Agenda Item: 07

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. There is a clear policy shift from NHS England toward enabling ICBs to act as long-term strategic commissioners rather than focusing heavily on short-term performance management. This gives ICBs greater scope to work collaboratively with local authorities, public health, and the voluntary and community sector (VCSE) to address complex health and care needs and improve population health outcomes. The statutory aims of ICBs remain: improving population health, tackling inequalities, enhancing value for money, and contributing to wider social and economic development.

4. A draft policy outlines a future operating model for ICBs centred around six core functions: long-term strategic planning and transformation, commissioning and contract management, real-time service utilisation and quality oversight, governance and statutory compliance, outcome evaluation and value monitoring, and the use of community feedback to guide investment decisions. This model emphasises clinically and community-informed transformation, with services delivered through strong place-based structures.

To meet NHS England's directive of reducing ICB operating costs to £18.76 per head, regional restructuring is underway. In the East of England, this has already led to a proposed merger of Norfolk & Waveney and Suffolk ICBs, and the creation of a Greater Essex ICB. Three remaining ICBs—Cambridgeshire & Peterborough (C&P), Bedfordshire, Luton & Milton Keynes (BLMK), and Hertfordshire—are now exploring a collaborative model that achieves a 37–44% cost reduction across the board. Together, they serve a

population of 3 million and must operate within a collective management budget of approximately £58.4 million.

Four structural options for future ICB arrangements were considered, with a preferred model emerging, a hybrid merger. This would involve the creation of a single statutory ICB with one Board and Executive Team, while maintaining strong local or place-based delivery teams to ensure local accountability and responsiveness. The aim is to balance the need for cost efficiency through consolidation of strategic and back-office functions with the importance of retaining locally informed decision-making and relationships.

5. The transitions proposed timelines will unfold in three phases, timelines to be confirmed: Phase 1 (now to October 2025): Ongoing design and discussion with executive teams, including Healthwatch and VCSE where appropriate. Phase 2 (Oct-March 2026): Shadow operation under a single executive team. Phase 3 (April 2026 or 2027): Formal establishment of a single statutory ICB, depending on any wider local government reorganisation.

6. This proposed restructuring presents both opportunities and risks. On the positive side, a more strategic and longer-term commissioning model could enable a stronger focus on tackling health inequalities, patient outcomes, and community involvement. However, the scale and pace of change, alongside cost reduction pressures, may challenge the ability to maintain strong local voice and responsiveness. Healthwatch will need to stay closely involved in the transition process to advocate for meaningful patient and public involvement, protect place-based influence, and monitor impacts on service access and quality.

7. The three ICB Executive Teams have refined the proposed model and are now shaping the future ICB structure in more detail. I will continue to attend relevant discussions and ensure Healthwatch perspectives are brought forward.

8. Work has begun on the adoption of a place-based model, with local partnerships leading service delivery under a distributed leadership approach. This aims to improve coordination, community engagement, and outcomes by aligning neighbourhood teams and resources around local needs. Regular progress reviews, governance updates, and shared priorities will be essential to ensure the model delivers meaningful, measurable benefits for local people.

9. The NHS 10-Year Plan is moving through government and is now expected to be published in late July. As the NHS continues to evolve, there is a growing emphasis on improving the quality of patient care. Shortly after the plan's release, the long-awaited independent review by Dr Penny Dash—examining the complex and fragmented patient safety landscape involving 6 organisations, including Healthwatch as a collective of which there are 154 locally —is also expected to be published.

Action required by the Board
The Board is asked to note the contents of this report
Author: Jonathan Jelley
15th June 2025

Appendix 1

Meetings attended by the Chair – 26th March to 13th June 2025

Meeting	Date
Meeting HW Chair	4th Apr
Meeting ICB Chair	7th Apr
Meeting HW CEO	10th Apr
Meeting Chair NWAFT	22nd Apr
ICB Board Meeting	25th Apr
Meeting Magpas Air Ambulance CEO	29th Apr
Meeting Arthur Rank Hospice CEO	2nd May
ICB Board Meeting	9th May
Meeting Chair Cambridge University Hospitals	19th May
HW Board Development	28th May
ICB Board Meeting	2nd June
GPG meeting	11th June
Health and Wellbeing/ICP Board meeting	13th June