NHS
Central East
Integrated Care Board

Agenda
Board Meeting of NHS Central East ICB held in Public

Date: Friday 26 June 2026
Time: 12:00 – 14:30
Venue: MS Teams

No.	Agenda Item	Purpose	Lead	Timings
1.	Welcome, Introductions and Apologies	Note	Chair	10 mins
2.	Relevant Persons Disclosure of Interests	Note	Chair	
3.	Minutes from the previous Board Meetings and Matters Arising: • NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB held in-Common 27 March 2026 • NHS Central East ICB - held on 1 April 2026	Approve	Chair	
4.	Questions from the Public			5 mins
5.	Chairs Report - Verbal	Note	Chair	10 mins
6.	Chief Executive's Report	Note	CEO	10 mins
7.	The Lampard Public Inquiry - Update	Note	Executive Clinical Director of Total Quality Management	15 mins
8.	Our Way: Priority Programme Stocktake	Assurance	Executive Director of Corporate Services and ICB Development	40 mins
	Break 13:30 - 13:40			
9. Governance and Assurance				
9.1	Audit and Risk Committee Chair's Report	Note	Chair of the Audit and Risk Committee	5 mins
9.2	Finance Planning and Payer Function Committee Chair's Report	Note	Chair of the Finance Planning and Payer Function Committee	5 mins
9.3	Utilisation Management and Quality Improvement Committee Chair's Report	Note	Chair of Utilisation Management and Quality Improvement Committee	5 mins
9.4	Bedfordshire, Luton and Milton Keynes Neighbourhood Health Delivery Committee Chair's Report - *verbal*	Note	Chair of Bedfordshire, Luton and Milton Keynes Neighbourhood Health Delivery Committee	5 mins
9.5	Cambridgeshire and Peterborough Neighbourhood Health Delivery Committee Chair's Report - *verbal*	Note	Chair of Cambridgeshire and Peterborough	5 mins

No.	Agenda Item	Purpose	Lead	Timings
			Neighbourhood Health Delivery Committee	
9.6	Hertfordshire Neighbourhood Health Delivery Committee Chair's Report - *verbal*	Note	Chair of Hertfordshire Neighbourhood Health Delivery Committee	5 mins
9.7	ICB Governance Report: • Closure of Joint Transition Committee • ICB Policy Update	Note & Approve	Executive Director of Corporate Services & ICB Development	5 mins
10	Any Other Business		Chair	5 mins

NHS Central East Integrated Care Board
Register of Interests 2026/27 - Board Members

NHS Central East Integrated Care Board

Surname	Forename	Position (within or relationship with the Integrated Care Board)	Interest to Declare? (Y/N)	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	Details of Interest	Date From	Date To	Action
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes	✓				CEO of Arthur Rank Hospice Charity which provides contracted services for the ICB (Company number 03059033)	01/04/2019	Current date	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes		✓			Member of the Voluntary Sector Network Cambridgeshire and Peterborough	Since it began	Current date	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes				✓	Trustee - Age UK (Company number 06825798)	Sep-17	Sep-26	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes				✓	Trustee - Hospice UK (Company number 02751549)	2021	Current	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes				✓	Cambridgeshire Care Providers Alliance Patron	2021	Current	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes				✓	Fellow Chartered Institute of City and Guilds	2021	Current	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes				✓	Social Work England, Registrant	2019	Current	Declare in accordance with Conflicts of Interest Policy
Allen	Sharon	Ordinary Member - VCFSE Alliance	Yes				✓	Association of Coaching, Member	2017	Current	Declare in accordance with Conflicts of Interest Policy
Barker	Karen	Transition Director and Executive Director of Corporate Services	No					N/A			
Borrett	Alison	Non-Executive Member	Yes	✓				Director, 2Billys Ltd, Company no 14038119.	11/04/2022	Ongoing	Business has not been involved with any NHS organisations, if relevant will declare in accordance with Conflicts of Interest Policy

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Bracey	Michael	Chief Executive, Milton Keynes City Council – ICB Partner Member (Local Authority)	Yes		✓			Employee of Milton Keynes City Council	01/09/2009	Present	Declare in accordance with Conflicts of Interest Policy
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	17/11/2025	Present	Declare in accordance with Conflicts of Interest Policy
Bracey	Michael	Chief Executive, Milton Keynes City Council – ICB Partner Member (Local Authority)	Yes		✓			MK:U Limited (Higher Education)	30/01/2019	Present	Declare in accordance with Conflicts of Interest Policy
Ferreira	Vitor	Non-Executive Member (Chair of Audit & Risk Committee)	Yes			✓		Treasurer and Director - St Michaels Parochial Church Council, St Micheals Street, St Albans, AL3 4SL Charity number: 1132915	01/04/2026	Present	Declare in accordance with Conflicts of Interest Policy
Ferreira	Vitor	Non-Executive Member (Chair of Audit & Risk Committee)	Yes				✓	Daughter is a doctor for the NHS working in Bristol	01/04/2026	Present	Declare in accordance with Conflicts of Interest Policy, exclusion from related decision making
Ferreira	Vitor	Non-Executive Member (Chair of Audit & Risk Committee)	Yes	✓				Shares in HSBC PLC	01/04/2026	Present	Declare in accordance with Conflicts of Interest Policy
Ferreira	Vitor	Non-Executive Member (Chair of Audit & Risk Committee)	Yes	✓				Shares in Aviva PLC	01/04/2026	Present	Declare in accordance with Conflicts of Interest Policy
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	✓				Sessional GP at Sundon Medical Centre	2018	To date	Declare and act in line with Conflicts of Interest Policy i.e. at relevant meetings or forums

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Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	✓				Director of Sanat Practice Limited – Limited company for provision of medical services including services for independent NHS provider of services Herts Urgent Care, London Central West. Service provision for Herts Urgent Care includes a clinical transformation project from 10.122025-31.3.2026 Company number 09170717	2015	To date	Declare and act in line with Conflicts of Interest Policy i.e. at relevant meetings or forums
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	✓				Director of Sanat Properties Ltd - property investment company (including a BLMK GP surgery premises) Company number 09711571	2015	To date	Declare and act in line with Conflicts of Interest Policy i.e. at relevant meetings or forums
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes	✓				Governance Lead at Hatters Health Primary Care Network	2022	To date	Declare and act in line with Conflicts of Interest Policy i.e. at relevant meetings or forums
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes		✓			Clinical Advisor for NHSE 111/IUC	2025	To date	Declare and act in line with Conflicts of Interest Policy i.e. at relevant meetings or forums
Goutam	Sureena (Dr)	GP - ICB Partner Member (Primary Medical Services)	Yes		✓			NHSE GIFRT reference group member - dermatology and urinary tract stones	2025	To date	Declare and act in line with Conflicts of Interest Policy i.e. at relevant meetings or forums
Gregson	Dorothy	Non-Executive Member	Yes				✓	Partner is Head of Robot Software and owns shares in a surgical robotic company - CMR Surgical Ltd. Company No 08863657 1 Evolution Business Park, Milton Road, Cambridge, CB24 9NG	01/07/2022	Ongoing	Declare in accordance with Conflicts of Interest Policy
Griffiths	Sarah	Executive Director of Finance, Resources and Contracts	Yes				✓	Partner is employed as a Senior Director at AstraZeneca	14/04/2025	Date	Declare in line with conflicts of interest policy and exclusion from involvement in relevant meeting or decision making
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	Oct-25	N/A

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Griffiths	Sarah	Executive Director of Finance, Resources and Contracts	Yes				✓	Academy Board and Finance Committee Member - Trumpington Park Primary School, Cambridge	14/04/2025	Dec-25	N/A
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes	✓				GP Locum - East Barnwell Health, Cambridge	03/04/2023	Current	Declare in accordance with Conflicts of Interest Policy. Recuse from conversations and decisions relevant to the affairs of the practice.
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes		✓			Member Panel of National Data Guardian	01/07/2022	Current	Declare in accordance with Conflicts of Interest Policy
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes		✓			Fellow - Royal College of Physicians	01/07/2022	Current	Declare in accordance with Conflicts of Interest Policy
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes		✓			Fellow - Faculty of Public Health	01/07/2022	Current	Declare in accordance with Conflicts of Interest Policy
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes		✓			Member - Royal College of General Practitioners	01/07/2022	Current	Declare in accordance with Conflicts of Interest Policy
Head	Fiona (Dr)	Executive Clinical Director Utilisation Management (Medical Director)	Yes		✓			Member - British Medical Association	01/07/2022	Current	Declare in accordance with Conflicts of Interest Policy
Howard	James (Dr)	GP - ICB Partner Member (Partner Medical Services)	Yes	✓				Director - Eaglebond Ltd. Company number 06962597	01/07/2013	To date	Declare in accordance with Conflicts of Interest Policy
Howard	James (Dr)	GP - ICB Partner Member (Partner Medical Services)	Yes	✓				Partner, Staploe Medical Centre	05/02/2001	To date	Declare in accordance with Conflicts of Interest Policy

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Hughes	Sarah	Non-Executive Member	Yes	✓				Chief Executive - Mind	09/01/2023	Current	Declare in line with conflicts of interest policy. Exclusion from involvement in related meeting or decision-making.
Hughes	Sarah	Non-Executive Member	Yes	✓				Trustee - One Small Thing Company number 11516337	21/06/2023	Current	Declare in line with conflicts of interest policy. Exclusion from involvement in related meeting or decision-making.
Hughes	Sarah	Non-Executive Member	Yes	✓				Trustee - Comic Relief	14/01/2026	Current	Declare in line with conflicts of interest policy. Exclusion from involvement in related meeting or decision-making.
Hughes	Sarah	Non-Executive Member	Yes	✓				Fellow, RSA Sciana Saltzburg Globa	01/05/2018	Current	Declare in line with conflicts of interest policy. Exclusion from involvement in related meeting or decision-making.
Hughes	Sarah	Non-Executive Member	Yes	✓				Member - Global Leadership Exchange	01/07/2022	01/10/2025	N/A
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	01/09/2022	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes		✓			Charity Trustee - Board of East Anglia Air Ambulance	01/12/2025	Present	Declare in accordance with Conflicts of Interest Policy

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Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes			✓		Board Member - CBC Ltd	01/09/2022	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes			✓		Board Member at Cambridge University Health Partners	01/09/2022	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes			✓		Member - Federation of Specialist Hospitals	01/09/2022	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes			✓		Member - Cambridge Ahead	01/08/2023	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes	✓				CQC - Well-Led Executive Reviewer	01/07/2022	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes	✓				Life Sciences Advisory Group - NHS Confederation	01/03/2023	Present	Declare in accordance with Conflicts of Interest Policy
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	Present	Declare in accordance with Conflicts of Interest Policy
Midlane	Eilish	Chief Executive, Royal Papworth NHS FT - ICB Partner Member (NHS Trust & FT)	Yes				✓	Member - Life Sciences Advisory Council	01/09/2023	Present	Declare in accordance with Conflicts of Interest Policy
Moir	Stephen	Chief Executive, Cambridgeshire County Council – ICB Partner Member (Local Authority)	No					N/A			

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Porter	Robin	ICB Chair	Yes	✓				Chair of the Lampton Group, Company number 08468401, Southall Lane Depot, Southall Lane, Southall, England, UB2 5AG • Director, Lampton Leisure Limited, Company number 12923138 • Director, Lampton Greenspace 360 Limited, Company number 11113648 • Director, Lampton Recycle 360 Limited, Company number 10347934 • Director, Lampton Investment 360 Limited, Company number 10362770	06/05/2025	Ongoing	Declare in accordance with Conflicts of Interest Policy
Porter	Robin	ICB Chair	Yes	✓				Director - Coalo Limited, Company number 10432434	01/10/2025	Ongoing	Declare in accordance with Conflicts of Interest Policy
Porter	Robin	ICB Chair	Yes	✓				Director, Bartholomew Square Consulting Limited, Company number 10145337	Apr-25	Ongoing	Declare in accordance with Conflicts of Interest Policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Professor of Diversity in Public Health & Director, Institute for Health Research University of Bedfordshire	2006	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Honorary Academic Contract, UK Health Security Agency	2021	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Honorary Academic Contract, Office for Health Improvement & Disparities	2021	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Expert Advisor, NICE Centre for Guidelines, UK	2011	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Facilitator, Faculty of Public Health Accredited Practitioner Program, UK Faculty of Public Health	2018	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Non-Executive Director, Forestry England	2019	Current	Declare in line with conflicts of interest policy

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Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Adjunct Professor, Ton Due Thang University, Vietnam	2017	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			National Member, National Black and Minority Ethnic Transplant Alliance, UK	2016	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Member, British Medical Association Ethics Committee, UK	2017	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Member, Donation Ethnicity Liberty Inclusion Pontifical Academy for Life (PAL) – Vatican State-led Engagement of Religious communities (DELIVER) Project	2025	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Member, Quality and safety of organs for transplantation - European Directorate for the Quality of Medicines and HealthCare (EDQM) Group of Experts, Council of Europe	2023	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			National Member, Mental Health Working Group, NHS Race & Health Observatory, UK	2024	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			National Member, Independent Stakeholder Advisory Board, National Institute for Health Research	2025	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Member, World Health Organisation (WHO), Expert Advisory Panel on Organ Donation & Transplantation	2025	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes		✓			Member, European Society of Transplantation (ESOT) – Health Equity Steering Committee	2025	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes			✓		Vice Lord-Lieutenant, Bedfordshire	2017	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes			✓		Patron of the Bedfordshire Rural Communities Charity	2023	Current	Declare in line with conflicts of interest policy

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Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes			✓		Volunteer, Luton Sikh Soup Kitchen	2021	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes			✓		Junior Cricket Coach, Harpenden Cricket club	2014	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes			✓		Patient, Davenport House Surgery, Harpenden	2006	Current	Declare in line with conflicts of interest policy
Randhawa	Gurch (Prof)	Non-Executive and Deputy Chair of HW&E ICB	Yes				✓	Extended family works at local Primary Care network	2024	Current	Declare in line with conflicts of interest policy
Ridgwell	Angie	Chief Executive, Hertfordshire County Council - ICB Partner Member (Local Authority)	Yes		✓			CEO Hertfordshire County Council	27/09/2024	Current	Declare in line with conflicts of interest policy and if necessary leave the meeting for the relevant agenda item
Ridgwell	Angie	Chief Executive, Hertfordshire County Council - ICB Partner Member (Local Authority)	Yes		✓			Member Capita Advisory Board – steering board to assist in the development of new products to support the local government sector. No monies received and £2,000 per meeting donated by Capita directly to Hertfordshire Community Foundation - an independent grant giving charity registered in England under number 08794474.	01/02/2026	Current	Declare an interest and leave the meeting for the relevant agenda item
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	

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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	Present	Declare in accordance with Conflicts of Interest Policy
Thomas	Jan	Chief Executive, BLMK ICB, C&P ICB and H&WE ICBs	Yes			✓		Appointed as Trustee of Ashley Pavilion CIO - this is a small charitable organisation dedicated to supporting community wellbeing and local engagement through the provision and maintenance of the local village pavilion. The role is unpaid and will be carried out alongside existing commitments.	01/04/2026	Present	Declare in accordance with Conflicts of Interest Policy
Vaughton	Kate	Executive Director for Neighbourhood Health Place & Partnership	Yes		✓			Vice Chair -St Nicholas Hospice, Bury St Edmunds	01/05/2022	Present	Declare in accordance with conflicts of interest policy.
Vaughton	Kate	Executive Director for Neighbourhood Health Place & Partnership	Yes		✓			Trustee – Abbeycroft Leisure, Bury St Edmunds	19/05/2022	Present	Declare in accordance with conflicts of interest policy.
Winn	Mathew	Chief Executive, Cambridge Community Services NHS Trust - ICB Partner Member (NHS Trust & FT)	Yes	✓				Chief Executive of East of England Community Health and Care NHS Trust. Trust is directly commissioned by the ICB and by partners from the Board in Local Authorities.	01/04/2026	Present (31/03/2027)	Declare any specific interest at the time of discussion. Absent from relevant discussion and decisions where there is a clear conflict of interest.

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Draft 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 27 March 2026
Time: 11:00 – 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, BLMK ICB, C&P ICB and H&WE ICB		
Robin Porter	Non-Executive Chair, BLMK ICB, C&P ICB and H&WE ICB	RP
Alison Borrett	Non-Executive Member, BLMK ICB and C&P ICB	AB
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
Nick Moberly	Non-Executive Member, H&WE ICB	NM
Gurch Randhawa	Deputy Chair, BLMK ICB, C&P ICB and H&WE ICB	GR
Thelma Stober	Non-Executive Member, H&WE ICB	TS

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		
James Howard	GP Partner – Primary Medical Services Provider Partner Member	JH
Eilish Midlane	Chief Executive, Royal Papworth Hospitals NHS Foundation Trust – NHS Trust Partner Member	EM
Stephen Moir	Chief Executive, Cambridgeshire County Council – Local Authority Partner Member	SM

Central East Leadership Team		
Jan Thomas	Chief Executive, BLMK ICB, C&P ICB and Hertfordshire and West Essex (H&WE) 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 (H&WE) 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
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
Prag Moodley	GP Partner - Primary Medical Services Providers Partner Member	PM
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:

Michelle Evans-Riches	Head of Corporate Governance, BLMK ICB	MER
Sharon Fox	Director of Corporate Governance, C&P ICB	SF
Laura MacSweeney	Corporate Governance Officer, BLMK ICB (Minutes)	LMS
Simone Surgenor	Deputy Chief of Staff – Governance and Policies, HWE ICB	SS

There were 8 members of the public in attendance

Apologies from members:

Mark Hanna	Chief Executive, Age UK Hertfordshire – Voluntary, Community, Faith and Social Enterprise (VCFSE) Member	MH
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
Ian Perry	GP Partner - Primary Medical Services Providers Partner Member	IP
Adam Sewell-Jones	Chief Executive, East and North Hertfordshire NHS Trust – NHS Trust Partner Member	ASJ

No.	Agenda Item	Action
	Opening Items	
1.0	**Chair** The Chair **welcomed** all present to the formal meetings held 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.	

	Apologies were **noted** as above and the meeting was confirmed as **quorate** for each statutory Board of the ICBs**.** The Chair noted for the record, that the Boards of NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB met earlier in-common in private. At the start of that session, the statutory resolution to exclude members of the press and public under Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960 was read out, and Board members of each statutory ICB confirmed their agreement by assent.	
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	**Approval of the Minutes** The minutes for the Board Meeting held in-common in public with NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB held on 6 February 2026 were **approved** by all statutory Boards as an accurate record of the meeting	
4.0	**Review of Joint Action Tracker** There were no open actions to review.	
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 no questions from members of the public. **H&WE ICB** received one question from a member of the public: • The question was received from Mr. Philip Aylett. SG read out the question in full and answered all points. The question and full answers can be found at Appendix A to these minutes and are also available on the ICB website here.	
6.0	**Chair's Report (*verbal)*** *Presented by Robin Porter, Chair, BLMK ICB, C&P ICB and H&WE ICB* The Chair gave a verbal update covering activity undertaken since the previous Board meeting on 6 February. Key points highlighted: • There has been extensive engagement across the system and within local communities, including visits to community diagnostic centres, GP practices, neighbourhood teams, and voluntary and community services, providing insight into access challenges and opportunities to strengthen neighbourhood-based working. The Chair reflected positively on visits to Wisbech, Peterborough, Luton, and Bedford, noting the quality of frontline services and the commitment of staff and partners. • There was ongoing participation in system leadership forums and development activity, including ICB Chairs and Chief Executives meetings, combined	

	authority engagement, and executive and non-executive member development sessions. • The Board were advised that, at a national ICB Leaders' and Chief Executives' summit, Central East ICB was recognised as being significantly advanced in its progress compared to many other systems, positioning it as an early leader through transition. • The Chair announced the appointment of Vitor Ferreira as the new Audit and Risk Committee Chair, joining the organisation from 1 April. The Chair formally thanked Vineeta Manchanda and Thelma Stober for their stewardship and expertise in supporting the Audit and Risk Committees across the three statutory ICBs. • Colleagues leaving the organisation, and outgoing Board members across the three ICBs, were thanked behalf of the Board and residents for their commitment, diligence, and focus on improving services for local populations. The Boards of BLMK ICB, C&P ICB and H&WE ICB **noted** the verbal update	
7.0	**Chief Executive Officer's Report** *Presented by Jan Thomas, Chief Executive Officer, BLMK, C&P and H&WE* JT provided a verbal update, highlighting key developments since the previous Board meeting. Key points highlighted: • The public consultation on the re-provision of cancer services at Mount Vernon Hospital had commenced in January and was due to close imminently. The consultation covered both the future of the main site and the development of appropriate satellite facilities to ensure equitable access to radiotherapy and radiology services across the system. Members of the public were encouraged to participate and share their views. • Recent weeks had focused on final preparations for the transition from the three legacy ICBs to the statutory Central East ICB on 1 April, including governance and legal arrangements, organisational close-down activities, and the transfer of staff and responsibilities. It was confirmed that the transition remained on track. The significant human impact of the transition, following a prolonged period of uncertainty and workforce reduction, was noted. JT highlighted the care taken to listen and learn, retain effective practice from the legacy organisations, and engage closely with staff side representatives, whose contribution was acknowledged. Staff professionalism, compassion, and mutual support throughout the transition were recognised, including the additional complexity experienced by colleagues in Hertfordshire and West Essex. Steps taken to support inclusive and compassionate approaches to slotting, matching, and suitable alternative employment, including adjustments for neurodiverse colleagues, were outlined, reflecting the values of the new organisation. • The Boards reflected on the strong legacy foundations being carried into the new ICB, including progress in data and analytics, primary care development, inclusion, cancer services, neighbourhood working, and population health improvement. It was noted that much of this work had been delivered by colleagues who would shortly be leaving the organisation, and their contribution was formally acknowledged. • The Boards were assured that, alongside organisational transition activity, operational delivery had continued, including management of winter pressures and delivery against planning requirements. Performance information would be covered later in the agenda to avoid duplication.	

	The Boards of BLMK ICB, C&P ICB and H&WE ICB **discussed** and **noted** the content of the report.	
8.0	**Combined Performance Close-Down Report for BLMK, C&P and H&WE** *Presented by SG, Executive Director of Finance, Resources and Contracts, BLMK, C&P & H&WE ICB* SG presented an update on system operational performance across the three ICBs, outlining current performance, areas of risk, and priorities as the organisation transitions into the new Central East ICB. **Overall system performance** • It was noted that system performance remained mixed, with improvements in planned care and evidence that winter resilience measures had supported greater stability compared to last year. However, continued pressures were reported in urgent and emergency care, diagnostics, and mental health pathways. **Performance against national priorities** • **Cancer:** Performance variable across the system. C&P were performing above trajectory for faster diagnosis and 62-day standards, while BLMK and H&WE were below plan. NHS England (NHSE) oversight arrangements were in place for some providers. • **Elective recovery and Referral-to-Treatment (RTT):** BLMK and H&WE were above plan, with C&P slightly below trajectory. Progress had been made in reducing long waits, particularly in BLMK. • **Diagnostics:** Diagnostics remained a system-wide challenge and a key area of focus, with all three ICBs currently in the lowest national quartile ahead of a new national diagnostics performance indicator from 2026/27. • **Urgent and emergency care:** Performance remained stronger in H&WE and BLMK than in C&P. Twelve-hour waits and ambulance category two response times remained areas of concern, with targeted work underway to understand variation and improve flow. • Board members discussed the need to strengthen the Board's approach to improvement beyond the use of contractual levers alone. GR queried how priority areas for quality improvement would be identified, taking account of safety, efficiency, and quality. SG advised that performance management would combine contractual mechanisms with quality improvement activity, overseen by the Utilisation Management and Quality Improvement Committee, including work on unwarranted variation, pathway redesign, and recommissioning opportunities. • SM raised concerns about the system's ability to respond to ongoing operational pressures, particularly in urgent and emergency care, in the absence of clear national and regional guidance on system control centre arrangements, and queried how flexibility had been built into the new ICB model. SG confirmed that internal capacity had been established within the ICB to respond to system control centre requirements, while acknowledging that further national clarity was awaited. KV added that work was already underway to share best practice across the system and strengthen coordination with providers. **Winter performance** • Winter performance had been more resilient than the previous year, with improvement in most key indicators and lower flu pressures contributing to system stability. Flow remained fragile, particularly due to discharge delays and high bed occupancy.	

Mental health and learning disability performance

- Performance in mental health and learning disability pathways was reported as behind plan in BLMK and C&P, with H&WE performing more strongly. Key challenges included inpatient reliance, length of stay, and out-of-area placements. Recovery actions were underway, focusing on discharge pathways, community capacity, and crisis alternatives.
- Board members expressed significant concern regarding mental health performance, particularly in BLMK and C&P, with a specific focus on children and young people and the continued use of out-of-area placements. SH highlighted the urgency of reducing out-of-area placements and improving oversight, noting that patients could remain out of area for longer than necessary without active clinical review. SSt provided assurance that active oversight arrangements were in place, with regular clinical review by Continuing Healthcare (CHC) and clinical teams.
- JT confirmed that mental health was embedded throughout the new Central East strategy, with a priority focus on crisis pathways, admission avoidance and reducing length of stay through a specific key performance indicator (KPI). The need for system-wide standardisation to avoid postcode variation was emphasised.
- KT and VM highlighted the importance of community and crisis provision, strategic commissioning, and system collaboration in shaping future mental health outcomes. VM noted that legacy contracting arrangements had contributed to variation and that the new ICB had a significant opportunity to improve outcomes through strategic commissioning over the next 12-18 months.

Primary care and community pathways

- Primary care patient experience had improved across all three systems compared to last year, although variation at practice level persisted. Significant risks were highlighted in paediatric audiology and neurodiversity assessment waiting times, with regional and national escalation arrangements in place and additional NHS funding expected to reduce long waits.
- The importance of retaining visibility of local variation in practice and outcomes as the system moves to a single ICB was recognised. KT and TF stressed that improvement should focus on levelling up existing good practice rather than losing local innovation through aggregation.
- The importance of strong links between performance data, neighbourhood delivery, and local clinician and patient engagement was highlighted.

Future focus and next steps

- Looking ahead to the new ICB, priorities would include:
    - sustained focus on cancer, diagnostics, elective recovery, and urgent and emergency care flow;
    - addressing community and paediatric pathway pressures through capacity and pathway redesign;
    - reducing mental health out-of-area placements and strengthening community alternatives; and
    - developing a revised ICB performance framework aligned to the new operating model, with enhanced contract and quality oversight.

Board members welcomed the comprehensive performance report, noting that it provided a strong basis for scrutiny while reflecting the scale and complexity of system challenges. TF emphasised the importance of balancing system-level data with local context and clinical leadership with members agreeing that the new ICB should develop a more holistic performance framework, combining quantitative data with qualitative insight, patient voice, and local intelligence.

	DG proposed the use of targeted Board deep dives for long-standing performance challenges and queried how patient voice, including Healthwatch input, would be reflected. SG confirmed that broader qualitative measures, including patient experience, could be incorporated into future reporting through existing governance structures. The Boards of BLMK ICB, C&P ICB and H&WE ICB **noted** the report.	
9.0	**Combined Month 10 Finance Report for BLMK, C&P and H&WE ICBs** *Presented by SG, Executive Director of Finance, Resources and Contracts, BLMK, C&P & H&WE ICB* SG presented the Month 10 financial position across the three legacy ICBs, reporting that all three systems were forecasting delivery of their 2025/26 break-even financial plans, although this was reliant on a number of non-recurrent measures reflecting ongoing operational and demand pressures. At Month 10, the reported system positions were: • **BLMK**: system deficit of £9.3m, £7.8m adverse to plan • **C&P**: system deficit of £5.4m, £1.9m adverse to plan • **H&WE**: system deficit of £13.4m, £2.4m adverse to plan, including £10m of NHSE deficit support funding • Final year-end positions would continue to be closely monitored in order to maintain delivery of the full-year break-even plans. Continued financial pressure driven by rising healthcare demand outstripping available funding was noted, with key risk areas including: • **CHC and complex care packages**, with increasing volume and cost, requiring further review and partnership working to ensure appropriate commissioning. • **Neurodiversity demand**, with significant growth requiring joint clinical and commissioning solutions. • **Elective activity**, where activity levels were exceeding funded assumptions across NHS and independent sector providers, requiring robust contract management. • **Prescribing costs**, reflecting higher volumes and drug prices, alongside opportunities to improve efficiency through greater use of biosimilars and generics. • **Urgent and emergency care pressures**, contributing to wider operational and financial strain. **Financial recovery and controls** • SG advised that enhanced financial control arrangements remained in place across all systems, supported by financial improvement groups and strengthened contract and activity oversight. Positive progress was noted in reducing reliance on agency and bank staffing, with associated benefits for financial sustainability. • While an in-year shortfall in efficiency delivery was expected, it was highlighted that a significant portion of efficiencies were recurrent, providing benefit moving into the next financial year. **Medium-term financial sustainability** • Board members discussed the challenge of meeting rising healthcare demand within a constrained funding envelope over the next three years. SG noted that while health had benefited from additional funding through the national spending review, systems remained under clear instruction to live within allocated resources. The need to prioritise investment to areas with the	

	greatest impact on population health outcomes was emphasised, alongside continued engagement with NHSE where demand significantly exceeded supply. **Board Discussion** • Board members reflected on the realism of meeting rising demand within finite resources and emphasised the importance of demonstrating efficiency while continuing to engage nationally on funding pressures. Members welcomed the in-year financial position and highlighted the need to strengthen system-wide data analytics, health economics, and insight to support prevention, neighbourhood health approaches, and better understanding of future demand and utilisation. • Concern was raised regarding the relationship between performance and financial outturn in mental health services, particularly within C&P, and members sought assurance that these challenges would be addressed through strategic commissioning and NHSE provider oversight. Members also noted the importance of alignment between ICB and provider planning assumptions for 2026/27 and beyond, including the future localisation of commissioning. • The need to move from short-term financial grip to longer-term strategic transformation was emphasised, including development of the payer function, greater use of quality improvement approaches, and action to avoid unwarranted variation, particularly in mental health and neurodiversity. The importance of triangulating finance, performance, and risk information, greater use of social care data, sustained partnership-based prevention, and transparency around the service impact of financial decisions was highlighted. • SG confirmed: o Continued integration of finance, performance, and risk information to improve transparency o Development of a data-led approach to prioritisation and commissioning o Intent to ring-fence capacity within 2026/27 plans to support strategic transformation and prevention, including neurodiversity o A centralised approach to core payer and contract management functions, with strong local and place-based input **The Boards of BLMK ICB, C&P ICB and H&WE ICB:** 1. **Noted** the month 10 position for each ICB and system. 2. **Noted** the scale of full-year risk and the mitigations in progress. 3. **Acknowledged** the statutory accountability for delivery of three ICB control totals and three system-level control totals. 4. **Acknowledged** continued work on medium-term financial sustainability.	
10.0	**Board Assurance Frameworks** *Presented by Karen Barker, Executive Director of Corporate Services and ICB Development* KB introduced the three Board Assurance Frameworks (BAFs), one for each of the ICBs, and invited the Board to consider them in turn.	
10.1	**BLMK Board Assurance Framework** KB advised that there had been no significant changes to the BLMK Board Assurance Framework since it was last reviewed in February. No questions or comments were raised.	
10.2	**C&P Board Assurance Framework**	

	KB reported that there had similarly been no significant changes to the C&P Board Assurance Framework since it was last reviewed in February. No questions or comments were raised.	
10.3	**H&WE Board Assurance Framework** KB confirmed that there had been no significant changes to the H&WE Board Assurance Framework since it was last reviewed in February. No questions or comments were raised. The Boards of BLMK ICB, C&P ICB and H&WE ICB **noted** the content of the reports.	
11.0	**Audit and Risk Committee Chair's Report – Verbal Update** **Bedfordshire, Luton and Milton Keynes and Cambridgeshire and Peterborough** VM provided a verbal update on the BLMK and C&P Audit and Risk Committee held in Common on 20 March, which was a legacy close-down meeting. Key points highlighted: • Draft legacy assurance documents were noted and VM advised that final versions would be presented to the new Central East ICB Audit and Risk Committee on 8 May. These included external and internal audit reports, draft Head of Internal Audit Opinions, outstanding actions, and counter-fraud work. It was noted that, although the audit year ends on 31 March, much of the final reporting, including full-year accounts, would be considered by the new Committee as part of the close-down process. • The draft Head of Internal Audit Opinions for BLMK and C&P were reported as moderate assurance. All internal audit work for BLMK had been completed, with three audits outstanding for C&P. • A recurring theme from the advisory internal audit report related to contract transition arrangements, which highlighted the need for stronger controls and potential replacement of existing paper-based contract management arrangements, particularly in support of strategic commissioning. • VM explained that limited movement in legacy Board Assurance Frameworks reflected a focus on developing a single risk register for the new ICB, drawing on best practice from all three organisations. • Board and Committee Effectiveness Reviews were noted, with key learning being the need to improve response rates in future exercises. **Hertfordshire and West Essex** • TS presented a verbal update on legacy audit and assurance, confirming that the Board had received a legacy report providing reasonable assurance that responsibilities relating to governance, risk management and internal control had been appropriately discharged up to the point of transition. • Key risks related to: o audits still in progress; o outstanding management actions; o cyber security; and o post-transition embedding of new governance frameworks, all of which would require active ownership by the new Central East ICB. • An internal audit progress report had been received, covering progress against the audit plan, follow-up management actions, and overdue matters. Final audit reports had been issued for Emergency Preparedness, Resilience and Response (EPRR), financial management, primary care, and workforce, all with reasonable audit opinions. A small number of audits remained to be completed. Assurance had been received by the Committee that outstanding actions were being addressed.	

	• In relation to financial management, TS reported that financial planning arrangements were generally well designed and operating effectively, with key planning deadlines met. However, it was highlighted that the financial position was materially challenged and deteriorating, with reliance on non-recurrent mitigations and under-delivery of efficiencies presenting increased strategic and operational risk, which was being actively managed. The Boards of BLMK ICB, C&P ICB and H&WE ICB **noted** the verbal updates from the meeting in common, held on 20 March 2026.	
12.0	**Combined Finance Planning and Payer Function Committee Report for BLMK and C&P Only and Strategic Finance and Commissioning Committee Report, H&WE Only** DG and NM confirmed that there were no additional comments, noting that relevant issues had already been covered during the earlier finance discussion, under item 9.0.	
13.0	**Combined Utilisation Management and Quality Improvement Committee Close-Down Report for BLMK and C&P Only System Transformation and Quality Improvement Committee Close-Down Report, H&WE Only** SH presented the report, noting that these had been legacy close-down meetings held during a period of significant organisational change. The strong and consistent commitment to quality improvement demonstrated by executives and staff was highlighted, and SH thanked the governance team for ensuring the effectiveness of the meetings. Key areas considered by the Committee, included: • Paediatric audiology, where a hub-and-spoke model had been agreed to optimise resources over time; • Child Death Reviews, which had prompted a detailed and reflective discussion, with a focus on learning, communication and ongoing assurance; • Increased scrutiny of never events, aligned to a wider quality improvement approach. • SH also highlighted areas of positive performance, including a 40% reduction in Clostridioides difficile (C. diff) in C&P following implementation of a quality improvement toolkit. • The Committee's strong experience of incorporating patient voice into its work was noted, with an expectation that this focus would be handed over to the new Central East ICB Committee. SH also highlighted the importance of strengthening alignment between risk, quality priorities and the new system strategy. TF echoed these comments and reinforced the importance of: • learning from Child Death Overview Panel work; • continued focus on the merging and rationalisation of policies across the legacy organisations; • recognising areas of good practice, including corridor care improvements and wheelchair services in H&WE.	

	• The importance of retaining and building on effective local work as the new ICB is established, and ensuring learning from legacy organisations is not lost was highlighted. The Boards of BLMK ICB, C&P ICB and H&WE ICB **noted** the report and verbal updates of the meeting in common held on 13 March 2026.	
14.0	**BLMK Neighbourhood Health Delivery Committee** MB provided an update on the second BLMK Neighbourhood Delivery Committee workshop held on 27 February 2026. Key points highlighted: • The session had been successful and had helped further build consensus on the definition and scope of neighbourhoods, noting a shared commitment to a model that was broader than a purely medical focus. • It was confirmed that national neighbourhood guidance had now been issued and would inform the next phase of development, with the next Committee scheduled for 1 May. **Board Discussion** • GR emphasised that prevention extended beyond health services and highlighted the importance of local authorities, employment, and economic growth in improving health and wellbeing. GR sought assurance that this broader perspective was being reflected in neighbourhood development work. MB confirmed this was an integral part of the approach and local authority involvement was a key strength in connecting wider prevention activity with health delivery. • KV advised that similar conversations were underway across Hertfordshire and C&P, including engagement with local authority partners, supported by data and clear agendas to ensure the right issues were escalated to Board level. LK highlighted the role of neighbourhoods in supporting wider strategic priorities, including economic participation and workforce, as set out in the new strategy. • NM commented on the permissive nature of the new national neighbourhood guidance and queried how far the ICB intended to define a consistent approach versus allowing local variation. KV confirmed that a loose system-wide operating model was being developed to allow understanding of variation and outcomes, while retaining local autonomy and community-led delivery, with clear outcome measures aligned to health and wellbeing priorities. The Boards of BLMK ICB, C&P ICB and H&WE ICB **noted** the report of the BLMK NHDC workshop held on 27 February 2026.	
15.0	**Governance Update** *Presented by Karen Barker, Executive Director of Corporate Services and ICB Development* KB presented a governance update for each of the three legacy ICB Boards. Key points highlighted:	

	• Good progress had been made in preparing for the establishment of the Central East ICB, noting that 22 of the 23 anticipated Board roles were expected to be formally appointed by 1 April. • First-day arrangements for the new Central East ICB Board were highlighted for members' information. • KB confirmed that the Data Security and Protection Toolkit (DSPT) for all three ICBs was required to be submitted by the end of March and that all were on track. • Internal audits were underway to provide assurance over the submissions, with a further update due to be presented to the first Audit and Risk Committee of the new ICB in early May. The Boards of BLMK ICB, C&P ICB and H&WE ICB: 1. **Noted** the due diligence update. 2. **Noted** the 1 April first day update. 3. **Noted** the update on the Data Security and Protection Toolkit.	
16.0	**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. The Chair thanked Board members for their stewardship during a complex period and formally acknowledged those departing at the end of the transition. Thanks were also extended to staff across all three ICBs, including colleagues leaving the organisations, in recognition of their professionalism and commitment. The Chair further thanked system partners and the Executive team for their leadership and sustained effort in bringing the organisations together, noting that the Central East ICB would commence with a strong Board and team.	
	Formal Close Down Statement The Chair read out the following statement, confirming that each of the three ICBs had completed its business: "This Board confirms that it has completed its business and agrees the orderly closure of this organisation on 31 March 2026, with all remaining functions, responsibilities, assets, liabilities, staff and records transferring in line with the approved statutory arrangements to Central East ICB on 1 April at 00:00" *The meeting finished at 12:52*	

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Robin Porter	Chair	23 April 2026

Appendix A

Meetings of the BLMK, C&P and H&WE Boards of the ICBs in Common in Public

27 March 2026 - 11:00 – 13:00

MS Teams

Item 5: Questions from the Public

1 question received from Mr. Philip Aylett for Herts and West Essex ICB

Question
The cost of the Hemel Health Campus has been estimated at £135m. West Herts Trust Board papers now regularly refer to this as a 'neighbourhood health centre'. My understanding is that such centres would cost a maximum of between £20m and £40m. This project involves the moving of similar services from Hemel Hempstead Hospital a few hundred metres across the street, along with some other consolidation. Why is it likely to be so expensive?

Response to be read out by SG
In response to Mr Philip Aylett's question to the Board about the potential costs of the proposed Hemel Health Campus, the ICB recognises both the scale of the challenge and the opportunity for improved healthcare that this project represents.

We acknowledge the challenges presented by the current Hemel Hempstead Hospital estate. The buildings are ageing, inefficient and costly to maintain, and do not readily support modern models of care. A more efficient and accessible health facility with co-located, integrated health services has the potential to deliver clear benefits for patients, staff and the wider system.

Any costings for the proposed Hemel Health Campus are indicative only at Strategic Outline Case stage and reflect the ambition of the proposed model of care. The next stage of the development of the project will need to focus on strengthening the funding and delivery approach, so that the project can move forward with greater certainty. We value the work that has already been undertaken by all organisations involved and remain committed to supporting partners as future funding sources are explored, in line with NHS England requirements.

NHS
Central East
Integrated Care Board

Minutes
Formal Meeting in Public Central East ICB

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

Members in Attendance:

Members		
Robin Porter	Chair	RP
Sharon Allen	Voluntary Community Faith and Social Enterprise Member	SA
Karen Barker	Transition Director and Executive Director of Corporate Services and ICB Development	KB
Alison Borrett	Non-Executive Member	AB
Vitor Ferreira	Non-Executive Member	VF
Dorothy Gregson	Non-Executive Member	DG
Sureena Goutam	Primary Medical Services Provider Partner Member	SGo
James Howard	Primary Medical Services Provider Partner Member	JH
Sarah Hughes	Non-Executive Member	SH
Sarah Griffiths	Executive Director of Finance, Resources and Contracts	SGr
Fiona Head	Executive Clinical Director Utilisation Management (Medical Director)	FH
Eilish Midlane	NHS FT Trust Partner Member	EM
Gurch Randhawa	Non-Executive Member	GR
Sarah Stanley	Executive Clinical Director Total Quality Management	SSt
Jan Thomas	Chief Executive	JT
Kate Vaughton	Executive Director for Neighbourhood Health, Place and Partnerships	KV
Matthew Winn	NHS FT Trust Partner Member	MW

In attendance:

Michelle Evans-Riches	Head of Corporate Governance	MER
Sharon Fox	Director of Corporate Governance	SF
Laura MacSweeney	Senior Corporate Governance Officer (Minutes)	LMS
Simone Surgenor	Deputy Chief of Staff – Governance and Policies	SSu

There were 8 members of the public in attendance

Apologies from members:

Michael Bracey	Local Authority Partner Member	MB
Louis Kamfer	Executive Director of Strategy, Planning and Evaluation	LK
Stephen Moir	Local Authority Partner Member	SM
Angie Ridgwell	Local Authority Partner Member	AR
Karen Taylor	NHS Trust Partner Member	KT

No.	Agenda Item	Action
	Opening Items	
1.0	**Chair** The Chair **welcomed** all present to the first formal Board meeting of Central East Integrated Care Board (ICB). Apologies were **noted** as above and the meeting was confirmed the meeting was **quorate.** The Chair read out the following statement: "The Integrated Care Board (Establishment and Abolition) Order 2026 came in to force today which abolishes NHS Bedfordshire, Luton and Milton Keynes, NHS Cambridgeshire & Peterborough and NHS Hertfordshire and West Essex ICBs and established NHS Central East ICB. We note that West Essex has joined the newly established NHS Essex ICB. " The Chair noted for the record, that the Board of the Central East ICB met earlier in private. At the start of that session, the statutory resolution to exclude members of the press and public under Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960 was read out, and Board members confirmed their agreement by assent.	
2.0	**Relevant Persons Disclosure of Interests** Members of the Board of the ICB 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	**Appointments to the Central East Integrated Care Board**
	Presented by Robin Porter, ICB Chair.
	
	The Chair advised the Board that, following his appointment by the Secretary of State, an **appointments panel** met on the morning of 1 April 2026. The panel had appointed and confirmed the following to the newly established Central East ICB:
	• Jan Thomas as Chief Executive
	• Non-Executive Members:
	  ○ Alison Borrett
	  ○ Vitor Ferreira
	  ○ Dorothy Gregson
	  ○ Sarah Hughes
	  ○ Gurch Randhawa
	• Partner Members:
	  ○ Michael Bracey
	  ○ Sureena Goutam
	  ○ James Howard
	  ○ Eilish Midlane
	  ○ Stephen Moir
	  ○ Angie Ridgwell
	  ○ Karen Taylor
	  ○ Matthew Winn	

	In addition to noting the appointments, the Board was also asked to approve the allocation of specific roles for certain Board members, as set out in Appendix B to the paper. The Board**:** 1. **Noted** the appointments of the Board Members of the newly established Central East ICB. 2. **Approved** the allocation of specific roles for certain Board members as set out in Appendix B.	

4.0	**ICB Governance Report**
	Presented by Karen Barker, Executive Director of Corporate Services and ICB Development
	
	KB presented the ICB Governance Report, which comprised a set of documents required to formally establish the Central East ICB.
	
	Constitution and Standing Orders
	KB confirmed that NHS England (NHSE) had formally approved the Central East ICB Constitution, which had been brought into effect on 1 April 2026 through a statutory order. The Constitution, including the Standing Orders contained within it, was presented to the Board for noting, reflecting that approval had already been granted externally. It was advised that:
	• Much of the Constitution is nationally mandated and cannot be amended locally.
	• Certain elements are amendable by the ICB, where permitted.
	• The document before the Board reflected those mandatory requirements.
	
	The Board was advised that, due to the merger of Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust on 1 April 2026, an immediate amendment to the Constitution would be required to change the Cambridgeshire Community Services NHS Trust name to East of England Community Health and Care NHS Trust. Approval was requested to submit this change to NHSE, noting that NHSE was already aware and anticipating the amendment.
	
	The Chair formally congratulated East of England Community Health and Care NHS Trust on the merger.
	
	Governance Handbook
	KB introduced the Governance Handbook, a comprehensive overarching document incorporating a number of governance documents. Approval was requested for:
	• The Governance Handbook in its entirety, including all documents listed within the paper.
	• To delegate authority to KB as the Executive Director for Corporate Services to approve minor administrative amendments within the handbook, including but not limited to:
	  ○ Email addresses
	  ○ Website details
	This was to avoid the need to return to the Board for purely technical changes as contact details were finalised.
	
	No questions or objections were raised.
	
	Committee Chairs
	KB confirmed that a number of ICB Committees had been formally established and advised that:	

	• Committee membership was set out within the Terms of Reference contained in the Governance Handbook
	• Approval was sought specifically for the appointment of Committee Chairs
	
	The proposed Chairs were:
	• Audit and Risk Committee – Vitor Ferreira (Non-Executive Member)
	• Remuneration and Workforce Committee – Alison Borrett (Non-Executive Member)
	• Finance Planning and Payer Function Committee – Dorothy Gregson (Non-Executive Member)
	• Utilisation Management and Quality Improvement Committee – Sarah Hughes (Non-Executive Member)
	• Neighbourhood Health Delivery Committees (NHDC) – Chairs to be agreed at first meetings and reported to the May Extra-Ordinary Board
	• Management Executive Committee – Jan Thomas (Chief Executive)
	
	No comments or questions were raised.
	
	Delegation Agreements with NHS England
	KB presented a request for approval to delegate authority to the Chief Executive to sign NHSE delegation agreements on behalf of the ICB, advising that:
	• NHSE retained certain statutory functions which are delegated to ICBs via formal agreements
	• For Central East ICB, these included:
	  ○ Primary Care and Dental Delegation Agreement
	  ○ Specialised Commissioning Delegation Agreement
	
	No questions or objections were raised.
	
	KB formally thanked members of the Corporate Governance team and supporting colleagues for their significant work in developing the suite of governance documents, noting that it represented many months of planning and detailed preparation.
	
	The Board:
	1. **Noted** the process and **adopted** the ICB Constitution and Standing Orders
	2. **Approved** the Standing Financial Instructions as presented.
	3. **Approved** and **adopted** the Scheme of Reservation and Delegation.
	4. **Approved** each Committee of the Board with **delegated authority** as set out in the Standing Financial Instructions, Scheme of Reservation and Standing Orders.
	5. **Approved** appointment of Chairs for each, with the NHDC Chairs to be confirmed at the next Board meeting.
	6. **Approved** the Terms of Reference as detailed in the Governance Handbook.
	7. **Approved** delegation to the Executive Director of Corporate Services 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.
	8. **Approved** the delegation to the ICB Chief Executive Officer to sign the following NHS England Delegation Agreements for and on behalf of the ICB:
	  i. Primary Care and Dental Delegation Agreement for NHS Central East ICB.
	  ii. Specialist Commissioning.
	9. **Approved** the Governance Handbook in its entirety	

5.0	**Approval and Adoption of ICB Policies**	

	Presented by Karen Barker, Executive Director of Corporate Services and ICB Development KB introduced the paper seeking approval of a suite of Central East ICB policies. The Board was advised that policies had been reviewed and drawn together from the legacy ICBs to ensure the new organisation had appropriate arrangements in place from day one. Key points highlighted: • The policies presented were those required to operate safely and effectively from establishment. • Where full consolidation work has not yet been completed, clear plans and timelines have been set out in the paper. • Further review and refinement would continue, with an item for a future Board meeting to consider any issues or feedback arising. **Corporate Policies** Approval was sought for the Central East ICB Corporate Policies as listed in the paper, including: • The Conflicts of Interest and Standards of Business Conduct Policy. • The People and Communities Engagement Strategy. SGo advised she was content to approve the policies, noting the policies had been through appropriate governance processes prior to presentation at Board. **Human Resources (HR) policies** • Existing legacy ICB HR policies would remain in force for staff in the interim. This would ensure continuity, stability and compliance. • A clear, phased plan had been developed to align and harmonise HR policies, including consultation where required with the timeline prioritising higher-risk policies first. KB sought approval to adopt the legacy ICB HR policies, noting the proposed timeline for further consolidation. DG welcomed the pragmatic and proportionate approach, recognising the scale of work undertaken by the HR team. DG also sought confirmation that progress would be monitored through the Remuneration and Workforce Committee. It was confirmed that the Remuneration and Workforce Committee would oversee delivery against the timeline and report progress to the Board. **All Age Continuing Care Policies** • Legacy ICB policies would continue to apply within the former organisations. This would enable continuity of service while further work is completed • A phased approach and timeline for policy alignment had been set out in the paper. No additional questions or comments were raised. The Board: 1. **Approved** the Central East Corporate policies including the Conflicts of Interest & Standards of Business Conduct Policy and the People & Communities Engagement Strategy. 2. **Adopted** 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.	**KB**

	3. **Adopted** 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.	
6.0	**Clinical Policies** *Presented by Fiona Head, Executive Clinical Director of Utilisation Management* FH presented a paper emphasising the development and implementation of clinical policies was a statutory responsibility under the NHS Act and formed a key component of effective utilisation management. Such policies: • Support prioritisation of higher-value interventions. • Improve consistency and quality of care. • Reduce unwarranted variation. • Enable better use of resources and avoidance of waste. FH highlighted that significant work had been undertaken within the legacy ICBs to align clinical policies in preparation for the establishment of NHS Central East ICB. This work had been overseen by the Utilisation Management and Quality Improvement Committee. **Clinical Policy Alignment** FH advised that: • 24 clinical policies have been retired, as listed in Annex A of the paper. • 14 new Central East ICB clinical policies had been ratified through the Utilisation Management and Quality Improvement Committee. • Equality Impact Assessments and details of changes were reviewed by the Committee. • Over 60 further policies remain to be aligned and are listed in Annex B. Given the scale and complexity of the remaining alignment work, FH proposed an interim approach whereby: • A legacy ICB policy has not been retired or superseded, it would transfer to NHS Central East ICB. • Policies would continue to apply to the specific populations for which they were originally developed. • These arrangements would remain in place until a new Central East ICB policy is adopted, following appropriate public engagement. The Board was asked to endorse the approach while work continued to align the remaining policies as soon as practicable. EM welcomed the pragmatic approach but raised a concern about the potential for differential access to treatments across the Central East footprint and the risk of creating a perceived “postcode lottery”. FH confirmed that: • Endorsing the approach meant accepting that different populations would, in the interim, continue to be subject to different policies. • Many policy changes would require formal public engagement. • Differences reflect historic commissioning decisions, and it would not be appropriate to impose a single unified policy position without due process. • The programme of alignment aimed to reduce inequalities over time and deliver a fairer system across the whole Central East population. **Governance and Delegation** MW raised a broader governance point, noting that a large number of policy decisions appeared to be reserved to the Board. Given the scale of policy review anticipated over the next 6 – 12 months, it was suggested reviewing the Scheme of Reservation and Delegation to determine whether more decisions could appropriately be taken at	

	executive or Committee level, thereby making better use of Board time. KB agreed with the principle and advised that: • The policies had been brought to the Board at this meeting to provide visibility of the full breadth of work required. • Further work would be undertaken to review governance arrangements and escalation routes. • A proposal on future policy governance and delegation could be brought back to the Board. **Individual Funding Request Policy** FH presented the interim Individual Funding Request (IFR) Policy, explaining that while clinical policies apply at a population level, individual patients may have exceptional circumstances. It was highlighted that the policy: • Clarified the scope of requests that can be considered through the IFR process. • Signposted alternative funding routes where appropriate. • Set out a clear and transparent appeals process. • Included terms of reference for independent IFR panels. • Aimed to ensure fair, consistent and lawful decision-making. FH thanked colleagues across the three legacy ICBs for their substantial contribution to the development of the policies. The Board **approved** the following: 1. **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. 2. **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.	
7.0	**Risk Framework Development and Risk Management Policy** *Presented by Karen Barker, Executive Director of Corporate Services and ICB Development* KB presented the paper, advising that it was a key document required to be in place on the first day of operation of NHS Central East ICB. The importance of establishing a clear and consistent approach to identifying, managing and escalating risk across the organisation was emphasised, with ongoing oversight to be provided by the Audit and Risk Committee. The development of the policy had been particularly challenging due to: • The different risk management approaches used by the three legacy ICBs. • Staff working through organisational change, including new roles and team structures. • The need to develop a proportionate, workable approach that staff could realistically embed during transition. KB confirmed that a Central East ICB Risk Management Policy had been developed to provide an initial framework, advising that: • The policy should be regarded as a live document. • Further refinement and development would be required as the organisation matures. • A revised version would be brought back to the Board in May for further consideration.	

	The Board was advised that it had been the intention to present the Board Assurance Framework (BAF) with populated risks at this meeting. However, further work was required within the Executive Management Team to ensure that: • The BAF is clearly aligned to the emerging "Our Way" strategy. • Strategic priorities and principal risks are properly connected. In the interim, the Board was presented with BAF templates, illustrating the proposed structure and approach to assurance and risk escalation. DG welcomed the framing of the policy as a live document and emphasised the importance of the Risk Management Framework in underpinning the work of the Board and its Committees but queried how the framework would operate in practice across Committees and suggested it would be helpful to test and review it within Committee settings, particularly from a finance perspective. KB confirmed that: • The policy included risk appetite statements relevant to different domains, including finance. • Committee-level consideration would be actively encouraged. • Feedback from Committees would be valuable in shaping further refinement of the framework. The Board: 1. **Noted** the development of the risk management process undertaken. 2. **Considered** the Board Assurance Framework template. 3. **Approved** the Risk Management Policy.	
8.0	**Our Way: Strategy to Delivery** *Presented by Jan Thomas, Chief Executive* JT presented an overview of the "Our Way" strategy, noting the significance of setting clear expectations and strategic intent on the first day of operation of NHS Central East Integrated Care Board. The strategy articulated the ICB's promise to residents, partners and staff, and established the principles under which decisions will be taken on behalf of a population of approximately 3.5 million people. The responsibility placed on the ICB to manage both clinical and financial risk, while ensuring a sustainable NHS able to meet current and future needs was emphasised. Key strategic themes highlighted included: • A clear and explicit commitment to quality as the foundation of all decision-making. • Continuous learning and improvement, including adoption of innovation where it added value. • A strong focus on prevention, early detection of disease, and improving access to care. • Ensuring care is provided locally, in the right setting, and at the point of need. It was noted that prioritisation would be unavoidable and that the strategy is clear about where focus will begin. Decisions would be evidence-led, drawing on data, health economics and population insights, and would seek to address health inequalities and inequities across communities. The importance of the following was also stressed: • Designing services with residents and service users, rather than solely from a professional or organisational perspective. • Embedding people with lived experience into service redesign. • Stopping activity that does not add value in order to create capacity for what does.	

	JT advised that difficult choices would be required, but that decisions would be made transparently, with clear explanations on the rationale and with regard to the short-, medium- and long-term interests of the population. The importance of listening was emphasised, including ongoing engagement with partners across health and care, ensuring integration, and explaining outcomes and impacts clearly. It was highlighted that the strategy placed communities and the development of neighbourhood teams at the heart of delivery, aligned to the ambitions of the 10-year plan, as a foundation for long-term sustainability. As a practical example of partnership working and resident-led design, JT confirmed that £7 million of capital funding had been secured for a new health centre in Wixams, Bedford noting that this had been delivered in collaboration with residents, Bedford Borough Council, Central Bedfordshire Council, and developers Urban & Civic, and demonstrated the pace and approach required to meet population needs. The Chair noted the investment into the new health centre and expected it to be welcomed by local residents. JT acknowledged that the organisation remained part-way through its transformation and formally thanked ICB staff for their professionalism and continued focus on population needs throughout a period of significant personal and organisational change. The Chair clarified for members of the public that, due to the pre-election period, detailed discussion of the strategy had taken place in private session, and that the strategy document was now being presented for approval. The Board **approved** "Our Way", the new Central East ICB strategy.	
9.0	**Communications and Engagement Update** *Presented by Karen Barker, Executive Director of Corporate Services and ICB Development* KB presented an update on communications and engagement. Key deliverables highlighted to support the launch of Central East ICB were: • The launch of the website, live from 1 April 2026. • Establishment of new ICB social media accounts. • Closure of legacy ICB social media accounts, which will be retained in an archived state. • Extensive internal communications activity to support staff, including town halls, intranet updates and newsletters. It was confirmed that further work was underway to strengthen how the ICB listened to and engaged with residents, with additional proposals to be brought forward in due course. The substantial efforts of the communications and engagement team in delivering this work was formally acknowledged. AB welcomed the progress made but emphasised the need to ensure that non-digital communication was essential to ensure digitally excluded communities are not overlooked, stressing the importance of the need to understand how the ICB intended to reach and engage its wider population of approximately 3.5 million people beyond digital channels. KB advised that: • Engagement is taking place with existing local forums and community groups across the Central East geography, recognising that engagement approaches vary locally. • Early discussions have been held with Healthwatch organisations.	

	• Learning is being drawn from different engagement models used nationally to strengthen patient voice. • There is interest in exploring how learning from complaints, with patient consent, could better inform commissioning decisions. It was confirmed that further engagement proposals would be developed and brought back to the Board once discussions with patient groups and partners had progressed. SA formally thanked the Board for ensuring that the voluntary, community, faith and social enterprise (VCFSE) sector had a formal place at Board level, highlighting the value of storytelling and lived experience within the sector and confirmed its willingness to support engagement and communications activity. The Chair noted that engagement with local and national politicians also required focused attention as the organisation develops, confirming that this work is in hand and being progressed by the communications team. The Board **noted** the communications and engagement work undertaken to close down the three former ICBs and appropriately launch Central East IC.	

10.0	**Any Other Business**
	
	The Chair invited items of any other business:
	• JT formally acknowledged the exceptional effort undertaken to reach the establishment of NHS Central East ICB, noting that, while the meeting proceedings necessarily appeared procedural, there was a large volume of work delivered behind the scenes. JT particularly thanked:
	  • The Corporate Governance team, for their relentless and high-quality work.
	  • The Communications and Engagement and Human Resources teams for their sustained efforts over recent months.
	  • All colleagues who supported the transition alongside their substantive roles and during a period of significant organisational change.
	
	The Chair, on behalf of the Board, expressed collective thanks to staff from the three legacy ICBs, acknowledging the professionalism and commitment shown during a prolonged period of uncertainty, from the Secretary of State's announcement on 12 March 2025 through to the establishment of the new organisation. The Chair also thanked Board members for their contribution during the transition period and reflected on the positive opportunity ahead, reiterating the shared commitment to:
	• Serving the new organisation
	• Working with partners across the system
	• Making a positive difference to the 3.5 million residents within the Central East footprint
	
	The meeting finished at 12:09	

Details of Next Meeting: Friday 15 May 2026 vis MS Teams		

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Robin Porter	Chair	23 April 2026

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Private / Public
Date of meeting:	26 June 2026
Item: 6	Chief Executive's Report
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.

1 Executive Summary

1.1 This report provides an overview of some of the key issues facing Central East to bring to the attention of the Integrated Care Board (ICB) board at its meeting on 26 June 2026.

2. Our Way – Next Steps

2.1 Further to the Board's approval of the Our Way Strategy at its first meeting in April, we have continued to establish our organisation around the ambition vision presented here. This includes continued engagement with key partners across Central East (and nationally), and an immediate focus on delivery. To this end, the first report from the Delivery Unit on the Priority Programmes is available as part of today's Board agenda.

2.2 Good quality – and intelligent use – of data is at the heart of Our Way. The ICB is planning to expand Oracle across the Central East footprint by early August, establishing a single data platform building on the DELPHI segmentation capability already implemented in Hertfordshire. We are also working closely with the national NHS App team to introduce AI-enabled triage across a number of test-bed sites and will shortly be seeking expressions of interest from partners across the system to participate in this work.

2.3 Risks to delivery will be aligned to the Board Assurance Framework (BAF), providing the Board with clear line-of-sight between strategic objectives, programme delivery, and associated risks.

3. Financial Plan 2026-27

3.1 The ICB has submitted a balanced plan for 2026-27. As the Board is aware, the plan holds a number of risks which are being actively managed by the Executive Team with oversight via Finance, Planning and Payer Function Committee. These include:

- NHS Continuing Healthcare (CHC)– there is a financial risk due to delays in achieving planned efficiencies and sustained demand (price / volume) pressures above funded levels. We are putting in place a full CHC financial recovery programme which will be overseen by the Management Executive Committee.

- Pay costs linked to planned exit dates for individuals leaving the ICB under the organisational change programme to achieve the NHS England of £19 per head of population. We continue to seek non-recurrent options and solutions to manage this additional cost in year.

3.2 The ICB also continues to carry significant financial risk in acute sector activity, neurodevelopmental service demand, and complex cases.

3.3 The ICB's performance against the Financial Plan for 2026-27 will be monitored by the Finance and Payer Function Committee

4. Neighbourhood Health Centres

4.1 Neighbourhood Health is a central pillar of the government's 10 Year Health Plan and the ICB's Our Way Strategy, aiming to improve access to primary care, bring care closer to home, reduce unnecessary reliance on hospitals and support a fundamental shift from reactive treatment to prevention, proactive care and integrated multi-disciplinary working.

4.2 Neighbourhood Health Centres aim to provide the key physical and operational tool to support the neighbourhood health model. In line with the national commission from NHS England, we were pleased to return our initial pipeline of sites for potential Neighbourhood Health Centres, and to publish the corresponding update for residents, here.

5 ICB Transformation

5.1 We are continuing to progress with our organisational transition programme following formal establishment of the Central East ICB on 1 April 2026. This includes building an effective organisation of NHS professionals through our Central East Deal and do what is best to serve our population.

5.2 As part of the programme, we are committed to ensuring that everyone in the organisation is expected to understand the strategy and outcomes it is designed to deliver. As set out in Our Way, we have created time and space for this learning, beginning with a series of Senior Leaders Development Days for our Band 8Ds and Band 9s.

5.3 Alongside this, we have introduced a mandatory intensive orientation programme to rapidly align all new staff to the purpose, priorities, and operating model of Central East. The aim of programme is to build a shared culture, embedding 'Our Way' of working and incorporates in person corporate induction, improvement and product cycle, alongside virtual action learning sets, and external speakers. We are also introducing Directorate sessions to apply learning & establish team ways of working.

5.4 Early feedback from the first sessions has been positive, and we are adapting the sessions to ensure we continue to learn and enable staff to grow and perform at their best. I will keep the Board updated on progress.

6 Governance

6.1 Primary Medical Services Board Member

In line with our ICB Constitution, we have now almost concluded the appointment process for our third Primary Medical Services Board Member. I hope to be able to announce the appointment at our meeting in public.

6.2 Board Meetings in Public

As the Board is aware, we are holding our June Board meeting virtually. From September we aim to move around the Central East ICB area, ensuring visibility of our work to the population we serve. Venues will be published shortly.

7. Recommendation

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

NHS
Central East
Integrated Care Board

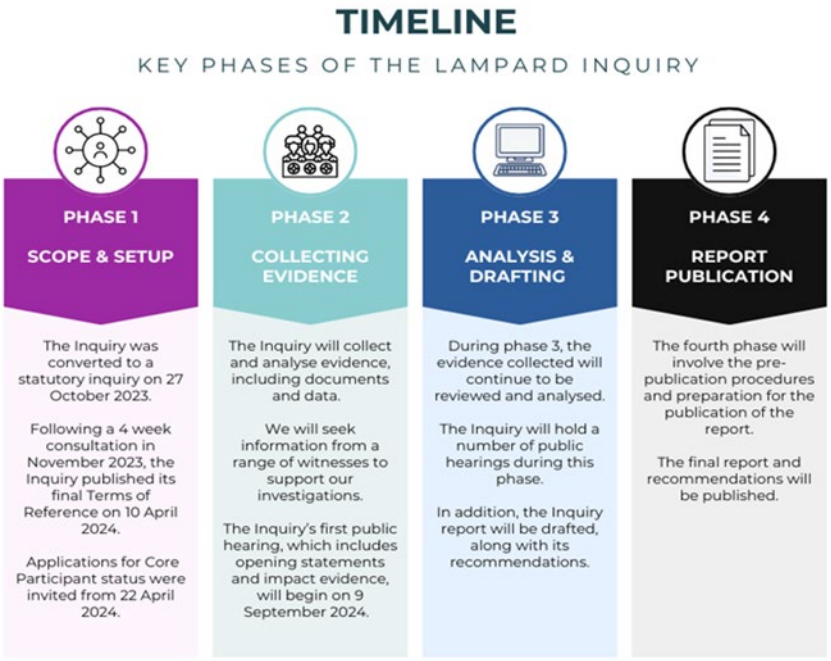
Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	26 June 2026
Item 7	The Lampard Inquiry Update
Executive Lead:	Sarah Stanley, Executive Clinical Director
Report Author:	Sarah Stanley, Executive Clinical Director
Reason for the report to the Committee/Board:	To update the ICB Board on the ICB arrangements and progress for continued support to The Lampard Inquiry.
Recommendation/s:	The Board is asked to note the content of this report and arrangements for continued support to The Lampard Inquiry undertakings.

The Lampard Inquiry Update

1. Introduction

In June 2023 it was announced that the Essex Mental Health Independent Inquiry (established in 2021) would be granted statutory status (Public Inquiry) under the Inquiries Act 2005. In April 2024 final Terms of Reference were published, and the first public hearings began on 9th September 2024. The purpose of the Inquiry is to investigate the circumstances surrounding the deaths of mental health inpatients under the care of NHS Trust(s) in Essex ("the Trust(s)") between 1st January 2000 and 31st December 2023.

A schematic of the phases of the Inquiry is shown below.



2 Main content of Report

2.1 The ICBs Approach

Following the reorganisation of ICBs in April 2026 the three newly formed ICBs of NHS Essex ICB, NHS Central East ICB and NHS Norfolk and Suffolk ICB shall continue to work collaboratively to support the work of The Lampard Inquiry due to the shared accountability of the former ICBs, which covered Essex. This collaborative approach ensures continuity and stability in the management of this important work programme and ensures the ICBs continue responding collectively and effectively to the requirements of the Inquiry.

The three new ICBs have applied to continue being designated a 'core participant' to the Inquiry. A core participant is an individual, organisation or institution that has a specific interest in the work of the Inquiry. Core participants have a formal role and special rights in the Inquiry process.

NHS Essex ICB will lead on the response from the ICBs to the Lampard Inquiry. Mills & Reeve LLP have been appointed as Legal advisors. Samantha Broadfoot KC is appointed as legal representation to the Lampard Inquiry representing the three ICBs. We continue to work within our allocated budget with incurred legal and programme costs monitored and reported through each of the ICBs.

The 3 nominated ICB Executive Leads are:

- Dr Matthew Sweeting, Executive Medical Director, NHS Essex ICB (Senior Responsible Officer)
- Lisa Nobes, Chief Nurse, NHS Norfolk and Suffolk ICB
- Sarah Stanley, Executive Clinical Director Total Quality Management, NHS Central East ICB

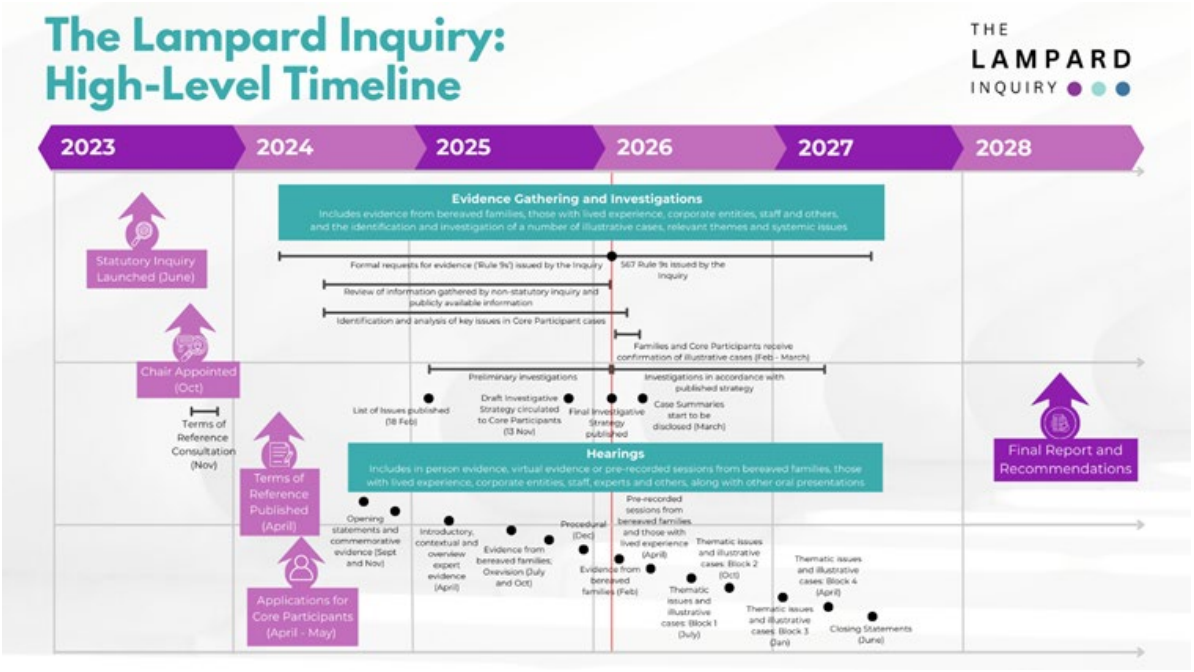
Each of the ICBs will continue to have a designated lead to work alongside the project team.

2.2 Inquiry Updates

Hearings and Inquiry Timeline

There has been delays in the Inquiry receiving witness statements and documents across several areas, which have impacted the ability of the Inquiry to progress as previously indicated. No delays are related to the work of the ICBs.

As a result, the Inquiry has provided an updated timeline, indicative hearing plan, and areas of work to meet the Inquiry's Terms of Reference. The Inquiry will now hold hearings until June 2027, with a final report and recommendations due in 2028. Revised Inquiry timeline has now been published (see below):



The indicative public hearing plan has set dates for future hearings and described both content and required evidence for each of the hearings. This may be subject to change, by agreement of the Inquiry Chair, as the Inquiry reviews and prioritises the evidence it gathers to meet the agreed terms of the Inquiry. The dates for future hearings are:

2026 Scheduled Hearing Dates:

- 6th to 23rd July 2026
- 5th to 22nd October 2026

2027 Scheduled Hearing Dates:

- 25th January to 11th February 2027
- 26th April to 13th May 2027
- 14th to 24th June 2027

These hearings will be held at Arundel House, London, except for the hearings in October 2026, which will be in Chelmsford, Essex. The hearings will also be streamed with a ten-minute delay.

Inquiry Investigative Phase

From March 2026, the Inquiry moved to its substantive 'investigative phase' to consider systemic issues and the concerns raised by bereaved families in the evidence gathered to date. In this phase, evidence is being obtained from members of staff and healthcare professionals. The Inquiry is considering if any additional steps are needed regarding undertakings for those giving evidence.

The Inquiry have published a FAQ section on their website for staff witnesses. The ICBs have processes in place to provide support to anyone contacted by the Inquiry regarding evidence related to the ICBs (or former Clinical Commissioning Groups and/or Primary Care Trusts) and have an established protocol for providing legal support which has been agreed by the Inquiry.

F*eedback from Core Participants*

The Inquiry held 2 additional sessions in November and December 2025 to provide opportunity for core participants to address the Chair on procedural issues and the draft investigative strategy. Feedback was given to the Inquiry directly from bereaved families in the form of a Q&A session, as well as several oral and written submissions of evidence from core participants.

The ICBs were not required to and did not make a formal submission as part of this feedback. The Chair's formal response to the submissions have been published alongside a final version of the Inquiry's investigative strategy.

Statement of Approach – Investigating Illustrative Cases

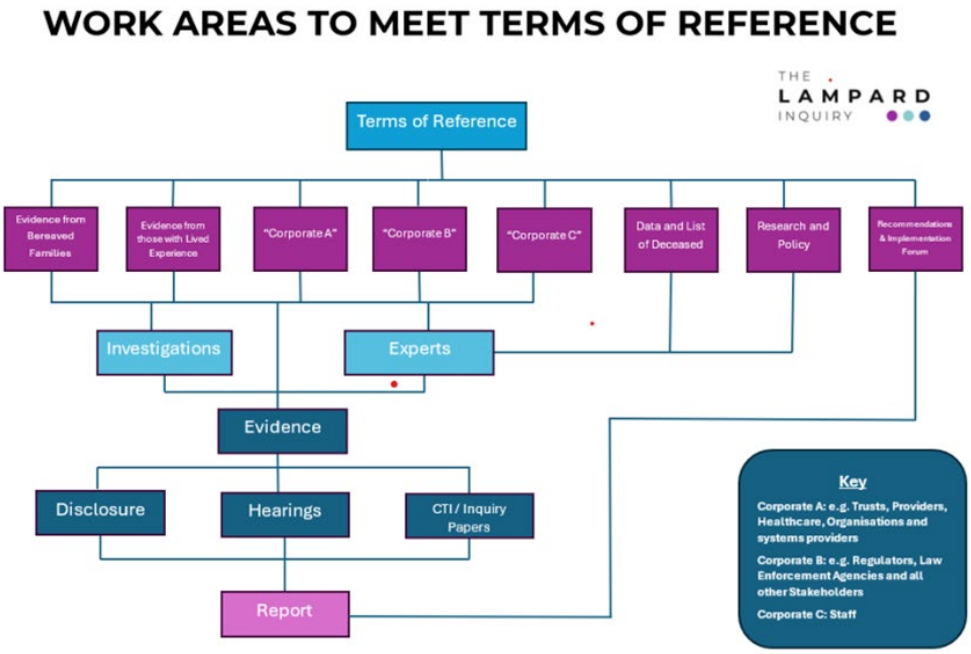
The Chair considered all suggestions and submissions received in relation to the draft investigative strategy, which has now been finalised as the Inquiry's Statement of Approach – Investigating Illustrative Cases.

The Inquiry will take the approach to investigating cases in 'clusters', rather than considered chronologically. However, a chronical review of issues in each cluster will still take place, with a particular focus on what changes have been made to better provision of mental health care, and what impact the change has had.

The clusters for cases are subheadings within Thematic Issues and Illustrative Cases Blocks 1 – 4 of the hearings. This list will be kept under review by the Inquiry, a full overview for each cluster is detailed in the investigative strategy.

More information regarding the investigative approach can be found on the Inquiries website or by following this link: [Statement of Approach - Investigating Illustrative Cases - The Lampard Inquiry - investigating mental health deaths in Essex]

The Inquiry has also provided a diagram setting out how its current work areas are operating together to meet the Inquiry Terms of Reference:



2.3 Public Hearings

In October 2025 and February 2026, the Inquiry heard evidence from bereaved families.

The Inquiry held pre-recorded evidence sessions between 20th April 2026 and 7th May 2026 to hear evidence from a number of bereaved families who have provided written statements to the Inquiry. These sessions have not yet been made public but will be available on the Inquiries website in due course.

On 24th April 2026, the Inquiry confirmed that the July hearings would be refocused on 'urgent emerging matters' identified in evidence. The July 2026 hearings will now focus on:

- Observations and Use of Technology;
- Resuscitation;
- Further Evidence from bereaved families;
- Core Participant Submissions; and
- EPUT Engagement and Compliance Issues.

The Chair has confirmed she is prepared to make interim recommendations on observations and the use of technology, and resuscitation. Should any recommendations be made, the ICBs project team will be a position to ensure the ICBs respond and engage with the Inquiry.

Hearing recordings are available online: The Lampard Inquiry - investigating mental health deaths in Essex

2.4 Inquiry Rule9 Requests for Information

Since the last Board update the ICBs have received 3 further Rule 9 requests from the Inquiry, the first in December 2025 and more recently in May and June 2026. The ICBs have received five Rule 9 requests to date which vary in content and the numbers of questions raised.

A 'Rule 9 request' is a written request for information, including witness statements in response to specific questions, and/or relevant documents. This is made under Rule 9 of the Inquiry Rules 2006 and sets out exactly what information the Inquiry is requesting, as well as a deadline for the request.

The December 2025 Rule 9(2) request related to previous requests made to the ICBs, as well as additional requests for further information. Following ongoing discussions with the Inquiry, a final draft statement was submitted to the Inquiry on 13th March 2026, as well as a significant number of appendices and exhibited documents.

The May 2026 Rule 9(3) request relates to the ICBs involvement in a provider led investigation. The ICBs project team are in the process of gathering the information to respond to the Inquiry by 16th June 2026.

The June 2026 Rule 9(2a) request relates to the December 2025 Rule9(2), submitted in March 2026, and requests further clarification as well as additional commissioning specific questions to support the Inquiries scope and investigative approach. A response to the Inquiry is being prepared with a due date of 30th June 2026.

2.5 Updated ICB Programme

Following the ICB changes in April 2026, the project team completed a governance review to refocus the ICBs programme of work and objectives for 26/27. The project team will meet with key ICB individuals on a monthly basis from May 2026 to provide updates on the Inquiry work and what may be required going forward.

The review has also identified 3 primary objectives for the project team to lead, alongside responding to the Inquiry accurately, without delay, and in line with parameters set by the Inquiry:

1. Supporting the Inquiry and providers with current safeguarding and quality concerns raised via the Inquiry.
2. Supporting individuals impacted by the Inquiry.
3. Learning from the Inquiry through formal recommendations and internally identified learning.

As part of the programme, NHS Essex ICB will review historic documentation related to mental health and other programmes such as the Mental Health Task Force, which was set up collaboratively between the 7 Essex CCGs in 2020. This review aims to assess all recommendations and learning, which will then be revisited to ensure implementation is built into the work plan of the ICBs if not already done so.

ICB Boards will continue to receive 6 monthly progress reports with any areas of immediate concern escalated to Executive Officers for their consideration and oversight.

3 Findings/Conclusion

The three newly formed ICBs continue to work collaboratively to support the work of The Lampard Inquiry. Robust programme arrangements are in place including senior leadership oversight and assurance.

4 Recommendation(s)

The Board is asked to note the content of this report and arrangements for continued support to The Lampard Inquiry undertakings.

5 Appendices

No appendices for this paper.

NHS
Central East
Integrated Care Board

Report to the:	Board of the NHS Central East Integrated Care Board Meeting in Public
Date of meeting:	26 June 2026
Item 8	Priority Programme: Delivery Updates
Executive Lead:	Karen Barker, Executive Director Corporate Affairs
Report Author:	Dominic Woodward-Lebihan, Chief of Staff and Deputy Director, ICB Delivery Unit
Reason for the report to the Board:	The Board requires oversight of delivery of the ICB's highest priority programmes, led by the new ICB Delivery Unit
Recommendation/s:	The Board is asked to: - **Note** the development of the ICB's Priority Programmes, including SROs, Programme Aims and Priority Measures; - **Note the** status of each on the Central East Commissioning Lifecycle.

1.0 Executive Summary

At its first meeting in April, the ICB Board approved 'Our Way ' – the strategy for the new Central East ICB. At the heart of this strategy are 5 Starter Programmes and 4 Commissioning Provider Collaborative Programmes. The status of each of these is set out in the summary attached, with a focus on where each currently sits on the Central East Commissioning Lifecycle – an integral part of Our Way.

2.0 Key Implications

In Central East, we have committed to doing more of what does at value, and less of what does not. In support of this, at each ICB Board Meeting, the ICB's new Delivery Unit will summarise for the Board the latest with delivery of each of the ICB's priority programmes. These will become more comprehensive & evidence based in the short term, and ever more rooted in resident feedback/impact, whilst the initial update presented today focusses on programme set up, direction and proposed measures of success.

2.1 Financial implications – No *direct* financial implications

2.2 Equality and / or health inequalities implications – These important considerations are reflected in the focus of individual programmes, and in Our Way.

2.3 Engagement – The paper articulates where possible where and how resident involvement is being baked into each programme, both in terms of pathway/service design, and evaluation

2.4 Green Plan commitments - None

2.5 Risk – As Programmes become better developed, the Board will receive integrated reporting reflecting both delivery progress and the ICB's emerging approach to risk, as per the recent workshop with ICB NEMs.

3.0 Report

3. Presented in Annex A is short summary of each Priority Programme, reflecting the current status of each of the below
   a) Central Focus;
   b) Stage of Product Development Lifecycle, as per Our Way;
   c) Improve; Codify; or Scale;
   d) Project Aim;
   e) Priority Measures (in development);
   f) Resident Involvement to date (where possible).

   As we move forward quickly with delivery, we are keen to ensure programme updates from the Delivery Unit are presented alongside the corresponding analysis, some of which is included within this material, whilst elsewhere is presented in the private part of today's meeting.

   There is no update presented here on Dermatology, which is subject to its own discussion in today's ICB Board meeting.

4.0 Next Steps

4.1 The ICB's Delivery Unit will respond to feedback from the ICB Board in when and how assurance is provided on the ICB's Priority Programmes. Whilst the Q1 stocktake focuses on initial programme set up, the Q2 stocktake is expected to present more of the underlying data driving decision making for each.

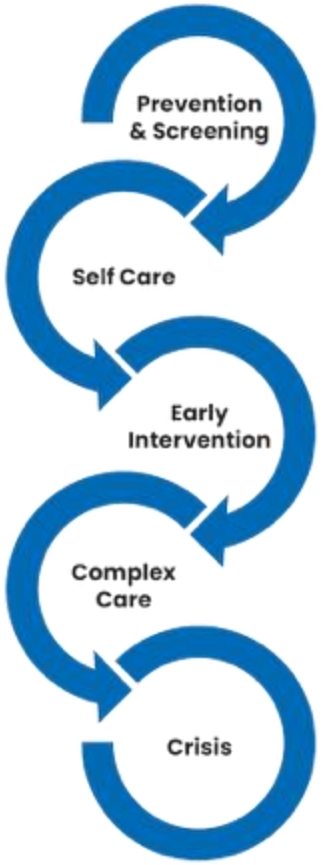
List of appendices
Appendix A – *ICB Q1 Priority Programme Stocktake: Programme Set Up*

Our Way: *Priority Programme Stocktake*

Q1 Stocktake: Programme Set Up
June 2026
Please note: Initial data analysis, whilst in many cases still being validated & confirmed, is presented in the private section of today's meeting

In summary

Care Delivery Model



Provides a blueprint for standardised care stages and interventions across all pathways to improve efficiency.

Managed Care Delivery

Data sharing
Enable timely safe access to information across organisations and settings

Population segmentation & stratification
Define population groups and identify those most likely to benefit from tailored interventions

Proactive outreach
Shift from reactive care to planned anticipatory care and engagement

AI enabled triage
Direct people to the right care at the right time reducing unnecessary demand

Care Co-ordination
Coordinate care seamlessly across services to ensure timely, integrated support for individuals

Managed care approach that leverages data and tools for population risk management and proactive coordination, reducing risk and improving patient satisfaction

Priority Starter Programmes

B1. Prevention and screening for cancer
Increase uptake consistently and timeliness of cancer prevention screening and early detection

B2. Self care for MSK
Roll out the use of AI self care technology for MSK pathways to increase attendance at work

B3. Utilisation risk management in cardiology
Reduce avoidable utilisation and escalation by identifying people at risk earlier and intervening proactively

B4. Care coordination for advanced illness
Provide coordinated person-centred care for people with advanced illness through managed care approach

B5. Acute care pathway for mental illness
Improve outcomes and experience for people with severe mental illness by ensuring rapid access to the right care first time

Launch starter programmes to build best-practice care stages using improvement methodology, creating a foundation that will expand as we learn

Commissioning Provider Collab Models

C1. Dermatology pathway
Recommission dermatology services using an already designed pathway to simplify access and reduce unnecessary demand

C2. Diabetes pathway
Recommissioning the diabetes pathway using existing proven specification developed in one place scaling it system wide

C3. Neurodiversity
Commence the product development cycle.

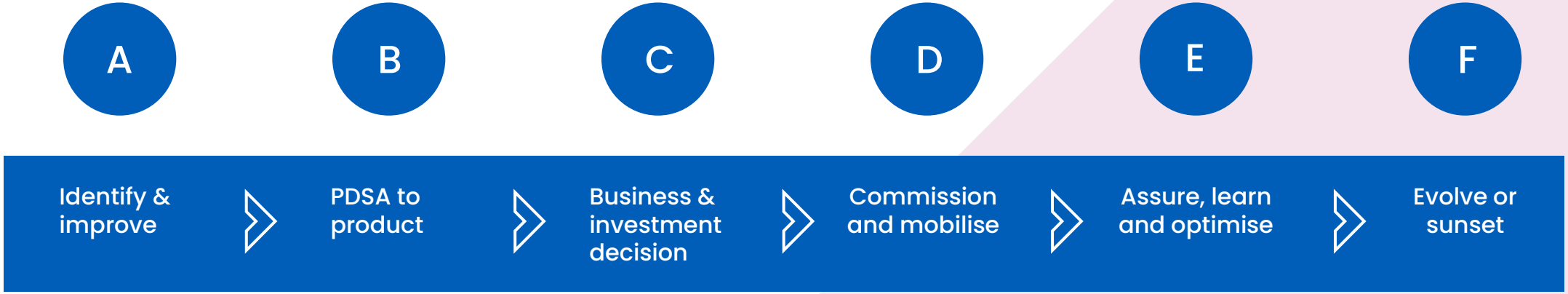
C4. NHTs
Commence the product development cycle for neighbourhood health teams and delivery services

Build a commercial and contracting framework to drive provider collaboration, standardisation, and market-led efficiency

End-to-end lifecycle

To ensure our strategy is delivered consistently and at pace, we'll implement a single, end-to-end lifecycle that brings together the commissioning cycle, continuous improvement, and service development.

This Pack sets out where each programme is on the Lifecycle, its focus, and, where available, its measures and the extent of resident involvement in programme design.



Priority Starter Programmes

B1. Prevention & Screening for Cancer	B2. Self Care for MSK	B3. Utilisation Risk Management in Cardiology	B4. Care Coordination for Advanced Illness	B5. Acute Care Pathway for Mental Health
• **Focus**: Identify & Treat Colorectal Cancer Earlier • **Product Lifecycle:** A (identify & improve) • **Improve, Codify, Scale:** Improve • **SRO:** Louis Kamfer	• **Focus:** Improve Self Care for Lower Back Pain • **Product Lifecycle:** B (PDSA to Product) • **Improve, Codify, Scale:** Codify • **SRO:** Louis Kamfer	• **Focus:** Reduce emergency presentations for heart failure • **Product Lifecycle:** A (identify & improve) • **Improve, Codify, Scale:** Improve • **SRO:** Fiona Head	• **Focus:** Improved Care Coordination • **Product Lifecycle:** B (PDSA to Product) • **Improve, Codify, Scale:** Codify • **SRO:** Sarah Stanley	• **Focus:** Crisis Care • **Product Lifecycle:** A (identify & improve) • **Improve, Codify, Scale:** Improve • **SRO:** TBC • *Programme update to follow; not included here*

B1. Prevention & Screening for Cancer

SRO	Louise Kamfer
Central Focus	Identify & Treat Colorectal Cancer Earlier
Stage of Product Lifecycle	**A (identify & improve)**
Improve, Codify, Scale	**Improve**
Project Aim	'To improve bowel cancer outcomes and reduce variation (inequalities)'. **SMART Objective to be defined.**

Measures (tbc)	**To be confirmed. Potential measures include:**
	• Stage at Diagnosis:
	  ○ Meet ICB agreed % improvement shift from baseline, evidence of stage shift from stage 3&4 to 1&2.
	  ○ Meet the Cancer Alliance planning target of +1.5%pt increase - Baseline: 62.5% | March-27 target: 64.0%
	• Bowel screening uptake – meet agreed % improvement shift from baseline.
	• Staging Data Completeness - % improvement (beyond the 80% standard).

Resident Involvement	An evaluation of FLOK (MSK Self-management tool in C&P Service) demonstrated >80% patients reported it to be equivalent to or better than face-to-face human care and helped them manage pain and or felt improvement.

B2. Self Care for MSK

SRO	Louis Kamfer
Central Focus	Improve Self Care for Lower Back Pain
Stage of Product Lifecycle	**B (PDSA to Product)**
Improve, Codify, Scale ***[If Codify, please contact Dom to discuss Case Study]***	**Codify**
Project Aim:	Broad aim is to reduce the time residents are waiting to access MSK treatment. **SMART Objective to be defined**.
Measures (tbc)	• **Outcome measures:** Number of days between referral and treatment commenced (virtually via App and 1st clinical interaction). • **Process measures**: Percentage of referrals received that are triaged solely using AI tool, Percentage of referrals received triaged as clinically appropriate to receive treatment virtually via an app, Percentage of patients that are offered treatment virtually via an app that commence treatment via this method, Percentage of patients that commence treatment virtually via an app whose treatment is fully completed via this method. • **Balancing measures:** Percentage of first interactions via the app that result in patient being re-routed to in-person treatment pathway, Rate of re-referrals into service

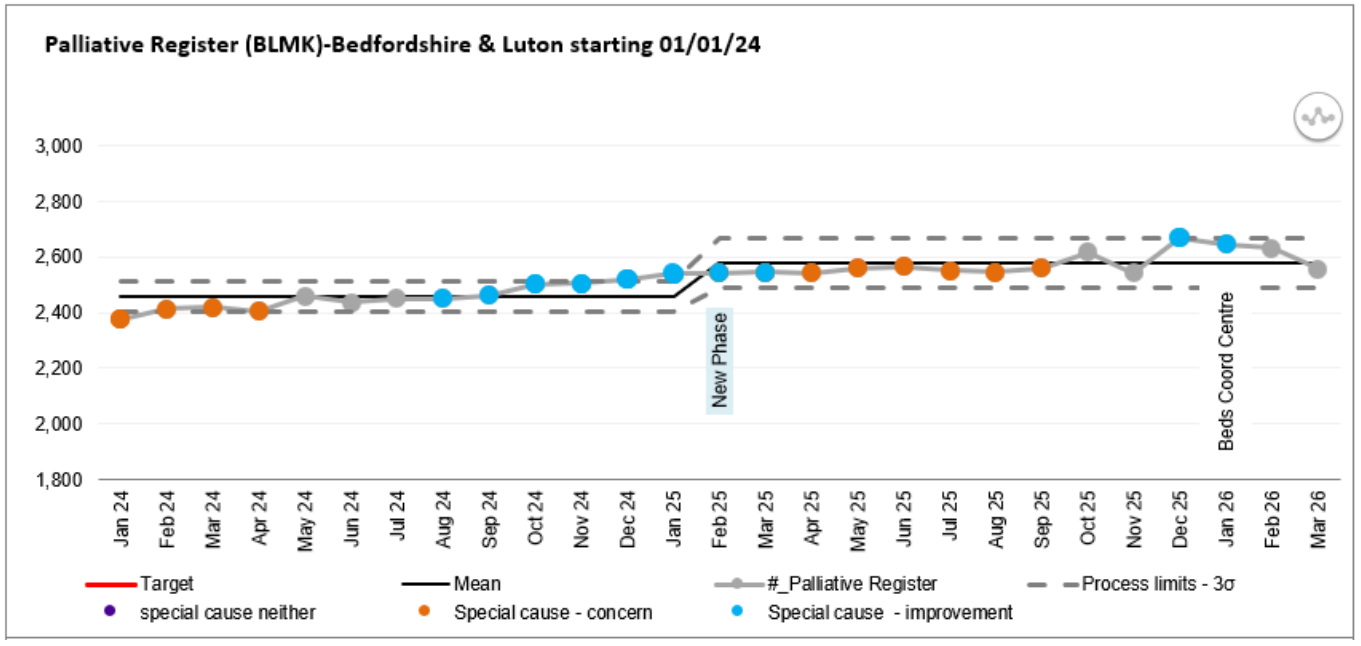
B3. Utilisation Risk Management in Cardiology

SRO	Fiona Head
Central Focus	Reducing avoidable utilisation of health services in cardiology by identifying high risk people and intervening proactively
Stage of Product Lifecycle	**A (identify & improve)**
Improve, Codify, Scale	**Improve**
Project Aim:	Reduce emergency presentations for heart failure by 10% for those patients in segment 3, [segment 3 classified as per Delphi model] by July 2027.
Measures (tbc)	**To be confirmed. Potential measures include:** : • Number of urgent HF contacts per month in the high-risk cohort (covers A&E, emergency admissions, ambulance call-outs and same-day urgent care) • Repeat urgent contacts within 30 days (%) • Hospital bed-days used by the HF cohort each month • Average length of stay when admitted • Urgent care cost per high-risk patient (£ per quarter or monthly)

B4: Care Coordination for Advanced Illness

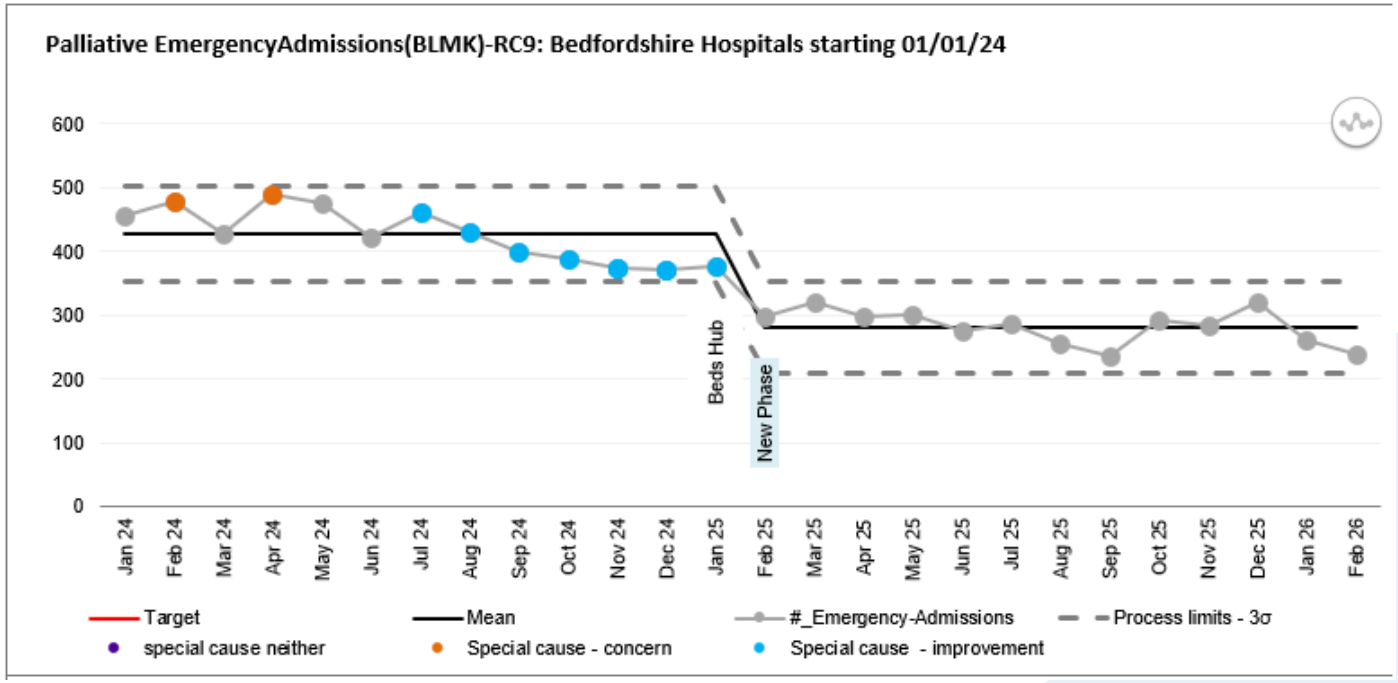
SRO	Sarah Stanley
Project Go Live Date	April 2025
Central Focus	Improve Care Coordination for Advanced Illness
Stage of Product Lifecycle	**B – PDSA to product**
Improve, Codify, Scale	**Codify**– Case Study here
Project Aim:	To establish a coordinated, system-wide model for advanced illness across Central East, centred on care coordination hubs that provide a single point of access, improve early identification, and deliver personalised care aligned to patient preferences.
Measures	• Increase in number of patients identified in their last year of life and added to proactive care registers – • Uptake of advance care planning across coordination centre contacts • Reduction in unplanned hospital admissions and bed days • Improvement in patient and family experience of coordinated care
Programme Team	Internal (ICB / Programme) • Central transformation support (programme support, TQM, QI, data, digital, commissioning, finance) driving pace and consistency • Clinical lead, with strong system leadership across pathways and places • Clear delivery structure (Programme Board, clinical and delivery groups) External (System Partners) • System-wide, multi-agency partners across NHS providers, hospices, local authority and VCSE • Delivered through integrated coordination and multidisciplinary teams across neighbourhood settings
Resident involvement	There is an established patient forum and wider engagement approach, providing a space for projects and initiatives to be shared and informed by resident feedback.

Resident case study or feedback
Following a complex hospital admission, rapid coordination through a single point of access enabled timely mobilisation of community nursing, equipment and care at home. The family described the support as “nothing short of amazing”, highlighting the reassurance, clear communication and compassion shown during a highly distressing time, and the difference this made in avoiding further hospital admissions.



Palliative Register (Bedfordshire & Luton, Jan 2024 – Mar 2026, Primary Care Data)

The number of patients on the register increased overall, rising from 2,376 in January 2024 to a peak of 2,670 in December 2025 (upward trend).From mid-2025, there is a clear step up, with most months between 2,540 and 2,670 (shift to a higher level). In early 2026, numbers dip slightly to 2,557 in March (normal variation), but remain well above earlier levels. Overall, the register is around 180–300 patients higher than at the start of the period.



Palliative emergency admissions (Bedfordshire Hospitals)

Emergency admissions dropped from around 450–490 per month in early 2024 to a lower level of around 240–320 by mid-2025 (sustained improvement).
From early 2026 (January–March), numbers have increased slightly, but remain within the normal range for this level (normal variation), and may reflect wider pressures across the system.

NB: *Analysis to date is based on Primary Care data only. With the introduction of the Bedfordshire Palliative Hub, GP and Hospice data can now be combined, enabling a more complete system view.*

Provider Collaborative Priorities: Where are we?

C1. Dermatology

- **Focus**: Simplify & Improve Pathway
- **Product Lifecycle:** C (£ decision)
- **Improve, Codify, Scale:** Codify
- **SRO:** Elizabeth Disney
- **Next Step:** *Not included; separate Board item today*

C2. Diabetes

- **Focus:** Simplify & Improve Pathway
- **Product Lifecycle:** A (Identify and Improve)
- **Improve, Codify, Scale**: Codify
- **SRO:** Sarah Stanley

C3. Neurodiversity

- **Focus:** Demand Management & Build Future Model
- **Product Lifecycle:** B (PDSA to Product)
- **Improve, Codify, Scale:** Improve
- **SRO:** Elizabeth Disney

C4. NHTs

- **Focus:** Establish a NHT in every neighbourhood, prioritising people with frailty as the initial cohort
- **Product Lifecycle:** B (PDSA to Product)
- **Improve, Codify, Scale:** Improve
- **SRO:** Maria Wogan

C2: Diabetes

SRO	Sarah Stanley
Central Focus	Simplify & Improve Pathway
Stage of Product Lifecycle	**A (Identify and Improve)**
Improve, Codify, Scale	**Codify.** Reviewing known models across Central East to identify best practice and codify into one, scalable model
Project Aim:	Redesign and recommission the diabetes care model across Central East on a whole-pathway basis, contracting with lead providers accountable for end-to-end delivery to reduce high levels of activity, variation, and avoidable secondary care utilisation.
Measures (tbc)	In development
Programme Team	Internal (ICB / Programme) Quality Planning, Commissioning, Contracts, Strategic Values Unit, Population Health, clinical SMEs, Medicines Utilisation External (System Partners) System-wide, multi-agency partners across NHS providers, local authority and VCSE – e.g. primary care, acute diabetic/endocrinology services, Diabetes UK, Public Health GIRFT providing best practice, evidence-based guidance
Resident involvement	Diabetes UK supporting. User & clinical stakeholder engagement workshop – details tbc, ?Aug 26

C3: Neurodiversity

SRO	Elizabeth Disney
Central Focus	Recovery Programme: Focus on control of demand, activity and spend through access and contract controls. Future Model: Develop a consistent all age needs led ND service model.
Stage of Product Lifecycle	**B (PDSA to Product).** Recovery activity establishing control. Future model defining service for progression. Movement to Stage C dependent on creation of a defined and evidenced service model.
Improve, Codify, Scale	**Improve**. Recovery actions are stabilising the position and generating learning. Future model work will codify this into a defined service model ready for commissioning at scale.
Project Aim:	Recovery programme to stabilise demand, activity and spend through immediate actions including IAPs, access control and contract enforcement. In parallel, define a consistent ND service model and delivery route to progress from PDSA to a codified product.
Measures (tbc)	Recovery: % of ND activity delivered within CE contracts and CE set IAPs, % of ND spend subject to invoice validation and reconciliation within the agreed financial envelope, and % of providers submitting complete monthly activity data within agreed timelines. Future model: Net change in ND waiting list size and reduction in longest waits, increase in number of referrals diverted from diagnostic assessment with alternative support in place, and monitoring of clinical safety incidents and re-entry rates following diversion to ensure safe and equitable delivery.

C4: NHTs

SRO	Maria Wogan
Central Focus	Establish a NHT in every neighbourhood, prioritising people with frailty as the initial cohort
Stage of Product Lifecycle	**Overall B (PDSA to Product)**
Improve, Codify, Scale	**Improve** – for Frailty services across Central East, working towards an Integrated Frailty Services model Codify & Scale – for the presence of early adopter NHT ways of working across PCNs and Neighbourhoods
Project Aim:	Rstablish a Neighbourhood Health Team in every neighbourhood, applying a Quality Improvement (QI) approach, prioritising people with frailty as the initial cohort to test and refine the model during 2026/27, to commission Neighbourhood Health Teams from April 2027
Measures (tbc)	Draft for now based on C4 Plan-On-A-Page: Leading Outcome - Number of non-elective admissions for people aged 65 and over (per 100,000 population) Leading Outcome - Average number of days from Discharge Ready Date (DRD) to discharge Leading Outcome - Number of adults aged 65 and over whose long-term support needs are met by admission to residential care homes and nursing homes during the year (per 100,000 population) Leading Outcome - Proportion of people aged 65 and over who were discharged from hospital into reablement and who remained in the community in the 12 weeks following discharge Outcome - 20% increase in PROMS/PREMS for frailty cohort Outcome - 20% increase in people's activation (confidence/skills/knowledge) to manage their LTCs for frailty cohort Outcome - 10% improvement in staff experience (national metric) Process - % of high-risk frail individuals with completed shared care plan Process - % completion of frailty NHT meetings with core partners present Balancing - Staff workload / NHT capacity (e.g., NHT preparation time per case) to ensure reforms do not overload teams Balancing - Timeliness of discharge follow up to ensure community demand created by shifting activity remains manageable
Programme Team	Internal (ICB / Programme) • Neighbourhood Health, Places and Partnerships, Quality Planning, Commissioning, Contracts, Strategic Values Unit, Population Health, clinical SMEs, Medicines Utilisation, digital transformation • Clinical leadership (to be recruited): A 0.5WTE Neighbourhood Health Clinical Lead for each NHPP Footprint and one 1.0WTE Frailty Clinical Lead across Central East ICB all appointed and in post External (System Partners) • System-wide, multi-agency partners across NHS providers, local authority and VCSE – e.g. primary care, acute geriatric services, UEC providers, Age UK • GIRFT providing best practice, evidence-based guidance
Resident involvement	Neighbourhood health resident engagement is being undertaken through individual place-based public engagement events, led by both the ICB, Providers and Local Authorities, as well as Health Watch being an active participant on Neighbourhood Delivery Committees and sub-groups of the committees.

NHS
Central East
Integrated Care Board

Date of Meeting: Friday 26 June 2026

Report Author: Vitor Ferreira, Chair of Audit & Risk Committee

Report to the: Board in Public

Item: 9.1 **Committee Chair's Alert, Advise and Assure Report**

Committee: Audit & Risk Committee Friday 8 May 2026

Recommendation: The Board is asked to **note** the report.

Agenda items covered:
○ Terms of Reference ○ Annual Cycle of Business ○ Governance Report (incl Legacy & Handover Reports) ○ Risk Management ○ SBS Ledger Integration Project - Post Go-Live Update ○ External Audit – Verbal Progress Updates ○ H&WE ICB Mental Health Investment Standard (MHIS) Reports ○ Internal Audit – 2025/26 Reports ○ Counter Fraud – Final Annual 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 to report.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
SBS Ledger Integration Project - The Committee was informed that in preparation for 1 April NHSE merged the three legacy ICB's ledgers into one. As a consequence of this, issues arose which effected merged ledgers. For CEICB approx.5,800 invoices were affected by the following issues: ○ A number of invoices were transferred into the new ledger and had incorrectly been flagged as being approved when they had been pending the appropriate approval; leading to a risk that those invoices would proceed onto a payment run without having the necessary approvals in place. ○ Several invoices did not progress through any workflows and were inaccessible for staff to be able to progress through to payment. Effective use of CEICB controls meant the finance team were able to pause payment runs to prevent payments made without appropriate approval and the inaccessible invoices were quickly made visible and be processed through the system. There have been no losses or control failures within the ICB. However, resolving these issues has had a significant operational impact on the ICBs finance staff. NHSE and Shared Business Services (SBS) are continuing to provide support and are drafting reports which will be circulated to outline the incident and to provide assurance over next steps including the learning to ensure this does not reoccur. **Outstanding management actions from internal audit and counter fraud** - will go through a rationalisation process focusing on the ones that present the biggest risk to CEICB and reassign them to appropriate owners. This process will also help to inform the internal audit and counter fraud programmes and workplans for 2026/27; once providers have been commissioned. This rationalisation process will include the findings from the following H&WE ICB internal audits: ○ Contract Register for which the outcome was minimal assurance ○ Continuing Health Care for which the outcome was partial assurance.
ASSURE: Inform the Board where positive assurance has been received

Terms of Reference and Annual Cycle of Business - Following presentation and a robust discussion the Committee concluded that

- Some clarity is needed with some of the terms used to understand the responsibilities of the committee, in particular with internal control processes within the ICB and within the wider CE system.
- As there are further changes being made to ICBs; once these have been finalised the Committee will review the ToR again to ensure alignment.

Governance Report (incl Legacy & Handover Reports) - The Committee was informed that the Governance Report will be a standing agenda item for each A&RC meeting and will capture elements of corporate governance as and when appropriate. The report for this meeting provided the Committee with assurance/information regarding:

- The use of the CEICB Seal in line with the Governance Handbook.
- Progress made to establish new processes for the management of conflicts of interests.
- Progress made with the development of Annual Report and Accounts 2025/26 for the three legacy ICBs to ensure national timeline for submission is met.
- Information on special payments.
- Legacy and Handover Reports for each of the three legacy ICBs providing a summary position for each as handover to CEICB.

External Audit providers from each legacy ICB provided the Committee with a verbal update on progress made with their annual audits – no issues were raised. However, it was noted that there had been delays with each ICB producing their draft remuneration report. This section of the Annual Report has been far more challenging and complicated than in previous years due to the reorganisation taking place and the shared governance arrangements which were in place prior to 1 April 2026.

H&WE ICB Mental Health Investment Standard (MHIS) Reports - The ICB reported that it met the MHIS 2024/25 target. Review identified a £169,000 understatement. The outcome of the audit provided 'reasonable assurance. The Committee noted the 'Statement of Compliance' and the 'Letter of Representation' which the ICBs Chief Executive Officer (CEO) will be asked to approve. The Committee was informed that BLMK ICB MHIS was reported outside of the Committee and signed off by the ICBs CEO and C&P ICB is in the process of being finalised and will be reported outside of the Committee for sign off by the ICBs CEO.

C&P ICB Internal Audit - The Draft Annual Report provided the Draft Head of Internal Audit Opinion (HoIAO) following completion of the Audit Plan for 2025/26. The Progress Report provides the outcome of the three final audits for 2025/26:

- Risk Management - outcome, reasonable assurance with some improvements required.
- Continuing Health Care - outcome, reasonable assurance with areas for improvement
- Cyber Assessment Framework review – confidence level medium with twelve medium and two low actions.

H&WE ICB Internal Audit - The Draft Annual Report provided the Draft Head of Internal Audit Opinion (HoIAO) following completion of the Audit Plan for 2025/26. The Progress Report provides the outcome of the four final audits for 2025/26:

- Contract Register – outcome, minimal assurance due to incomplete contract registers, instances of fragmented data management within the system, weak procurement pipeline controls and limited visibility of contracts.
- Risk Management - outcome, reasonable assurance with some good controls in place. Gaps were identified which CEICB may may want to consider when developing the ICB's risk management assurance processes and BAF.
- Continuing Health Care - outcome, partial assurance. This audit was following work carried out in 2024/25 for which limited progress has been made with addressing the issues raised.
- Cyber Assessment Framework review – confidence level high.

Note: There were no Internal Audit reports from BLMK ICBs internal auditors as they completed the plan for 2025/26 and presented their Final HoIAO at the 20.3.26 meeting.
RISK: Advise the Board which risks were discussed and any new risks identified
Risk Management Report - The report provided an update on the continued development of the CEICB's risk management arrangements and outlined the progress made towards establishing a robust, NHS England aligned risk management framework to support board assurance. The Committee was informed that next steps includes holding a joint executive and NEM risk session to explore the BAF further and that the executive team will draft a risk appetite position paper for discussion with NEMs. The Committee was also informed that the Chief of Staff and Deputy Director of Delivery is in the process of establishing a 'Delivery Unit' through which the ICBs risk management processes and systems will weave through. **Counter Fraud (CF) –** The Committee was provided with final Annual Reports from the CF provider for each legacy ICB. In BLMK one case remains open for which witness statements have been taken from relevant individuals and supporting documentation obtained. The appointed counter fraud provider for CEICB will need to decide if the case should be taken forward or not. BDO will hand the case over to the new provider if and when appropriate. Each ICBs Functional Standards Return will be appropriately signed off for submission by the relevant Audit Chair and submitted through the portal by the national deadline.
CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding
The Committee noted the hard work of the Finance Team in addressing the issues noted above and congratulated them on the effective use of controls which meant they were able to control and address the SBS Ledger Integration Project issues noted above.
Forward plan issues:
None to report.
Date and time of next meeting:
Friday 16 June 2026 for consideration to recommend the Annual Report and Accounts 2025/26 for each legacy ICB to the Board for approval.

NHS
Central East
Integrated Care Board

Date of Meeting: Friday, 26 June 2026

Report Author: Dorothy Gregson, Non-Executive Chair, Finance Planning & Payer Function Committee (FPPFC) Meeting

Report to the: Board in Public

Item: 9.2 – **Chair's Alert, Advise and Assure Report**

Committee: Finance Planning & Payer Function Committee (FPPFC),15 May 2026

Recommendation: The Board is asked to **note** the report.

Agenda items covered:
Governance • Legacy and Handover Report • Board Assurance Framework Update Planning • Update on progress and timeline for Our Way Commissioning Provider Collaboration models – dermatology, diabetes, neurodiversity. • 2026/27 Capital Plan Contracting • Contracting and Procurement Update • Tier 3 – Commissioning and Contracting Programme Board • Orthodontic Contract Awards • 2026/27 Contract Management Approach Finance • Month 12 ICB and ICS Finance Reports for Bedford, Luton and Milton Keynes; Cambridgeshire and Peterborough and Herts and West Essex. • 2026/27 Financial Risks and Work Programmes Update Other • Hertfordshire and West Essex Area Prescribing Committee (HWE APC) Report of meeting held 26/03/26.
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 to report
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
2026/27 Capital Plan Update – There were three sources of capital budgets directly available to ICBs for the next four years; namely Primary Care Utilisation and Modernisation Funding (UMF); ICB Strategic Capital Budget; and the Business As Usual (BAU) budget. The ICB was required to submit a four-year capital plan in February 2026, setting out how the ICB intends to spend UMF funding and the new Strategic Capital allocation. The Committee received an update on the approach taken to the capital planning submissions in February, the work undertaken since submission and the next steps in developing our strategic population insights to inform the capital work programme.

The Committee **noted** the limitations in current prioritisation and planning arrangements while work to develop and implement the data driven approach to future prioritisation that was continuing to be developed. The significant ongoing work programme across the Estates team, including the response required to the recently published Neighbourhood Health Centre guidance and transfer of assets requirement was also **noted**

In discussing the report, the observation was made that it would be important in future reporting to make the distinction between publicly owned and privately owned estate.

The Committee **agreed** quarterly updates on capital will be brought to the Committee. In addition, given the close links between Management Executive Committee, FPCCF and the Board – the need to refine how capital decisions will be taken to avoid duplication of debate in the different forums was noted

Update on Progress and Timeline for the 'Our Way' Commissioning Provider Collaboration Models – Dermatology, Diabetes and Neurodiversity - The NHS Central East ICB's commissioning strategy is outlined in Our Way: Strategy to Delivery(Our Way). Our Way outlines a number of starter programmes which will be fundamental to the ICB's delivery roadmap. For this meeting, the Committee received a specific update on the progress and outline timeframe for three of the Commissioning and Provider Collaboration Models: namely:
C1 Dermatology Pathway
C2 Diabetes Pathway
C3 Neurodiversity

The observation was made that it will be important for FPPFC to have visibility of the commissioning approach to these programmes -– to enable to committee to discharge its role to provide assurance to the Board regarding the development of its strategic commissioning capability.

The Committee also made the wider observation around the importance of adopting 'Our Way' terminology in all reports and ensuring there was consistency in this.

The Committee **noted** the report for information.

2026/27 Contract Management Approach – The Committee received a paper outlining the work being progressed to secure a strengthened, system-wide approach to contract management, governance and reporting across NHS Central East ICB, establishing a consistent framework aligned to the organisation's role as a strategic commissioner and improving oversight of provider performance against contractual requirements.

The Committee received and **noted** a **contract and procurement update report** which provided a high-level overview and assurance of the current procurement and contracting landscape. The paper focused on contract and procurement status, key risks, and any emerging issues.

In the future, in support of the strengthened contract management approach, a new contract reporting framework will provide a single version of the truth, enabling timely, transparent and decision-ready information across all levels of the organisation. The first iteration of this new reporting approach would be presented at the Committee's July 2027 meeting.

The establishment of a tier 3 Commissioning and Contracting Board was also discussed and noted under this item for which the Terms of Reference were also received and **approved**

A general observation made, regarding the benefit of future reporting to FPPFC to be suitably aligned with the Committee's Terms of Reference, with future papers making overt reference to the pertinent section of the ToR. This approach would also help to distinguish the respective roles of the Management Executive Committee, which will make many of commissioning decisions, and FPPFC's role to provide assurance to the Board on overall financial sustainability and that value-

based commissioning aligned with population health needs. Assessing the correct the levels of assurance required by the Committee, risk appetite and how best to measure/monitor this would be discussed at subsequent meetings.

ASSURE: Inform the Board where positive assurance has been received

Legacy Report – The Committee received and **noted** hand-over paper from the Cambridgeshire and Peterborough ICB and NHS Bedfordshire, Luton & Milton Keynes ICB – Finance, Planning and Payer Function Joint Committee meeting in-Common with NHS Hertfordshire and West Essex ICB - which operated during the transition period leading up to the establishment of Central East ICB. The existing Committee will absorb any outstanding actions or matters.

Orthodontic Contract Awards – The Committee **noted** contract award decisions for 19 Orthodontic Contracts where assurance has been provided across both basic and key criteria under the Provider Selection Regime, Direct Award Process C (PSR DAP-C) all of which had previously been recommended by Herts West Essex ICB Primary Care Commissioning Committee. Of these contracts,12 contracts already been approved by this Committee with two contracts approved by ICB Board. The Committee now **approved** three contracts whose lifetime values fell below £10m. The outstanding two contracts, whose lifetime value exceeded £10m were subsequently **approved** post meeting under the Committee's revised scheme of delegation.

Month 12 Finance Reports – The Committee received and **noted** the financial position for each legacy ICB (NHS Bedford, Milton Keyes and Luton ICB; NHS Cambridgeshire and Peterborough ICB; and Herts and West Essex ICB) and the respective Integrated Care Systems (ICSs) at Month 12. The Committee was pleased to note that each ICB and system was reporting an end of year break-even or surplus position.

Hertfordshire and West Essex (HWE) Area Prescribing Committee Update. The Committee received and **approved** the recommendations of HWE Area prescribing Committee (APC) on mandatory NICE Technology Appraisal (TA) treatments and highlighted cost impact made at its meeting on 26 March 2026. The Committee also **approved** the APC recommendations for the treatments not included in the National Institute for Health and Care Excellence (NICE) work programme and the highlighted cost impacts and savings.

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

Board Assurance Framework – The Committee received a verbal update on the development of the ICB's risk framework. The process, being overseen by the Executive Management Team and work was ongoing to:

- define and link strategic risks to the 'Our Way' priorities
- Looking at options for capturing risks related to statutory responsibilities within the corporate risk register
- Confirm the risk categories that will help to establish our risk appetite, thresholds, and escalation triggers
- Work with delivery teams to develop effective dashboards and measures to monitor organisational risk

2026/27 Financial Risks and Work programmes Update – The Committee discussed an overview of the main financial risks facing the ICB in 2026/27, the programmes of work underway to manage these risks proactively and the proposed approach to future Committee finance updates. The report also outlined the risks that had been identified so far, reflecting on the similar themes in 2025/26 and described a strengthened approach to financial risk management to be implemented to improve oversight and delivery, going forward. The key areas of financial that were highlighted included:

- Neurodiversity assessment demand and associated pathways
- Continuing Health Care (CHC) demand and complexity
- Independent sector acute contracts.

The paper outlined the programmes of work established to address these areas – which would be progressed with executive level oversight and focus on delivery. The Committee was assured to note a full financial update to cover the latest financial position, assessment of risks and data / analysis to support confidence in delivery would be provided at each subsequent Committee. The Committee has asked that a more in-depth paper concerning Independent Sector Providers (ISP) - which clearly articulates related risks and what the early indicators on these might be - is prepared for its next meeting.
CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding
- The positive work, completed in challenging circumstances, to secure a balanced financial position at Year End for the three legacy ICBs and the respective systems was highlighted.
Forward plan issues:
Work is being progressed with the Executive Leads and Chair to develop and populate the Committee's 2026/27 Forward Plan.
Date and time of next meeting:
Friday, 17 July 2026 at 13:00

List of appendices

Nil

Background reading

Nil

NHS
Central East
Integrated Care Board

Date of Meeting: Friday, 26 June 2026

Report Author: Sarah Hughes Non-Executive Chair, Utilisation Management & Quality Improvement Committee (UMQIC)

Report to the: Board in Public

Item: 9.3 – **Chair's Alert, Advise and Assure Report**

Committee: Utilisation Management & Quality Improvement Committee (UMQIC), 22 May 2026

Recommendation: The Board is asked to **note** the report.

Agenda items covered:

Quality Assurance
- Priority Metrics: Baseline Data
- Central East Clinical Advisory and Population Risk Highlight Report
- Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) – Section 29A notice issued by CQC

Quality Improvement
- Paediatric Audiology Programme Update
- Clinical Policies Alignment Update
- Patient Group Directions
- HWE Quality Strategy Overview

Quality Planning
- Our Way Delivery Unit: Priority Programme Update

Development
- Board Assurance Framework and Risk Management Development Update
- Using Population Health Management to Strengthen Utilisation Management and Quality Improvement

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 Programme Update – Further to past papers on this subject area, UMQIC received an overview of the Paediatric Audiology Programme. The programme plan sets out a phased delivery approach for the Paediatric Audiology Improvement Programme through to March 2027. The programme has been designed to restore, improve and sustain safe, high-quality paediatric hearing services across the region through a coordinated set of workstreams, governance arrangements, quality improvements and workforce initiatives. The programme will operate using National framework with regional delivery; cohort-based implementation; Risk-based prioritisation; clinical-led decision making and monthly programme monitoring and reporting.

Going forward, UMQIC highlighted the need to review and revise future reporting arrangements to clearly reflect provider responsibilities against the ICB's oversight requirements. The need for any procurement and contractual planning to be firmly embedded into the programmes timelines was also emphasised.

The Committee **noted** the update

Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) – Section 29A notice issued by Care Quality Commission (CQC) – UMQIC received and **noted** a summary paper that gave the background, context and current position around the Section *29A warning notice issued by the CQC in March 2026. The paper outlined the current arrangements in place and next steps to secure assurance of the Trust's improvement plans. It was reported that post the notice being issued, CPFT had established an internal

quality meeting which attended by the ICB Quality Assurance Team to prevent duplication of effort and provide assurance on improvement and shared learning across the organisation. Structured oversight arrangements had also been re-instated, including regular contract review meetings and executive to executive meetings. Weekly internal ICB oversight meetings to review the risks, mitigations and any required system support had also been put in place. The Committee and Board would be kept informed of progress.

**A Section 29A warning notice was a formal written notice issued by the Care Quality Commission (CQC) to an NHS trust or NHS foundation trust when the quality of healthcare requires significant improvement.*

Clinical Policies Alignment Update – The Committee received an update on the plan to align all remaining clinical policies, post transition from legacy ICBs to Central East ICB on 1 April 2026. Arising from this paper UMQIC noted the new governance structures and **approved** the Central East ICB Clinical Policies Group proposed Terms of Reference as presented. The Committee also **noted** the proposed timeframes and plan for clinical policy alignment; the proposed first batch of policies for alignment and **endorsed** the preferred approach to the prioritization of the remaining policies as follows

*(Approach 1) - Policies with very different commissioning positions can be scheduled for approval later in the alignment process to allow time for the greater level of policy development and engagement activities needed for these policies and minimise the reputational and financial risk associated with inadequate consideration of all factors and/or inadequate engagemen*t.

Patient Group Directions (PGDs) - A PGD s a written instruction that allows health care professionals specified within legislation to supply and/or administer a medicine directly to an individual with an identified clinical condition. PGDs must only be used if there is no other suitable legal mechanism for the administration or supply of the medicine such as by a prescriber or community pharmacy supply. They are designed to improve patient access to medicines if used appropriately. All PGDs must be authorized by an appropriate legal body before they can be used. Where providers are not legally able to authorize PGDs, the ICB is legally required to undertake the authorization on their behalf.

The ICB PGD Review Group reviewed during April 2026, eight PGDs, five for use within the British Pregnancy Advisory Service and three for use within the Milton Keynes Urgent Care Service and made recommendations on whether the ICB, as an appropriate legal body, should authorise the PGDs for use within these locally commissioned services. A report setting out the respective recommendations made by the PGD Group was received and **approved** by the Committee. These comprised approval of six PGDs and the non-approval of two PGDs. In addition, the Committee **supported** the proposed reduction in PGD usage and **agreed** to the Executive Clinical Director Utilisation Management (Medical Director) signing the PGDs on behalf of the ICB. UMQIC also reviewed and **noted** the inequality impact assessment (EQUIA) which had been expanded in the version of the PGD Policy seen by the committee. UMQIC also reviewed and **noted** the individual EQUIAs for each set of PGDs that were approved.

ASSURE: Inform the Board where positive assurance has been received

Priority Metrics: Baseline Data - Received report and presentation summarizing latest position and trend analysis for the nine indicators included in the ICB Our Way strategy. The Committee welcomed format and approach to presenting this level of data, recognizing that reporting remained at a developmental stage.

The Committee asked that further discussion be held between meetings with a view to developing a proposed approach for linking the outcome metrics strategic and corporate risks and to also explore the including the potential for utilising the metrics as early warning signals. This area will be revisited at subsequent meetings.

Central East Clinical Advisory and Population Risk Highlight Report – The Committee received a first iteration of an overview of key areas relating to Total Quality Management (Planning, Assurance and Improvement) as well as Utilisation Management. It was highlighted that as a result of ongoing recruitment, and new teams and functions being developed, the report remained under development. Future reports will include updates relating to infection prevention and control and safeguarding.

During discussion, the Committee identified the need to have a deep-dive session to better understand the ICB's role, responsibilities and accountabilities post 1 April 2026 compared to provider organisations. It would be beneficial for the Committee to be clear where the 'authority' begins and ended for the ICB. Development of a flow-chart to support future discussion was suggested.

UMQIC welcomed the report and the approach adopted The next iteration will be presented to the Committee's September 2026 meeting.

Herts and West Essex Quality Strategy Overview – Received and a set of slides which provided a summary of the significant delivery achieved against the 2023-2026 Hertfordshire and West Essex Quality Strategy. This comprised 125 programmes improving safety, experience and equity. UMQIC **noted** the achievements and impact of the 2023–2026 Quality Strategy together with the learning opportunities for the potential spread of successful work within the HWE strategy, where aligned with the new Central East ICB priorities.

Our Way Delivery Unit: Priority Programme Update – Received and noted a presentation on the establishment of the ICBs new delivery unit which going forward will provide a single, coordinated view on delivery of the Our Way priority programmes. The reporting format remained a work in progress and the sample of data provided served as a demonstrative example which would be further developed in advance of the June Board and subsequent Committee meetings. Focus was currently on the stage of each programme in the Product Development Lifecycle, as et out in the Our Way strategy.

Arising from discussion the need to consider the specific training requirements of Committee(s) members as part of the planned training schedule was highlighted. The Committee welcomed the introduction of the Our Way delivery unit.

Using Population Health Management to Strengthen Utilisation Management and Quality Improvement – UMQIC received a detailed presentation on the use of Population Health Management to facilitate improvements to population health through use of data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts – and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes. The presentation also included a summary of the DELPPHI system which is the local linked person-level data platform that enables Public Health Management in Hertfordshire which it had been agreed would be rolled out across Central East ICB.

The Committee **noted** the presentation and welcomed the ongoing development of this area.

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

Board Assurance Framework Update– Received verbal update on work to develop the ICB's risk framework. Key areas being looked at by the Management Executive include:

- Defining and linking strategic risks to the 'Our Way' priorities
- consider options for capturing risks related to statutory responsibilities within the corporate risk register

- Confirm risk categories to support future discussion and decision concerning ICB risk appetite, thresholds, and escalation triggers
- Continue develop effective dashboards and measures to monitor organisational risk

The latest update on the development of the BAF appears elsewhere on this agenda.

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

- Establishment of the Our Way Delivery unit
- Positive progress made in the ongoing development reporting processes and formats – including Central East Clinical Advisory and Population Risk Highlight Reporting and Our Way Priority Metrics: Baseline Data
- Public Health Management and planned adoption of the DELPPHI system platform by CE ICB.

Date and time of next meeting:

Friday, 11 September 2026 at 10am - MS Teams

NHS
Central East
Integrated Care Board

Report to the:	NHS Central East Integrated Care Board - Governance Report
Date of meeting:	26th June 2026
Item 9.7	Agenda item
Executive Lead:	Karen Barker - The Executive Director Corporate Services & ICB Development
Report Author:	- Simone Surgenor – Deputy Director of Corporate Services - Gaynor Flynn – Corporate Governance Manager - Simon Barlow – Corporate Governance Manager
Reason for the report to the Committee/Board:	- This report forms part of a regular agenda item and is presented in support of good governance.
Recommendation/s:	a) Joint Transition Committee – and recommendation for approval by the board that this Committee be stood down. b) Virtual approval by Board – for formal noting c) Amendment to NHS Central East ICBs Governance Handbook – update to tenures – for approval. d) Annual Report and Accounts update – for 2025/2026.

1.0 Executive Summary

1.1 This report will cover the following:

- Joint Transition Committee – and recommendation for approval by the board that this Committee be stood down.
- Virtual approval by Board – for formal noting
- Amendment to NHS Central East ICBs Governance Handbook – update to tenures.
- Annual Report and Accounts update – for 2025/2026

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 **Joint Transition Committee** – for approval

3.1.1 As the Boards are aware, 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 (HWE).

- On 31st March 2026 the three ICBs were disestablished and on the 1st April 2026, all duties and functions transition to the new ICB forms of NHS Central East, with the West Essex element of HWE ICB passing to the new NHS Essex ICB.
- In support of this transition, a Joint Transition Committee was established in support of assurance in managing this change.
- Following the successful transition of the ICBs, the last meeting was held on 27th April 2026, when it was recommended the Committee be stood down. With any areas relating to the transition now being picked up through the ICBs governance.

3.1.2 The Board is being asked to approve this recommendation.

3.1.3 On approval the Governance Handbook will be updated.

3.2 **Virtual approval by Board** – for formal noting

3.2.1 On 6th May 2026, the Board was approached to seek virtual approval of the following:

A review of Central East Integrated Care Board's (ICB) delegated financial limits has been undertaken by the Executive team today, to confirm that existing arrangements remain appropriate and to identify where targeted changes are required to ensure limits are workable, deliverable, and aligned to current responsibilities and operating models.

Whilst the review confirms that the Board approved delegated limits framework remains fundamentally sound and provides appropriate escalation and control for high-value and high-risk decisions, the review identified that specific areas would benefit from clarification and refinement to reflect changes in scale and payment mechanisms, rather than deficiencies in governance intent. In particular, Ready to Pay (RTP) batch payment files for Continuing Healthcare (CHC) and NHS contract expenditure require a different approval approach from single-transaction approvals.

In support of actioning these changes with the Board currently not scheduled to meet again until June – virtual approval is being sought for the identified revisions ***with responses requested by 17:00 Friday 15th May 2026****.*

3.2.2 The Board received a copy of the supporting Executive report that included proposed changes to the Scheme of Reservation and Delegation.

3.2.3 A quorate approval was received, with the Governance Handbook amended and published.

3.2.4 Is support of full transparency and assurance, this approval and update to the Governance Handbook is for noting.

3.3 **Amendment to NHS Central East ICBs Governance Handbook** – update to tenures for approval

3.3.1 Following appointment of a new Primary Medical Services Partner Member, the Governance Handbook will be amended to reflect this update in tenure.

3.3.2 The Board is asked to approval this update.

3.4 **Annual Report and Accounts submission – for 2025/2026 financial year.** For noting

3.4.1 In support of the transition reference in paragraph 3.1 above. The Board will note that the ICBs Audit and Risk Committee met on the 16th June 2026 to receive the individual ICB accounts and final report.

3.4.2 These reports were approved for submission at an Extraordinary meeting of this board after the sitting its Audit and Risk Committee on the same day. All three Annual Reports and Accounts were approved for submission to NHS England.

3.4.3 Formal publication of these documents will take place in September 2026 as part of the ICBs Annual General Meeting.

4.0 Next Steps

As noted in the recommendations above.