

## **Chair's report**

### **Purpose**

1. To update the Board on recent meetings I have attended on behalf of Healthwatch (see Appendix 1).

### **Key Issues**

2. Following my attendance at recent ICB Board meetings, I wish to update the Healthwatch Board on several key developments in the national and regional direction of Integrated Care Boards (ICBs), particularly those affecting Cambridgeshire & Peterborough.
3. From April 2026, a merged ICB will cover Cambridgeshire & Peterborough, Bedfordshire, Luton & Milton Keynes and Hertfordshire (within the Hertfordshire & West Essex geography). Robin Porter, current Chair of Bedfordshire, Luton & Milton Keynes ICB, has been appointed Chair of the new ICB cluster from 1<sup>st</sup> October 2025. The transition now underway will involve shared leadership, unification of functions, and bringing together the best of legacy systems.
4. Local government colleagues across Cambridgeshire & Peterborough are working on three preferred options for a future unitary authority structure. All options propose replacing the seven existing councils with two new unitary councils covering the whole area. A formal submission to Government is expected in November 2025.
5. The National Neighbourhood Health Implementation Programme (NNHIP) was launched after the 10-year Health Plan for England in July to strengthen neighbourhood health systems. Its focus is on commissioning Neighbourhood Health Services, developing neighbourhood and multi-neighbourhood providers. The initial priorities will be adults with multiple long-term conditions

and rising risks. Wider aims are to test new ways of working, share learning and accelerate system improvement.

6. Both North and South Place Partnerships submitted bids to NNHIP despite short deadlines. Bids highlighted local inequalities and existing initiatives (e.g., high intensity user programme, care home outreach and Work Well). North Partnership bid (Peterborough & Fenland) was successful – a major achievement. Commitment remains to ensure all neighbourhoods benefit through shared learning, using a “test and learn” approach across the new ICB cluster.

7. Regarding the Healthwatch situation, we now know that the Dash Report proposed the abolition of Healthwatch nationally and locally. Health functions will move to ICB’s and social care to local authorities. The implications of this change are understood by many local partners and stakeholders and can be summarised as the loss of an independent statutory body and consequential erosion of the independent patient and public voice. I have begun to informally and more frequently brief partners across the system of our emerging thinking to explore ways of retaining the valuable service we provide. This has been very well received but difficult for anybody to support with tangibles or funding when we have no clarity on closure given the machinations of the parliamentary process to repeal the original legislation under which we were born in 2011.

Action required by the Board

The Board is asked to note the contents of this report

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22<sup>nd</sup> September 2025

## Appendix 1

### Meetings attended by the Chair – 1st July to 1<sup>st</sup> October 2025

Meeting	Date
Meeting ICB Chair	8 <sup>th</sup> July
ICB Health & Well Being Board Meeting	11 <sup>th</sup> July
ICB Very Senior Executive Recruitment Panel	18th Aug
Meeting LA Partners with CEO	20th Aug
Meeting with Staff to assess Summit location	2nd Sept
ICB Board Meeting	19th Sept