

Agenda
Board Meeting of NHS Central East ICB held in Public

Date: Wednesday 1 April 2026
Time: 11:30 – 12:15
Venue: Council Chamber, The Forum, Marlowes, Hemel Hempstead HP1 1DN

No.	Agenda Item	Purpose	Lead
1.	Welcome, Introductions and Apologies	Note	Chair
2.	Relevant Persons Disclosure of Interests		Chair
3.	Appointments to the Central East Integrated Care Board <ul style="list-style-type: none"> • Confirmation of Chief Executive Appointment • NEMs • Partner Members 	Note & Approve	Chair
4.	ICB Governance Report: <ul style="list-style-type: none"> • Constitution and Standing Orders • Governance Handbook <ul style="list-style-type: none"> ○ Standing Financial Instructions ○ Scheme of Reservation and Delegation ○ Function and Decisions Map ○ Establishment of ICB Committees and Committee Chairs and Members ○ Committee Terms of Reference • Delegation Agreements <ul style="list-style-type: none"> ○ Specialised Commissioning ○ Pharmacy, Optometry and Dentistry 	Note & Approve	Transition Director and Executive Director of Corporate Services & ICB Development
5.	Approval & Adoption of ICB Policies	Approve	Transition Director and Executive Director of Corporate Services & ICB Development
6.	Clinical Policies	Approve	Executive Clinical Director of Utilisation Management
7.	Risk Framework Development and Risk Management Policy	Approve	Transition Director and Executive Director of Corporate Services & ICB Development
8.	Our Way: Strategy to Delivery	Approve	Chief Executive

No.	Agenda Item	Purpose	Lead
9.	Communications and Engagement Update	Note	Transition Director and Executive Director of Corporate Services & ICB Development
10.	Any Other Business		Chair

NHS Central East Integrated Care Board
Register of Interests for Members of the Board
(As at 25.3.2026)

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	Direct Interest	Loyalty Interests	Outside Employment	Shareholdings and other ownership interests	Details of Interest	Date From	Date To
Barker	Karen	Transition Director and Executive Director of Corporate Services	No											
Borrett	Alison	Non-Executive Member	Yes	√								Director, 2Bilys Ltd, Company no 14038119, Unit 8 Churchill Court, 58 Station Rd, North Harrow HA2 7SA	11/04/2022	Ongoing
Bracey	Michael	Chief Executive, Milton Keynes City Council – ICB Partner Member (Local Authority)	Yes	√								Employee of Milton Keynes City Council	2009	Ongoing
Bracey	Michael	Chief Executive, Milton Keynes City Council – ICB Partner Member (Local Authority)	Yes									Director, Home & Futures Cawley Priory, South Pallant, Chichester PO19 1SY Company number 16666009	Nov-25	Ongoing
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes		Y							Clinical Advisor for NHSE 111/IUC	2025	Ongoing
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	Y								Director of Sanat Practice Ltd - limited company for provision of medical services including services for local out of hours provider Herts Urgent Care	2015	Ongoing
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	Y								Director of Sanat Properties Ltd - property investment company (including a BLMK GP surgery premises)	2015	Ongoing
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	Y								Governance Lead at Hatters Health Primary Care Network	2022	Ongoing
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes		Y							NHSE GIFRT reference group member - dermatology and urinary tract stones	2025	Ongoing
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	Y								Sessional GP at Sundon Medical Centre	2018	Ongoing
Gregson	Dorothy	Non-Executive Member	Yes						√			My partner is Head of Robot Software and owns shares in a surgical robotic company - CMR Surgical Ltd	01/07/2022	Ongoing
Gregson	Dorothy	Non-Executive Member	Yes							√		Provision of public health consultancy - Blimus Ltd	10/05/2024	01/04/2025

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Griffiths	Sarah	Executive Director of Finance, Resources and Contracts	Yes								√	Shares held in various FTSE100 companies including 382 shares in AstraZeneca plc	14/04/2025	
Griffiths	Sarah	Executive Director of Finance, Resources and Contracts	Yes						√			Academy Board and Finance Committee Member - Trumpington Park Primary School, Cambridge	14/04/2025	
Griffiths	Sarah	Executive Director of Finance, Resources and Contracts	Yes						√			Partner is employed as a Senior Director (non-decision making) at AstraZeneca	14/04/2025	
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes							√		Member of panel - Office of the National Data Guardian	01/07/2022	
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes							√		GP Locum - East Barnwell Health, Cambridge	03/04/2023	
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes						√			Member from 1st July 2022; Fellow from 3rd February 2023 - Royal College of Physicians	01/07/2022	
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes						√			Fellow - Faculty of Public Health	01/07/2022	
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes						√			Member - Royal College of General Practitioners	01/07/2022	
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes						√			Member - British Medical Association	01/07/2022	
Howard	James (Dr)	GP - ICB Partner Member (Partner Medical Services)	TBC											
Hughes	Sarah	Non-Executive Member	Yes							√		Chief Executive - Mind	09/01/2023	
Hughes	Sarah	Non-Executive Member	Yes						√			Trustee - One Small Thing	21/06/2023	
Hughes	Sarah	Non-Executive Member	Yes						√			Member - Global Leadership Exchange	01/07/2022	
Kamfer	Louis	Executive Director of Strategy, Planning & Commissioning	Yes							√		Treasurer - Quay Church, Woodbridge Suffolk	01/07/2022	
Kamfer	Louis	Executive Director of Strategy, Planning & Commissioning	Yes							√		Accountant - Director Longwood Fields (Melton) Management Company LTD (11006694)	09/07/2025	
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes							√		Chief Executive Royal Papworth Hospital NHS Trust	01/07/2022	
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes							√		CQC - Well-Led Executive Reviewer	01/07/2022	
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes							√		Director at Cambridge University Health Partners	01/07/2022	
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes							√		Life Sciences Advisory Group - NHS Confederation	01/03/2023	

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Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes						√			Member representative - Cambridge Ahead	01/08/2023	
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes						√			Member - NHS Blood and Transplant Stakeholder Organ Utilisation Group	28/04/2024	
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes						√			Member - Life Sciences Advisory Council	01/09/2023	
Moir	Stephen	Chief Executive, Cambridgeshire County Council – ICB Partner Member (Local Authority)	No											
Porter	Robin	ICB Chair	Yes	√								Chair of the Lampton Group, Company number 08468401, Southall Lane Depot, Southall Lane, Southall, England, UB2 5AG	06/05/2025	
Porter	Robin	ICB Chair	Yes	√								Director, Bartholomew Square Consulting Limited, Company number 10145337	Apr-25	

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Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		√							<p>Professor of Diversity in Public Health & Director, Institute for Health Research University of Bedfordshire.</p> <p>Honorary Academic Contract, UK Health Security</p> <p>Honorary Academic Contract, Office for Health Improvement & Disparities</p> <p>Expert Advisor, NICE Centre for Guidelines, UK</p> <p>Facilitator, faculty of Public Health accredited Practitioner Program, UK Faculty of Public Health</p> <p>Non-Executive Director, Forestry England.</p> <p>Adjunct Professor, Ton Due Thang University, Vietnam,</p> <p>Trustee, Race Equality Foundation, UK</p> <p>National Member, National Black and Minority Ethnic Transplant Alliance, UK</p> <p>Member, British Medical Association Ethics Committee, UK</p> <p>Member, Donation Ethnicity Liberty Inclusion Pontifical Academy for Life (PAL) – Vatican State-led Engagement of Religious communities (DELIVER) Project</p> <p>Member, Quality and safety of organs for transplantation - European Directorate for the Quality of Medicines and HealthCare (EDQM) Group of Experts, Council of Europe</p> <p>National Member, Mental Health Working Group, NHS Race & Health Observatory, UK</p> <p>National Member, Independent Stakeholder Advisory Board, National Institute for Health Research</p>		Current
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		√							<p>Deputy Lieutenant, Bedfordshire</p> <p>Patron of the Bedfordshire Rural Communities Charity</p> <p>Ambassador, Keech Hospice Care</p> <p>Volunteer, Luton Sikh Soup Kitchen</p> <p>Junior Cricket Coach, Harpenden Cricket club</p>		Current
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes			√						Patient, Davenport House surgery, Harpenden		Current
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes					√				Extended family works at local Primary Care Network		Current

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Ridgwell	Angie	Chief Executive, Hertfordshire County Council - ICB Partner Member (Local Authority)	Yes		√							CEO Hertfordshire County Council - There may be occasions when ICB are making strategic commissioning or policy decisions that will have an impact on HCC services, creating cost, demand or delivery changes.	Sep-24	Current
Stanley	Sarah	Executive Clinical Director Total Quality Management	No											
Taylor	Karen	CEO Hertfordshire Partnerships University NHS FT - ICB Partner Member (NHS Trust & FT)	Yes	√								Chief Executive and employee of HPFT	Dec-21	Current
Taylor	Karen	CEO Hertfordshire Partnerships University NHS FT - ICB Partner Member (NHS Trust & FT)	Yes		√							Board Trustee - NHS Providers	Jul-23	Current until Jul-26
Taylor	Karen	CEO Hertfordshire Partnerships University NHS FT - ICB Partner Member (NHS Trust & FT)	Yes		√							East of England Provider Collaborative Lead CEO 2024	Jul-24	Current
Thomas	Jan	Chief Executive, BLMK ICB, C&P ICB and H&WE ICBs	Yes						√			Spouse provides private medical secretary services to local consultants	01/07/2022	
Vaughton	Kate	Executive Director for Neighbourhood Health Place & Partnership	No											
Winn	Mathew	Chief Executive, Cambridge Community Services NHS Trust - ICB Partner Member (NHS Trust & FT)	Yes	√								Accountable Officer of Cambridgeshire Community services NHS Trust, which receives funding from the ICB, and all four Councils in the BLMK area (Luton, Bedford Borough, Central Bedfordshire and Milton Keynes) to provide services to local residents	09-Aug-22	Ongoing

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	1 April 2026
Item 3:	Appointments to the Central East Integrated Care Board
Executive Lead:	Karen Barker, Executive Director of Corporate Services and ICB Development
Report Author:	Sharon Fox, Director of Governance
Reason for the report to the Committee/Board:	- To note the appointment of the Board members to the Central East Integrated Care Board.
Recommendation/s:	The Board is asked to: <ul style="list-style-type: none"> • note the appointments of the Board Members of the newly established Central East Integrated Care Board.

1.0 Executive Summary

- 1.1 NHS Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB), NHS Cambridgeshire and Peterborough ICB and NHS Hertfordshire and West Essex ICB have been dissolved on 31 March 2026, and the new NHS Central East ICB established on 1 April 2026.
- 1.2 NHS England have appointed the Chair of the ICB Board, Robin Porter. This appointment has been approved by the Secretary of State. The ICB Board Chair has appointed the Chief Executive. This appointment has been approved by NHS England.
- 1.3 An Appointments Committee has met before this meeting on 1 April 2026, to note the appointments to the Central East ICB Board which have been approved by the Chair.

2.0 Key Implications

2.1 Financial implications

The cost of the Board is included within the ICB's Running Cost allowance of £19.00 per head of population.

2.2 Equality and / or health inequalities implications - n/a

2.3 Engagement

The process of appointments to the Central East ICB Board was conducted in line with the ICB's Constitution. Engagement took place with constituent parties in relation to the appointment of Local Authority, NHS Trust and Foundation Trust, Primary Care Partner members and the Voluntary, Community, Faith and Social Enterprise (VCFSE) Board member.

2.4 Green Plan commitments – n/a

2.5 Risk

We are awaiting notification of potential changes to legislation in relation to the make-up of Integrated Care Boards. We have, therefore, appointed Partner Members and the VCFSE Board member for one year initially.

3.0 **Report**

3.1 The three former ICBs have undertaken a comprehensive appointments process during the Central East transition period to appoint the ICB Board members including Executive Team appointments, Non-Executive Members, Partner Members and the VCFSE Board Member. These appointments have been made in line with the Central East ICB's draft Constitution and alongside guidance from NHS England including the Fitness and Proper Persons Test.

3.2 The Appointments Committee consisted of the ICB Chair and ICB Chief Executive with support from one of our governance leads.

3.3 The Appointments Committee will report on the outcomes of its meeting to the Board when it first meets on 1 April 2026. The full list of Board appointments are attached at appendix A. The full list of roles required at Board as included in statute and/or guidance is set out at Appendix B

4.0 **Next Steps**

4.1 The Board is asked to **note** the appointments to the Central East ICB Board which will meet on 1 April 2026 for its first meeting.

4.2 The Board are asked to **formally appoint** the individuals listed in Appendix B to the roles required at Board level. These appointments are also included in the Governance Handbook for the ICB.

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	01 April 2026
Item 4:	ICB Governance Report
Executive Lead:	Karen Barker - Executive Director Corporate Services & ICB Development
Report Author:	Simone Surgenor – Deputy Chief of Staff – Governance and Policies Michelle Evans-Riches – Head of Governance Sharon Fox – Director of Governance
Reason for the report to the Committee/Board:	<p>The Health and Care Act 2022 (the 2022 Act) amended the Health and Social Care Act 2012, abolished Clinical Commissioning Groups (14Z27) and establishing statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs). It is anticipated that further amendments are due to be tabled to the 2022 Act, with updates being shared with the Board as they become clearer.</p> <p>As of 00:01 on 1 April 2026 the Hertfordshire element of NHS Hertfordshire and West Essex ICB, NHS Cambridgeshire and Peterborough ICB, NHS Bedfordshire, Luton and Milton Keynes ICB were disestablished, and all duties and functions transferred to NHS Central East ICB through the granting of an Establishment Order by NHS England. The West Essex element of HWE has transferred to the new NHS Essex ICB.</p> <p>NHS Central East ICB is a body corporate, and therefore a formal entity.</p> <p>This first Board meeting is transaction based, and therefore the following Governance Report will take the Board through a sequence of core documents and processes, formal approval or adoption:</p> <ul style="list-style-type: none"> • Constitution and Standing Orders • Governance Handbook - which includes: <ul style="list-style-type: none"> ○ Standing Financial Instructions ○ Scheme of Reservation and Delegation ○ Function and Decisions Map <ul style="list-style-type: none"> ○ Establishment of ICB Committees and Committee Chairs and Members ○ Committee Terms of Reference • Delegation to ICB CEO: <ul style="list-style-type: none"> ○ Changes to ICB Constitution from 1st April to note merger of Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust on 1 April 2026. • Signing for and on behalf of the ICB NHS England delegation agreements for the following: <ul style="list-style-type: none"> ○ Primary Care and Dental Delegation Agreement for NHS Central East ICB. ○ Specialist Commissioning.

Recommendation/s:	<ul style="list-style-type: none"> a) The Board is asked to <u>note this process and adopt</u> the ICB Constitution and Standing Orders b) The Standing Financial Instructions are presented to the Board for <u>approval and adoption</u> c) The Scheme of Reservation and Delegation is presented to the Board for <u>approval and adoption</u> d) Confirmation of each sub-committee is presented to the Board for approval with delegated authority as set out in the Standing Financial Instructions, Scheme of Reservation and Standing Orders. <u>The Board also approves appointment of Chairs for each.</u> e) The Board is presented with these Terms of Reference for <u>approval and adoption</u> f) Delegation to CEO to amend the Constitution and submit to NHSE for approval following the merger of Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust on 1 April 2026. The new organisation will be called East of England Community Health and Care NHS Trust. <u>For approval.</u> g) <u>Approved</u> - Delegation to the ICB Chief Executive Officer to sign the following NHS England Delegation Agreements for and on behalf of the ICB: <ul style="list-style-type: none"> i. Primary Care and Dental Delegation Agreement for NHS Central East ICB. ii. Specialist Commissioning. h) To approve the Governance Handbook in its entirety.
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1.0 Executive Summary

- 1.1 The Health and Care Act 2022 (the 2022 Act) amended the Health and Social Care Act 2012, abolished Clinical Commissioning Groups (14Z27) and establishing statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs). It is anticipated that further amendments are due to be tabled to the 2022 Act, with updates being shared with the Board as they become clearer.
- 1.2 As of 00:01 on 1 April 2026 the Hertfordshire element of NHS Hertfordshire and West Essex ICB, NHS Cambridgeshire and Peterborough ICB, NHS Bedfordshire, Luton and Milton Keynes ICB were disestablished, and all duties and functions transferred to NHS Central East ICB through the granting of an Establishment Order by NHS England. The West Essex element of HWE has transferred to the new NHS Essex ICB.
- 1.3 NHS Central East ICB is a body corporate, and therefore a formal entity.
- 1.4 This first Board meeting is transaction based, and therefore the following Governance Report will take the Board through a sequence of core documents and processes, formal approval or adoption:
- Constitution and Standing Orders
 - Governance Handbook
 - Standing Financial Instructions
 - Scheme of Reservation and Delegation
 - Function and Decisions Map
 - Establishment of ICB Committees and Committee Chairs and Members
 - Committee Terms of Reference

- Delegation to ICB CEO:
 - Changes to ICB Constitution from 1st April to note merger of Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust on 1 April 2026.
- Signing for and on behalf of the ICB, NHS England delegation agreements for the following:
 - Primary Care and Dental Delegation Agreement for NHS Central East ICB.
 - Specialist Commissioning.
- Appointments Panel in support of the Remuneration and Workforce Committee

2.0 Key Implications

All items detailed are transactional and act a core steps in supporting the enactment of this new ICB

- 2.1 Financial implications – no additional financial implications have been identified.
- 2.2 Equality and / or health inequalities implications – implications and checks have been documented as part of wider due diligence. With policies or related items – Equality Impact Assessments are included with the documentation.
- 2.3 Engagement – the documents form part of a wider programme enacted through NHS England guidance supporting statutory orders.
- 2.4 Green Plan commitments – these will be addressed through direct documentation and implied statutory or regulatory duties.
- 2.5 Risk – these will be addressed through the ICB Board Assurance Framework and operational risk registers.

3.0 Report

3.1 NHS Central East ICB Constitution and Standing Orders

- In compliance with the Health and Care Act 2022 (s.19(2) 14Z26), NHS Cambridgeshire and Peterborough ICB, NHS Bedfordshire, Luton and Milton Keynes ICB and, NHS Hertfordshire and West Essex ICB – proposed the NHS Central East ICB Constitution and Standing Orders to NHS England. These documents were submitted to NHS England and have received approval.
- NHS England brought these documents into effect through the granting of an Establishment Order.
- Upon adoption by the Board – this document will be published on the ICB internet for public access.
- The Board is asked to note this process and adopt the ICB Constitution and Standing Orders

3.2 Standing Financial Instructions –found in NHS Central East ICBs published Governance Handbook at appendix 5

- The Standing Financial Instructions (SFIs) shall have effect as if incorporated into the integrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.
- In accordance with the Act as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.
- The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.
- SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.
- These Standing Financial Instructions are presented to the Board for approval and adoption

3.3 Scheme of Reservation and Delegation (and Functions & Decisions Maps) – found in NHS Central East ICBs Governance Handbook at appendix 4

- The Scheme of Reservation and Delegation (SoRD) sets out the decision and functions reserved to the Board. These functions will be exercised by the Board unless they are delegated. This is the default position for any function that is not expressly delegated. The Board has set out specifically those matters it is choosing to reserve. The Board, regardless of any delegation arrangement it has made, remains legally accountable for the exercise of its functions.
- This Scheme of Reservation and Delegation is presented to the Board for approval and adoption.

3.4 Establishment of Committees, with the appointment of Chairs

Each sub-committee sat underneath the ICB is set out in the Governance Handbook. However, by way of summary these are:

- Audit and Risk Committee
- Remuneration and Workforce Committee
- Utilisation and Total Quality Management Committee
- Finance, Planning and Payer Committee
- Bedfordshire, Luton and Milton Keynes Neighbourhood Health Delivery Committee
- Cambridgeshire and Peterborough Neighbourhood Health Delivery Committee
- Hertfordshire Neighbourhood Health Delivery Committee
- Management Executive Committee

Confirmation of each sub-committee is presented to the Board for approval with delegated authority as set out in the Standing Financial Instructions, Scheme of Reservation and Standing Orders. The Board also approves appointment of Chairs for each.

In addition the Integrated Care Board is required to have under statute an Integrated Care Partnership (ICP). As a Joint Committee of the ICB, a Terms of Reference for the ICP is provided in the Governance Handbook.

The following panels have been created to sit under two separate sub-committees of the Board. These are:

- Audit and Risk Committee – Auditor Panel
 - Advise the Board on the selection and appointment of the external auditor. This includes agreeing and overseeing a robust process for selecting the external auditors in line with the organisation’s normal procurement rules
- Remuneration and Workforce Committee – Remuneration Panel.
 - The panel’s purpose is to exercise the functions of the ICB relating to paragraphs 18 to 20 of schedule 1B to the NHS Act 2006 in relation to non-executive members and whilst ensuring that no individual is involved in discussions or decisions about their own remuneration.

3.5 Sub-committee Terms of Reference

- Term of Reference for each sub-committee as set out in paragraph 3.4 above can be found in NHS Central East ICB Governance Handbook at appendix 1.
- The documents have been drafted in their initial form, and it will be noted by the Board the revisions are likely to come before them again in the near future, once each sub-committee of the ICB has met.

The Board is presented with these Terms of Reference for approval and adoption.

3.6 Delegation to NHS Central East ICB Chief Executive Officer:

- On 1st April 2026 – the merger of Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust will be enacted. The new organisation will be called East of England Community Health and Care NHS Trust. NHS England has approved the change to this ICBs Constitution to reflect the new name.
- Sign for and on behalf of the ICB, NHS England delegation agreements for the following:
 - Primary Care and Dental Delegation Agreement for NHS Central East ICB.
 - Specialist Commissioning.

4.0 Next Steps

As noted in the recommendation above.

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	01 April 2026
Item 5:	Approval & Adoption of ICB Policies
Executive Lead:	Karen Barker, Executive Director of Corporate Services and ICB Development
Report Author:	Michelle Evans-Riches, Head of Corporate Governance Simone Surgenor, Deputy Chief of Staff Sharon Fox, Director of Governance
Reason for the report to the Board:	- Power to approve is reserved to the Board.
Recommendations:	The Board is asked to: <ol style="list-style-type: none"> 1. approve the Central East Corporate policies including the Conflicts of Interest & Standards of Business Conduct Policy and the People & Communities Engagement Strategy. 2. adopt the legacy ICBs Human Resources policies that will be carried over into Central East and note the timeline for review and alignment of these policies. 3. adopt the legacy ICBs All Age Continuing Healthcare policies that will be carried over into Central East and note the timeline for review and alignment of these policies.

1.0 Executive Summary

- 1.1 As part of the transition arrangements a review of Corporate, Human Resources (HR) and Clinical Policies (item 6 on this agenda) has been undertaken. The Human Resources and All Age Continuing Healthcare policies have not been able to be aligned currently and a timeline for doing this is included in the report.
- 1.2 The policies were drafted by subject matter experts and have been reviewed by either established groups, subject matter experts across the 3 ICBs, and/or the Management Executive.

2.0 Key Implications

- 2.1 Financial implications - None
- 2.2 Equality and / or health inequalities implications – All policies require an Equality Impact Assessment to be completed.
- 2.3 Engagement – there has been various mechanisms for review of different policies e.g. review by subject matter experts across the 3 ICBs, or review groups, and the Utilisation Management and Quality Improvement Committee.
- 2.4 Green Plan commitments - None

2.5 **Risk** – The policies were risk rated regarding which had to be reviewed and aligned for the establishment of Central East ICB. There are some policies that remain in place from the 3 ICBs e.g. Human Resources, All Age Continuing Care and some clinical policies which are detailed in the report to the Board at item 6.

3.0 Report

NHS Central East ICB Policies

NHS Central East ICB was formed on 1 April 2026 and is the successor ICBs of Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and a part of Hertfordshire and West Essex ICB. NHS Central East ICB had transferred to it the property, rights and liabilities of the predecessor organisations. As part of the transition arrangements the Corporate, HR and All Age Continuing Care have been reviewed and the report details the reports for approval and adoption.

3.1 Reviewed Corporate Policies

The Corporate policies (Appendix A) have been developed and are presented for approval. Moving forward, these will be reviewed in accordance with the schedule outlined within each policy.

The Central East ICB Constitution specifies the following policies are required to be adopted by the ICB:

1. Conflicts of Interest and Standards of Business Conduct
2. People and Communities Engagement Strategy
3. Petitions Policy

The Petitions Policy is included in the Governance Handbook that is on the Board agenda at item 4 and the Conflicts of Interest & Standards of Business Conduct Policy and the People & Communities Engagement Strategy are included in this report.

The following is a list of policies for approval which are available at Appendix A.

Central East ICB Corporate Policies:	
Digital and IT	<ul style="list-style-type: none"> • Acceptable Use Policy • Acceptable Use Policy for Privileged Access • Back-up Policy • Identity and Access Management Policy • Information Security Policy • Local Device Administrative Privileges Policy • Mobile Device Security Policy • N365 Local Policy and Guidelines • Network Security Policy • Non-Standard Equipment / 3rd Party Connected Devices Policy • Patch Management Policy • Registration Authority Policy • System Logging Policy • Telecoms Policy

Finance	<ul style="list-style-type: none"> • Counter-Fraud, Bribery and Corruption Policy • Procurement Policy • Environmental Sustainability Policy
Governance	<ul style="list-style-type: none"> • Conflicts of Interest and Standards of Business Conduct (required in the Constitution) • Petitions Policy (included in Governance Handbook)
Patient Experience	<ul style="list-style-type: none"> • Policy for the Management of Freedom of Information (FOI) & Environmental Information Regulations (EIR) Requests • Policy for the Management of Enquiries, Concerns and Complaints
Health and Safety	<ul style="list-style-type: none"> • Health and Safety Policy • Fire Safety Policy
Communications and Engagement	<ul style="list-style-type: none"> • People and Communities Engagement Strategy • Social Media and Engagement Policy
EPRR	<ul style="list-style-type: none"> • EPRR Framework Policy
Data Security and Information Governance	<ul style="list-style-type: none"> • Data Protection Policy • Information Governance Framework Policy • Access to Records Policy • Records Management Policy • Information Sharing Policy
Quality, Clinical Governance and Patient Safety	<ul style="list-style-type: none"> • Patient Safety Incident Response Framework (PSIRF) Policy
Medicines Utilisation Management	<ul style="list-style-type: none"> • Policy for managing primary care rebate schemes offered by pharma industry
Safeguarding	<ul style="list-style-type: none"> • Domestic Abuse, Sexual Violence Reduction and Prevention Sexual Safety Policy & Procedure • Mental Capacity Act (2005) and Deprivation of Liberty Policy • Safeguarding Policy Children, Young People and Adults at Risk and Children in Care • Safeguarding Supervision Policy • Child Death Review Protocol 2026-2027 • Prevent Policy

The Board is asked to approve the Central East Corporate policies including the Conflicts of Interest & Standards of Business Conduct Policy and the People & Communities Engagement Strategy.

3.2 HR Policies

The following policies are transferred to NHS Central East ICB from each of the relevant predecessor ICBs and remains applicable to staff for who it was originally created. These different policies will continue to apply to the relevant staff unless or until any new policy is adopted by the NHS Central East ICB.

Current policy to remain in place:

C&P	BLMK	H&WE
<ul style="list-style-type: none"> • Green Car Scheme • Retirement Policy and Retirement Procedure • Carers and Special Leave Policy • Professional registration • Flexible Working Policy and Procedure incorporating the Flexitime policy and procedure • Pay Policy (incorporates old Starting Salaries Policy and Procedure) • Facilities & Time Off for Trade Union Duties and Activities • Trade Union Recognition Agreement • Maternity, Paternity, Adoption and Shared Parental Leave and Pay Policy • Menopause policy • Domestic Abuse Policy & Procedure • Sexual Misconduct • Managing Sickness Absence and Attendance at Work Policy • Appraisal Policy & Procedure • Management Supervision Policy and Procedure (not Master doc) • Disciplinary Policy and Procedure • Engagement of Temporary Staff • Display Screen Equipment Policy & Procedure • Freedom to Speak Up (Whistleblowing) Policy and Procedure • Lone Working Policy • Recruitment, Selection and the Appointment of Staff Policy & procedure 	<ul style="list-style-type: none"> • Agency and Interim Use Policy • Agile Working Policy • Annual and Other Leave Policy (including Special Leave, Career Break and Volunteering Schemes) • Appraisal and Performance Review Policy • Apprenticeship, Work Experience and Volunteer Policy • Change Management Policy • Civility, Respect and Dignity at Work Policy • Disclosure and Barring Service Checks Policy • Education, Training and Development Policy • Equality, Diversity and Inclusion in Employment Policy • Family Leave Policy • Flexible Working Policy & Procedures • Freedom to Speak Up Policy • Grievance Policy and Procedures • Induction and Probation Policy • Management of Conduct & Disciplinary Policy • Management of Work Performance Policy • Menopause Policy • Overpayment of Salary and Salary Advance Policy • Overtime and Working Time Policy • Professional Registration Policy • Recruitment & Selection Policy & Procedures • Secondary Employment Policy • Secondment Policy • Substance Misuse Policy • Travel and Expenses Policy • Wellbeing and Attendance Management Policy 	<ul style="list-style-type: none"> • Addiction and Misuse Policy • Adoption and Fostering Policy • Adverse Weather and Travel Disruption Policy • Agile Working • Annual Leave • Apprenticeships • Attendance Management • Bullying and Harassment • Capability • Disability in the Workplace • Disciplinary Policy • Disclosure and Barring Service checks • Domestic Abuse Policy for Staff • Employment Break • Equality and Inclusion • Fertility Treatment • Fit and Proper Person Test Policy • Flexible Working • Freedom to Speak-up • Grievance and Resolution Policy • Health and Wellbeing • Job Share • Maternity Leave Policy • Menopause • Organisational Change Policy • Parental Leave • Paternity Leave • Pay Protection • Performance Appraisal and Talent Management • Probation • Professional Registration • Recruitment and Selection Policy • Secondment • Sexual Misconduct • Shared Parental Leave • Special Leave • Supporting Relationships at Work • Trade Union Recognition • Training, Education and Development • Travel and Expenses • Volunteer Management

<ul style="list-style-type: none"> • Dignity at Work Policy and procedure for dealing with Harassment and Bullying • Travel and Related Expenses Policy incorporating Relocation Expenses • Annual Leave Policy & Procedure • Grievance Policy • Alcohol and Drugs policy • Capability at Work and Unsatisfactory Performance and Procedures • Communicable Disease and Infection Control Policy & Procedure • Cycle Scheme Policy & Procedure • Organisational Change Policy • Employment Breaks Policy and Procedure • Employment Record Policy & procedure • Orientation & Induction Policy • Probationary Periods Policy and procedure • Providing Employment References Policy and Procedure • Safe Road Use Policy & Procedure • Secondment Policy & Procedure • Standards of Employment Practice Policy • Working Practices and Standards of Business Etiquette • Work Experience Policy and Procedure • Working Time Regulations Policy & Procedure 	<ul style="list-style-type: none"> • Working with our Patient & Public Voices: Reimbursing expenses & paying involvement payments 	<ul style="list-style-type: none"> • Work Experience and Internships • Working Carers Policy • Working Hours and On Call Policy
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3.2.1 Provisional Review Schedule for HR policies:

- Policies are scheduled for alignment over a 6–9 month period, aligned to organisational

priorities and HR capacity.

- The schedule will remain under review to reflect workload and wider organisational change.
- Consideration will be given to the use of AI to help speed up the process and draft aligned policies. Manual oversight will be maintained in these situations.

Cohort	Strategic focus	Policies included (summary)	Practical alignment timeframe (2026/27)
Cohort 1	Core employee relations & wellbeing (high-risk / high-use)	<ul style="list-style-type: none"> • Annual Leave • Disciplinary • Grievance • Learning & Development • Managing Menopause • Managing Sickness • Managing Stress & Wellbeing • Sexual Misconduct 	Months 1 – 3 (March - May)
Cohort 2	Inclusive working & people practices	<ul style="list-style-type: none"> • Agency & Interim Use • Apprenticeships & Work Experience • Dignity at Work • Equality & Diversity • Flexible & Agile Working • Freedom to Speak Up • Family Leave (Maternity, Paternity, Adoption etc.) • Travel & Expenses • Safe Road Use 	Months 3 - 5 (May - July)
Cohort 3	Employment lifecycle & assurance	<ul style="list-style-type: none"> • Appraisal • Capability • Carers & Special Leave • DBS Checks • Employment Breaks • Employment Record • Induction & Orientation • Lone Working • Probation • Recruitment & Selection • Professional Registration 	Months 5 - 7 (July - Sept)
Cohort 4	Workforce governance & formal controls	<ul style="list-style-type: none"> • Alcohol & Drugs • Domestic Abuse • Fit & Proper Person Test • Management Supervision • Overtime & On-Call • Secondment • Trade Union Facilities Time • Working Time Regulations 	Months 7 - 9 (Sept - Nov)

Cohort 5	Organisational resilience & standards	<ul style="list-style-type: none"> • Adverse Weather & Travel Disruption • Business Etiquette • Communicable & Infectious Diseases • DSE • Cycle to Work & Green Car Scheme Policies • Organisational Change • Retirement • Secondary Employment • Standards of Employment Practice • Relationships at Work • Volunteer Management 	Months 9 - 11 (Nov - Jan 2027)
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3.2.2 Approvals and Governance:

- HR policy development will be undertaken in partnership with staff side.
- Trade Union representatives will work jointly with HR to agree draft aligned policies. Nominees will be requested to support this work at the next Joint Partnership Forum.
- Workforce policies will be approved through the Joint Partnership Forum.
- The Remuneration Committee and Board will be informed of new and updated policies, with significant changes highlighted.

The Board is asked to adopt the legacy ICBs Human Resources policies which will be carried over into Central East ICB and note the timeline for review and alignment of these policies.

3.3 All Age Continuing Care (AACC) Policies

The following policies (Appendix C) transferred to NHS Central East ICB from each of the relevant predecessor ICBs and remains applicable to each part of the population for who it was originally created. These different policies will continue to apply to the relevant populations unless or until any new policy is adopted by the NHS Central East ICB (after public involvement if required).

Current policy to remain in place:		
C&P	BLMK	HWE
<ul style="list-style-type: none"> • Complex Cases Team – Personal Health Budgets Policy • Complex Cases Team – Joint Funding Policy • Complex Cases Team – Settings of Care Policy • Complex Cases Team - Operational Policy for NHS Continuing Healthcare and NHS-funded Nursing Care • Complex Cases Team – Joint Disputes Resolution Policy 	<ul style="list-style-type: none"> • Children and Young People’s Continuing Care Operational Policy • All Age Continuing Care Redress Policy • NHS Continuing Healthcare Appeal Policy • Continuing Healthcare Commissioning Policy • NHS Continuing Healthcare Enhanced Observation within Care Homes Policy • CHC Operational Policy • NHS Continuing Healthcare Dispute Policy 	<ul style="list-style-type: none"> • Personal Health Budget Policy & Guidance • Children & Young People Continuing Care Operational Policy • Joint Funding Policy NHS Continuing Healthcare • Continuing Healthcare (CHC) Previously Unassessed Periods of Care (PUPOC) Policy • Continuing Healthcare CHC Adults Appeal Policy • Continuing Healthcare Operational Policy

	<ul style="list-style-type: none"> NHS All Age Continuing Healthcare Transition Policy 	<ul style="list-style-type: none"> Continuing Healthcare, Equity & Choice Policy Interagency Dispute Resolution Policy: Hertfordshire and West Essex Integrated Care Board and Hertfordshire County Council Interagency Disputes Policy: Hertfordshire & West Essex ICB and West Essex Local Authority Preparing for Adulthood: Transition from Children to Adult Services Operational Policy
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3.3.1 Provisional Review Schedule for AACC policies:

- Policies are scheduled for alignment over a 6–9 month period, aligned to organisational priorities and capacity across the team.
- The schedule will remain under review to reflect workload and wider organisational change.

Cohort	Policies included (summary)	Practical alignment timeframe (2026/27)
Cohort 1	<ul style="list-style-type: none"> Children & Young People Continuing Care Operational Policy Continuing Healthcare Joint Funding Policy Continuing Healthcare Commissioning Policy Continuing Healthcare and Funded Nursing Care Operational Policy Joint Disputes Resolution Policy 	Priority, 2nd Quarter (Jul - Sept)
Cohort 2	<ul style="list-style-type: none"> All Age Continuing Care Personal Health Budget Policy & Guidance Continuing Healthcare (CHC) Previously Unassessed Periods of Care (PUPOC) Policy Continuing Healthcare CHC Adults Appeal Policy Continuing Healthcare Enhanced Observation Policy 	End of 2nd Quarter (Sept)
Cohort 3	<ul style="list-style-type: none"> Complex Cases Settings of Care Policy Preparing for Adulthood: Transition from Children to Adult Services Operational Policy 	3rd Quarter (Oct - Dec)

The Board is asked to adopt the legacy ICB All Age Continuing Healthcare policies which will be carried over into Central East ICB and note the timeline for review and alignment of these policies.

List of appendices:

Appendix A – Corporate Policies

Appendix B – HR Policies

Appendix C – All Age Continuing Care Policies

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	01 April 2026
Item 6:	Clinical Policies
Executive Lead:	Dr Fiona Head, Executive Clinical Director Utilisation Management
Report Author:	Dr Samantha Chepkin, Associate Medical Director Dr Nisha Jayatilleke, Associate Medical Director
Reason for the report to the Committee/Board:	- Power to approve is reserved to the Board (as detailed in Terms of Reference/Scheme of Reservation and Delegation etc.)
Recommendation/s:	The Board is asked to: <ul style="list-style-type: none"> - Approve the following: <ul style="list-style-type: none"> • Adoption of an interim Individual Funding Request (IFR) policy and 44 interim clinical policies by Central East ICB, which were previously approved by the Joint Utilisation Management and Quality Improvement Committee on behalf of BLMK, C&P and H&WE ICBs. • Continuation of localised clinical policies agreed by predecessor ICBs, to apply to the relevant populations until a new policy is adopted by Central East ICB.

1.0 Executive Summary

With the formation of Central East ICB, there is a need to align clinical policies from the predecessor ICBs. This paper outlines the process taken to align clinical policies so far and the recommended approach for aligning the remaining clinical policies.

The Board is asked to approve the adoption of interim aligned policies across Central East ICB, which were previously approved by the Joint Utilisation Management and Quality Improvement Committee on behalf of BLMK, C&P and H&WE ICBs. These policies include an overarching Individual Funding Request (IFR) policy and 44 clinical policies, outlined in section 3.2.1.

NHS Central East ICB was formed on 1 April 2026 and is the successor ICB to Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and a part of Hertfordshire and West Essex ICB. NHS Central East ICB had transferred to it the property, rights and liabilities of the predecessor organisations. The actions and decisions of the predecessor organisation, including relevant clinical policies continue in effect. There are differences in places between some policies, including clinical policies and pathways, from the predecessor ICBs.

A set of clinical policies transferred to NHS Central East ICB from each of the relevant predecessor ICBs and remains applicable to each part of the population for who it was originally created. These different policies will continue to apply to the relevant populations

unless or until any new policy is adopted by the NHS Central East ICB (after public involvement if required).

2.0 Key Implications

- 2.1 Financial implications - There are no material financial implications arising from the adoption of the aligned clinical policies, as these broadly maintain existing commissioning positions. Minor activity variation has been identified in a small number of policies and is expected to be marginal and manageable within existing resources.
- 2.2 Equality and / or health inequalities implications - An Equality Impact Assessment has been completed for the alignment process applied to policies with no change to commissioning position, and for each individual recommended aligned policy. No adverse equality or health inequality impacts have been identified. Aligning policies is expected to improve equity of access across the future Central East footprint (see Appendix B).
- 2.3 Engagement - The work has been led by the Central East Clinical Policy Alignment Working Group, with representation from all three predecessor ICBs, with support from South Central and West Commissioning Support Unit (SCW CSU)'s Clinical Effectiveness Service. Clinical, commissioning, quality, secondary care and lay representation is embedded within the Joint Clinical Policy Group.
- 2.4 Green Plan commitments - There are no direct environmental implications. Indirect benefits may arise through reduced unwarranted variation and unnecessary interventions.
- 2.5 Risk - No new strategic risks have been identified.

3.0 Report

3.1 Background and Context

3.1.1 Clinical Commissioning Policies

As set out in the NHS Act 2006, the NHS must provide a comprehensive health service, with finite resources. Commissioners must not spend more than their allocated budget, and should consider best use of resources and address inequalities. To achieve this, ICBs need to make decisions about what interventions are funded and when, prioritising higher value interventions. The NHS Act 2006 also requires commissioners to develop and publish policies about the availability of treatments.

BLMK, C&P and H&WE ICBs all had a set of evidence based clinical policies setting out what interventions are not routinely commissioned, or should only be undertaken when clinical criteria are met. Such policies:

- Improve the quality of care offered to patients by reducing unnecessary interventions and preventing avoidable harm.
- Free up valuable resources, such as professional time, so that more effective or higher value interventions can be carried out, and to create headroom for innovation.
- Maximise value and avoid waste.
- Reduce unwarranted variation.

- Help clinicians maintain professional practice and keep up to date with the changing evidence base and best practice

3.1.2 Individual Funding Requests (IFR)

The NHS Act 2006 also requires ICBs to have arrangements in place to consider exceptions to clinical policies. This is achieved through Individual Funding Request processes. The NHS Constitution sets out the requirement for ICBs to operate an Individual Funding Request panel. BLMK, C&P and H&WE ICBs all had an Individual Funding Request policy setting out how this function was delivered. As H&WE had performed the most recent thorough policy review in collaboration with Pharmacy and Medicines Optimisation Team (PMOT) colleagues, it formed the basis of the new Central East IFR policy v1.0 which supersedes the legacy policies. This includes explicit criteria for considering IFRs, clarifies the scope of what the IFR team can process, signposts to alternative mechanisms, sets out a clear route for appeals including using external IFR panels to review processes should these be challenged, and provides Terms of Reference for the IFR panel to ensure fair, consistent and protected decision making (appendix A).

3.1.3 Process of Policy Alignment

With the formation of Central East ICB, these separate BLMK, C&P and H&WE IFR and clinical policies needed to be aligned into a single set of Central East ICB policies.

All clinical policies across BLMK, C&P and H&WE ICBs were identified, mapped and RAG rated for degree of alignment by the Central East clinical policy alignment working group, including SCW CSU.

The working group then undertook a detailed review of each policy, highlighting specific criteria differences, exploring the rationale for any differences, identifying what would be needed to inform a recommended position.

It should be noted that all of the clinical policies had been previously ratified and implemented in at least one geographical area. The depth of review therefore varied by policy, depending on the level of concordance across ICBs. For, example where all three ICBs had the same policy position on an intervention, this became the recommended interim policy position and only the policy wording was reviewed. Where the three ICBs had a different policy position, local ethical and prioritization frameworks (considering clinical effectiveness, cost-effectiveness, evidence base, strategic fit, affordability, feasibility, quality impacts, inequalities), stakeholder consultation and patient involvement were considered, as appropriate, to guide decision making.

Targeted rapid evidence reviews, activity reviews, prior approval/IFR activity reviews, stakeholder consultation and assessment of likely impact (on activity, outcomes, resource use and the wider system) were therefore undertaken as appropriate to inform the recommended aligned position, or options for alignment. EqIAs were undertaken for all policy recommendations. This process of mapping and individual policy review is in line with other emerging ICBs in East of England.

Aligned clinical policies were recommended as interim policies, with a phased, full review of each policy planned after the formation of Central East ICB and the completion of policy alignment.

A BLMK, C&P and H&WE Joint Interim Clinical Policies Group with broad membership across different disciplines and organisations, including commissioning, quality, patient/lay representatives, primary care clinicians and secondary care clinicians, was established to review recommended commissioning positions, draft aligned policies and EqlAs. This Group recommended final aligned policies to be adopted or withdrawn across BLMK, C&P and H&WE to the Joint Utilisation Management and Quality Improvement Committee (UMQIC).

3.1.4 Policy Retirement

As part of the alignment process, Joint UMQIC have previously approved retirement of 24 policies from BLMK, C&P and H&WE ICBs. These are listed in Annex A for reference.

3.2 Policy Recommendations for Approval

3.2.1 Aligned and Previously Ratified Policies

The Joint UMQIC ratified the following aligned policies for adoption across BLMK, C&P and H&WE:

- Earlobe repair
- Use of Biological Mesh
- Bobath Therapy (neurological conditions)
- Breast - Breast prosthesis removal
- Breast - Breast reduction surgery
- Breast - Correction of asymmetry
- Breast - Correction of benign nipple inversion
- Breast - Gynaecomastia
- Breast – mastopexy
- Breast - Removal of accessory breast tissue
- Breast - Removal of accessory nipple
- Breast augmentation
- Chalazia removal
- Cholecystectomy
- Colorectal - Haemorrhoid surgery
- Cosmetic Plastics – Laser Treatment for All Skin Conditions
- Cosmetic Plastics - Blepharoplasty
- Cosmetic Plastics - Body Contouring Surgery – excluding abdomen
- Cosmetic Plastics - Liposuction for lipoedema
- Cosmetic Plastics - Scar Revision
- Cosmetic Plastics - Tattoo Removal
- Diagnostics - Open and Standing Magnetic Resonance Imaging (MRI) scans
- Dilatation and curettage for heavy menstrual bleeding
- Dysthyroid eye disease
- ENT - Chronic Rhinosinusitis
- Exogen bone healing system- fresh fractures
- Face lift
- Fertility- surrogacy
- Ganglion excision -Hand
- Hirsutism and removal of abnormally placed hair
- Hair transplantation
- Helmet Therapy

- Hyaluronic acid injections – all joints
- Hip and Knee replacement – revision surgery
- Hyperhidrosis - Endoscopic thoracic sympathectomy
- Lymphoedema services in private sector
- Knee arthroscopy for osteoarthritis
- Obesity - Referral to Consultant-Led Tier 3 Adult Weight Management Services
- Orthopedics - Dupuytren's contracture release
- Removal of adenoids for treatment of glue ear
- Rhinophyma
- Snoring surgery
- Sterilisation Reversal
- Tonsillectomy for recurrent tonsillitis
- Tonsillectomy for tonsilloliths

The Board is asked to approve the adoption of these across Central East ICB.

Copies of these policies are included in Appendix B.

3.2.2 Remaining Clinical Policies

Given the short timeframes between confirmation of the new ICB footprints (9th Sept 2025) and the formation of Central East ICB (1st April 2026), it has not been possible to align all clinical policies.

NHS Central East ICB was formed on 1 April 2026 and is the successor ICB to Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and a part of Hertfordshire and West Essex ICB. NHS Central East ICB had transferred to it the property, rights and liabilities of the predecessor organisations. The actions and decisions of the predecessor organisation, including relevant clinical policies continue in effect. There are differences in places between some policies, including clinical policies and pathways, from the predecessor ICBs.

A set of clinical policies transferred to NHS Central East ICB from each of the relevant predecessor ICBs and remains applicable to each part of the population for who it was originally created. These different policies will continue to apply to the relevant populations unless or until any new policy is adopted by the NHS Central East ICB (after public involvement if required).

The Board is asked to endorse this approach, whilst work continues to align the remaining policies as soon as possible.

The list of policies still to be aligned is included in Annex B for reference.

4.0 Next Steps

- 4.1 Establish capacity within the new Central East ICB to support policy alignment work.
- 4.2 Develop a work plan for alignment of the remaining policies, considering capacity.
- 4.2 Complete the detailed policy reviews and establish a recommended commissioning position/options for the remaining clinical policies.
- 4.3 Development of a public involvement plan for remaining clinical policies that require this, including establishing resource and budget required.

4.4 Form a new Central East ICB Clinical Policies Group.

List of appendices

- Appendix A - CE ICB interim exceptional cases and Individual Funding request policy
- Appendix B - Copies of all aligned policies for approval (IFR and clinical)

Background reading

Annex A – List of previous ICB policies which have been retired as part of the alignment process.

- Age Related Macular Degeneration - photo dynamic therapy
- Chronic Fatigue Syndrome/ Myalgic Encephalitis (CFS & ME) Inpatient Treatment
- Coloured overlays for reading difficulty
- Lower gastrointestinal endoscopy (Colonoscopy or Sigmoidoscopy)
- Extracorporeal Shockwave Therapy for Orthopaedic indications
- Fitness for surgery - smoking and weight criteria
- Assessment of Haematuria (Presence of Red Blood Cells in Urine)
- Hydrotherapy
- Hyperthermia treatment
- Inpatient Pain Management Programmes
- Joint Injections - ultrasound guided
- Laser eye surgery in myopia
- Lymphoedema advice - Primary and Secondary
- Pathological demand avoidance
- Peyronie's disease
- Podiatry/ Chiropody
- Prolapse of Pelvic Organ
- Residential exercise therapy/ rehabilitation courses for the management of Ankylosing Spondylitis
- Shoulder replacement
- Simultaneous bilateral joint replacement
- Spinal cord stimulation
- Stop smoking before surgery
- Video capsule endoscopy and balloon enteroscopy for small bowel investigation
- Virulite cold sore machine

Annex B- List of remaining clinical policies to align

- o CoughAssist/Mechanical Insufflation-Exsufflation (MI-E) Devices
- o Abdominoplasty
- o Autologous Blood and Platelet-Rich Plasma Injection in tendinopathy
- o Bariatric Surgery
- o benign skin lesions - Surgical removal of
- o Breast Cancer - familial
- o Breast reconstruction post cancer or trauma
- o carpal tunnel release
- o Cataract surgery
- o Cometic interventions for individuals with gender dysphoria or post gender reassignment
- o Complimentary and alternative Therapies
- o Correction of Privately Funded Treatments
- o Diastasis recti repair
- o Dissociative Identity Disorder

- Dyspepsia management
- Earwax Removal
- Epidural and nerve root blocks
- Exogen bone healing system- existing fractures
- Faecal Microbiota Transplants
- Fertility treatment and assisted conception
- Foot surgery for chronic conditions of the foot
- Functional electrical stimulation
- Gamete storage
- Grommets - adults
- Grommets - children
- hair bearing skin on mucosal cavities or part of treatment for pilonidal sinuses to reduce recurrence
- Hallux valgus repair - bunions
- Heavy menstrual bleeding
- Hernia Repair
- Hip arthroscopy
- Hip Corticosteroid Injections
- Hip replacement
- Hip resurfacing
- hyperhidrosis - Botulinum toxin for
- Hysterectomy
- Hysterectomy for gender dysphoria
- Injections for isolated low back pain without sciatica
- Knee arthroscopy
- Knee replacement
- Liposuction for lymphoedema
- Liposuction for other indications (not lipoedema or lymphoedema)
- Lumbar discectomy
- Lycra Dynamic Splinting
- Medial Branch Block injections
- Obstructive sleep apnoea- Referral for surgery
- Pain relief Services out of area or outside evidence base
- Penile Circumcision
- Penile rehabilitation following prostate surgery
- PTSD
- Radiofrequency Denervation
- Revision Bariatric Surgery
- Septoplasty Rhinoplasty Septorhinoplasty
- Shoulder Arthroscopic subacromial decompression
- Shoulder arthroscopy
- SI joint injections
- Sleep Apnoea Referral for sleep study
- Sterilisation (female)
- Sterilisation (vasectomy)
- Temporomandibular joint replacement
- Tongue tie, division of ankyloglossia
- Transcranial Magnetic Stimulation (TMS and rTMS)
- Trigger finger release
- Varicose vein surgery

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	01 April 2026
Item 7:	Risk Framework Development and Risk Management Policy
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 and the Board has the authority to approve the Risk Management Policy.
Recommendation/s:	That the Board: <ul style="list-style-type: none"> • Note the development of the risk management process undertaken. • Consider the Board Assurance Framework template. • Approve the Risk Management Policy.

1.0 Executive Summary

- 1.1 This paper presents the risk approach for the newly established Central East ICB and introduces the refreshed Risk Management Policy, Board Assurance Framework (BAF) template, and accompanying templates for Board review.
- 1.2 The BAF is being developed and will include the strategic risks to the delivery of the ICB's strategic priorities, delivery outcomes, and performance metrics, strengthening the Board's line of sight to areas that may impact achievement of the organisation's aims.
- 1.3 These risks will undergo initial review through the Management Executive Committee, with further scrutiny scheduled through the Audit and Risk Committee in line with the new governance arrangements. The Board is invited to note the development work completed to date, consider the BAF template and new Risk Management Policy, and provide early direction ahead of formal approval processes scheduled for early in the new financial year.
- 1.4 Finalisation and embedding of the refreshed risk framework will support a consistent, transparent, and proactive approach to risk management across the ICB and its system partners, ensuring delivery risks are understood, mitigated, and monitored throughout 2026/27 and beyond.

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 Current Risk Position

A new set of Board Assurance Framework (BAF) risks are being developed in line with the revised Risk Management Policy. The policy has been produced to provide the Board with a clear line of sight on risks that may impact delivery of the ICB's strategic aims, delivery of outcomes and performance metrics. The framing, scoring, and alignment of risks will be standardised under the new policy and template.

3.2 Development of Revised BAF and Corporate Risk Registers

During the transition period leading up to establishment of the Central East ICB, a revised BAF template, which incorporates the new risk scoring matrix, control/assurance categorisation, and clearer articulation of gaps and required actions has been developed and is attached at Appendix A.

3.3 Governance and Committee Review

The draft Central East BAF is under initial review with the Management Executive Committee. In accordance with the governance framework for the new Central East ICB, the BAF and Corporate Risk Registers will next be submitted to the Audit & Risk Committee for scrutiny, including the adequacy of controls, assurance levels, and risk scoring. Material changes to policies as we embed our processes going forward will trigger further Board review and approval.

3.4 Board Engagement and Forward Look

A full BAF approval cycle will be scheduled for early 2026/27, ensuring the new ICB begins the year with a robust, Board approved assurance framework.

3.5 Risk Management Policy

The draft Risk Management Policy has been developed following a review of the three ICBs policies and best practice and is attached at Appendix B for Board approval

4.0 Next Steps

4.1 Finalisation of BAF and Corporate Risks

The Risk Management Team will incorporate feedback from the Board and Audit & Risk Committee to finalise the updated risk registers, ensuring alignment with the new ICB strategy, delivery plans, and performance framework.

4.2 Audit & Risk Committee Consideration

The revised BAF and Corporate Risk Registers will be submitted to the Audit & Risk Committee for:

- Detailed review of risk scoring
- Assessment of controls and assurances

- Identification of gaps and required mitigation actions
- Confirmation that risks meet the standards set out in the new Risk Management Policy

4.3 Board Approval Early 2026/27

Following the Audit and Risk Committee's recommendations, a finalised Board Assurance Framework will be presented for formal Board approval early in the new financial year. This will ensure the Central East ICB begins 2026/27 with an approved, strategically aligned risk framework.

4.4 Embedding Across the Organisation

Once approved, the Risk Management Team will support embedding activity, including:

- Updated guidance and training
- Directorate level briefings
- Integration into planning, performance, and assurance cycles
- Ensuring system partners understand their roles in managing risk

4.5 Ongoing Monitoring and Assurance

Routine horizon scanning, monitoring, and reporting will continue throughout the year.

Updates will be provided via:

- Regular reporting cycles
- Escalations where material shifts in risk occur
- The Audit & Risk Committee and Board assurance processes

List of appendices

Appendix A – BAF risk template

Appendix B – Central East ICB Risk Policy

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	01 April 2026
Item 8:	Our Way: Strategy to Delivery
Executive Lead:	Jan Thomas, Chief Executive Officer
Report Author:	Dominic Woodward-Lebihan, Chief of Staff
Reason for the report to the Board:	The Board is accountable for the strategic direction of Central East
Recommendation/s:	The Board is asked to: <ul style="list-style-type: none"> • Approve “Our Way”, the new Central East ICB strategy.

1.0 Executive Summary

- 1.1 For Central East ICB to succeed, it must have a clear strategy with a clear purpose, priorities and measures for success. To this end, we are pleased to present “Our Way” to the Board for approval in the public part of today’s meeting. The full strategy document – attached at **Appendix A** - sets out how we will operate, what we will prioritise and how we will move rapidly from strategy to delivery.

2.0 Key Implications

- 2.1 Financial implications – There are no direct financial implications of this report. Further advice will come to the Board on transformation funding and delivery, reflecting the priorities presented in the *Our Way* strategy.
- 2.2 Equality and / or health inequalities implications – The strategy is clear: health inequalities will guide where we focus our improvement effort. The “Our Population” section of the strategy presents the evidence of existing health inequalities across Central East.
- 2.3 Engagement – Members of the Executive Management Team have met with partners to support the development of this strategy, including but not limited to Non-Executive Directors, NHS Provider CEOs, Local Authorities, Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, Hospices and Primary Care representatives. The Strategy has been developed at pace, reflecting the urgency with which Central East must move from strategy to delivery.
- 2.5 Risk – The Strategy sets out the ICB’s approach to Strategic Risk Management, rooted in what matters most to our population.

3.0 Report

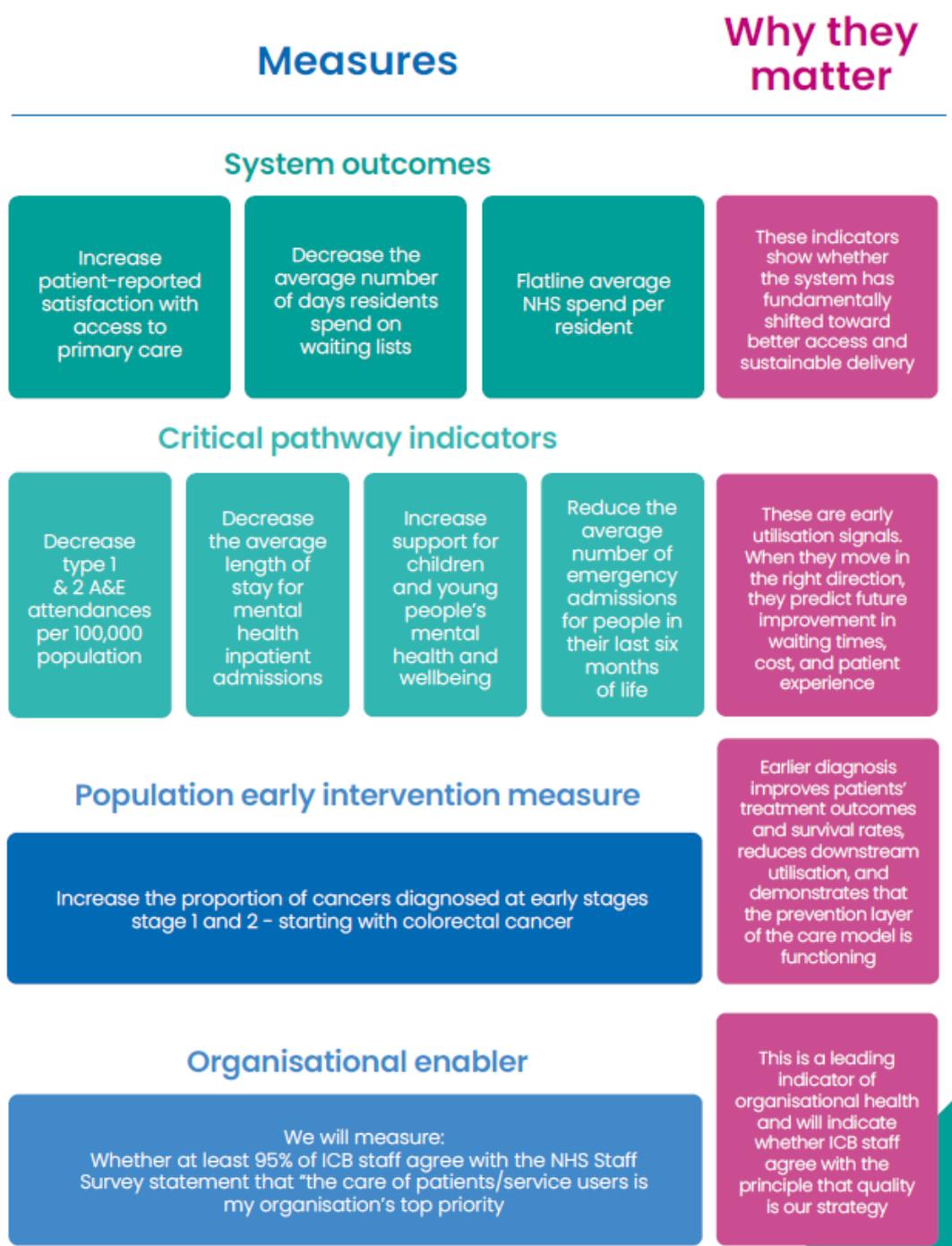
- 3.1 *Our Way* sets out a five-year approach to commissioning built on a single, defining principle: **quality is the strategy**. Improving quality – access, experience, outcomes, and effectiveness – is the primary mechanism through which we will deliver a sustainable NHS for our population. If quality improves, utilisation falls, experience improves, and the system

becomes sustainable. If it does not, it will not. **We will do less of what does not add value, and more of what does.**

- 3.3 To deliver this strategy, we will fundamentally change how commissioning works. Our approach is disciplined and repeatable: **improve it, codify it, then scale it.** Once something is shown to work, we will codify it into a standard, evidence-based model and then commission it once at scale, using lead provider and collaborative models.

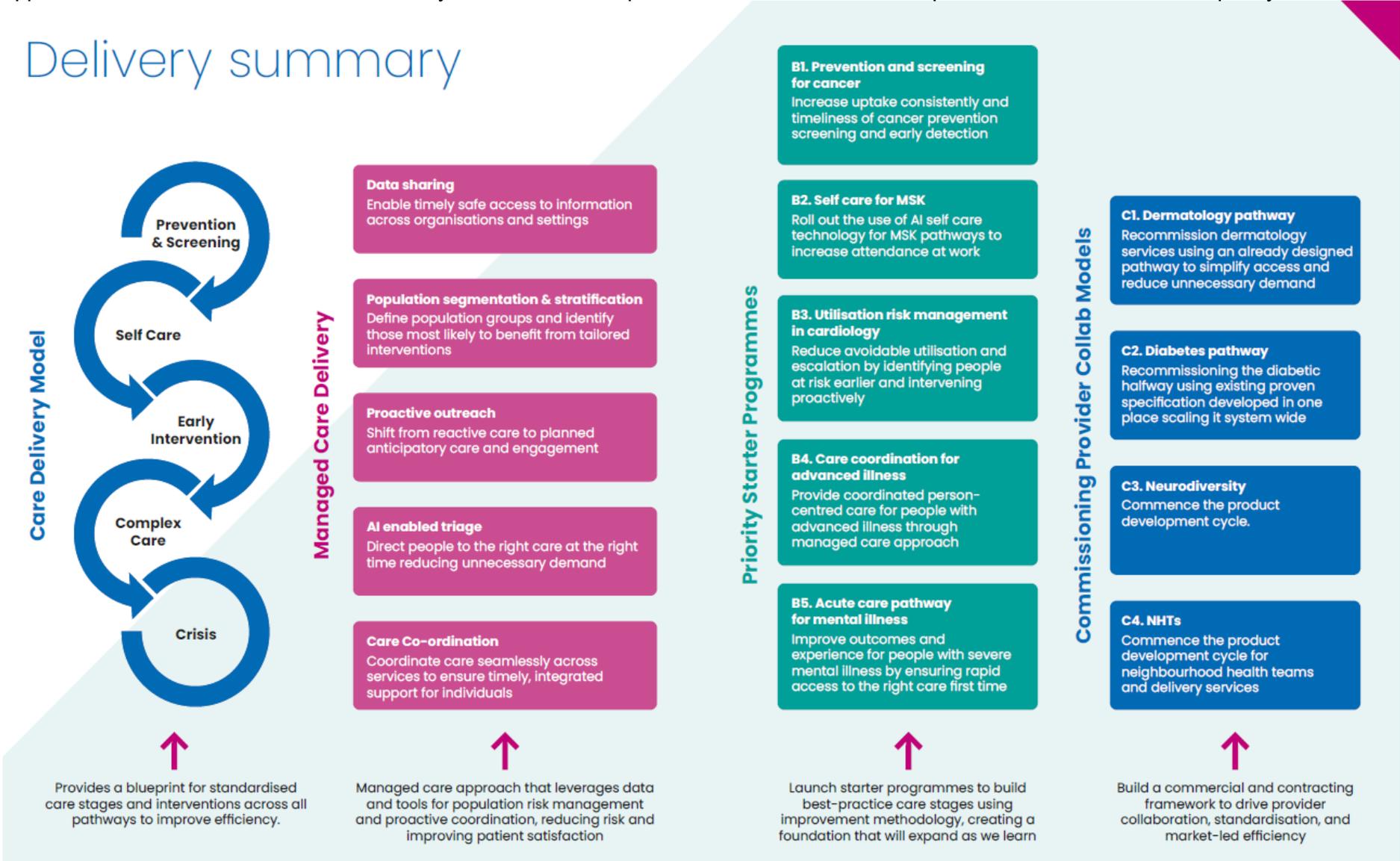
Lived experience and community insight will be treated as a core input to our improvement system. Alongside quantitative performance and outcome data, insight from our residents will provide early intelligence on variation, risk, and failure demand. We will be guided throughout by one question: **what best serves our population?**

Our Way sets out nine priority measures. These measures will be used consistently across commissioning, contracting, and assurance. They provide a shared definition of success, helping us stay focused on long-term improvement



The **Our Way: Delivery Summary** below presents our Care Delivery Model, our five initial starter programmes, and the commissioning provider collaborative models that we will pursue. These priorities have been chosen because they address major population needs, offer clear opportunities to reduce utilisation, and already have evidence or proven elements that can be improved, codified, and scaled quickly

Delivery summary



4.0 Next Steps

4.1 We look forward to:

- moving rapidly from strategy to delivery, guided by the direction set in Our Way;
- developing Easy Read material to support the communication of the Our Way strategy in a way that builds understanding with our residents & communities; and,
- reporting progress routinely to the Board, partners and residents.

List of appendices

- **Appendix A** – *Our Way: Strategy to Delivery (April 2026) (Hard copies also provided)*

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	1 April 2026
Item 9:	Communications and Engagement Update
Executive Lead:	Karen Barker, Transition Director and Executive Director of Corporate Services & ICB Development
Report Author:	Laura Halstead, Assistant Director of Communications and Engagement
Reason for the report to the Board:	Report is for assurance to the Board
Recommendation/s:	That the Board: <ul style="list-style-type: none"> • Note the communications and engagement work undertaken to wind down the three former ICBs and appropriately launch Central East

1.0 Executive Summary

- 1.1 In the lead up to the creation of the new Central East ICB, the communications and engagement teams from across the cluster have been working hard to close down the old organisation and set up the new one from a communications and engagement perspective.
- 1.2 As Central East ICB, we are committed to communicating and engaging with stakeholders and our population in a way that is clear, transparent and driven by one question: what best serves our population.

2.0 Key Implications

- 2.1 Financial implications - A new website has been procured within existing ICB budgets, and decisions have been guided by value for money considerations.
- 2.2 Equality and / or health inequalities implications – The new website and intranet meets accessibility requirements.
- 2.3 Engagement - ICB Leaders have engaged extensively with partner organisations since their appointment to support the launch of the new organisation, and our strategy “Our Way”, also presented to the Board today.
- 2.4 Green Plan commitments – There are no implications identified.
- 2.5 Risk - Accessibility and statutory compliance risks were identified and mitigated.

3.0 Report

- 3.1 **Branding** – In line with national requirements, a new Central East brand has been created, following NHS guidelines, and the new logo has been approved by the national team ready for use from 1 April. This has been used for the creation of new Teams backgrounds, email signatures and more. Is it shown below:



Central East Integrated Care Board



- 3.2 **Website** – all three existing ICB websites move to an archived state from 1 April, whereby they will be formally archived by the National Archives via the standard NHS process which we are required to follow. A new Central East website - www.centraleast.icb.nhs.uk – will go live in the afternoon of 31 March. This will carry all relevant statutory information and has passed accessibility checks. From there, the website will be developed further to fully represent the remit of Central East ICB.
- 3.3 **Social Media** – all social media accounts linked to the existing ICBs will be closed down from 31 March, and left in an archival state, redirecting people to the new Central East ICB social media channels on Facebook, X (formerly Twitter), Instagram, LinkedIn and YouTube. We will be posting content that is compliant with pre-election period guidance.
- 3.4 **Stakeholder management** – throughout the change process, our senior executives have been engaging with key stakeholders to provide updates on the change process, answer questions, and share the development of our Central East strategy. We have also published regular stakeholder updates and will continue to do so once the new organisation is live. These will focus on evidence-based delivery.
- 3.5 **Internal Communications** – we have run a detailed programme of internal communications for staff to support them through the change process, including fortnightly staff briefings, in person Town Hall events, dedicated intranet portals, newsletters, and frequently asked questions (FAQs). This focus on internal communications will continue in the first few weeks and months of the new ICB, supported by dedicated induction events for staff.
- 3.6 **Patient engagement** – we have liaised with our existing patient and service user groups to provide them with updates on the change process, and to gather their views on the new People and Communities Strategy which we are pleased to present to the Board today.