3 – Below average	2- Above average	4 – Low performing	2- Above average
Cambridge University Hospitals NHS Foundation Trust	3	71	No	4 – Low performing	1 – High performing	3 – Below average	2- Above average	1 – High performing
Royal Papworth Hospital NHS Foundation Trust	1	1	No	1 – High performing	1 – High performing	1 – High performing	1 – High performing	1 – High performing
Bedfordshire Hospitals NHS Foundation Trust	3	66	Yes	2- Above average	3 – Below average	4 – Low performing	3 – Below average	1 – High performing
Milton Keynes University Hospital NHS Foundation Trust	3	90	Yes	4 – Low performing	2- Above average	3 – Below average	2- Above average	1 – High performing
East and North Hertfordshire NHS Trust	2	21	No	2- Above average	2- Above average	2- Above average	3 – Below average	2- Above average
West Hertfordshire Teaching Hospitals NHS Trust	3	31	Yes	1 – High performing	1 – High performing	1 – High performing	4 – Low performing	1 – High performing
The Princess Alexandra Hospital NHS Trust	4	119	Yes	4 – Low performing	2- Above average	4 – Low performing	3 – Below average	2- Above average

6.3 The table below summarised the Central East non-acute provider Q2 segmentation and rankings. Performance across the acute provider cohort is mixed with Cambridgeshire Community Services as the best performing non-acute provider in the country. Out of five non-acute providers, two are in segment 1 and three are in segment 3. Two out of the five non-acute trusts are in financial deficit based on the information reviewed prior to publication.

Non-Acute Providers	NOF Q2 Segment	Rank / 61	In Financial Deficit?	Access to Services	Finance & Productivity	Effectiveness & Experience	Patient Safety	People & Workforce
Cambridgeshire and Peterborough NHS Foundation Trust	3	38	No	4 – Low performing	2- Above average	2- Above average	3 – Below average	3 – Below average
Cambridgeshire Community Services	1	1	No	2- Above average	2- Above average	1 – High performing	1 – High performing	1 – High performing
Hertfordshire Community NHS Trust	3	28	Yes	3 – Below average	3 – Below average	3 – Below average	1 – High performing	1 – High performing
Hertfordshire Partnership University NHS Foundation Trust	3	26	Yes	2- Above average	3 – Below average	1 – High performing	2- Above average	1 – High performing
Central and North West London NHS Foundation Trust	1	7	No	1 – High performing	1 – High performing	1 – High performing	2- Above average	1 – High performing

6.4 The table below summarised the Central East emergency ambulance provider Q2 segmentation and rankings. Neither trust is in financial deficit but Central East's primary ambulance provider East of England Ambulance Service NHS Trust (EEAST) is in segment 4 while East Midlands Ambulance Service (EMED) is in segment 1.

Emergency Ambulance Providers	NOF Q2 Segment	Rank / 10	In Financial Deficit?	Access to Services	Finance & Productivity	Effectiveness & Experience	Patient Safety	People & Workforce
East of England Ambulance Service NHS Trust	4	9	No	2- Above average	3 – Below average	4 – Low performing	4 – Low performing	4 – Low performing
East Midlands Ambulance Service NHS Trust	1	2	No	4 – Low performing	1 – High performing	1 – High performing	1 – High performing	2- Above average

7.0 Next Steps

7.1 As previously outlined, Central East ICB has initiated targeted work to evaluate and address risks relating to Paediatric Audiology and community waiting times. The findings will be presented to the Utilisation Management and Quality Improvement Committee in January 2026. It should be noted that, at the time of writing this paper, this Committee meeting has not yet taken place.

7.2 Routinely, provider performance variation is being addressed through contractual routes, with recovery plans requested as appropriate and through NHS England oversight mechanisms such as tiering. Delivery against provider recovery plans will continue to be reported through ICB integrated performance reports.

7.3 Work continues to identify suitable indicators for ICB performance reporting in 2026/27. These will align with anticipated national oversight framework KPIs for ICBs, indicators of effective commissioning (including demand management), and local priorities and outcomes as shaped by ongoing planning processes. This approach will represent a substantial shift from the current reporting, which largely focuses on aggregated provider performance against constitutional standards. A draft proposal is anticipated to be presented to the Utilisation Management and Quality Improvement Committee for consideration in the coming months, taking account of ongoing work to align data infrastructure in the context of organisational workforce changes.

7.4 During Quarter 4 of 2025/26, multidisciplinary teams will commence a structured process to capture insights and lessons learned from operational performance over the winter period. This exercise will include a review of demand patterns, capacity utilisation, service resilience, and patient flow challenges experienced during peak pressures. The findings will be translated into actionable recommendations to inform winter planning for the forthcoming year.

7.5 Work is currently in progress to develop a governance framework for the NHS England tiering process and the National Oversight Framework (NOF), ensuring formal integration within the Central East governance structure. Completion is anticipated in Quarter 4 of 2025/26.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 9:	Combined Month 8 2025/26 Finance Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Executive Lead:	Sarah Griffiths, Executive Director of Finance, Resources and Contracts
Report Author:	Emma Kriehn-Morris, Director of Finance
Reason for the report to the Committee/Board:	This paper provides an update on the Month 8 (M8) 2025/26 financial position for the three ICBs and the three systems, highlighting the in-year financial position, emerging risks, and the control mechanisms in place. The Boards are also asked to note the strategic financial risks linked to overall financial sustainability, demand growth and elective recovery targets. This report provides early sight of financial sustainability challenges that will influence planning for 2026/27 and beyond.
Recommendation/s:	The Boards are asked to: • **Note** the Month 8 position for each ICB and system. • **Note** the scale of full-year risk and the mitigations in progress. • **Acknowledge** the statutory accountability for delivery of three ICB control totals and three system-level control totals. • **Support** continued work on financial sustainability.

1.0 Executive Summary

1.1 Each ICB has a statutory duty to deliver a breakeven financial position, and each system remains collectively accountable for delivering the agreed system financial plan for 2025/26. At the beginning of this financial year, each system agreed to a breakeven financial plan which included £12.2m of NHS England Deficit Support Funding (DSF) for H&WE.

1.2 At M8, the financial position across all three ICBs remains under pressure; continued growth in Continuing Healthcare (CHC) expenditure, high levels of independent sector elective activity and rising demand for attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) assessments present the most significant operational risks. Furthermore, H&WE ICB are holding a level of unidentified efficiency risks on behalf of the system which accounts for an ICB adverse variance to plan Year to Date (YTD). Progressive discussions are in place to ensure the agreed system control total can be delivered.

1.3 At a system level, the ability to deliver ambitious efficiency plans presents a further risk, particularly for the H&WE system. This is additional to the financial pressure in responding to ongoing industrial action, winter urgent and emergency care (UEC) demand and the cost of delivering elective activity to meet agreed recovery targets.

1.4 All three systems continue to report a full year forecast in line with the breakeven plans set at the beginning of the financial year with recovery actions and initiatives underway involving

all system partners, particularly in H&WE. Enhanced financial control measures remain in place. Any changes in individual organisational positions within the context of an overall system financially balanced position will be enacted for M10 reporting.

1.5 The reported M8 year-to-date position is:

a. **Bedfordshire, Luton and Milton Keynes (BLMK)**:
- ICB deficit of £0.1m, adverse variance to plan of £0.1m
- Provider deficit of £8.0m, adverse variance to plan of £6.3m
- Overall system deficit of £8.1m, adverse variance to plan of £6.4m

b. **Cambridgeshire & Peterborough (C&P)**:
- ICB breakeven, variance to plan of £0.0m
- Provider deficit of £7.7m, adverse variance to plan of £2.9m
- Overall system deficit of £7.7m, adverse variance to plan of £2.9m

c. **Hertfordshire & West Essex (H&WE)**:
- ICB deficit of £7.3m, adverse variance to plan of £3.3m
- Provider deficit of £13.6m, favourable variance to plan of £0.2m
- Overall system deficit of £20.9m, adverse variance to plan of £3.1m

1.6 The implementation of the Integrated Single Financial Environment Programme 2 (ISFE2) remains a further governance and operational risk post October implementation and is discussed in more detail via the Audit and Risk Committee.

1.7 Work continues to develop the medium-term financial planning for Central East ICB ahead of the final submission due in February 2026 where a balanced financial position is required alongside delivery of other planning requirements.

2.0 Key Implications

2.1 Financial implications
All covered within this report.

2.2 Equality and / or health inequalities implications
No specific implications identified.

2.3 Engagement
The financial position and risks have been reviewed and discussed with provider Chief Finance Officer's, NHS England and the Finance, Planning and Payer Function Committee. The risk associated with the transition to ISFE2 has been discussed with NHS England, NHS Shared Business Services (NHS SBS) and The Audit and Risk Committee.

2.4 Green Plan commitments
No specific implications identified.

2.5 Risk
The ongoing financial challenges present several risks to our overall financial sustainability, ability to deliver agreed financial plans as well as to operational and performance standards. These are covered in more detail within the report.

3.0 Report

3.1 This paper sets out the M8 financial position for BLMK, C&P and H&WE ICBs covering both the ICB financial performance and that of the three system control totals. The paper also

covers the risks to the delivery of the full year financial plans, key recovery and mitigation factors and work on medium term financial sustainability.

3.2 Each ICB has a statutory duty to deliver a breakeven financial position, and each system remains collectively accountable for delivering the agreed system financial plan for 2025/26. At the beginning of this financial year, each system agreed a breakeven financial plan which included £12.2m of NHS England Deficit Support Funding (DSF) for H&WE.

3.3 The table below shows the reported M8 financial position for each organisation, noting that the figures for organisations within H&WE are net of £8.1m of Deficit Support Funding (DSF) for M8 Year to Date (YTD) and £12.2m for the full year:

System YTD Surplus/ Deficit

BLMK ICS	YTD - M08			FOT		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Bedford Hospital NHS FT	0.0	(6.0)	(6.0)	0.0	0.0	0.0
Milton Keynes University Hospital NHS FT	(1.7)	(1.9)	(0.2)	0.0	0.0	0.0
Total Provider - BLMK	**(1.7)**	**(8.0)**	**(6.3)**	**0.0**	**0.0**	**0.0**
ICB	0.0	(0.1)	(0.1)	0.0	0.0	0.0
Total System - BLMK	**(1.7)**	**(8.1)**	**(6.4)**	**0.0**	**0.0**	**0.0**

Cambridge & Peterborough ICS	YTD - M08			FOT		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Cambridge University Hospital NHS FT	(2.1)	0.0	2.1	0.0	0.0	0.0
Cambridge and Peterborough NHS FT	(1.2)	(2.1)	(0.9)	0.0	0.0	0.0
Cambridge Community Services NHS Trust	0.0	0.0	0.0	0.0	0.0	0.0
North West Anglia NHS FT	(1.6)	(5.7)	(4.1)	0.0	0.0	0.0
Royal Papworth NHS FT	0.0	0.0	0.0	0.0	0.0	0.0
Total Provider - C&P	**(4.8)**	**(7.7)**	**(2.9)**	**0.0**	**0.0**	**0.0**
ICB	0.0	0.0	0.0	0.0	0.0	0.0
Total System - C&P	**(4.8)**	**(7.7)**	**(2.9)**	**0.0**	**0.0**	**0.0**

HWE ICS	YTD - M08			FOT		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
East and North Hertfordshire NHS Trust	(6.5)	(6.4)	0.1	0.0	0.0	0.0
Hertfordshire Community NHS Trust	0.0	0.0	0.0	0.0	0.0	0.0
Hertfordshire Partnership University NHS FT	(2.3)	(2.2)	0.0	0.0	0.0	0.0
The Princess Alexandra Hospital NHS Trust	(1.5)	(1.5)	0.1	0.0	0.0	0.0
West Hertfordshire Teaching Hospitals NHS Trust	(3.5)	(3.5)	0.0	0.0	0.0	0.0
Total Provider HWE	**(13.8)**	**(13.6)**	**0.2**	**0.0**	**0.0**	**0.0**
ICB	(4.0)	(7.3)	(3.3)	0.0	0.0	0.0
Total System - HWE	**(17.8)**	**(20.9)**	**(3.1)**	**0.0**	**0.0**	**0.0**

3.4 The main risks to the delivery of the ICB financial positions are set out below. In total, there is a net risk of £13.5m across the three ICBs. The risks below are emerging across all three ICBs with non-recurrent mitigations offsetting the YTD position:

- Independent sector providers continue to overperform on elective activity compared to Indicative Activity Plans and agreed financial envelopes. Discussions are in place with providers to manage activity levels and make appropriate clinical prioritisations within overall contract values. *(C&P and H&WE)*

- Continuing Healthcare (CHC) and complex mental health, learning disabilities and autism (MHLDA) placements. Cost pressures are due to rising demand, historic appeals and cost escalation. This is combined with an under-delivery of planned efficiencies. *(BLMK, C&P and H&WE)*

- ADHD and ASD Assessments: Demand and activity levels continue to rise under the Right to Choose framework. *(BLMK, C&P and H&WE)*

- Prescribing continues to be an area of financial focus given the scale of the spend with higher drug costs driving increased cost and ongoing delivery of efficiencies key to delivery of the full year financial plan. *(BLMK and H&WE)*

3.5 The adverse variance in H&WE ICB arises due to the YTD component of the unidentified efficiencies held on behalf of the system. All ICBs continue to forecast delivery of a breakeven financial position at M8. This will rely on several non-recurrent mitigations alongside further enhanced financial and budgetary control mechanisms. Financial recovery oversight is provided via ICB led Improvement Groups.

3.6 During November national funding was announced for ICB redundancy costs in relation to Organisational Change Programmes required to deliver the £19 per head allocation. This funding is only available for 2025/26. The expectation is that the expenditure will be recognised this financial year in line with timescales for the programme.

3.7 The transition to the new finance ledger (ISFE2) presents an ongoing operational risk to ICBs. While the finance teams have prepared extensively, there remains operating processes issues to resolve at a national level which are not being addressed in a timely manner. We continue to work through temporary measures and enhanced controls to provide mitigations. Whilst these challenges are not isolated to our ICBs, we have escalated and established direct contact escalation meetings with NHS SBS.

System financial position

3.8 The system financial position also presents some delivery risks with several organisations stepping up financial recovery actions to address YTD deficits and variances to plan. Specific work is underway with those providers that are at greater risk of being unable to deliver their financial plans with system level support discussions in progress and any final changes to full year forecasts being enacted at M10. We expect to meet the agreed financial plans for all 3 systems.

3.9 The main risks relate to operational pressures from urgent and emergency care pathways over the winter period, the cost of delivering agreed elective performance targets, delivery of their respective efficiency plans, and the ongoing risk and cost of Industrial Action. All NHS trusts have been asked to reduce their reliance on temporary staffing during 2025/26 with good progress made in reduced agency usage and an overall reduction in bank spend with further work to do to meet the national ask.

3.10 Efficiency delivery for M8 YTD is £306.2m across the three systems, which is £19.4m (6.0%) below plan. For the full year, the three systems are expecting to deliver efficiencies of £500.7m, a shortfall of £17.9m against the plan of £518.5m. Focus is on further non-recurrent measures to address these risks, and where possible recurrent mitigations to support into the next financial year.

3.11 For H&WE in particular there remains a further risk due to a systemwide efficiency ambition held in the ICB's position which was set at the beginning of the financial year. Progress in recurrent efficiency delivery has been slower than expected and therefore attention has

rapidly turned to alternative opportunities to deliver the required savings and meet the overall financial plan commitments. This work has progressed positively with the overall aim of achieving the overall system breakeven position.

Medium term financial sustainability

3.12 The NHS continues to operate within a challenging financial environment. Our approach to financial sustainability needs to balance our responsibility for commissioning the right level of safe healthcare services for our resident population alongside a move towards greater strategic commissioning and transformation in line with the aims of the 10 Year Heath Plan.

3.13 NHS England has asked ICBs and NHS Trusts to develop multi-year plans with aligned assumptions on activity, demand, capacity and productivity opportunities. Over time, ICBs will be looking to fully align funding flows with population health demand, using appropriate contractual mechanisms to ensure that quality, activity and financial outcomes are monitored and managed appropriately.

3.14 The ICB is progressing its financial plans to produce a balanced financial position with more detail provided under the separate planning item.

4.0 Next Steps

4.1 Continued strong oversight and risk management of the financial position, recognising the challenges faced and with an emphasis on recurrent mitigation strategies to support financial sustainability. Strong collaborative working with H&WE system partners to remain on track to deliver a breakeven plan as a system.

4.2 Progress financial recovery workstreams as part of the Medium-Term Financial Planning with a particular focus on CHC, ADHD demand and Independent Sector contract management, ensuring service need and performance targets can be met from within agreed financial budgets.

4.3 Continue to closely monitor the likely ICB restructuring costs and required running cost savings in line with the overall programme of work. Engagement with NHS England regarding funding to cover these costs.

4.3 Continue to work with other ICBs, NHS Shared Business Services and NHS England in relation to challenges arising from ISFE2. Further updates to be provided via the Audit and Risk Committee.

4.4 Progress detailed work on financial stability and medium-term plans with a further update due ahead of the final submission to NHS England on 12th February 2026.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 10.1:	Board Assurance Framework (BAF) Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK)
Executive Lead:	Karen Barker – Transition Director and Executive Director of Corporate Services and ICB Development
Report Author:	James Bielby – Corporate & Systems Risk Manager
Reason for the report to the Board:	Report is for assurance to the Board
Recommendation/s:	The Board is asked to **note** the BAF risks.

1.0 Executive Summary

1.1 This report provides an overview of the System Risk Register/Board Assurance Framework (SRR/BAF). The SRR/BAF contains 19 strategic and system risks. Notably, 16 out of 19 risks are rated as HIGH, underscoring the need for focused mitigation strategies which are in place.

1.2 Committee assurance of system risks: All SRR/BAF risks are assigned to relevant committees for oversight. Since the November 2025 Board meeting the Finance Planning and Payer Function Committee, Management Executive Committee and Utilisation Management & Quality Improvement Committee have reviewed the SRR/BAF risks that they are responsible for and relevant updates from these.

1.3 The Audit and Risk Committee (ARC) met on 07 November 2025 and reviewed the full SRR/BAF Risk Register.

1.4 The table below maps the BAF/SRR risks to the current risk profile. All BAF risk scores except Risks BAF0002 – Developing a suitable workforce and BAF0003 – Pressure on Urgent and Emergency Services have remained the same. BAF0002 and BAF0003 were reduced from 16 to 12 and 20 to 12 respectively.

1.5 A new risk, BAF0021 – Estates an infrastructure was added to the BAF risk register.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

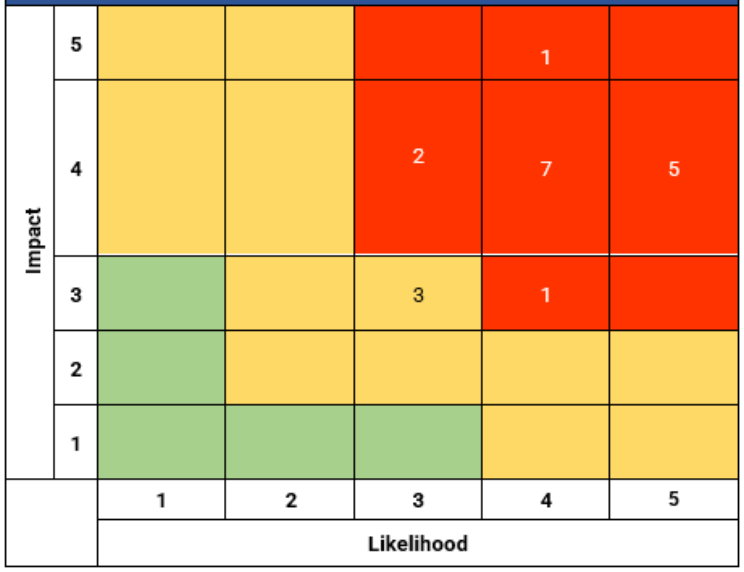
NHS
Cambridgeshire & Peterborough
Integrated Care Board

NHS
Hertfordshire and West Essex
Integrated Care Board

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services	20	→
BAF0002	Developing suitable workforce	12	↓
BAF0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	12	↓
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation	16	→
BAF0008	Impact of Population Growth on Health and Care Services Infrastructure	20	→
BAF0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health literacy - Denny Review	16	→
BAF0012	System Collaboration	9	→
BAF0013	VCSE sustainability	16	→
BAF0014	Maternity Services at BHFT	16	→
BAF0015	Failure to Deliver the Operational and Financial Plan	16	→
BAF0016	ICB Reconfiguration and potential destabilisation of BLMKs ICB's delivery and impact on statutory function delivery	20	→
BAF0017	Data Security Breach within or impacting BLMK	20	→
BAF0021	Estates & Infrastructure	9	★
BAF0022	Achieving Net Zero	12	→

Status Key	
→	No change
↑	Escalated
↓	De-escalated
●	Closed
★	New Risk

BAF Heat Map



2.0 Key Implications

2.1 *Financial implications – There are no implications identified.*

2.2 Equality and / or health inequalities implications – There are no implications identified.

2.3 Engagement - There are no implications identified.

2.4 Green Plan commitments - The risk report notes updates to risks on net zero and climate change, demonstrating strong alignment with the ICB's Green Plan and supports delivery of the Green Plan's sustainability objectives.

2.5 Risk – These factors are dealt with in the body of the report which focuses on risk oversight and making appropriate recommendations.

3.0 Report

3.1 Since the last risk report to the Board on 28 November 2025 BAF0021 – Estates & Infrastructure was added to the risk register as a new risk. This risk received an initial score of 20 but was reduced to 9 based upon Publication of four-year capital budgets for Trusts and ICB.

3.2 Risks BAF0002 – Developing a suitable workforce and BAF0003 – Pressure on Urgent and Emergency Services were reduced from 16 to 12 and 20 to 12 respectively.

3.3 BAF0002 has reduced for the following reasons:

- BLMK was successful in bidding for WAD funding to continue the supported employment pathways and the BLMK ICB has demonstrated a stable turnover and headcount rate.
- Month 6 performance shows both Acute Trusts within the system have maintained above plan recruitment to their substantive workforce.
- This resulted in the current likelihood of risk being reduced from 4 to 3 with an overall score of 12.

3.4 BAF0003 has reduced for the following reasons:

- The key risk indicators have remained within the UEC Board Scorecards predicted tolerances.
- The Silver Command Centre (SCC) track the KRIs in their daily monitoring of operational delivery and management of escalation enabling them to react to increased pressures with established plans.

3.5 Next steps include a review of the pathway and funding model for the remainder of 25/26 and 26/27. This will enable residents to be discharged from secondary care to their normal place of residence with support, improving their outcomes and potential to remain at home rather than long term care. An options paper will be reviewed at the UEC Board in February 2026 and then with Local Authority committees to decide on long term model and funding implications.

3.6 For details of the BAF risks refer to Appendix A – BAF risk register

4.0 Next Steps

4.1 The risk leads are working together to develop a new risk framework which will be carried into the Central East ICB

4.2 The risk leads are working together to identify BAF and Corporate risks which will be carried into the Central East ICB

List of appendices

Appendix A – BAF risk register

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 10.2:	Board Assurance Framework Report
Report in relation to:	NHS Cambridgeshire and Peterborough ICB (C&P)
Executive Lead:	Karen Barker – Transition Director and Executive Director of Corporate Services and ICB Development
Report Author:	Sharon Fox, Director of Governance, Cambridgeshire & Peterborough ICB
Reason for the report to the Committee:	Report is for assurance to the Board
Recommendation/s:	The Boards are asked to **note** the Report

1.0 Executive Summary

1.1 A Board Assurance Framework (BAF) records the principal risks that could impact on the organisation achieving its strategic objectives and provides a framework for reporting key information to the Cambridgeshire & Peterborough Integrated Care Board (ICB) Board. The BAF forms a key part of the ICB Risk Management Framework.

1.2 The ICB BAF and Risk Management Framework is subject to annual internal audit review, the outcome of which will contribute to the Head of Internal Audit Opinion (HoIAO) at year end. For 2024/2025 the ICB received Reasonable Assurance.

2.0 Key Implications

2.1 Financial Implications - N/a regular update report to Audit and Risk Committee. Financial risks specifically referenced in BAF06 – *Respecting the Public Pound.*

2.2 Equality and / or health inequalities implications – N/a regular update report to Audit and Risk Committee

2.3 Engagement - N/a regular update report to Audit and Risk Committee

2.4 Green Plan commitments - N/a regular update report to Audit and Risk Committee

2.5 Risk – Relates to the C&P Board Assurance Framework (BAF) – all risks

3.0 Assessment

3.1 As Cambridgeshire and Peterborough ICB will remain a legal entity up to 31 March 2026 it is required to maintain a separate Board Assurance Framework that references the strategic risks of the organisation. This is being done in parallel with work to develop a single BAF for the new Central East ICB which will come into being on 1 April 2026.

3.2 The BAF outlines the core strategic risks impacting on our ability to operate as an ICB and the actions hold ourselves to account against everything that we do. This is set out at Appendix A. The BAF document includes:

1. A summary of the current risks and their status.
2 A detailed risk page for each BAF risk which includes cause and effect and the existing controls and mitigations that are in place, along with gaps identified and the current planned actions and progress.

3.3 ICB BAFs and Risk Management arrangements are subject to annual internal audit review, the outcomes of which will contribute to the Head of Internal Audit Opinion (HoIAO) at year end for each ICB. This will remain the case for the 2025/26 ICB annual accounts process.

3.4 The BAF was last formally reported to the C&P ICB Board in public on 28 November 2025. All risks in the C&P BAF have now been aligned to Senior Risk Owners within the new executive team with the latest version taken to the ICB Management Executive Committee on 7 January 2028. To date no substantive change to the ten BAF risks have been made since the last report. Any subsequent changes or updates made in advance of the Board date will be reported on at the meeting.

3.5 As reported to the Board in November 2025, the risk and governance teams across the three ICBs (C&P, BLMK and HWE) are working collaboratively to develop new risk arrangements and a single BAF that will be taken forward into the new ICB organisation, Central East ICB, post its establishment on 1 April 2026.

4.0 Recommendation

4.1 The Board is asked to:

- **Note** the latest version of the C&P BAF which is included as an appendix to this report.

List of appendices

Appendix A – C&P Board Assurance Framework (January 2026).

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 10.3:	Board Assurance Framework (BAF) Report
Report in relation to:	NHS Hertfordshire and West Essex ICB
Executive Lead:	Karen Barker, Executive Director of Corporate Services and Delivery
Report Author (s):	Tatiana Njendu, Risk Compliance Officer Leon Adeleye, Corporate Governance Lead – Risk and Regulation
Reason for the report to the Board:	This report is submitted as part of the Board's cycle of business to provide oversight and assurance on the organisation's principal risks (scored 16+) captured within the Board Assurance Framework (BAF), as maintained on DatixWeb. As at the date of this report, the BAF comprises eight principal risks, recorded under Datix risk IDs: 608, 610, 649, 698, 722, 752, 755, and 745. Overall, the Board can take reasonable assurance that the BAF provides a robust and credible framework for the identification, management, and oversight of the organisation's principal risks, and that the evolution of the BAF during the year demonstrates a maturing and transparent approach to risk management, aligned to best practice and regulatory expectations.
Recommendation/s:	The Board is asked to **note** the current BAF position and principal risks**.**

1.0 Executive Summary

1.1. The Board Assurance Framework (BAF) sets out the principal risks that could threaten delivery of the organisation's strategic objectives. As at the date of this report, the BAF comprises eight principal risks, recorded under Datix risk IDs 608, 610, 649, 698, 722, 752, 755, and 745.

1.2. This report highlights key themes arising from recent review activity, including the system-facing nature of the risks, emerging uncertainties around future ownership and assurance, and the impact of transition on governance clarity and organisational memory. The report reflects discussions held at the Risk Review Group, including concerns relating to workforce functions, consistency of assurance, and the potential for gaps during transition, and outlines the agreed escalation of these matters through established governance routes. No changes to the BAF, risk appetite, or risk scores are proposed within this paper.

2.0 Key Implications

2.1 Financial implications – Several principal risks on the BAF (notably Risk ID 608 – Financial Sustainability) reflect ongoing financial pressures across the NHS. While this report does not introduce new financial commitments, it highlights the continued need for strong financial governance and prioritisation to manage constrained resources effectively.

2.2 Equality and / or health inequalities implications – There are no direct equality or health inequalities implications arising from this report. However, several BAF risks (including those relating to access, workforce capacity, and quality) have indirect implications for equity of service delivery and population health outcomes.

2.3 Engagement - The BAF risks have been reviewed and updated through established governance processes, including engagement with Risk Leads, Executive colleagues, and scrutiny through the Risk Review Group prior to reporting to the Audit and Risk Committee

2.4 Green Plan commitments - This report has no direct environmental implications. However, strategic risks relating to system efficiency and digital dependency may indirectly support future opportunities to reduce duplication, travel, and resource use.

2.5 Risk – This report relates directly to existing Board Assurance Framework (BAF) risks recorded on Datix. The risks referenced in this paper are existing strategic risks and no new BAF risks are proposed because of this report. The current BAF predominantly comprises system-facing strategic risks, reflecting H&WE's role within the wider system, and these continue to be monitored to maintain appropriate oversight during the transition period. As Central East ICB is formally established, it is recognised that the approach to strategic risk management will need to evolve to reflect the new organisation's statutory responsibilities and strategic objectives. This will include the identification of Central East ICB-specific strategic risks and the removal or closure of legacy system risks that are no longer relevant. The Director has requested that cross-ICB risk management activity is paused until 1 April to support an orderly transition and confirmation of future governance arrangements. Existing HWE BAF risks will remain under active review throughout this period to ensure there is no loss of assurance or control.

3.0 Report: Risk Management Activities

3.1 Of the 28 risks currently on the corporate risk register (CRR) eight risks are identified as the principal risks to the delivery of its strategic objectives (2022–2027) therefore monitored on through the Board Assurance Framework (BAF). The BAF focuses on risks that, if realised, could have a material impact on statutory responsibilities, system performance, and organisational sustainability.

The principal risks monitored through the BAF are summarised below and detailed in Appendix A:

- **Risk ID 698 – Governance capacity and Board effectiveness**
  Risk that organisational transition and system complexity weaken governance clarity and assurance.
- **Risk ID 752 – System integration and organisational transition**
  Risk that the transition towards a Central East ICB impacts delivery, assurance, or operational grip.
- **Risk ID 745 – Digital dependency and risk system fragmentation**
  Risk that fragmented systems reduce visibility, consistency, and reliability of assurance.
- **Risk ID 608 – Financial sustainability and affordability**
  Risk that financial pressures constrain the organisation's ability to deliver its objectives.
- **Risk ID 649 – Workforce capacity and capability**
  Risk that capacity constraints reduce organisational resilience and delivery capability.
- **Risk ID 610 – Quality, safety, and regulatory compliance**
  Risk that system complexity undermines assurance over safe, high-quality services.

- **Risk ID 755 – Assurance reliability and control effectiveness**
  Risk that controls exist in principle but are not consistently effective in practice.
- **Risk ID 722 – Strategic alignment and delivery confidence**
  Risk that competing priorities and transition activity dilute strategic focus.

4.0 **Next Steps**

- Report to the Audit & Risk Committee on 20 February 2026

5.0 **Recommendations**

The Board is asked to:

- **Note** the current BAF position and principal risks.

6.0 **List of appendices**

Appendix A – BAF

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	6 February 2025
Item 11:	Combined Finance Planning & Payer Function Committee Meeting in Common with HWE Strategic Finance and Commissioning Committee 16th January 2026 – Chair's Alert, Advise and Assure Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Report Author:	Simone Surgenor, Deputy Chief of Staff – Governance & Policies, H&WE ICB
Report Approved by:	Nick Moberly – Chair and Non- Executive Member, H&WE ICB Dorothy Gregson - Chair and Non-Executive Member, C&P ICB and BLMK ICB Sarah Griffiths – Executive Director of Finance, Resources and Contracts, H&WE ICB, BLMK ICB, C&P ICB
Reason for the report to the Committee/Board:	For information.
Recommendation/s:	The Board is asked to **note** the report.

Agenda items covered:

- Embedding quality improvement into how the Finance, Planning and Payer Function Committee works – proposed dedicated time to focus on Total Quality Management and techniques. For this to be mirrored across the committees with linking to the Board Assurance Framework.
- Finance Planning and Payer Function Committee:
    - System finances – cross cutting themes across each of the three systems. Three ICS's deficits remain on plan.
        - Committee noting the:
            - Initial ICB allocations and budget virements.
            - Financial position of each ICB at Month 8.
            - Progress to date on efficiency delivery at Month 8.
            - Financial risks and mitigations within the ICB financial forecast.
            - Statement of Financial Position / Balance Sheet.
            - Capital programme funding and the expected forecast outturn.
        - Committee – supported approval for delegation to ICB CFO and CEO revised forecast deficit for BLMK and H&WE. NHS England submission due on the same day as board meeting 6th February 2026.
    - ICB – overarching financial update – Committee noting strong partnership working to bridge ICBs with deficits. The direction set out identified as measured and thought through. Noting reports that will be received by each Board when they sit in February.
- Contracting and procurement update – Committee noting the paper. Discussion surrounding each ICBs different approaches with Committee noting future direction and assurance sought to identify risks alongside mitigations.

- Strategic Planning Update and Approval Process. Committee recommending the plan to Board. This is based on noting –
  - The development of a Five-year Central East ICB Strategic Commissioning Plan 2026-31 and final technical plans for approval ahead of submission on 12th February 2026, supported by system triangulation and Board assurance statements.
  - Contract negotiation meetings with Providers and triangulation of plans to achieve alignment.
  - Board approval that will be sought in Private Board on 6th February 2026.
- Commissioning Committee summaries receive and noted:
  - BLMK Primary Care Commissioning and Assurance Committee
  - C&P Primary Care Commissioning Sub-committee
  - H&WE Primary Care Commissioning committee – approvals ratified by the ICB Strategic Finance and Commissioning Committee.
  - East and North Herts Health Care Partnership, Finance and Planning Committee
  - West Essex Health Care Partnership, Finance & Commissioning Committee
  - South West Herts Health Care Partnership, Finance & Commissioning Committee

ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- None

ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance

- The Committee's control processes continue to be developed and are being linked to the updated Board Assurance Framework (BAF).

ASSURE: Inform the Board where positive assurance has been received

- Significant work in place deadline for submission of strategic plan

RISK: Advise the Board which risks were discussed and any new risks identified

- Monitoring of forecast out turns.

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

Forward plan issues:

- Total Quality Management (TQM) embedded in Committee to be added to forward plan.

Date and time of next meeting:

- 6th March 2026, 1pm

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 12:	Utilisation Management & Quality Improvement Committee meeting in Common with the H&WE ICB System Transformation and Quality Improvement Committee Chair's Alert, Advise and Assure Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Report Author:	Simon Surgenor, Deputy Chief of Staff, Governance & Polices, H&WE ICB / Simon Barlow, Corporate Governance Manager, C&P ICB
Reason for the report to the Board:	For information.
Recommendation/s:	The Board is asked to **note** the report.

Agenda items covered:

- Valproate Prescribing Assurance Update
- Paediatric Audiology Services
- Strategic Planning Update
- Verbal update on work being progressed to develop and harmonize future risks reporting.
- Central East overview reports covering performance and quality – supported by ICB specific reports.
- Development of a consolidated approach for future integrated quality and performance reporting.
- Central East Winter Performance Report
- Update on project for antimicrobial resistance leadership across Central East footprint.
- Interim Joint Clinical Policy Group Update and early ratification of Interim aligned clinical policies.
- Area Prescribing Group Reports

ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- None reported or raised.

ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance

- ***Paediatric Audiology Services*** – Received a paper describing current position and concerns of service provision across Central East provided. Complex quality and safety issues surfaced via newborn screening. Area of National improvement focus. Key themes discussed included complexity and fragility of current services, workforce capacity and retention, estate constraints, impact on other pathways, waiting list profiles, harm reviews, and a need to strengthen engagement and communication with affected patients and families. Noted that there was presently significant variation across the nine provider trusts (12 sites) across the Central East area. Committees endorsed the proposed approach to seek short-term stabilisation of the services in tandem with a longer term 18-24 month development of a tiered model aligned to national specifications. Identified as a priority area to be regularly revisited by the Committees at subsequent meetings.
- ***Valproate Prescribing by Providers*** - Assurance received that of the 15 providers within Central East, 12 Trusts had now confirmed policy updates in line with strengthened regulations. Additionally, 12 of the 14 Trusts required to implement the second specialist signature for valproate prescribing have provided assurance of compliance with the National Patient Safety Report. Work was ongoing to

secure assurance from the remaining trusts. A further update would be given to the next meeting in March 2026.

- ***Strategic Planning Update*** – Received and discussed an update on the Central East ICB Strategic Planning process for 2026-31 ahead of submitting the full plan to NHSE on 12th February 2026. It was highlighted that follow discussion at the previous meeting in November 2025, Musculoskeletal (MSK) had now been included as one of the five priority clinical areas in place of respiratory disease, which would be address through other mechanisms and be scheduled as a subsequent priority area. The next phase will focus on confirming priorities, finalising technical plans, increasing system engagement—particularly with primary care—and preparing the communications and implementation approach. The Committees requested they receive additional information and assurance concerning the criteria and rationale adopted for the respective prioritisation decisions taken as part of the next update report.
- ***Quality Reports: Never Events*** – The increase in Never Events reported across the Eastern Region was highlighted. Focus is to be given to identified sites within the three ICB areas and will be the subject of thematic reviews and targeted visits. Position will be monitored at subsequent meetings.

ASSURE: Inform the Board where positive assurance has been received

- ***Central East Performance and Quality Overviews*** –*S*ummary dashboards setting out Central East cluster performance against the national priorities received. Current performance concerns raised included Elective recovery pressures; Urgent and Emergency Care (UEC) - long ED waits and ambulance offloads remained a concern at some sites; Children & Young People mental Health access in some areas; and significant paediatric audiology and paediatric community waits. Areas of positive performance highlighted included Mental health – shorter Length of Stays (LoS) and reduced Learning Disability/Autism inpatient reliance; Cancer performance, particularly in diagnostics; and for primary care there was increasing evidence improved access to GPs was having a positive impact on patient experience.
- ***Central East Winter Performance Report*** – Received an oversight of system performance over winter 2025/26 to date covering the pressures, challenges, successes, and lessons learned for integration into 2026/27 planning. The Committees welcomed the intention to retain the System Coordination Centre (SCC) post the current year, despite this no longer being a mandatory requirement.
- ***Project for Antimicrobial Resistance Leadership (AMR) across Central East*** – Approved the ICBs delivery plan and hosting arrangements for AMR Leadership funding received (£55k) to support paediatric antimicrobial stewardship as the core deliverable. Proposed governance framework also endorsed.
- ***Interim Joint Clinical Policy Group*** **Update** - As part of the transition to NHS Central East Integrated Care Board an interim Joint Clinical Policy Group established to oversee the review and alignment of clinical policies for adoption during the transition period. An initial list of 29 green-rated aligned clinical policies were ratified . Red and Amber rated polices will be presented to the March Committees. All clinical polices will be brought to the inaugural Central East ICB Board in April 2026 for re-ratification.
- ***Prescribing Group Matters: Patient Group Direction Decisions (PGDs)*** – The Committees noted (i) that HWE ICB had agreed with Herts Urgent Care (HUC) to end the use of all PGDs in HUC on 31 March 2026; and (ii) that BLMK had approved the extension of PGDs for HCRG Care Group (triamcinolone acetate, depo-Medrone with lidocaine, and Lidocaine 1% & 2%) in Luton from the 1st January 2026 to 31st March 2026.
- ***Prescribing Group Matters C&P Joint Prescribing Group****:* The decisions of this forum received and endorsed.

RISK: Advise the Board which risks were discussed and any new risks identified

- No new organisational risks were reported or raised other thank those included within the respective ICB risks reports received. Recognised work was ongoing to develop and align risks arrangements for the new organisation, while continuing to maintain individual assurance and compliance requirements for sovereign ICBs until year end.

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding
• The Committees considered the agenda contained a good balance of strategic and operational items and the level of debate was good and provided constructive challenge. • The quality of the papers produced for the Committees during this significant period of change was acknowledged and commended to the Boards.
Forward plan issues:
• Specific observations made concerning future meeting plans included the need to develop a glossary of acronyms, provide increased clarity around the ICB strategic commissioning role and to schedule committee development session(s) post transition. • Committees emphasized the importance of health inequalities and other impact assessments being completed and reported as necessary and for the process for capturing these impacts to be continually reviewed to ensure it remained fit for purpose now and after transition. • Going forward, recognised a need to focus the committee on its role as a strategic commissioner through the lens of understanding utilisation of services in tandem with the quality agenda, namely quality planning, improvement and assurance.
Date and time of next meeting:
Friday, 13 March 2026 at 10am - MS Teams

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 13.1:	BLMK Neighbourhood Health Delivery Committee (NHDC) Chair's Alert, Advise and Assure Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK)
Report Author:	Michael Bracey, Chief Executive, Milton Keynes City Council
Reason for the report to the Board:	For information.
Recommendation/s:	The Board is asked to **note** the report.

Agenda items covered:

- Appointment of Chair and Vice Chair – Michael Bracey (Chair) and Alison Borrett (Vice-Chair)
- Committee Terms of Reference
- Neighbourhood Health Plan
- Delivery of 2025/2026 Operational and Financial Plan
- System Capital Funding 2026 – 2029
- Reports from the Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Programme Board and the Primary Care Commissioning and Assurance Board
- ICB Consultation Update

ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- None

ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance

- Prior to the formal meeting of the members held a workshop session to develop the BLMK approach to integrated neighbourhood teams and working to deliver the key priorities of the Ten Year Plan for Health.
- Members discussed the future role of the Committee in the context of the larger ICB footprint, including the potential delegation of responsibilities for neighbourhood working, local commissioning and the opportunities to work collaboratively with existing decision-making structures at local authorities, such as the Health and Wellbeing Boards, for example in the formulation and approval of neighbourhood plans and strategies. Final decisions on the role of the Committee needed to be made in the context of the role of the other ICB committees to avoid duplication and confusion.
- Members considered capital funding opportunities for 2026-2029, and emphasised the need to take into account funding needs beyond physical estates, for example the need to ensure revenue funding for ongoing operational costs of new facilities, and the need for capital investment in the IT infrastructure that will be required to implement the digital ambitions of the Ten Year Plan.

- The Chair of the MHLDA Collaborative Programme Board drew the Committee's attention to limited assurances received from auditors in respect of a recent audit of S117 work across BLMK. The MHLDA Committee will continue to monitor actions to address these concerns.
- Progress in the ICB Consultation exercise, and the proposed structure to support neighbourhood working in BLMK were noted.

ASSURE: Inform the Board where positive assurance has been received

- The focus of the Committee at this time is to co-ordinate work on neighbourhood plans and ensure that appropriate governance is in place to be able to provide the support and assurance required to the Board of the ICB.

RISK: Advise the Board which risks were discussed and any new risks identified

- None

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

Forward plan issues:

- This was the first meeting of the BLMK NHDC, held during the transition period prior to the formal establishment of the Central East ICB. Collaborative work continues between meetings to decide how the Committee can be most effective in supporting the Board to deliver the key priorities of the Ten Year Plan for Health in BLMK to best support our residents and recommendations will be brought to the Board in due course.

Date and time of next meeting:

13 February 2026 09:00

List of appendices

None

Background reading

None

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	06 February 2026
Item 14:	Governance Update Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire & Peterborough ICB (C&P) NHS Hertfordshire & West Essex ICB (H&WE)
Executive Lead:	Karen Barker - Transition Director and Executive Director of Corporate Services & ICB Development
Report Author:	Simone Surgenor – Deputy Chief of Staff – Governance and Policies – H&WE ICB Michelle Evans- Riches - Head of Corporate Governance – BLMK Sharon Fox – Director of Governance – C&P
Reason for the report to the Committee/Board:	This report forms part of a regular agenda item to each sovereign board and is presented in support of good governance within each organisation.
Recommendation/s:	The Sovereign Boards are asked to **note** the following: • Pre-transition Board Construct for each ICB. • Due Diligence update • Board sub-committee meetings and revisions to current Terms of Reference

1.0 Executive Summary

1.1 As the Boards are aware, NHS England (NHSE) has approved the bringing together the ICBs of Bedfordshire Luton & Milton Keynes ICB (BLMK) Cambridgeshire & Peterborough ICB (C&P), and the Hertfordshire footprint of Hertfordshire and West Essex ICB (H&WE). This was formally announced by the Minister for Health in parliament on Tuesday 9 September 2025. As a result, the ICBs are now working through a period of transition to create a unified single entity with the utilisation of shared leadership and functions, whilst uniting the best of our legacy systems.

1.2 This report will address the following:

- Pre-transition Board construct
- Due diligence update
- Board sub-committee meetings and revisions to current Terms of Reference

2.0 Key Implications

2.1 **Financial implications** – none.
2.2 **Equality and / or health inequalities implications** - none
2.3 **Engagement** - none
2.4 **Green Plan commitments** - none
2.5 **Risk** – collaboration between BLMK, Cambridgeshire & Peterborough and Hertfordshire and West Essex ICBs provides continuity during the transitional period to oversee the arrangements of the establishment of Central East ICB.

3.0 Report

3.1 Pre-transition Board construct

Further to the updates received by these Boards in September and November 2025, the following is being provided to support understanding over the current three ICB Board structures and statutory roles across each of the sovereign ICBs. This will be the holding position until those ICBs sat within what will be the Central East geography, are disestablished on the 31st March 2026 and their duties and functions statutorily transfer to the new ICB structure:

ICB Board membership 1 January 2026 - 31 March 2026 ***statutory roles**			
Membership	**BLMK**	**C&P**	**HWE**
Chair	Robin Porter	Robin Porter	Robin Porter
Chief Executive	Jan Thomas	Jan Thomas	Jan Thomas
One partner member NHS and foundation trusts	TBC	Eilish Midlane	Adam Sewell-Jones
One partner member primary medical services	Dr Omotayo Kufeji	Vacancy	Dr Prag Moodley Dr Ian Perry Dr Trevor Fernandes
One partner member local authorities	Michael Bracey	Stephen Moir	Chris Martin Angie Ridgwell
Non Executive Member - Remuneration Committee Chair	Alison Borrett	Alison Borrett	Ruth Bailey (until 31st January 2026) Nick Moberley (from 1st February 2026)
Non Executive Member	Dorothy Gregson *(Senior Independent Director (SID))	Dorothy Gregson *SID	Vacancy
Non Executive Member	Sarah Hughes	Sarah Hughes	Vacancy

Non Executive Member- Audit Chair	Vineeta Manchanda -	Vineeta Manchanda	Thelma Stober
Non Executive Member- Deputy Chair	Gurch Rhandawa -	Gurch Rhandawa -	Gurch Rhandawa - *SID
Ordinary Member - VCFSE Alliance			Mark Hanna
Ordinary Member - Senior Responsible Officer South West Hers HCP			Matthew Coats
Ordinary Member - Senior Responsible Officer East and North Herts HCP			Elliot Howard-Jones
Ordinary Member - Senior Responsible Officer West Essex			Thom Lafferty
Ordinary Member - Senior Responsible Officer Mental Health & Learning Disabilities & Autism HCP			Karen Taylor
Executive Director of Finance, Resources & Contracts	Sarah Griffiths *Sustainability/Green	Sarah Griffiths *Sustainability/Green	Sarah Griffiths *Sustainability/Green
Executive Clinical Director of Utilisation Management	Fiona Head - *Caldicott Guardian	Fiona Head - *Caldicott Guardian	Fiona Head - *Caldicott Guardian
Executive Clinical Director of Total Quality Management	Sarah Stanley *SEND, MH, Learning Difficulties & Autism and Downs Syndrome	Sarah Stanley *SEND, MH, Learning Difficulties & Autism and Downs Syndrome	Sarah Stanley *SEND, MH, Learning Difficulties & Autism and Downs Syndrome
Executive Director Neighbourhood Health Places & Partnerships	Kate Vaughton	Kate Vaughton	Kate Vaughton
Executive Director Strategy, Planning & Commissioning	Louis Kamfer - *Senior Information Risk Owner (SIRO) and Cyber Lead	Louis Kamfer – *SIRO and Cyber Lead	Louis Kamfer – *SIRO and Cyber Lead
Executive Director Corporate Services & ICB Development	Karen Barker	Karen Barker	Karen Barker

3.2 Due Diligence update:

In support of the Governance update received by the Boards on 28th November 2025, it is confirmed the following deadlines have been met. The Board will note the pending work which it is confirmed is in progress and on schedule to be met:

- Draft proposed ICB Constitution (including standing orders).
  - Draft submitted to NHS England on 31st December 2025
  - To be agreed with NHS England regional team by 31st January 2026.
  - Submission of final proposed ICB Constitution (including standing order) for final review by the NHS England regional team prior to Regional Director approval – by 20th February 2026.

- The following is to be submitted to NHSE by 31st January 2026 with a further submission in February:
  - Draft Scheme of Reservation and Delegation
  - Draft ICB Standing Financial Instructions
  - Draft ICB Governance Handbook

3.3 Board sub-committee meetings and revisions to current Terms of Reference:

3.3.1 The following sub-committees have met since 28th November 2025. Committee summaries are contained as appendices or are pending approval and will be received by these Boards when they sit in March 2026. The key focus of work for these committees in March will be to ensure legacy items are smoothly transitioned into the new ICB committees:

Committee	Date of Meeting
Remuneration Committees – meeting in-Common	5th December 2025
Joint Transition Committee	15th December 2025 9th January 2026 30th January 2026
Utilisation Management and Quality Committee meeting in-Common with HWE ICB System Transformation and Quality Improvement Committee	23rd January 2026
Finance Planning and Payer Function Committee meeting in-Common with HWE ICB Strategic Finance and Commissioning Committee	16th January 2026

3.3.2 With each ICB remaining a sovereign organisation and in support of the transition period referenced above, the Terms of Reference for each ICBs sub-Committees are currently being updated where necessary. This includes and as referenced in papers received by the Board in September and November 2025, joint committees being created and committees or as in these Boards - meeting in-Common (same time, same place). Limited changes

have been made to membership in each of these committees, particularly where their form has not changed since October 2025 and appointment of the new Executives sitting jointly across the three ICBs. This means that in a number of Terms of Reference executive titles have remained as post October 2025 but with the new executives attending where their assigned portfolio falls within the previous executive's remit.

The above is being raised for information, with regular governance updates being received by each of the committees and each Audit and Risk Committee receiving assurance over steps being taken in support of a smooth transition and proportionate changes.

4. Next Steps

4.1 Sovereign Boards are asked to **note** the content above, with future updates being received as part of ongoing governance updates.