

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 Cambridgeshire and Peterborough (C&P) 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, C&P ICB operated through a period of significant organisational change, maintaining 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 having regard to 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

C&P ICB demonstrated progress in targeted inequality and prevention work during 2025/26. This included strong performance in serious mental illness (SMI) health checks at 70%, above the national target. Learning disability health checks also improved by quarter four to 73.68% as well as an improvement in uptake of the Diabetes Prevention Programme throughout the year.

The ICB also undertook targeted action to address inequalities and improve outcomes for underserved populations, alongside continued collaboration with local authority partners to maintain momentum on integration and neighbourhood-based approaches aligned to the Joint Local Health and Wellbeing Strategy.

However, several significant population health and inequality challenges remain, particularly in areas below national ambition. Childhood immunisation uptake remained below target, with measles, mumps and rubella (MMR) coverage before age 5 below the 95% ambition throughout the year and at 87.30% in quarter four. Screening coverage also remains below expected levels across all major programmes. In addition, there are continuing inequality gaps in cancer stage at diagnosis and in deprivation-related admissions for myocardial infarction and stroke. These measures indicate that, while targeted action is in place, sustained effort is required to improve prevention outcomes and reduce unwarranted variation.

Quality and Safety of Services

During 2025/26, the ICB maintained a clear focus on quality, safety, safeguarding and system oversight, supported by collaborative working across providers and partners. The ICB has strengthened contractual quality assurance arrangements, implemented the Patient Safety Incident Response Framework (PSIRF) and there has also been wider system learning activity, alongside established governance through committees and contractual routes.

However, several safety and quality challenges remain. Outcomes in maternity and neonatal services, including neonatal deaths and stillbirths, require continued attention. Staff survey findings also indicate scope to strengthen aspects of safety culture. In addition, quarterly review discussions identified ongoing fragility in specific services, including paediatric audiology, alongside wider provider quality concerns. While appropriate governance and oversight arrangements are in place, further improvement is required to strengthen safety outcomes, embed a consistent safety culture and ensure service sustainability.

Access and Experience

Throughout 2025/26, the ICB operated under sustained demand and capacity pressures, with access to core services remaining a significant challenge.

Performance against key constitutional standards was consistently below national ambition across the year, particularly in urgent and emergency care, elective recovery, cancer pathways and diagnostic tests. Accident and emergency four-hour performance, referral to treatment

(RTT) 18-week performance and the cancer 62-day standard, all remained below the national average. Diagnostics performance, which is fundamental to all pathways, was one of the most challenged in the country (41/43), with 64.7% of patients receiving a test within six weeks at the end of March.

Alongside these challenges, there were areas of relative strength and improvement over the course of the year, particularly in primary care access and some aspects of patient experience. General practice booking satisfaction was an area of relative strength within the local access picture, although it remained below the national average. The proportion of patients reporting that they were able to secure an appointment with a preferred general practice professional improved by year end.

However, performance was more variable across wider experience and effectiveness measures. Timeliness of continuing healthcare referrals completed within 28 days deteriorated over the year and was below expected levels at year end. The percentage of patients receiving all eight diabetes care processes also declined across the year and remained significantly below ambition, highlighting challenges in long-term condition management and prevention. Taken together, this presents a mixed picture: while there is evidence of progress in some areas of access and experience, overall performance remained below ambition across core standards, and deterioration in some experience and effectiveness measures reinforces the need for sustained, coordinated system action to improve access, experience and outcomes.

Financial Duties

At the end of the 2025/26 financial year, C&P ICB met its statutory financial duties, delivering a surplus position and remaining within its running cost allowance. This reflects a compliant system financial position and demonstrates continued financial grip in a challenging financial environment.

However, provider fragility remained a material system risk throughout the year, requiring continued management of independent sector pressures, provider efficiency delivery, and system financial resilience. 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 for the new Central East ICB.

Research and Local Strategies

During 2025/26, the ICB continued to have regard to relevant local strategies, including the Joint Forward Plan, strategic commissioning plan and Joint Local Health and Wellbeing Strategy. These were progressed in collaboration with local authorities, NHS partners and the voluntary, community and social enterprise (VCSE) sector. The ICB undertook a broad range of delivery activity linked to these strategies, including integrated prevention programmes, improvements in long-term condition management aligned to Core20PLUS5 priorities, and delivery of the WorkWell programme to support people into employment. This was complemented by VCSE-led initiatives such as the Healthier Futures Fund supporting community-based prevention, alongside collaborative work to maintain momentum on integration and neighbourhood-based approaches.

The ICB also supported research and innovation activity across the system, including development of a research office function, use of Research Capability Funding, and work to improve access to research for underserved populations. This provides an important foundation for future improvement and reflects appropriate regard to the ICB's research duties. System priorities reflect Cambridgeshire and Peterborough's Green Plan ambitions, including; sustainable travel and transport, greener estates and procurement, and the development of

more sustainable care pathways in partnership with system organisations. Publication of an updated Green Plan would support assurance.

Section 2: ICB Capability assessment

During 2025/26, C&P 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, dental and specialised 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. There was a more structured approach to contract oversight and assurance through the year, alongside emerging strategic commissioning maturity.

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 also highlighted the importance of retaining sufficient capacity, analytical capability and commissioning grip 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 revised governance structures and joint working arrangements later in the year.

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 workforce challenges, including GP retention pressures and sickness absence, both of which remained areas of concern at year end, as well as staff survey findings indicating opportunities to strengthen organisational learning and engagement. There was continued board-level focus on organisational redesign, workforce impact and leadership arrangements.

In this context, the ICB demonstrated organisational resilience during transition. However, the scale of organisational change presents an ongoing risk to capacity, resilience and retention, and maintaining sufficient leadership and workforce stability will be critical as new 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, community participation arrangements and engagement activity linked to service change and strategic programmes. The ICB demonstrated ongoing engagement with communities, VCSE partners and people with lived experience, including work relating to community and mental health review, neighbourhood health and local service issues.

The ICB also worked with the Health and Wellbeing Board (HWB), local authorities and wider partnership structures in the development and delivery of system strategies. Feedback from the HWB was positive about the ICB's collaborative working during a period of major change, while also highlighting the opportunity for the HWB to play a more visible leadership role in neighbourhood health, system alignment and shared accountability. Public and partner involvement arrangements remained active through the year, although continued focus will be required to sustain meaningful engagement and shared accountability across the new Central East ICB.

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, C&P ICB was not subject to formal regulatory intervention but operated within a context of enhanced regional oversight across a number of priority areas.

This included structured engagement with the region and system partners, alongside targeted oversight of key providers on specific quality and performance issues, including North West Anglia NHS Foundation Trust enforcement undertakings, to monitor delivery and ensure sustained improvement against the agreed actions.

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, maintaining governance and securing improvement in some operational areas. This included some recovery in access measures, stronger financial control, and continued management of key provider and system risks. There was year-on-year improvement in some headline indicators, even where performance remained below required standards.

However, delivery against several core performance standards remained below national expectations, and provider fragility continued to represent a material system risk. These areas will require continued coordinated action across system partners to deliver sustained improvement.

Capacity to Sustain Improvement

The ICB demonstrated increasing organisational grip over the course of the year, supported by established governance and system working. It showed the ability to manage risk and engage effectively with enhanced oversight arrangements, with no requirement for escalation beyond this level.

However, the transition to Central East ICB introduced additional complexity, particularly in maintaining capacity, continuity and focus. On balance, the ICB is considered capable of

sustaining improvement, provided governance, leadership capacity and system collaboration continue to be maintained and strengthened within the new ICB.

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.