

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 Hertfordshire and West Essex (HWE) 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 small dot.

Clare Panniker

Regional Director

NHS England - East of England

Cc Jan Thomas, Chief Executive Officer, Central East ICB
Tom Abell, Chief Executive Officer, Essex ICB
Adam Cayley, Executive System Lead & Chief Operating Officer, NHS England - East of England
Simon Wood, Executive System Lead & Regional Director of Strategy and Integration, NHS England - East of England

Section 1: ICB performance assessment

During 2025/26, Hertfordshire and West Essex (HWE) 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

HWE ICB demonstrated strong system performance in population health overall, with the National Oversight Framework (NOF) domain assessed within the highest performing quartile. This reflects continued focus on Core20PLUS5 priorities, partnership working with local authorities and voluntary, community and social enterprise (VCSE) partners, and development of neighbourhood-based approaches to population health management.

However, a number of key prevention indicators remain below national ambition. 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 87.5% in quarter four. Serious mental illness (SMI) health check coverage remains low at 53%. Activity in obesity-related interventions also reduced, with declining referrals to digital weight management services and the Diabetes Prevention Programme. Screening coverage is comparatively stronger, although still below optimal levels.

In addition, variation in long-term condition management remains evident, with hypertension control averaging at approximately 68.5% and cholesterol management at 47.6%.

Taken together, this indicates that while the ICB has strong strategic foundations and relative strength in some population health measures, further system-wide effort is required to improve prevention delivery, strengthen long-term condition management and reduce unwarranted inequalities.

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, with established governance arrangements and implementation of the Patient Safety Incident Response Framework (PSIRF), alongside system learning activity.

However, a number of safety challenges remain. The safety domain was assessed as below average, reflecting variation in outcomes and ongoing system pressures. Outcomes in maternity and neonatal services require continued focus. While antibiotic prescribing in children improved over the year, broader variation in safety outcomes remain. System oversight discussions during the year also identified areas of provider fragility and service-specific pressures requiring continued attention.

Access and Experience

Throughout 2025/26, the ICB operated under sustained demand and capacity pressures, with access performance remaining below national standards across key pathways despite improvement over the course of the year. Referral to treatment performance was 67.39% at year-end, and cancer 62-day performance was 75.74%, both improving on the previous year. Overall access performance is assessed as above average, reflecting improvement across key pathways.

Accident and emergency four-hour performance was above the national target and improved on the previous year, at 79.80% at year-end. Primary care activity remained strong, with GP satisfaction at 75.08%, showing improvement from 2024, although still below the national average.

The wider experience and effectiveness picture remains mixed. While some indicators have improved, variation persists across patient experience and access to services, alongside ongoing challenges in urgent and emergency care, and continued pressure in elective and cancer pathways. In addition, there are ongoing challenges in mental health pathways, including increases in inappropriate out-of-area placements and variation in outcomes for people with a learning disability or autism.

Financial Duties

At the end of the 2025/26 financial year, HWE ICB met its statutory financial duties, delivering a compliant financial position. The ICB also demonstrated strong financial governance, with the finance domain assessed within the highest performing quartile.

However, underlying system pressures remain, including provider financial fragility and the need to deliver sustained productivity improvements. Nevertheless, 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 ICB.

Research and Local Strategies

During 2025/26, the ICB continued to have regard to relevant local strategies, including the Joint Forward Plan, Medium Term Plan and wider system strategies, working in partnership with local authorities, NHS providers and the VCSE sector. These strategies set out a clear direction for service transformation, including strengthening prevention, improving access and delivering more care closer to home.

Delivery activity aligned to these strategies included development of Integrated Neighbourhood Teams, expansion of community-based diagnostic capacity and targeted prevention programmes, supporting earlier intervention and more integrated care delivery.

The ICB also supported research and innovation activity, including work to improve research participation among underserved communities and strengthen links between research, service delivery and population health outcomes. It also recognised its duties in relation to climate change and has developed a system-wide Green Plan, setting out an approach to reducing emissions and embedding sustainability across commissioning and delivery. Progress has included strengthening governance arrangements and delivering targeted initiatives; however, further work is required in relation to the Greener NHS programme, to embed delivery and strengthen measurable impact across the system.

Section 2: ICB Capability assessment

During 2025/26, HWE ICB demonstrated organisational capability during a period of significant transition, while continuing to discharge its commissioning, governance and partnership responsibilities. This assessment considers the ICBs 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 services and specialised delegated functions. Commissioning activity remained aligned to system priorities, including improving access, reducing variation and strengthening neighbourhood-based delivery. This included improvements in delivery of targeted programmes to support earlier diagnosis, community-based care and improved access, such as expansion of community diagnostic centres and development of new elective and surgical capacity.

The ICB also demonstrated continued focus on population need and inequalities, including targeted cardiovascular prevention programmes and partnership working with local authorities and VCSE partners to improve outreach and engagement in underserved communities. While commissioning responsibilities were maintained during a period of transition and organisational change, sustaining capacity, analytical capability and strategic commissioning focus will remain important as new arrangements are embedded.

Governance and Decision-Making

Core governance arrangements were maintained throughout 2025/26, with board and committee structures providing oversight of quality, performance, finance and risk. These arrangements were strengthened through the use of integrated performance reporting, risk management processes and regular oversight of the Board Assurance Framework and corporate risk register.

During the year, transitional governance arrangements were established to support the move towards new ICB structures, including joint committees operating across partner organisations and revised decision-making arrangements. Governance processes enabled continued oversight of key risks, including access performance, quality, workforce and system resilience, alongside effective management of organisational risks during a period of significant change. Internal audit findings indicated that governance, risk management and internal control arrangements were overall adequate and effective, with further enhancement required in some areas.

Workforce and Culture

The ICB managed its workforce through a demanding period characterised by organisational change, leadership transition and preparation for new system arrangements. Workforce performance was comparatively strong overall, with the workforce domain assessed within the highest performing quartile. Staff engagement and development were supported through a range of initiatives, including leadership development, workforce engagement programmes and system-wide collaboration through workforce forums and partnership arrangements.

However, there are ongoing workforce risks, including GP retention pressures, with leaver rates of approximately 6%, and operational pressures in specific services where vacancy levels remain high. Organisational feedback also highlights opportunities to strengthen engagement, organisational learning and culture, particularly in the new system arrangements.

Public Involvement and Consultation

The ICB continued to engage with residents and partners during 2025/26 through established mechanisms, including public board meetings and engagement activity linked to service change and strategic programmes. There was continued collaboration with Health and Wellbeing Boards (HWBs), local authorities and VCSE partners. This included engagement supporting service change and system transformation programmes, as well as targeted work

to improve inclusion and reach within underserved communities. For example, community-based engagement and partnership working supported prevention initiatives and improved access to services for higher-risk groups.

Feedback from HWB partners indicates positive and collaborative joint working, with strengthened integration across pathways, particularly in adult social care, community services and mental health, alongside a continued focus on prevention and reducing health inequalities. Looking ahead, there are opportunities to further strengthen engagement, including embedding neighbourhood working more consistently, improving the use of shared data and intelligence, and deepening co-production with residents, particularly those experiencing the greatest inequalities.

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, HWE ICB was not subject to formal regulatory intervention but operated within a context of enhanced regional oversight across a number of priority areas. This reflected sustained performance pressures in key areas, including urgent and emergency care and prevention, alongside system risks linked to provider capacity and service sustainability.

Oversight activity included structured engagement with NHS England and system partners, alongside targeted support in relation to elective recovery, cancer performance and urgent and emergency care. In addition, provider-level issues within the HWE system, including challenges in estates, workforce stability and governance at specific providers, required continued regional attention and system coordination.

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 a number of areas, including improvement in access performance across elective and cancer pathways, alongside maintaining financial control within plan. There was also continued development of system-wide approaches to neighbourhood-based care and prevention.

However, performance against several core standards remained below national expectations, particularly in prevention indicators. Progress in these areas continues to be constrained by underlying provider capacity, workforce and infrastructure challenges across the system.

Sustained, coordinated system action will be required to deliver further improvement, particularly in addressing variation and supporting recovery in access and prevention outcomes.

Capacity to Sustain Improvement

The ICB demonstrated organisational grip over the course of the year, supported by strong financial management, governance arrangements and system working. It has shown the ability to manage risk and respond to areas of performance pressure.

However, the transition to new ICB arrangements introduces additional complexity, particularly in maintaining capacity, continuity and focus. This is alongside ongoing provider-level risks

within the system, including organisational change, workforce pressures and infrastructure challenges, which may affect the pace and sustainability of improvement.

On balance, the ICB is considered capable of sustaining improvement, provided that governance, leadership capacity and system collaboration continue to be strengthened, and that targeted support remains in place to address both system and provider-level risks.

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.