

Robin Porter
Chair
Central East ICB

NHS England – East of England
Victoria House
Camlife,
Fulbourn,
Cambridge,
CB21 5XB

31 July 2026

Dear Robin,

Annual assessment of Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board's (ICB) performance in 2025-26

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This has been a particularly challenging year for ICBs, marked by significant system-wide pressures and organisational change. In parallel, ICBs have been required to adapt to an evolving operating model while maintaining a clear focus on statutory duties, system leadership and delivery for local populations. In the East of England, this has included the additional complexity of managing the merger of all six predecessor ICBs in-year.

Against this backdrop, I recognise the complexity of the task facing your organisation and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. I also acknowledge the additional burden of maintaining stability, continuity and delivery through a period of significant structural transition.

In reaching this assessment, I have considered evidence from the ICB's annual report and accounts, available performance and assurance data, feedback from partners where received, and the discussions my team and I have held with ICB colleagues over the course of the year.

While this annual assessment is a statutory requirement, I have sought to ensure that it is balanced and proportionate, recognising both the need to assess performance against statutory responsibilities and the realities of the organisational change that has taken place during the year.

I remain committed to working constructively with you, building on learning from the year, and supporting ICBs as roles, responsibilities and arrangements continue to evolve.

I would like to thank you, your Board and your wider team for your leadership and continued commitment during a demanding period of change. My team and I look forward to continuing to work with you in the year ahead.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Clare Panniker', followed by a period.

Clare Panniker
Regional Director
NHS England - East of England

Cc Jan Thomas, Chief Executive Officer, Central East ICB
Adam Cayley, Executive System Lead & Chief Operating Officer, NHS England - East of England

Section 1: ICB performance assessment

During 2025/26, BLMK ICB operated in a period of significant organisational change, maintaining a clear focus on its statutory duties, system leadership and delivery for its population. This assessment reflects performance against these duties, including reducing inequalities, improving quality, meeting financial requirements, supporting research, and aligning with local strategies. It also considers the wider effect of decisions across the system, consistent with the triple aim of improving population health, quality of care and value for money, and supporting the long-term sustainability of services for local communities.

Population Health and Inequalities

BLMK ICB made progress in several priority areas during 2025/26. This included improvements in access to Learning Disability Health Checks over the course of the year, with coverage increasing to 74.3% by quarter four. Targeted work through the Health Equity Programme, informed by the Denny Review and Core20PLUS5, supported progress in areas such as access to translation and interpretation services and wider prevention activity.

However, there continue to be areas of significant inequality. Healthy life expectancy remains a concern, alongside prevention-related areas including obesity and uptake of the Diabetes Prevention Programme, which declined over the course of the year. Childhood immunisation uptake remained below ambition, with measles, mumps and rubella (MMR) coverage before age 5 below the 95% ambition throughout the year and at 85.7% in quarter four.

Cancer screening coverage also remained below expected levels across all major programmes during the year. In addition, the continued impact of deprivation is reflected in persistent inequality gaps, including for myocardial infarction and stroke admissions, both in the lower quartile throughout the year. Together, these challenges underline the need for sustained action to address the wider determinants of health and reduce inequalities.

Quality and Safety of Services

During 2025/26, the ICB maintained a clear focus on quality, safety, safeguarding and infection prevention, supported by collaborative working across providers and partners. Maternity services at Milton Keynes University Hospital remained stable, while Bedfordshire Hospitals NHS Foundation Trust continued to require enhanced oversight, with an Improvement Board in place. The ICB implemented the Patient Safety Incident Response Framework and supported system learning through its Patient Safety Network.

Several safety challenges remain. These include the need to strengthen safety culture, as reflected in staff survey findings, and continued adverse patient safety outcomes, including neonatal deaths and stillbirths, which remained broadly stable over the year. Medicines optimisation also remains an area of focus, although there was some improvement in antibiotic prescribing in young children over the course of the year. These findings reinforce the importance of sustained focus on safety culture, outcomes and system learning, supported by continued oversight.

Access and Experience

Throughout 2025/26, the ICB operated under sustained demand and capacity pressures, with access to services remaining a significant challenge. Delivery against key constitutional standards was mixed. Elective recovery improved over the course of the year, with Referral to Treatment performance increasing to 63.1% at year-end, although remaining below the national target. Performance against cancer access standards remained below expectations and deteriorated over the year, with the 62-day cancer treatment standard at 64.6% at year-end.

The picture on experience and effectiveness is similarly mixed. While patient experience of access to a preferred general practice professional improved significantly by year-end, performance across a number of clinical effectiveness indicators declined, including diabetes care processes. Outcomes in cardiovascular prevention remained in the lower quartile nationally. The ICB maintained strong performance in some areas, including urgent community response services, and saw improvements in primary care access metrics; however, overall performance continues to reflect sustained system pressure. This highlights the need for continued, coordinated system action to improve access, experience and clinical outcomes.

Financial Duties

At the end of the 2025/26 financial year, the ICB met its statutory financial duties, delivering a break-even or surplus position and remaining within running cost allowances. This reflects a compliant system financial position and demonstrates continued financial grip in a challenging environment.

Financial pressure within Bedfordshire Hospitals NHS Foundation Trust remained a material system risk and required enhanced oversight and coordinated action across partners. Notwithstanding these pressures, the ICB maintained compliance with its statutory responsibilities and demonstrated continued focus on productivity and value for money. Sustaining this position, while addressing underlying provider fragility, will remain important as the system transitions to the new Central East ICB.

Research and Local Strategies

During 2025/26, the ICB continued to align with relevant local strategies, including the Joint Forward Plan and wider Health and Care Strategy, which were progressed in collaboration with local authorities, NHS partners and the voluntary, community and social enterprise sector.

The ICB supported the development of research and innovation activity across the system, strengthening links between research, service improvement and workforce development. This provides an important foundation to support future improvement. It also recognised its duties in relation to climate change, with system priorities reflecting BLMK's green plan ambitions, including more sustainable models of care, estate development and partnership approaches to reducing environmental impact. Performance against the Greener NHS programme improved over the course of the year, with a 'good' rating achieved at year-end.

Through these activities, the ICB has contributed to the wider social and economic fabric of the system, including through partnership-based approaches to prevention, workforce development, and service transformation aligned to local strategies.

Section 2: ICB Capability assessment

During 2025/26, BLMK ICB demonstrated effective organisational capability during a period of significant transition, while continuing to discharge its commissioning, governance and partnership responsibilities. This assessment considers the ICB's ability to commission services, obtain appropriate advice, maintain effective governance and leadership, and involve the public, alongside its capacity to sustain delivery through organisational change.

Commissioning and Delegated Services

The ICB maintained its commissioning responsibilities across delegated and directly commissioned services, including primary care, community, pharmacy, optometry and dental services. Commissioning activity remained aligned to system priorities, with a continued focus on improving access, reducing unwarranted variation, supporting prevention, and

strengthening place-based and neighbourhood delivery, including in areas of lower performance such as access and population health outcomes.

The ICB worked with providers, local authorities and VCSE partners to align commissioning decisions more closely with population need. While commissioning capability was maintained during a period of transition and running cost reduction, the year highlighted the importance of retaining sufficient capacity and analytical capability within emerging organisational arrangements.

Governance and Decision-Making

The ICB maintained core governance arrangements throughout 2025/26, with board and committee structures supporting oversight of quality, performance, finance and risk during a period of substantial change. Transitional arrangements were put in place as the system moved towards the establishment of Central East ICB, including updated governance structures and joint working arrangements.

The ICB retained sufficient governance oversight to manage statutory duties and key risks, supported by established assurance processes and escalation routes. Given the scale of organisational change, governance will remain an area requiring continued focus; however, arrangements in place during the year supported continuity and decision-making.

Workforce and Culture

The ICB managed its workforce through a demanding period characterised by operating model change, leadership transition and preparation for merger into the new Central East ICB. This was alongside ongoing challenges including GP retention pressures and staff survey results indicating opportunities to strengthen organisational learning and engagement.

The ICB demonstrated organisational resilience, continuity and delivery during the year; however, the scale and pace of change created ongoing risks to workforce capacity, resilience and retention, reflected in workforce indicators including GP leaver rates. Maintaining workforce stability and leadership capacity will remain important as successor arrangements are embedded.

Public Involvement and Consultation

The ICB continued to engage residents and partners during 2025/26 through established mechanisms, including public board meetings, resident stories and engagement activity linked to service change. Public questions and community feedback informed system discussions, including engagement with young people and wider community groups.

However, there were some concerns regarding the ICB's approach to the handling and reporting of primary care complaints, with relatively low reported volumes suggesting there is an opportunity to strengthen assurance and make more systematic use of patient feedback to inform improvement.

The ICB also worked with Health and Wellbeing Boards, local authorities and wider partnership structures in the development and delivery of system strategies. Arrangements for public involvement remained active, although continued focus will be required as the system transitions into new organisational arrangements.

Section 3: Support and intervention

This section considers the nature of oversight during the year, progress against improvement priorities, and the ICB's capacity to sustain improvement.

Support and Oversight

During 2025/26, BLMK ICB was not subject to formal regulatory intervention. The ICB operated within a context of enhanced regional oversight, particularly in relation to financial sustainability and provider performance, where risks were most significant. This included structured engagement with the region and system partners, alongside targeted oversight of key providers. These arrangements provided an appropriate level of support and challenge during a period of sustained operational pressure and organisational transition.

Progress Against Improvement Objectives

Over the course of the year, the ICB made progress in strengthening financial grip and governance, with evidence of improved system management and delivery of a compliant financial position at year-end. There was also progress in some operational areas, including elective recovery and aspects of patient experience; however, delivery against several core performance standards remained below national expectations, with some indicators deteriorating over the year, including cancer performance and key population health measures. Provider performance remained the most significant system risk, requiring continued oversight and coordinated action across partners.

Capacity to Sustain Improvement

The ICB demonstrated increasing organisational grip over the course of the year, supported by strengthened governance and system working. It showed the ability to manage risk and maintain delivery within enhanced oversight arrangements, including delivery of a compliant financial position. However, ongoing pressures across access, safety, workforce and population health outcomes highlight the continued challenge in sustaining improvement at pace.

The transition to Central East ICB introduced additional complexity during the year, particularly in maintaining capacity, continuity and focus. On balance, the ICB is considered capable of sustaining improvement, provided that governance, leadership capacity and system collaboration continue to be maintained and strengthened through transition.

Conclusion

In forming this assessment, I have taken a balanced and proportionate view of your performance in a complex operating environment. I am encouraged by progress towards more mature, integrated care shaped by the needs of local people and communities.

This assessment reflects the statutory body in place during the period assessed (2025/26). NHS England remains committed to supporting continuity, learning and improvement as the new ICB embeds its responsibilities.

Please share this assessment with your board and senior leadership team and consider publishing it alongside your annual report at a public meeting. NHS England will also publish a summary of all ICB annual assessment outcomes.