

NHS Leicester, Leicestershire & Rutland ICB and NHS Northamptonshire ICB Boards Meeting in Common in Public

Thu 18 June 2026, 09:30 - 11:30

NSPCC, Training Centre, Gilmore Close, Beaumont Leys, Leicester, LE4 1EZ

Agenda

09:30 - 09:30 **1. Welcome and Apologies**

0 min

Advisory *Anu Singh*

09:30 - 09:30 **2. Declarations of Interest relating to agenda items**

0 min

Advisory *Anu Singh*

Members are reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of NHS Leicester, Leicestershire & Rutland ICB and NHS Northamptonshire ICB

09:30 - 09:35 **3. Draft Minutes of previous meeting - 16 April 2026**

5 min

Approval *Anu Singh*

Reference: ICBIC-26-28

 ICBIC-26-28 Draft Minutes LLR ICB and NICB Board Public 16 April 2026 v1.pdf (9 pages)

09:35 - 09:35 **4. Matters arising and Action log**

0 min

Approval *Anu Singh*

Reference: ICBIC-26-29

 ICBIC-26-29 Action Log LLR ICB and NICB Boards meeting in common June 2026.pdf (1 pages)

09:35 - 09:40 **5. Questions from members of the public**

5 min

Advisory *Anu Singh*

Reference: ICBIC-26-30 - Verbal update

09:40 - 09:50 **6. Submission of petition – provision of General Practice services, Melton Mowbray**

10 min

Advisory *Anu Singh*

Reference: ICBIC-26-31 - Verbal update

09:50 - 10:00 **7. Chair and Chief Executive updates**

10 min

Advisory *Anu Singh / Toby Sanders*

Reference: ICBIC-26-32

 ICBIC-26-32 Chair & CEO update.pdf (8 pages)

Minutes Book-CIP/2026-1417:55

10:00 - 10:10 **8. Quality and Performance Assurance Reports - LLR ICB and N ICB**

10 min

Assurance *Eileen Doyle / Maria Laffan*

Reference: ICBIC-26-33

 ICBIC-26-33 Q&P report combined.pdf (14 pages)

10:10 - 10:20 **9. SEND Reforms: local area delivery plans and role of ICB**

10 min

Assurance *Maria Laffan*

Reference: ICBIC-26-34

 ICBIC-26-34 SEND paper combined.pdf (20 pages)

10:20 - 10:30 **10. Finance Assurance Report - LLR ICB and NICB**

10 min

Assurance *Matt Gaunt*

Reference: ICBIC-26-35

 ICBIC-26-35 M01 LNR ICB Board Report.pdf (5 pages)

10:30 - 10:40 **11. Transition Assurance Report**

10 min

Assurance *Peter Burnett*

Reference: ICBIC-26-36


 ICBIC-26-36 transition report.pdf (6 pages)

10:40 - 10:50 **12. Transition report - ICB Merger**

10 min

Assurance *Toby Sanders*

Reference: ICBIC-26-37

 ICBIC-26-37 transition report merger combined.pdf (8 pages)

10:50 - 11:00 **13. Chairs closing remarks**

10 min

Advisory *Anu Singh*

11:00 - 11:00 **14. Date of next meeting**

0 min

The next meeting will take place on Thursday 20 August 2026.

**Minutes of the NHS Leicester, Leicestershire & Rutland ICB Board
and NHS Northamptonshire ICB**

Boards Meeting in Common in Public

**Thursday 16 April 2026 at 09:30am
Haylock House, Kettering**

Present: Members jointly appointed across NHS Leicester, Leicestershire & Rutland ICB and NHS Northamptonshire ICB

Anu Singh	Chair
Toby Sanders	Chief Executive Officer
Andrew Hammond	Non-Executive Member
Simone Jordan	Non-Executive Member
Liz Gaulton	Non-Executive Member
Afzal Ismail	Non-Executive Member
Prof Nil Sanganee	Chief Medical Officer
Matt Gaunt	Chief Finance Officer
Pete Burnett	Chief Strategy Officer
Maria Laffan	Chief Nursing Officer
Eileen Doyle	Chief Delivery Officer

Present: Members - NHS Leicester, Leicestershire & Rutland ICB

Simon Barton	Acute Sector Representative, Deputy Chief Executive, University Hospitals of Leicester NHS trust, <i>(deputising for Richard Mitchell)</i>
Dr James Ogle	Primary Medical Services Sector Representative

In Attendance

Claire Middlebrook	Corporate Governance Officer (minutes)
Harsha Kotecha	LLNR Healthwatch representative

Apologies

Richard Mitchell	Acute Sector Representative Group Chief Executive University Hospitals of Leicester NHS Trust and University Hospitals of Northamptonshire NHS Trust
Mike Sandys	Local Authority Sector Representative Director of Public Health Leicestershire County Council and Rutland County Council

Present: Members - NHS Northamptonshire ICB

David Williams	Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust <i>(deputising for Angela Hillery)</i>
Jane Bethea	Director of Public Health, Communities & Leisure, North Northamptonshire Council <i>(deputising for Melanie Williams)</i>

In Attendance

Neil Boughton	Deputy Director of Corporate Affairs
Harsha Kotecha	LLNR Healthwatch representative
Paul Birch	AD Population Health and Intelligence <i>(for item ICBIC-26-22)</i>

Apologies

Dr Jonathan Cox	Primary Medical Services Sector Representative and Chair, Local Medical Committee
Angela Hillery	Community / Mental Health Sector Representative Chief Executive Officer, Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust
Melanie Williams	Local Authority Sector Representative, Executive Director, People's Services West Northamptonshire Council

Minute No:	Agenda Item
Verbal	<p>Welcome from the ICB Chair, Introductions and Apologies</p> <p>Anu Singh welcomed colleagues and members of the public to the NHS Leicester, Leicestershire & Rutland ICB (LLR ICB) and NHS Northamptonshire ICB (NICB) Boards meeting in common. She noted that planning was well advanced for 2026/27, with good conversations having taken place and strategic objectives high on the agenda. The planned organisational change is moving forward and neighbourhoods are starting to work together as a system towards the three main shifts.</p> <p>Apologies for absence were noted as above. There were 5 members of the public in attendance.</p> <p>Due notice had been given in line with the Constitutions, and the meeting was quorate.</p>
Verbal	<p>Declarations of Interest relating to agenda items</p> <p>Standing declarations of interest were noted.</p> <p>No specific declarations were noted.</p>
ICBIC-26-17	<p>Draft Minutes of previous Board Meetings</p> <p>The minutes of the NHS Leicester, Leicestershire & Rutland ICB and NHS Northamptonshire ICB Boards meeting in common, held in public on 19 March 2026 were received and APPROVED as a true and accurate record of the meeting.</p>
ICBIC-26-18	<p>Matters Arising and Action Logs</p> <p>The Boards received the Action Log and noted that there were no outstanding actions. The Action Log was therefore APPROVED.</p>
ICBIC-26-19 (Verbal)	<p>Questions from members of the public</p> <p>Anu Singh reported that one question had been received from a member of the public, however, as this was not in relation to an agenda item had been passed to the relevant team to respond outside the meeting.</p>
ICBIC26-20 (Verbal)	<p>Chair and Chief Executive Updates</p> <p>Toby Sanders noted that the previous minutes covered St Mary's Birthing Centre and reminded members that this item will be discussed further at the Health Overview and Scrutiny Committee on 30 April 2026. It was confirmed that Chairs and Chief</p>

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Executives regularly meet in the cluster to look at commissioned work, shared agendas and priorities. Pete Burnett is leading on strategy work, as there are a number of large workstreams to be considered. A letter was received from Jim Mackey, Chief Executive of NHS England, asking ICBs to submit their strategic commissioning narrative by 15 May 2026.

In April Toby Sanders met with the Midlands Regional Chair of NHS England, Russell Hardy to discuss the role and focus of organisations for the next few months, as well as ambition and vision. This was in line with the 10-year plan, ensuring resources are balanced to safeguard outcomes and prevention work. There is a further meeting next week with national colleagues to look at the 10-year plan and ensuring a operational re-set takes place. Part of this will be a culture change within the cluster. Some hard decisions need to be made, with honest conversations over decommissioning services, alongside attitudes to risk.

The risks to change and decommissioning are clear, with members urged to consider the drivers to change, ensuring the public are appropriately taken on the journey with the ICB. The Board also need to work with Local Authorities (LA), ensuring they are involved in the conversations. Ensuring services are commissioned for value will be key to meeting financial challenges.

Anu Singh reported that she has met with senior staff at NHS England to consider commissioning for value, noting that improved outcomes follow change to responsibilities. The ICBs need to have the tools to measure change and make decisions.

The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board **NOTED** the Chair and Chief Executive Updates.

ICBIC-26-21 Neighbourhood Health Framework

Eileen Doyle spoke to the paper explaining that the paper makes the role of the ICB explicit, as it moves to being a strategic commissioner and not micro-managing neighbourhoods. Contracts need to be outcome based, rather than more concerned with numbers. There will be a period of uncertainty whilst changes are embedded, with Health and Wellbeing Boards (HWB) at the front of the process of the different way of working.

Managing complex patients, as part of the prevention agenda is one key area to be considered. This would help to avoid hospital admissions and save money. There could be a single neighbourhood provider, such as a Federation. It will take time to embed changes to the system and ensuring commissioning for value is at the heart of decisions made. Neighbourhoods should oversee most of the work, with the ICB ensuring outcomes are measured appropriately. Ensuring the right technology and relationships are in place to share information is also key.

Anu Singh noted the mandate for ICBs to be ambitious, however, ICBs still need to ensure the system works well.

Paul Birch joined the meeting.

Jane Bethea welcomed the opportunity for LAs to work closer with the NHS, noting

that some HWBs work differently to others and there needs to be commonality across the patch. She commented that the language in the framework is very health focussed and should be broader.

It was questioned how the cluster intends to ensure that neighbourhoods have good governance and feedback is received, along with moving care closer to home and how this will work for more rural areas. Elieen Doyle confirmed that the team are looking at rural areas and common concerns, such as access, mobility and transport. Although the ICBs cannot provide everything to everyone, work needs to move into neighbourhoods and away from GP practices and clinics. The team will ensure health inequities are not increased as part of the change of focus.

Further discussions took place and the following noted.

Some services can be done better by the Voluntary Sector or LAs. The diversity of the population within the cluster means that one size does not fit all, and services may need to be adapted in the future. Shifting resources including finances, to neighbourhoods could be the limiter to making changes happen. Prevention is the key to reducing demand on healthcare, with the evolution of newly commissioned services.

The mandate is clear in that ICBs need to work differently, recognising that some individual decisions still need to be made. The ambition and passion shown is great, however, this needs to be transferred into actions, with common objectives.

The document clarifies the role of the organisation and this Board, with expectations of what needs to be taken forward. Work is already taking place and now needs to be accelerated. Members have received assurance that work is taking place and moving forward, with ambition needing to shift to outcomes.

Comments were made about the Lord Darzi report (September 2024) not addressing the problem with demand and therefore not being long term sustainable. Engagement with HWBs will be important as neighbourhood health teams have to meet the needs of the population.

The main priority for the next 12 months was noted to be reducing non-elective admissions. The concern around sharing of patient data was noted again, with this being a practical issue that needs resolving. It would be easy for staff and teams to become overwhelmed with the changes needed, however, changes have to be made, and ambition should not get in the way of change.

The recent good work around diabetes management was acknowledged, as this has translated to a reduction in acute cases. The revised Women's Health Strategy was published yesterday and should provide opportunities to look at services differently.

Anu Singh summarised discussions, noting the opportunities to grow new services, re-align services and resources, ensuring outcomes are counted appropriately, versus patient experiences and urged members to ensure outcomes are clear.

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The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board **NOTED** the report and approach implementing the framework.

ICBIC-26-22 Commissioning Outcomes Framework

Nil Sanganeer confirmed that this is the biggest organisational system developmental change which should ensure prevention and equity are in place to change outcomes. Performance, quality and finances can all help achieve outcomes. The need to change behaviours and mindsets of staff concerned was highlighted.

Although the cluster cannot do everything for the population, improvements need to be seen. The ICB needs to capture benefits of the changes that have taken place as part of the three transformational changes.

Paul Birch stated that having an outcome approach is central to NHS policy, ensuring a proportionate and staged approach, building on best practice. A working group will be set up to look at the approach and how we will measure outcomes. Workshops have taken place with clinical input to look at three main areas, prevention, including avoidable ill health, identifying and management of conditions.

Some areas will take longer than others to achieve better outcomes. The Equality, Quality Impact Assessment (EQIA) has identified two areas of concern. Data quality, with a focus on a number of achievable metrics at neighbourhood level and capturing data in monthly reports and aligning to national policy. The Board will consider the next steps at the development session in May.

Liz Gaulton noted that the Outcomes Framework was discussed at length at the recent joint Quality Performance and Outcomes Committee (QPO) and questioned who serviced are aimed at. The cluster needs to reduce complexity and ensure correct ownership is in place. It was also questioned where patient outcomes will be reported and how they will be shared with the public. It was confirmed that assurance will be provided via HWBs and QPO.

The need to reimagine NHS health checks was highlighted, with integration with the Voluntary, Community, and Social Enterprise (VCSE) sector, to include healthy lifestyles is key to changes taking place.

It was suggested that HWB could be used as an exemplar, if they are able to demonstrate positive outcomes following changes made to services. Whilst we need to move to better services, caution was urged around timeframes, as the cluster needs to be careful what services are changed and when to ensure a smooth transition.

Toby Sanders spoke about the transition and organisational changes with purposeful conversations taking place to ensure changes to mindset take place. The recent staff survey results indicate a change to staff attitudes and even though patient care is at the heart of everything the ICBs do, the changes to staffing could affect how work takes place.

Concern was expressed about where patient experiences are measured and ensuring that the cluster works with the HWBs on this issue. It will also be important to ensure

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equity gaps can be closed, as these have not been measured in the past. Ensuring the right resources are in place to provide the best value will be important as better outcomes, equate to improved costs.

Anu Singh confirmed she had heard support for the suggested approach, along with enthusiasm. Caution over remembering who the changes are for, as this will help inform the commissioning decisions to be made. Any tools to be used should be simple and easy to use, ensuring appropriate data can be collected and reported. The cluster needs to ensure the right data is available to show where patient experiences have not been correctly captured. This data will be presented to QPO and Commissioning Strategy Committees.

The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board.

- **NOTED** the content of the work to date.
- **APPROVED** the Outcomes Framework approach and its application to the Transformation Priorities

Paul Birch left the meeting.

ICBIC-26-23 Special Educational Needs and Disabilities Reforms Update (SEND)

Maria Laffan spoke to the paper confirming it sets out the national SEND reform landscape following publication of the Schools White Paper (February 2026), the implications for the ICBs and its partners, and the immediate actions required to meet the Local Area SEND Plan submission deadlines in May and June 2026.

The paper covers Children and Young People (CYP) noting the rising demand, increased waiting times, lack of provision and increased costs. The paper sets out the national direction of travel, with reforms including stronger integration between health and education. The ICB has a strategic duty to jointly commission appropriate care for this cohort of patients, which needs to include redesigning neuro diverse pathways and, speech and language therapy.

The Designated Clinical Officer will form an important part of the changes. This paper is part of the 10-year SEND plan and is an opportunity to look at services at neighbourhood level. Risks identified include the funding, as this is still challenged. Although additional funding is being provided, which could equate to an additional 20 staff across the cluster, these staff would mainly be in educational settings.

All areas have to have a final plan in place by 19 June 2026 and therefore the team are working with LAs and children services to look at existing work being moved into neighbourhood plans.

It was reported that within LLR, the Director of Children's Services (in the LA) has been funded and has a good relationship with Senior Responsible Officers within the NHS. If early language support is in place for children, this could keep 1000 children out of the NHS per year.

It was agreed that the challenges have been identified, however, having the correct organisational development in place will be key to changing the culture of commissioning and the way ICBs work in the future. Changes to workforce, may

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mean that staff are moved to NHS England and therefore the ICBs could lose key staff.

In order to be digitally ready, Data Sharing Agreements will need to be in place between organisations.

It was acknowledged that the SEND Alliance have done a lot of good work in LLR, however, there has still been significant growth and demand is still high. The team have heard the message about ensuring the correct engagement takes place, as parents have already feedback that they are not happy to wait for specialist reviews. There will be a SEND summit in May and Northampton General Hospital have already done some very good work around digital, which they are willing to share with other NHS organisations.

The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board were **ASSURED** on the actions being taken.

ICBIC-26-24

Quality and Performance Assurance Reports - LLR ICB and NICB

Maria Laffan reminded members about St Andrews Healthcare and the SEND discussions which will be discussed under their specific items. She confirmed that the team await the publication of the National Quality Board strategy, which will help shape the narrative and reports will be adapted following publication of the strategy.

Performance continues to be busy, with work continuing to finalise 'March Sprints' figures, (where providers accelerate activity in the final quarter to try and hit targets).

Following a query around Meningitis plans, it was confirmed that an analysis of vaccination plans has taken place, however as the outbreak was confined to Kent, there is no risk for patients within the cluster. GP sign up for learning from patient safety events has increased from 59 to 96 in recent days, with the team working with practices to increase the sign up further. It was clarified that the decision on vaccinations is lead by the Health Security Agency via the Joint Committee on Vaccination and Immunisation, however, all staff are encouraged to encourage patients to take up vaccinations, if they are eligible.

A question was asked around ambulance handovers and escalation spaces, such as corridor care. It was confirmed that within the cluster there has been no deterioration in corridor care, with performance this winter (2025/26) being better than last year (2024/25). There is a balance with off-loading ambulances with ensuring hospitals have spaces available for patients to be suitably treated.

A discussion took place around premature mortality rates, with conversations focussing on women's health and working with communities on education. Following the interim report from the National Maternity and Neonatal Investigation (Baroness Amos report) improvements are already being seen in LLR, as University Hospitals of Leicester NHS Trust (UHL) was one of the specific Trusts investigated in the report.

Following a recent Care Quality Commission (CQC) inspection of Urgent and Emergency Care services at Leicester Royal Infirmary (LRI) positive improvements were noted, with patients being moved to wards in a timelier manner.

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The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board **REVIEWED** and **NOTED ASSURANCE** from the Committees in Common for Quality, Performance and Outcomes which met on 14 April 2026.

ICBIC-26-25 St Andrews Healthcare Quality Overview April 2026 Update

Maria Laffan reported that on 9 March 2026 NHS England notified St Andrew's Healthcare (StAH) of its intention to repatriate all 287 patients from the Northampton site, due to reports of poor quality, safety and leadership at the site. This was a national decision taken by NHS England. StAH is a nationally commissioned site with the majority of patients not under NICB or LLR.

The changes are being overseen by the National Quality and Safety team. At present there are 48 cluster patients in StAH, all of which are complex and need specialist care. Some patients are medically fit for discharge, however, due to complex needs which require suitable placements to be identified. Ensuring patients are safe is the overriding need.

Teams are working with the LAs to ensure current staff are supported, as yet there have been no significant redundancies, as specialist, skilled staff are still needed to support patients on site. The site has been closed to new admissions for several months. Whilst the decision was a national decision, local teams are involved in the process and are ensuring patients families are supported during this time.

The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board.

- **RECEIVED** the update related to quality oversight and assurance
- **NOTED** the emerging risks associated with repatriation of patients across the country and potential workforce implications to local impact.

ICBIC-26-26 Finance Assurance Report - LLR ICB and NICB

Matt Gaunt took the paper as read, noting that month 12 is due to be closed down shortly, with no anticipated changes to the reported position at year end. The annual report and accounts are due in June, with a draft final account due by 27 April.

The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board **RECEIVED** and **NOTED** the 2025/26 financial position at Month 11 and the forecast outturn.

ICBIC-26-27 Transition Assurance Report

Toby Sanders highlighted the following items from the report.

Recent meetings have focused on the future of the cluster organisations, as the consultation has now closed, and the final structures issued. Staff members should receive a letter by Tuesday of next week confirming if they have slotted in, are in a pool or have not been aligned to a role.

It was acknowledged that due to the timeframes of the reorganisation of the ICBs, some staff are struggling with the process.

The NHS England regional team have commenced their management of change

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process, as staff responsibilities change.

It was reported that Alice McGee will be leaving LLR ICB later this month, following working her notice as the Transition Director. Formal thanks were recorded for the work Alice McGee has undertaken over the past nine months. She will leave a big gap in the organisation. Louise Young will be redeployed to pick up transition work as part of her portfolio. Anu Singh added her thanks to Alice McGee for all her hard work.

The NHS Leicester, Leicestershire and Rutland ICB Board and NHS Northamptonshire ICB Board **NOTED** the progress of the Transition to Model ICB and achieve its mandated reductions.

Chair's Closing Remarks

Anu Singh noted that the agenda flowed well and helps build services for the future.

Liz Gaulton noted the strategic nature of the agenda, however, there are still operational quality issues to be moved to NHS England.

The Chair brought the meeting to a close at 11:35am

DRAFT

ACTION LOG

NHS Leicester, Leicestershire & Rutland ICB Board and NHS Northamptonshire ICB Board Meeting in Common in Public

Minute No:	Agenda Item	Action	Lead	Status/Update	Timescale	RAG
Meeting Date: 18 June 2026						
		No action outstanding				

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- Completed
- On Track
- Overdue
- No further action

Board Meetings in Common in Public

Report Title: Chair and Chief Executive
update

Date of Meeting: Thursday 18 June 2026

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**NHS Leicester, Leicestershire and Rutland ICB (LLR ICB)
NHS Northamptonshire ICB (NICB)
Board Meetings in Common in Public**

Name of Meeting	Board Meetings in Common in Public		
Date of Meeting	Thursday 18 June 2026		
Report Title	Chair and Chief Executive Report		
Paper Reference No:	ICBIC-26-32	Agenda Item No:	7.

Presented by	Toby Sanders, Chief Executive
Report Author(s)	Jenny Goodwin Director of Communications, Engagement and Insights
Executive Sponsor	Pete Burnett, Chief Strategy Officer

Select the Primary Purpose for the Report		
<input checked="" type="checkbox"/> ADVISORY To receive and note implications, may require discussion to help to shape/develop item.	<input type="checkbox"/> ASSURANCE To assure the Committees that controls and assurances are in place.	<input type="checkbox"/> APPROVAL Recommendation or particular course of action.

Recommendations
The Board Meetings in Common are asked: <ul style="list-style-type: none"> • NOTE the content of this report.

Executive Summary of the report
<p>This is the first written Chair and Chief Executive report to the LLR and Northamptonshire ICB Cluster Board Meetings in Common, bringing together key updates on organisational developments, priorities and emerging issues across the Cluster. It is intended to support the Board's oversight and discussion and will continue to be developed over time to ensure it remains focused and useful.</p>

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Please select which of the LLR ICB Strategic Objectives/NICB Core Aims relate to the report?	
<input type="checkbox"/>	Improve Outcomes - Improve outcomes in population health and healthcare
<input type="checkbox"/>	Health Inequalities - Tackle inequalities in outcomes, experience, and access
<input type="checkbox"/>	Value for money - Enhance productivity and value for money
<input type="checkbox"/>	NHS Constitution - Deliver NHS Constitutional and legal requirements
<input type="checkbox"/>	Social and economic development - Help the NHS support broader social and economic development
Conflicts of interest – Please select	
<input type="checkbox"/>	No conflict identified
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting
If conflicted identified, please list conflicted party and nature of conflict:	

Board Assurance Framework Risk -	
LLR ICB BAF No: N/A	NICB BAF No: N/A

Appendices

Who has been engaged and where else has this report been considered:
N/A

Implications:					
<input type="checkbox"/>	Quality & Patient Safety	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equality, Diversity & Inclusion
<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Data & Digital	<input type="checkbox"/>	Financial
				<input type="checkbox"/>	Workforce

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Chief Executive Report LLR and Northamptonshire ICB Cluster Board in Common Update

1. Management of Change (MoC)

A comprehensive Management of Change (MoC) programme is progressing across the Cluster, following full consultation with staff on proposals to transition to a single organisational structure. This redesign reflects both the evolving role of Integrated Care Boards (ICBs) and the requirement to operate within a reduced financial envelope. Two phases of voluntary redundancy have been completed. The organisation has now progressed into the next stage of implementation, with staff either:

- being directly slotted into roles;
- ring-fenced for specific posts; or
- identified as at risk of redundancy.

This remains a live and complex process, which will continue over the coming months. Alongside this, targeted recruitment will be undertaken over the coming months for a small number of key roles, where required, to ensure that critical priority areas and delivery functions are appropriately resourced.

Recognising the impact on colleagues, a comprehensive support offer has been established, including:

- Face-to-face drop-in sessions;
- Access to health and wellbeing services;
- Support with CV development and career planning; and
- Financial advice and guidance.

The organisation remains committed to supporting all colleagues through this period with transparency, compassion and practical assistance.

2. Five-Year Strategic Commissioning Plan

The Five-Year Strategic Commissioning Plan sets out the Cluster's approach to improving population health, reducing inequalities and delivering sustainable, high-quality services.

The plan responds to significant system challenges, including:

- An ageing population;
- Increasing demand for services;
- Workforce pressures; and
- Widening health inequalities.

At its core is a shift from reactive, hospital-based care towards proactive, preventative, neighbourhood-based models of care. Integrated, multidisciplinary neighbourhood teams will form the primary delivery mechanism.

Key priorities include:

- Elective care recovery;
- Urgent and emergency care improvement; and
- Development of neighbourhood health services.

In addition, long-term transformation priorities have been identified:

- Frailty
- Preventable mortality

- Children and young people's mental health and neurodiversity
- Digital

Overall, the plan focuses on improving outcomes, targeting inequalities and shifting resources towards prevention and community-based care to support long-term sustainability.

3. Response to NHS England Request

In response to NHS England's request, ICBs were asked to submit a concise document by 15 May outlining and strengthening the strategic commissioning narrative underpinning 2026/27 plans.

The Cluster submission:

- Sets out a clear three-year vision for collaboration between commissioners and providers;
- Describes how neighbourhood-based care will be expanded and embedded;
- Supports continued operational recovery; and
- Aligns local delivery with the ambitions of the forthcoming 10-Year Health Plan.

It also:

- Clarifies the role of strategic commissioning locally;
- Outlines ambitions and challenges for neighbourhood-based care;
- Identifies required changes to financial flows and payment mechanisms; and
- Highlights areas where national support will be required.

4. House of Lords Visit – Vaccination Inquiry

On 8 June we co-hosted a visit from the House of Lords Special Inquiry Committee as part of its national inquiry into declining childhood vaccination rates.

Hosted by Leicester City Council at City Hall, the visit will include:

- Roundtable discussions with professionals, parents and teachers;
- Visits to a local school; and
- Engagement with voluntary, community and social enterprise (VCSE) partners.

The visit will showcase the system's coordinated response to vaccine inequality, with contributions from system leaders including Rob Howard, Annie Traynor and Nil Sangahnee.

The presentation will cover:

- Local context and challenge: Leicester's young, diverse population and persistent inequalities in vaccination uptake;
- Current performance: Recent trends showing early improvement alongside significant variation across neighbourhoods, GP practices and schools;
- System response: Neighbourhood-based approaches, community engagement, VCSE involvement, roving vaccination units, and targeted communications;
- Strategic direction: Alignment with the LLR Vaccination Strategy, with a focus on reducing variation and improving equity.

Key challenges requiring ongoing system leadership include workforce capacity, data quality and sustainable funding.

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5. Vaccination Call and Recall (East Midlands)

A related issue has been identified in vaccination call and recall processes:

- Issue: Over 7,000 children aged 0–6 across the East Midlands had call and recall suspensions applied after repeated non-attendance, including within LLR and Northamptonshire. This is not consistent with best practice.
- Action taken:
 - Suspensions are being lifted;
 - Safeguards have been implemented; and
 - Re-invitations have been issued.

As a result, approximately 800 children have already been vaccinated following reinstatement.

- Next steps:
 - Ongoing engagement with GPs (via the LMC), local authorities, MPs and affected families;
 - Extension of the review to older children where further suspensions have been identified.

6. St Andrew's Hospital, Northampton

Our organisation is continuing working with NHSE colleagues, families and patients at St Andrews. St Andrew's Healthcare in Northampton, one of the largest independent NHS providers, was placed into special measures following serious quality concerns, with admissions previously suspended. These concerns have been compounded by significant governance failings, leadership instability and ongoing investigations into alleged abuse and neglect. Despite sustained support and intervention from NHS England, the required level of improvement has not been achieved, leading to a national decision to relocate all remaining patients from the Northampton inpatient site.

The ICB is working closely with NHS England through a formally established placement process to ensure all transfers and discharges are clinically appropriate, carefully managed and centred on the needs and preferences of patients and their families. This includes strengthened clinical oversight on site, regular multidisciplinary review, and active engagement with families and carers to inform decision-making. Northamptonshire Healthcare NHS Foundation Trust (NHFT) is also currently undertaking due diligence to explore the potential for providing services at the hospital site as part of longer-term considerations. While a number of patients are clinically ready to move on, progress is dependent on the availability of suitable community placements and, in some cases, wider system and legal factors.

Robust oversight arrangements remain in place, including regular quality monitoring and weekly system coordination through established incident and emergency response structures. As this situation evolves, the ICB will continue to work collaboratively with regional and national partners to ensure safe, person-centred transitions for patients, alongside maintaining assurance on quality and safety throughout the process.

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7. Urgent Dental Care in Northamptonshire

Northamptonshire has been recognised nationally for its strong delivery of urgent dental care appointments, reflecting a sustained and coordinated approach to improving access for patients. This success has attracted national attention as an example of good practice, with learning being shared to support delivery in other parts of the country.

The achievement has been underpinned by a focused programme of work to increase both awareness and accessibility. This included publishing clear information on participating dental practices and eligibility criteria, alongside a comprehensive communications campaign using community settings, digital radio and social media to ensure patients understood how to access urgent care. These efforts were complemented by strong operational oversight, with urgent dental access maintained as a priority across the senior management team, enabling rapid identification and resolution of delivery issues.

Close system working has also been critical to success, including regular engagement with NHS 111 and Directory of Services colleagues to ensure accurate and consistent patient pathways, as well as ongoing support to providers through dedicated drop-in sessions. This combination of clear communication, active performance management and provider engagement has enabled Northamptonshire to deliver improved access and establish itself as a leading example of effective urgent dental care provision.

8. Publication of National SEND Reforms Policy

Working in partnership across the Leicester, Leicestershire and Rutland (LNR) cluster, we have collaboratively developed and submitted the draft SEND Reforms Action Plan (June 2026) with all Local Authority partners. The plan reflects a shared understanding of national reform expectations and sets out agreed, system-wide priorities to improve early support, integration across education, health and care, and consistency of practice, with the overarching aim of improving outcomes for children and young people across LNR.

9. Recognition and Awards

NHS England Excellence Awards

The LLR Chronic Kidney Disease Integrated Care Delivery Project (LUCID) has been named a Midlands regional winner in the Delivering Value category.

This innovative, population-based model:

- Ensures equitable access to care for patients with chronic kidney disease;
- Supports delivery of care within primary care settings; and
- Reduces the need for hospital outpatient appointments.

The project will progress to the national finals, with winners announced on 10 June.

HSJ Digital Awards

Our systems received significant national recognition at the 2026 HSJ Digital Awards, highlighting the impact of digital innovation across both LLR and Northamptonshire.

These included:

- Winner – Improving Mental Health through Digital:
Northamptonshire Healthcare NHS Foundation Trust, in partnership with Leicestershire Partnership NHS Trust, was recognised for *Chat Mental Health*,

improving access to mental health support through digital tools.

[\[icnorthamp...ire.org.uk\]](https://www.icnorthampshire.nhs.uk)

- Winner – Digital Innovator of the Year:
Oana Ciurdarean (Northamptonshire ICB) was awarded Digital Innovator of the Year for leadership in advancing digital transformation. [\[icnorthamp...ire.org.uk\]](https://www.icnorthampshire.nhs.uk)
- Highly Commended – Digital Transformation Organisation of the Year:
University Hospitals of Northamptonshire (in partnership with UHL) received national recognition for its digital transformation programme. [\[icnorthamp...ire.org.uk\]](https://www.icnorthampshire.nhs.uk)
- Winner: *Delivering the Left Shift – From Virtual Wards into Proactive Care* won the Improving Out of Hospital Care through Digital category.

This digitally enabled service supports people with complex long-term conditions through remote monitoring and a virtual clinical hub, enabling care to be delivered at home with rapid access to clinical advice and escalation where required.

- Highly Commended: Dr Gurnak Singh Dosanjh was recognised in the Digital Leader of the Year category.

These achievements demonstrate the breadth and impact of digital innovation across the Cluster, supporting improved access, more coordinated care and stronger system collaboration.

10. National Update

The Rt Hon James Murray MP was appointed Secretary of State for Health and Social Care on 14 May 2026, following the resignation of Wes Streeting.

He has served as Member of Parliament for Ealing North since 2019. His previous roles include:

- Chief Secretary to the Treasury (September 2025 – May 2026);
- Exchequer Secretary to the Treasury; and
- Deputy Mayor of London for Housing and Residential Development (2016–2019).

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11/06/2026 14:17:57

Boards Meeting in Common in Public

Report Title: Quality Assurance – LNR ICB
Cluster

Date of meeting – Thursday 18 June 2026

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**NHS Leicester, Leicestershire and Rutland ICB (LLR ICB)
NHS Northamptonshire ICB (NICB)
Boards Meeting in Common in Public**

Name of Meeting	Boards Meeting in Common in Public		
Date of Meeting	Thursday 18 June 2026		
Report Title	Quality, Performance Outcomes Assurance Reports – LLR ICB and N ICB		
Paper Reference No:	ICBIC-26-33	Agenda Item No:	8.

Presented by	Maria Laffan, Chief Nursing Officer, LNR ICB Eileen Doyle, Chief Delivery Officer, LNR ICB
Report Author(s)	Miranda Tapfumanei, Director of Nursing, N ICB Mandy Staples, Director of Nursing, N ICB Chris West, Deputy Chief Nursing Officer, LLR ICB Chris Pallot, Director of Operations and Deputy COO, NICB
Executive Sponsor	Maria Laffan, Chief Nursing Officer, LNR ICB

Select the Primary Purpose for the Report		
<input type="checkbox"/> ADVISORY To receive and note implications, may require discussion to help to shape/develop item.	<input checked="" type="checkbox"/> ASSURANCE To assure the Committees that controls and assurances are in place.	<input type="checkbox"/> APPROVAL Recommendation or particular course of action.
Recommendations		
The Boards are asked to: <ul style="list-style-type: none"> REVIEW and NOTE ASSURANCE from the Committees in Common for Quality, Performance and Outcomes which met on 9th June 2026. 		

Executive Summary of the report
<p>This report presents the June 2026 LNR cluster quality and performance position. It follows the AAA governance framework: Alert – key risks requiring escalation and action; Assure – areas of progress where targets are not yet met; Advise – positive developments and achievements impacting outcomes.</p> <p>NOF Segmentation – Q4 2025/26 UHL: Segment 3 – NGH: Segment 4 – KGH: Segment 4 (up from 3) – LPT: Segment 2 – NHFT: Segment 2</p> <p>Performance – May 2026 Alert</p> <ul style="list-style-type: none"> UHL ED demand exceeded expectations in April, impacting 4-hour and ambulance handover performance. Cancer is behind plan across all three acute providers, with annual target delivery at risk.

- UHN diagnostics is behind plan with recovery actions being agreed. Learning Disability & Autism (LDA) Referral to Treatment (RTT) has improved at 18-week and 52-week positions, though both remain just below plan.
- Release to Respond (W45) has improved overall East Midlands Ambulance Trust (EMAS) Cat 2 handover performance. Northamptonshire 4-hour performance was ahead of plan following the March Sprint programme. The rate of increase in LLR Children & Young People (CYP) long waits continues to slow.
- **Advise.** Mental Health Talking Therapies performance remains strong. GP appointments were above plan across LNR. Pharmacy First usage has increased significantly, with LLR the most improved in the region. Better Care Fund submissions were agreed and submitted on time.

Quality

- **St Andrew's Healthcare:** NHSE-led repatriation of all patients from the Northamptonshire site continues under national and Regional Support Programme (RSP) oversight (24-hour on-site presence). A clinical reference group supports commissioner decision-making. Recent leadership changes include a newly appointed CEO. Significant quality, safety and system implications remain.
- **PODS:** Delegated oversight of Pharmacy, Optometry and Dentistry (responsibility held by Notts ICB) is ending. NICB is working to ensure continuity of oversight, statutory clarity and system-level assurance through the transition.
- **UHN Digital Safety – Data Risk:** A technical fault following the December 2025 ICE upgrade meant clinical correspondence did not transmit to some GP practices. The issue generated no alerts and was not immediately visible. The cause has been identified and resolved. All new correspondence is transmitting correctly. A harm review is underway with ICB oversight.
- **UHL NerveCentre – Discharge Letters:** The Trust's plan to archive pre-2026 non-digital letters and retrospectively issue those from January 2026 is supported by audit evidence showing no safety issues. Digital compliance is now 97–99%. Duty of Candour has not been triggered. ICB assurance of no harm is based on two years of audit findings and primary care feedback.
- **CYP Speech & Language Therapy (SALT)/ASD/ADHD Waiting Lists:** Sustained demand and capacity constraints continue to drive significant waiting times, particularly for children with Special Educational Needs & Disability (SEND). Delays increase the risk of unmet need escalating into school exclusion, family crisis and urgent intervention. Senior oversight and planned improvement actions are in place.

Advise

- **KGH Home Birthing:** A three-month temporary pause is in place following identification of significant safety, training and governance risks. A safe, standardised UHN-wide homebirth model is being developed ahead of planned reopening in July 2026. Mitigations are in place for all booked women.
- **KGH Maternity:** Section 29A Warning Notice formally withdrawn. A further CQC inspection is expected (no date confirmed). Targeted improvements delivered across workforce stabilisation, estates, documentation and governance. Maternity Safety Support Programme (MSSP) & Improvement Oversight & Assurance Group (IOAG) oversight arrangements remain in place.
- **Short Breaks – The Squirrels:** Persistent clinical risks continue in relation to care planning, medication management, staff training and leadership. ICB and Northampton Children Trust are maintaining intensive oversight of this jointly commissioned provision.
- **Community Swabbing (Northants):** Agreement reached to develop a contract with Derbyshire Healthcare (DHU) to deliver community swabbing and antiviral logistics. Contracting colleagues are progressing this.
- **Hantavirus (LNR):** Risk is being actively managed. A home-visiting service is operational and information and resource toolkits have been developed and cascaded across the system. UHL has a confirmed HCID pathway in place. Awaiting clarification on updated national guidance.
- **Willows Health (LLR):** De-escalated from Rapid Quality Review Meeting to Quality Improvement Group in December. Recent Healthwatch visits confirm patient experience remains poor in relation to access and telephony. Continued monitoring and contractual support in place.

Assure

- **SEND Reforms and Performance (LNR):**
 - Draft SEND reform delivery plans submitted to Department for Education (DfE) and NHSE for review ahead of resubmission in June.
 - Extended waits across neurodevelopmental, Children & Adolescent Mental Health Services (CAMHS) and therapy pathways remain high.
 - System-wide improvement activity is underway with a planned LNR SEND Summit (Spring 2026) to align partners and accelerate delivery.
- **Safer Staffing – Northamptonshire:**
 - KGH and NGH demonstrate compliance across all assessed safer staffing domains.
 - NHFT shows a generally positive position with two amber areas relating to National Quality Board (NQB) safe staffing guidance alignment and risk management; both are linked to a policy awaiting final ratification.
 - No red-rated areas identified across the heatmap.
- **2026/27 SDIP Quality Schedules (LLR):**
 - Work continues to transition provider-led work plans into new quality schedules aligned to the core quality domains of Safety, Effectiveness and Experience.
 - Reporting will be proportionate, with monthly dashboards, quarterly deep dives and clearly defined escalation triggers aligned to National Oversight Framework (NOF) segmentation.
- **Meningitis B (LNR):**

Recent incident management demonstrated strong cluster-wide coordination. Vaccine-uptake analysis across all five places is informing improvement actions. Local pathways and system readiness are embedded; learning is being incorporated into governance and escalation arrangements.

Supplementary reports from the Committees in Common for Quality, Performance and Outcomes (QPO) meeting on 9th June 2026 are available for the Boards to view via admin to support the Boards' understanding.

Please select which of the LLR ICB Strategic Objectives/NICB Core Aims relate to the report?

<input checked="" type="checkbox"/>	Improve Outcomes - Improve outcomes in population health and healthcare	<input checked="" type="checkbox"/>	Health Inequalities - Tackle inequalities in outcomes, experience, and access
<input checked="" type="checkbox"/>	Value for money - Enhance productivity and value for money	<input checked="" type="checkbox"/>	NHS Constitution - Deliver NHS Constitutional and legal requirements
<input type="checkbox"/>	Social and economic development - Help the NHS support broader social and economic development		

Conflicts of interest – Please select

<input type="checkbox"/>	No conflict identified
<input checked="" type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting

Peter Burnett, Chief Strategy Officer, declaration that spouse is Director of Midwifery and Deputy Chief Nurse University Hospitals Leicester.

Board Assurance Framework Risk - Please insert BAF risk identified in report

LLR ICB BAF No: 5	NICB BAF No: 1
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Appendices	
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Who has been engaged and where else has this report been considered:

The report has been a collaboration between teams in Leicestershire and Northamptonshire. Northamptonshire System Quality Group (SQG) will have been advised of the challenges. LLR's System Quality Group (SQG) stood down in January.

The contents have been discussed at the Committees in Common meeting for Quality, Performance & Outcomes on the 9th of June 2026.

Implications: Select which of the following implications need to be considered

<input checked="" type="checkbox"/>	Quality & Patient Safety	<input checked="" type="checkbox"/>	Legal	<input checked="" type="checkbox"/>	Equality, Diversity & Inclusion		
<input checked="" type="checkbox"/>	Environmental	<input checked="" type="checkbox"/>	Data & Digital	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Workforce

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Performance Report - LNR Executive Summary

Alert

- April saw a higher than anticipated demand through ED at UHL that impacted on 4 hour performance and Ambulance Handover. Although overall improvements noted in the performance compared to same period last year (25/26) . In Northants 4 hr performance f4-hour types and type 1 was ahead of plan and reflective of the NHSE led March Sprint programme however Medically Fit for Discharge (MFFD) numbers remain a challenge to flow.
- Cancer performance across all 3 acute providers is behind plan with a risk to the delivery of the planned target.
- CYP – Neurodiversity (ND) Provider waits LNR
- UHN diagnostic performance is behind plan with recovery actions being agreed
- In LLR the number of Learning Disability & Autism Adults inpatients remains above plan. This is linked to the number of LDA inpatients that are under Ministry of Justice (MoJ) restrictions that risks meeting the end of year target.

Assure

- CAT 2 EMAS Ambulance response (<30mins) Release to Respond (W45) has now been implemented. This has overall improved the performance of Ambulance Handovers thus impact on the CAT 2 Mean Response. Challenges continue particularly at NGH with handover times but this is improving.
- Referral to Treatment (RTT) – Improvement noted in the 18 weeks and 52 weeks noting that both remain just under plan.
- Long waits for LLR Children & Young People (CYP) services rate of increase continues to be slowed but remains significant.
- Increase in number of 52+ weeks waiters from previous month for Northants. Majority of 52+ week waiters continue to be Speech & Language Therapy and Community Paediatrics for CYP services

Risks

- Operational pressures due to the emergency demand impacting upon elective activity – April saw significant operational pressure.
- Impact of court of protection delays due to MoJ impact on timelines adversely impacting on Length of Stay (LOS) – particularly LDA and Autistic Adults
- Planned GP Collective Action – awaiting further details – Information Governance (IG) and Digital leads assessing impact. Communication out to General Practice.
- Risks for cancer delivery across all providers remain.

Advise

- Mental Health (MH) – Talking Therapies (TT) reliable improvement performance continues to be strong
- Continued improvement in delivery of diagnostics plan
- Delivery of the dental activity in LLR but behind plan in Northamptonshire
- Better Care Fund submissions agreed with Local Authorities and submitted on-time.
- LLR GP Appointments delivered above plan for Q4 2025/26. Northamptonshire significantly above plan.
- Note the significant increase in the use of Pharmacy First with LLR seeing the most improved position in the region.

Quality Report – LNR Executive Summary

NOF Scores	UHL	NGH	KGH	LPT	NHFT
Q4 25/26	3	4	4 (UP FROM 3)	2	2

Quality Risk	Trajectory & Impact	Key Issues	Actions & Grip
Regulatory Oversight & CQC	Amber/Red – active oversight	StAH repatriation and inadequate rating; KGH homebirth paused; PODS oversight transfer due March 2026	Enhanced oversight, transition planning and a standardised UHN maternity model
Patient Safety & Harm Signals	Amber – persistent themes	Eight Prevention of Future Deaths (PFDs) across mental health, emergency care, severe infection, records, nutrition and hydration; UHN GP letter incident under review	Trust and system governance, clinical review and reissue, strengthened controls
Urgent & Emergency Care Quality	Red – sustained pressure	East Midlands Ambulance Service (EMAS) response and handover delays, rising violence to crews, and complex mental health discharges from ED	System escalation, high-intensity user task group, clearer multi-agency coordination
Mental Health Inpatient Quality	Amber/Red – ongoing concern	StAH remains inadequate, with repatriation of 287 patients and major system impact	National and local oversight, placement scrutiny and discharge planning
SEND Quality & Inequalities	Amber – persistent	High SEND pressures, long waits, workforce constraints, and weak outcomes and experience	Improvement activity, partnership oversight and Spring 2026 LNR SEND Summit

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Quality Report – LNR Executive Summary

NOF Scores	UHL	NGH	KGH	LPT	NHFT
Q4 25/26	3	4	4 (UP FROM 3)	2	2

Provider	NHS Oversight Framework (NOF) Level	Quality Oversight Arrangements	Key National Quality Board (NQB) concerns
Leicestershire Partnership NHS Trust	NOF 2	<ul style="list-style-type: none"> Provider quality committee – ICB attendance System Quality Group (ICB led Oversight NHSE attend) 	<ul style="list-style-type: none"> Section 29A Warning Notice (July 2025) – community-based services PFD (Sept 2025) under routine ICB oversight
Kettering General Hospital FT	NOF 4	<ul style="list-style-type: none"> Provider Review Meetings (monthly) NHSE-Improvement & Oversight Assurance Group IPC Enhanced monitoring Maternity MSSP 	<ul style="list-style-type: none"> Maternity: MSSP designation (June 2024) PFD (media case)
Northampton General Hospital	NOF 4	<ul style="list-style-type: none"> Provider Review Meetings (monthly) IPC Enhanced monitoring 	<ul style="list-style-type: none"> UEC / Medicine: Section 29A Warning Notice (March 2025) Ongoing quality risks in 2025/26 PFDs Feb 2026
Northamptonshire Healthcare FT	NOF 2	<ul style="list-style-type: none"> Provider Review Meetings (quarterly) System Quality Group (ICB led Oversight NHSE attend) Provider quality committee – ICB attendance 	<ul style="list-style-type: none"> IPC reporting (outbreaks V category) -requires validating Immediate actions required in community services (CYP dietetics) PFD x 5 (x3 suicide)
University Hospitals Leicester (UHL)	NOF 4	<ul style="list-style-type: none"> Provider Review Meetings (bi- monthly) Maternity UHL Enhanced oversight through 6 monthly touch point meetings, Chaired by Trust, Regional Chief Nursing Officer / Regional Chief Midwifery Officer attends. 	<ul style="list-style-type: none"> Independent Maternity – X3 MOSS alerts (since March 26 – 1 requiring external review (L2) PFD (Sept 2025) under routine ICB oversight
St Andrew's Healthcare	Not formally NOF-rated	<ul style="list-style-type: none"> NHSE- intensive oversight/ National Oversight 	<ul style="list-style-type: none"> Intensive scrutiny arrangements in place Significant patient safety concerns IPC under enhanced oversight

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Quality Report – LNR Executive Summary May 2026

Alert

St Andrew's Healthcare (StAH): As Host Commissioner, NICB continues to participate in NHSE-led commissioner meetings to ensure accurate commissioner and keyworker information, oversight of placements, and support for repatriation and discharge planning, with a continued focus on quality and safety for remaining inpatients.

NICB quality oversight visits also continue. National-level oversight remains in place, supported by the Regional Support Programme (RSP) team with 24-hour onsite presence. In addition, a placement cell is supporting the discharges and placement movement to ensure minimal impacts, underpinned by an ethical framework.

A clinical reference group has also been established to ensure robust support is available to commissioners to ensure that patients remain central to decision making.

In recent weeks there have been significant leadership changes within the charity including a newly appointed Chief Executive Officer and provision of Senior leadership support to the Chief Nurse.

Pharmacy, Optometry and Dentistry (PODS)

NICB have been notified that responsibility for oversight of Pharmacy, Optometry and Dentistry (PODS), delegated to Notts ICB by NHSE three years ago, is due to end in March 2026. NICB continue to work with Notts colleagues to this timeline and decision.

NICB is actively working through the implications, including how best to secure continuity of oversight and ensure system-level assurance is maintained. The focus is on establishing a sustainable way forward that protects quality, maintains statutory clarity, and avoids unnecessary disruption to providers or patients

Alert

University Hospitals of Northamptonshire (UHN) Data Emerging Risk

A technical fault following the December 2025 ICE upgrade meant some clinical correspondence did not transmit to several GP practices across LNR. Because the issue generated no alerts, it was not immediately visible, but the cause has now been identified and resolved with Clinisys. All new correspondence is transmitting correctly, and historic letters are being reviewed and re-issued where clinically needed. Harm review process underway with ICB oversight.

UHL NerveCentre re discharge letters

The Trust's plan to archive pre-2026 non-digital letters and retrospectively send those from January 2026 onwards is supported by audits showing no safety issues, confirmation that primary care had already received paper copies, and the safeguard of patients receiving a copy at discharge. Digital compliance is now 97–99% with routine monitoring, ward dashboards and clear escalation routes, and no concerns have been raised by primary care. The ICB's assurance of no harm is based on two years of audit findings, primary-care feedback and policy safeguards, with Duty of Candour not triggered. The work has strengthened practice, with matrons embedding the Standing Operating Procedure (SOP) and NerveCentre enhancements underway to give wards real-time visibility of unsent or undelivered letters

Children and Young People (CYP) SALT and ASD/ADHD waiting lists remain significant pressure areas, driven by sustained demand and capacity constraints, requiring continued senior oversight and delivery focus. Planned recruitment, pathway transition, digital access and measurable improvement actions should strengthen capacity, governance and support while families wait.

Delays are impacting children and young people, particularly those with Special Educational Needs & Disability (SEND), by increasing the risk of unmet need escalating into school exclusion, family crisis and urgent intervention.

Quality Report – LNR Executive Summary

Advise

Hantavirus (LNR)

Remains a current area of focus; however, established pathways are now in place to support management and response.

A home-visiting service is operational and supporting information and resource toolkits have been developed and cascaded across the system. UHL also has a confirmed High Consequence Infectious Disease (HCID) pathway in place. Further clarification is being sought in relation to the most recent national guidance update, and any implications will be reviewed and communicated as required.

Risk is being actively managed with appropriate pathways and system responses in place; awaiting final clarification on updated guidance.

Willows Health (LLR)

De-escalated from Rapid Quality Review Meeting(RQRM) to Quality Improvement Group (QIG) in December. Recent Healthwatch visits concur patient experience is poor in relation to access and telephony services. Continued monitoring of in hours ED/111/UTC activity/OLC usage, workforce data, and patient experience. Contractual support in place.

Community swabbing and antiviral logistics (N)

Agreement reached to develop a contract with Derbyshire Healthcare (DHU) to deliver community swabbing. Contracting colleagues are now progressing this

Short Breaks -The Squirrels

Ongoing quality, safety, and governance concerns continue at this service. Persistent clinical risks continuing to be found, particularly regarding care planning and review, medication management, staff training and competency and leadership and oversight. ICB and Northampton Children Trust continue with intensive oversight of the jointly commissioned provision with risk assessment outcomes informing placement/overnight stay.

Advise

KGH Home Birthing (N)

The MatNeo SLT review (Feb 2026), following the Regulation 28 PFD and NHSE directive, identified significant safety, training and governance risks in the KGH homebirth model, echoed in the 2026 national interim investigation. A three-month temporary pause is in place to develop a safe, standardised UHN-wide model, with mitigations for all booked women; this is the safest immediate action ahead of full reopening in July 2026.

KGH Maternity (N)

Section 29A Warning Notice has been formally withdrawn, and no report will be issued as it did not pass CQC internal QA; a further inspection is expected, but no date confirmed. In the meantime, targeted improvements have been delivered across workforce stabilisation, estates, clinical documentation and governance. Maternity Safety Support Programme (MSSP) Oversight arrangements in place.

Children & Young People (CYP) (Northants)

CYP services remain under pressure, with risks in paediatric ED flow, timely assessment, incident closure, variability in sepsis recognition and treatment, sickness and mandatory training compliance, affecting resilience and assurance.

Action/Impact: Focused oversight is in place across flow recovery, training, incident management and workforce resilience, but sustained improvement is needed to reduce safety, quality and patient experience risks for children. A system-wide sepsis improvement programme is in place, but delivery is early and sustained assurance is not yet embedded.

UHN Urgent & Emergency Care (UEC) (Northants)

Flow and 12-hour waits are improving, but ED 4-hour performance remains variable with ongoing corridor care, occupancy and handover risks.

Action/Impact: Recovery actions and Section 29 assurance are in place, but sustained delivery is needed to reduce quality, safety and patient experience risks.

Quality Report – LNR Executive Summary

Advise

Infection Prevention and Control (N)

UHN IPC remains under NHSE enhanced oversight, with system-level governance in place.

Position driven by increase in Gram Negative infections, with targeted improvement actions underway.

Enhanced monitoring, audit/ AMS improvement activity and system coordination in place to support recovery and assurance.

SEND Reforms (LNR)

Draft SEND reform delivery plans submitted to DfE & NHSE for review, before refinement and resubmission in June.

National SEND reforms (Feb 2026) set out a significant system shift toward earlier intervention, greater integration across education, health and care, and strengthened joint commissioning responsibilities for ICBs. Locally, this requires ICB co-production of the SEND Reform Plan (submission June 2026), pathway redesign, workforce planning, and improved data/oversight arrangements.

Implication: Reforms are expected to increase demand on community health and short breaks services, requiring aligned commissioning and system-wide planning.

SEND Performance (LNR System)

SEND demand and system pressure remain high across Northamptonshire and the wider LNR system, with inspection outcomes highlighting systemic weaknesses and significant concerns regarding experiences and outcomes for children and young people.

Key pressures include extended waiting times across neurodevelopmental, CAMHS and therapy pathways, alongside workforce and capacity challenges.

System-wide improvement activity is underway, with strengthened governance, pathway redesign and a planned LNR SEND Summit (Spring 2026) to align partners and accelerate delivery. **Position:** SEND remains a system-wide risk, requiring sustained joint action across health, education and care.

Assure

LFPSE Usage in Primary Care (LLR)

An improved number of practice have now registered with LFPSE. Only 13 remain outstanding which will be considered for next steps with the contracting team.

Children in Care Health Assessments (N) (Feb 2026)

Initial Health Assessments (IHA): Performance reduced to 62.5% (Dec: 76.47%, Jan: 70.59%) due to a surge in admissions (19 in one week vs usual 8) and paediatrician sickness; mitigations include prioritised appointments and weekly oversight via the NCT watchlist.

Review Health Assessments (RHA): Performance at 45.43% (Dec: 48.04%, Jan: 47.1%) with an 8-month wait, though backlog reduced (333 → 153); recovery plan in place with risk prioritisation, increased virtual delivery, streamlined processes, and ongoing data review.

2026/27 Service Development and Improvement Plan Quality Schedules (LLR) (UHL/LPT)

Work continues to transition the current provider-led work plans into new quality schedules to align to the core quality domains of Safety, Effectiveness and Experience, and take into consideration Well led and Governance.

Reporting would be proportionate, with monthly dashboards, quarterly deep dives, and an annual quality cycle. Escalation triggers would be clearly defined and aligned to NOF segmentation, supporting escalation model. The QS would also formalise alignment to system governance through SQG, ICB QPO, the Executive, and the Board.

For providers, this approach offers reduced duplication, clearer expectations, and assurance based on their own governance processes. For the ICB, it strengthens statutory assurance, improves visibility of risk, and creates consistency across the cluster while aligning to national frameworks.

Quality Report – LNR Executive Summary

Assure

Meningitis B (LNR)

Remains a continued system risk, though recent incident management showed strong cluster-wide coordination. A single GP action card and aligned UKHSA communications supported consistent messaging across practices, including targeted help for university practices. Vaccine-uptake analysis across all five places is informing improvement actions. Local pathways are now in place, and system readiness has strengthened; we remain alert to MenB and are embedding learning into governance and escalation arrangements

Developing Workforce Safeguards / Safer Staffing Compliance – Northamptonshire

The Northamptonshire Developing Workforce Safeguards heatmap provides assurance that safe staffing governance is broadly embedded across providers, with KGH and NGH demonstrating compliance across the assessed domains, including use of evidence-based staffing tools, establishment reviews, workforce planning, quality dashboards, escalation processes and Board oversight.

NHFT shows a generally positive position, but two areas remain rated amber: alignment to NQB safe staffing guidance and risk management/escalation. These relate mainly to the safe staffing policy, which is awaiting final ratification and circulation. Until this is completed and embedded, the assurance position should remain under continued oversight.

No red-rated areas are identified in the heatmap. The key action is to ensure NHFT completes policy ratification, disseminates the final policy to teams, and provides evidence of implementation through routine governance. Overall, the position supports assurance on safer staffing controls, with targeted follow-up required to close the remaining NHFT amber actions.

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Glossary of abbreviations

Abbrev.	Meaning	Abbrev.	Meaning	Abbrev.	Meaning
CAT 2	Category 2	KGH	Kettering General Hospital	OPEL	Operational Pressures Escalation Level
CRFD	Clinically Ready for Discharge	LDA	Learning Disability and Autism	PAS	Patient Administration System
CQC	Care Quality Commission	LFPSE	Learn from Patient Safety Events	PFD	Prevention of Future Deaths
CYP	Children and Young People	LLR	Leicester, Leicestershire and Rutland	PODS	Pharmacy, Optometry and Dentistry
ED	Emergency Department	LNR	Leicester, Leicestershire and Northamptonshire	RHA	Review Health Assessment
EMAS	East Midlands Ambulance Service	LOS	Length of Stay	RTT	Referral to Treatment
FDS	Faster Diagnosis Standard	MH	Mental Health	SEND	Special Educational Needs and Disabilities
GP	General Practitioner	MFFD	Medically Fit for Discharge	SOP	Standard Operating Procedure
IA	Industrial Action	MoJ	Ministry of Justice	StAH	St Andrew's Healthcare
ICB	Integrated Care Board	MOSS	Maternity Outcomes Signal System	UEC	Urgent and Emergency Care
ICE	Integrated Clinical Environment	NC2R	No Criteria to Reside	UHL	University Hospitals of Leicester
IHA	Initial Health Assessment	NGH	Northampton General Hospital	UHN	University Hospitals of Northamptonshire
IPC	Infection Prevention and Control	NHSE	NHS England	UKHSA	UK Health Security Agency
JET	Joint Executive Team	NICB	Nottingham and Nottinghamshire Integrated Care Board		

Derived from abbreviations used within the April 2026 QPO Board Report slides.

Making Meetings Matter use of 3 As – Good Governance

Adopting best practice from the Good Governance Institute

The 3 As – what is this and what does this mean?

- The 3As report format provides a simple way for groups and committees to report to their parent group/committee or indeed to the executive group or board of directors.
- It provides a succinct way in which to report and highlight particular areas of a programme of work that require action/escalation

What are the 3 A's

- **Alert** – what are the 3-4 key issues/risks that you need to alert the Board/meeting on? These are issues/risks that require action/escalation in order to aid or support decision/actions to mitigate or manage
- **Assurance** – what are the key areas that require and you need to provide assurance on where progress is being made but may not yet have achieved the trajectories set or met the milestones anticipated
- **Advise** – what are the key areas/items you want to advise the board/meeting on where key achievements have been made that have had an impact – benefits/outcomes

Not everything will be covered with the above and therefore the box on update, risks and learning should support leads to include into the report any sharing of learning, brief updates and review of any risk

Board Meetings in Common in Public

Report Title: SEND Reforms: local
area delivery plans and role of ICB

Date of Meeting: Thursday 18 June 2026

Middlebrook-Claire
11/06/2026 14:17:57

**NHS Leicester, Leicestershire and Rutland ICB (LLR ICB)
NHS Northamptonshire ICB (NICB)
Board Meetings in Common in Public**

Name of Meeting	Board Meetings in Common in Public		
Date of Meeting	Thursday 18 June 2026		
Report Title	SEND Reforms: local area delivery plans and role of ICB		
Paper Reference No:	ICBIC-26-34	Agenda Item No:	9.

Presented by	Maria Laffan, Chief Nursing Officer
Report Author(s)	Chris West, Deputy Chief Nursing Officer (LLR)
Executive Sponsor	Maria Laffan, Chief Nursing Officer

Select the Primary Purpose for the Report		
<input checked="" type="checkbox"/> ADVISORY To receive and note implications, may require discussion to help to shape/develop item.	<input checked="" type="checkbox"/> ASSURANCE To assure the Committees that controls and assurances are in place.	<input type="checkbox"/> APPROVAL Recommendation or particular course of action.

Recommendations
<p>The Boards are asked to:</p> <ul style="list-style-type: none"> • be Assured that the ICB leaders and health partners have fully engaged and contributed to the co-production of the draft SEND Reform local area partnership delivery plans, that the final draft documents will be submitted as planned on 19th June 2026 • be Advised that the ICB are responsible for joint commissioning with local authorities services for children with SEND, this will include the delivery of Expert at Hand (EaH) models:

Executive Summary of the report
<p>Under the Schools White Paper (2026) and SEND reform programme, Integrated Care Boards (ICBs) play a core, statutory partner role alongside local authorities. Their responsibilities are not standalone—they are embedded in joint commissioning, delivery, and accountability within a “local area partnership.”</p> <p>The cluster local area partnerships: North Northants, West Northants, Leicester City, Leicestershire and Rutland, each have developed local area SEND reform delivery plans & the draft plans will be submitted to the Department of Education on 19th June 2026, in line with the reporting schedule and the outcome is anticipated to be shared by early autumn/ September 2026.</p> <p>The slide deck sets out the responsibility of the ICB , for ease of reference and overview of the health elements in the plans to date.</p>

Please select which of the LLR ICB Strategic Objectives/NICB Core Aims relate to the report?			
<input checked="" type="checkbox"/>	Improve Outcomes - Improve outcomes in population health and healthcare	<input checked="" type="checkbox"/>	Health Inequalities - Tackle inequalities in outcomes, experience, and access
<input checked="" type="checkbox"/>	Value for money - Enhance productivity and value for money	<input checked="" type="checkbox"/>	NHS Constitution - Deliver NHS Constitutional and legal requirements
<input type="checkbox"/>	Social and economic development - Help the NHS support broader social and economic development		
Conflicts of interest – Please select			
<input checked="" type="checkbox"/>	No conflict identified		
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision		
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision		
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision		
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting		
If conflicted identified, please list conflicted party and nature of conflict:			

Board Assurance Framework Risk - Please insert BAF risk identified in report	
LLR ICB BAF No:	NICB BAF No:

Appendices	N/A
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Who has been engaged and where else has this report been considered:
This report has not been received by any other meeting, but overview of first version of plans has been to Quality, Performance and Outcome Committee on 9 th June 2026.

Implications: Select which of the following implications need to be considered					
<input type="checkbox"/>	Quality & Patient Safety	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>	Equality, Diversity & Inclusion
<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Data & Digital	<input type="checkbox"/>	Financial
				<input type="checkbox"/>	Workforce

Middlebrook-Claire
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Northamptonshire
Integrated Care Board

Working in partnership with
Leicester, Leicestershire and Rutland
Integrated Care Board

SEND Reforms: local area delivery plans and role of ICB



Integrated Care
11/06/2026 14:17:57

Integrated Care Board Responsibilities in Delivering SEND Reforms

Leadership and collaboration for
effective SEND services



Integrated Care
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Working in partnership with Leicester, Leicestershire and Rutland Integrated Care Board

Headlines

- ICB senior leaders have collaborated with partners; parent and carers, education leaders , NHS providers and local authorities to develop and co-produce each local area (draft) SEND Reform plan.
- The final draft plans have been supported and signed by Toby Sanders as CEO and Maria Laffan as Chief Nursing Officer and Executive Lead/ Senior Responsible Officer for SEND
- The plans will be submitted by the 5 cluster local authorities, on June 19th, 2026, in accordance with the reform timeline.
- Joint communication strategy for each ICS is planned to update communities on work to date as the final plans will not anticipated to be available until after September , when Department of Education and NHS England have reviewed, and approved them.

Components of the plans that relate to health and the ICB as commissioner

- **Experts at Hand (EaH) offer :**
 - availability of required specialist therapist workforce , such as occupational therapists (OT) , speech and language therapists (SLT) & physiotherapists
 - pathway redesign will be required , such as the Early Language Support for Every Child (ELSEC)

- **Speech and Language Advanced Practitioner for each ICB**
 - Can be based in provider, but will need jointly commissioning

- **Focus on waiting lists**
 - children and young people ‘well while waiting’
 - emphasis will be on reducing the growth in demand initially, by implementing the new pathways , experts and hand model and use of other toolkits that help education settings support children earlier and stopping many needing health appointments

Middlebrook-Claire
11/06/2026 14:17:57

STRATEGIC PARTNERSHIP RISKS

1. Local Government reorganization

1. Change in boundaries may change and disrupt plans

2. Workforce risk

1. Insufficient specialist workforce to deliver EAH model

3. Capital dependency

1. Plans rely heavily on future funding and delivery timelines

4. Delivery consistenc

1. Risk that reform is implemented unevenly across settings

5. Health integration

1. Lack of capacity in NHS services undermines early intervention

6. Demand outpacing reform

1. Rising need may offset gains from reform

Middlebrook, Claire
11/06/2025 14:17:57

OVERVIEW OF ICB RESPONSIBILITIES UNDER THE SEND REFORMS

Middlebrook-Claire
11/06/2026 14:17:57

SEND Reform and the Role of Integrated Care Boards



Integrated Care Boards' Strategic Role

ICBs act as strategic health commissioners for children and young people with SEND, focusing on early intervention and reducing inequalities.

Collaborative Local Partnerships

ICBs work as equal partners with local authorities, sharing accountability through joint strategies and co-owned delivery plans.

Shift to Preventative Approaches

The reforms emphasize preventative and population-based support, moving away from crisis-driven responses to SEND needs.

New Delivery Models and Future Preparation

ICBs lead new delivery models like Experts at Hand, balancing current legal duties while preparing for phased reforms from 2029.

System Leadership and Shared Accountability



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Co-Leadership Model

Integrated Care Boards co-lead with local authorities to address fragmented support and ensure clear accountability.

Governance Participation

ICBs actively engage in local partnership boards, influencing strategic priorities, investment, and service design.

Shared Accountability

ICBs share responsibility for SEND outcomes, co-producing improvement plans when weaknesses are identified.

Cultural Change and Inclusion

Leadership promotes shared ownership of SEND outcomes, embedding inclusion across health and education teams.

Joint Commissioning of SEND Health Services



Collaborative Commissioning Responsibility

Integrated Care Boards and local authorities jointly commission SEND health services for children and young people aged 0 to 25.

Early Identification and Intervention

Services focus on early support like speech therapy and mental health before needs escalate to crisis levels.

Aligned Funding and Quality Standards

Effective joint commissioning aligns funding, outcomes, and service specifications to avoid fragmented contracts.

Performance Monitoring and Accessibility

Shared monitoring of waiting times and outcomes ensures services are accessible and meet evidence-based standards.

Delivering the Experts at Hand Model



Direct Specialist Access

The model provides schools direct access to specialists like speech therapists and educational psychologists to support inclusive education.

ICB Roles and Responsibilities

ICBs co-design the model with local authorities, manage workforce planning, clinical governance, and ensure professional standards.

Preventative and Capacity Building Focus

The emphasis is on early intervention and building capacity within settings rather than relying on individual clinical episodes.

Partnership and Impact

Success depends on strong partnerships, clear roles, and demonstrating impact, value, and scalability of the model.

Health Contributions to EHC Needs Assessments and Plans



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Timely Health Advice

ICBs ensure clinicians provide timely, high-quality health advice for EHC needs assessments.

Securing Health Provisions

ICBs are responsible for securing health provisions specified in EHCPs through direct or commissioned services.

Supporting Personal Health Budgets

ICBs oversee Personal Health Budgets to ensure families receive appropriate support and guidance.

Balancing Current and Future Duties

ICBs maintain existing statutory duties while preparing for legislative reforms to improve EHC outcomes.

Population Health and Reducing Inequalities



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Population Health Focus

ICBs analyze local health data to identify needs and reduce inequalities in services for children with additional needs.

Early Intervention and Prevention

Services focus on early support to reduce crisis escalation, including speech therapy and mental health pathways.

Reducing Service Variation

ICBs work to ensure consistent service quality across localities and address postcode-related disparities.

Strategic, Evidence-Based Planning

Population health approaches enable ICBs to shift from reactive care to strategic planning benefiting families and systems.

The Local Offer and Co-production with Families



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Role of Integrated Care Boards

ICBs ensure health services are clearly represented and updated in the SEND Local Offer with accurate, transparent information.

Emphasis on Co-production

Reforms focus on co-production with children, young people, and families to shape service design using lived experience.

Building Trust through Feedback

Listening to feedback and responding to concerns helps rebuild trust and improves health service experiences.

Family-centred Care Approach

ICBs support providers to adopt family-centred care, recognizing families as active partners in care delivery.

Accountability through Inspection and Regulation



Integrated Inspection Framework

Ofsted and Care Quality Commission jointly inspect SEND arrangements, assessing health, education, and care integration.

ICB Accountability and Governance

ICBs are accountable for service performance and joint working effectiveness, requiring strong governance and data.

Continuous Improvement and Assurance

Inspection promotes proactive self-evaluation and improvement, with ICB leaders providing assurance to national bodies.

Strengthening Partnerships

Accountability drives stronger partnership working to enhance outcomes for children and young people with SEND.

Internal Governance and SEND Leadership within ICBs



Board-Level SEND Leadership

ICBs appoint executive leads to champion SEND within board decisions, ensuring focus and influence.

Embedding SEND in Strategy

SEND priorities are integrated into key documents like Joint Forward Plans and Integrated Care Strategies.

Operational Capacity for SEND

Operational teams must have capacity and skills to manage commissioning and quality assurance for SEND.

Governance and Accountability

Clear accountability, reporting, and escalation ensure effective SEND delivery and avoid ambiguity.

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Integration Across Education, Health, and Care

Role of Integrated Care Boards

ICBs collaborate with local authorities and schools to align health services with education-led support models.

Focus on Transition Points

Integration is vital during transitions across education stages to ensure continuous and effective support.

Practical Enablers for Integration

Data sharing agreements, aligned commissioning, and shared outcomes frameworks enable effective integration.

Cultural Change and Collaboration

Professionals from different sectors value each other's expertise and work towards common goals.



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Middlebrook-Claire

Integration Across Education, Health, and Care



- Driving Continuous Improvement
 - ICBs use data and feedback to monitor performance and test new approaches for better SEND services.
- Applying Quality Frameworks
 - Systematic use of quality assurance and improvement methods replaces ad hoc initiatives in SEND services.
- Preparing for Future Reforms
 - Building workforce capacity and partnerships supports sustainable implementation of new SEND models.
- Balancing Short-Term and Long-Term Goals
 - ICBs balance immediate delivery pressures with long-term transformation to sustain early improvements.

Boards Meeting in Common in Public

Report Title: Finance Assurance

Reports - LLR ICB and N ICB

Date of Meeting: Thursday 18 June 2026

Middlebrook-Claire
11/06/2026 14:17:57

**NHS Leicester, Leicestershire and Rutland ICB (LLR ICB)
NHS Northamptonshire ICB (NICB)
Boards Meeting in Common in Public**

Name of Meeting	Boards Meeting in Common in Public		
Date of Meeting	Thursday 18 June 2026		
Report Title	Finance Report M01 2026/27		
Paper Reference No:	ICBIC-26-35	Agenda Item No:	10.

Presented by	Matt Gaunt, Chief Finance Officer
Report Author(s)	Spencer Gay, LLR ICB Deputy Director of Finance (System) Nigel Mander, NICB Interim Deputy Chief Finance Officer
Executive Sponsor	Matt Gaunt, Chief Finance Officer

Select the Primary Purpose for the Report		
<input checked="" type="checkbox"/> ADVISORY To receive and note implications, may require discussion to help to shape/develop item.	<input type="checkbox"/> ASSURANCE To assure the Committees that controls and assurances are in place.	<input type="checkbox"/> APPROVAL Recommendation or particular course of action.

Recommendations
<p>The Boards are asked to be advised by the report to:</p> <p>RECEIVE and NOTE the 2026/27 break even financial position at Month 01, the forecast outturn and the A&E and contractual risks to the position.</p>

Executive Summary of the report
<p>This report confirms that the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) and Northamptonshire Integrated Care Board (NICB), collectively termed the LNR ICB Cluster (LNR), reported a year-to-date financial position at month 01 of £0.0m (after non-recurrent deficit support funding of £0.43m), which is in line with plan.</p> <p>Risks to the financial position for 2026/27 relate to the financial impact of higher levels of A&E activity in both UHL and UHN in April and the resolution of four contractual disputes.</p>

Middlebrook, Claire
11/06/2026 14:17:57

Please select which of the LLR ICB Strategic Objectives/NICB Core Aims relate to the report?			
<input type="checkbox"/>	Improve Outcomes - Improve outcomes in population health and healthcare	<input type="checkbox"/>	Health Inequalities - Tackle inequalities in outcomes, experience, and access
<input checked="" type="checkbox"/>	Value for money - Enhance productivity and value for money	<input checked="" type="checkbox"/>	NHS Constitution - Deliver NHS Constitutional and legal requirements
<input type="checkbox"/>	Social and economic development - Help the NHS support broader social and economic development		
Conflicts of interest – Please select			
<input checked="" type="checkbox"/>	No conflict identified		
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision		
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision		
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision		
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting		

Board Assurance Framework Risk - Please insert BAF risk identified in report	
LLR ICB BAF No: 4	NICB BAF No: 7 & 8

Appendices

Who has been engaged and where else has this report been considered:
<p>This report hasn't been received at another meeting, however the financial positions reported have been discussed in detail at the Finance and Contracting committee.</p>

Implications: Select which of the following implications need to be considered					
<input type="checkbox"/>	Quality & Patient Safety	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equality, Diversity & Inclusion
<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Data & Digital	<input checked="" type="checkbox"/>	Financial
				<input type="checkbox"/>	Workforce

Middlebrook-Claire
11/06/2026 14:17:57

Finance Report Month 01 (April) 2026/27

Headline Table 1 LNR – M01 ICB Financial overview by Chief Officer

- Budgetary accountability means that we are now reporting expenditure at Chief Officer level as shown in the table below. The budget holder position is confirmed with each officer, other than small values associated with corporate cost.

Officer	YTD Plan £m	YTD Actual £m	YTD Variance £m	Full Year Plan £m	Full Year Forecast £m	FOT Variance £m
CDO	363.6	363.6	-	4,363.5	4,363.5	-
CNO	32.8	32.8	-	393.2	393.2	-
CMO	31.6	31.6	-	378.7	378.7	-
CFO	0.7	0.7	-	8.6	8.6	-
CSO	1.0	1.0	-	11.8	11.8	-
CEO	0.1	0.1	-	1.7	1.7	-
Total	429.8	429.8	-	5,157.5	5,157.5	-

- At month 1, LNR is reporting a year-to-date breakeven position (£0.0m after deficit support funding of £0.43m), which is in line with plan. The full year reported forecast is a breakeven position across LNR ICBs of £0.0m after £5.1m non-recurrent support (£5.1m LLR and £0m Northamptonshire), which is in line with planned spend of £5.2 billion.
- LLR ICB has reported a breakeven forecast against the annual efficiency plan of £88.9m and Northants ICB has reported a breakeven forecast against an efficiency plan of £53.2m. Future reports to the Board will report delivery by Chief Officer.
- A&E attendances and admissions
The latest April evidence indicates that A&E attendances at UHL and UHN show growth year on year against a plan built on a 0% growth assumption. Further detail and validation of the latest activity information together with an assessment of the consequential financial risk is in progress. The executive team are receiving regular updates on the financial pressure that might arise and have developed suitable mitigations as part of a contingency plan.

5. Contract update – net risk of £3.8m

The ICBs have complied with NHSE business rules to include growth and their guidance on the pace of change in preparing fair contract offers, however there are four major contracts yet to be signed, that are with NHSE to resolve as follows:

- UHL – delegated Specialised Services urgent care contract value not agreed which is supported by overperformance last year. LLR ICB and Trust agreed that there no material differences between the two parties contractual values;
- George Eliot – LLR ICB baseline difference and underlying growth issue. Escalated to CFO level discussion and joint dispute papers developed;
- NWAFT – underlying growth difference with LLR ICB and N ICB and Oundle boundary issue from 2022 for N ICB where NWAFT have a shortfall against the value of the activity. CFO level discussion held and joint dispute papers developed;
- CUH – Oundle boundary issue for N ICB meaning that CUH are paid more than the value of the activity. CFO level discussion held and joint dispute papers developed.

Recommendations:

Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB (Public) Board is asked to:

- **RECEIVE and NOTE** the break even financial position as at 26/27 Month 01, the forecast outturn and the A&E and contractual risks.

Middlebrook-Claire
11/06/2026 14:17:57

Board Meetings in Common in Public

Report Title: Transition Assurance Report

Date of Meeting: Thursday 18 June 2026

Middlebrook-Claire
11/06/2026 14:17:57

**NHS Leicester, Leicestershire and Rutland ICB (LLR ICB)
NHS Northamptonshire ICB (NICB)
Board Meetings in Common in Public**

Name of Meeting	Board Meetings in Common in Public		
Date of Meeting	Thursday 18 June 2026		
Report Title	Transition Assurance Report		
Paper Reference No:	ICBIC-26-36	Agenda Item No:	11.

Presented by	Pete Burnett, Chief Strategy Officer
Report Author(s)	Louise Young, Programme Director – Transition and Transformation
Executive Sponsor	Toby Sanders, Chief Executive Officer

Select the Primary Purpose for the Report		
<input checked="" type="checkbox"/> ADVISORY To receive and note implications, may require discussion to help to shape/develop item.	<input checked="" type="checkbox"/> ASSURANCE To assure the Committees that controls and assurances are in place.	<input type="checkbox"/> APPROVAL Recommendation or particular course of action.
Recommendations		
<p>The Boards are asked to:</p> <ul style="list-style-type: none"> Note the progress of the Cluster ICB Transition Programme, to achieve its mandated reductions and service transfers. 		

Executive Summary of the report
<p>The Joint Transition Committee has responsibility to ensure the safe transition in 2025/26 for the ICB cost reduction programme and move to Model ICB. The Board receives a regular assurance report on the committee and will have decisions escalated as appropriate.</p>

Middlebrook, Claire
11/06/2026 14:17:57

Please select which of the LLR ICB Strategic Objectives/NICB Core Aims relate to the report?

<input checked="" type="checkbox"/>	Improve Outcomes - Improve outcomes in population health and healthcare	<input checked="" type="checkbox"/>	Health Inequalities - Tackle inequalities in outcomes, experience, and access
<input checked="" type="checkbox"/>	Value for money - Enhance productivity and value for money	<input checked="" type="checkbox"/>	NHS Constitution - Deliver NHS Constitutional and legal requirements
<input checked="" type="checkbox"/>	Social and economic development - Help the NHS support broader social and economic development		

Conflicts of interest – Please select

<input checked="" type="checkbox"/>	No conflict identified
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting

Board Assurance Framework Risk - Please insert BAF risk identified in report

LLR ICB BAF No: 10 and 11	NICB BAF No: 9
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Appendices	N/A
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Who has been engaged and where else has this report been considered:

August 2025 – Separate ICB Board, assurance report and approach to transition
 October 2025 – Board in Common assurance report
 December 2025 – Board in Common assurance report
 February 2026 – Board in Common assurance report
 Remuneration Committee – October, December, January, February, for decisions in relation to Redundancy and Management of Change
 Monthly Transition Committee meetings
 Monthly Transition updates to Joint Executive Team

Implications: Select which of the following implications need to be considered

<input checked="" type="checkbox"/>	Quality & Patient Safety	<input checked="" type="checkbox"/>	Legal	<input checked="" type="checkbox"/>	Equality, Diversity & Inclusion		
<input checked="" type="checkbox"/>	Environmental	<input checked="" type="checkbox"/>	Data & Digital	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Workforce

Middlebrook, Claire
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Joint Transition Assurance Report

June 2026

Introduction

1. The Transition Committee was set up formally through the governance framework in 2025 to oversee the transition and to provide assurances to the Board on progress, and escalate and concerns, risks or decisions required. This is likely to be a time limited committee for the period of Transition and Transformation.
2. The committee oversees the assurance and mitigations for the Board Assurance Framework risks identified for Transition and specifically considers:
 - a. Oversight of the transition across the complexity of all the ICB functions.
 - b. Readiness assurance of any transferred functions, including resources, legal basis and receiver readiness.
 - c. Impact of clustering on place and neighbourhood development including relationships with partners and development of improved outcomes for the population.
 - d. Financial risks associated with transformation (cost of management of change).
 - e. Workforce turnover, morale injury and risk of employee relations cases up to and including employment tribunals because of the management of change process.
3. The Transition Committee is not a decision-making committee and seeks assurance through other formal governance structures in the ICB Cluster, namely the Joint Executive Team and Remuneration Committee.

Progress Against Programmes of Work

4. Progress has been made in a significant number of programmes and table 1 below shows the key highlights of progress for the Board to be aware of.
5. In April 2026 the focus of the Transition programme shifted from implementing changes to structures and functions to operating as a Strategic Commissioner and considering future changes to the organisational form, including whether a Merger of the organisations is likely.
6. The Transition and Transformation Committee retains oversight of the programme and will escalate any decisions as required to the Board. A Programme Director was appointed for 2026/27 to oversee this change and support the Executive Team in its duties to deliver a new type of organisation.

Table 1

<p>Designing functions for a new Cluster ICB</p>	<p>Since the last Board assurance report, the Management of change continues, with Voluntary Redundancy Schemes (round 1 and round 2) in their final stages of conclusion.</p> <p>The next phase of Management of Change in filling of the posts in the new structure has commenced. The ICB and unions have an agreed process of Slot In, Ring Fence and Suitable Alternative Employment to fill the structures and Remuneration Committee will be responsible for being assured of this process, including approvals of any Compulsory Redundancy at the end of the process. It is expected this stage of the change will conclude by the end of Quarter 2</p>
<p>Functions that have another destination</p>	<p>There were 17 functions that were identified in the Model ICB framework that ICBs currently undertake that were going to be undertaken by another public body in the future, these functions are listed within the Model ICB and are broadly described as:</p> <ul style="list-style-type: none"> - Going to an NHS Provider - Going to NHSE/DHSC regional offices - To be explored further <p>In December 2025, further guidance was received by NHS England regarding these functions, and it was confirmed that as many of the functions are described within primary legislation. The design of the structures has incorporated this updated guidance and assurances have been provided to NHS England that the ICB will continue to be able to discharge its functions in full, whilst reducing its annual costs in line with the new financial allocations.</p> <p><i>Transfer to provider or partner organisation</i> People Leadership, the Green Agenda, Strategic Digital leadership, System Control Centres.</p> <p><i>Functions transitioning to region</i> Provider oversight Operational workforce planning</p> <p>These transfers of several functions (e.g. Continuing Health care and IFR) will be completed by 30 June 2026, with some (provider oversight) already commencing for transfer.</p> <p>A small number of functions have extended their transfer to October 2026 (e.g. GP& Corporate IT), due to the necessary lead in time and complexity of service transfer.</p>

Middlebrook-Claire
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<p>Functions that could be done at a 'supra' cluster level</p>	<p>As part of the review of functions it was identified that some of the corporate and statutory functions could be done on a footprint that is larger than the Cluster. The primary aims would be to increase the efficiency, attract expertise and improve quality.</p> <p>Initially 12 corporate functions were considered and were reviewed by experts through an options appraisal and 5 functions are considered to meet the criteria for further work to be explored. These functions were reviewed in December 2025 and a decision was made to work at scale across the Midlands for 111/999 commissioning. Pharmacy, Ophthalmic and Dental (PODs).</p> <p>An approach for the PODs Service has been reached with Derbyshire, Nottinghamshire and Lincolnshire (DNL) cluster ICB, and arrangements progressing. Regional Procurement Service for goods and services has been agreed in principle and further work up continues in 2026.</p>
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Recommendations:

The Board is asked to:

- Note the progress of the Cluster ICB Transition Programme, to achieve its mandated reductions and service transfers.

Middlebrook-Claire
11/06/2026 14:17:57

Board Meetings in Common in Public

Report Title: Transition Report – ICB Merger

Date of Meeting: Thursday 18 June 2026

Middlebrook-Claire
11/06/2026 14:17:57

**NHS Leicester, Leicestershire and Rutland ICB (LLR ICB)
NHS Northamptonshire ICB (NICB)
Board Meetings in Common in Public**

Name of Meeting	Board Meetings in Common in Public		
Date of Meeting	Thursday 18 June 2026		
Report Title	Transition Report – ICB Merger		
Paper Reference No:	ICBIC-26-37	Agenda Item No:	12.

Presented by	Toby Sanders, Chief Executive officer
Report Author(s)	Louise Young, Programme Director – Transition and Transformation
Executive Sponsor	Toby Sanders, Chief Executive Officer

Select the Primary Purpose for the Report		
<input checked="" type="checkbox"/> ADVISORY To receive and note implications, may require discussion to help to shape/develop item.	<input checked="" type="checkbox"/> ASSURANCE To assure the Committees that controls and assurances are in place.	<input type="checkbox"/> APPROVAL Recommendation or particular course of action.
Recommendations		
<p>The Boards are asked to:</p> <ul style="list-style-type: none"> Note the instruction from NHSE for ICB clusters to become merged ICBs 		

Executive Summary of the report

NHS England wrote to all ICBs to confirm whether their current cluster footprint can be merged into a single ICB from 1 April 2027 in a way that aligns with confirmed or reasonably anticipated strategic authority footprints, as required by the Government’s 10 Year Health Plan.

If it does align, ICB should confirm this; if it doesn’t, they must either propose the minimum boundary changes needed or provide evidence explaining why alignment is not “feasibly possible”.

They are expected to engage MPs and local authorities before responding by 14 July 2026, and must consider health inequalities, equality duties, and how any added complexity would be mitigated.

Middlebrook-Claire
 11/06/2026 14:17:57

Please select which of the LLR ICB Strategic Objectives/NICB Core Aims relate to the report?

<input checked="" type="checkbox"/>	Improve Outcomes - Improve outcomes in population health and healthcare	<input checked="" type="checkbox"/>	Health Inequalities - Tackle inequalities in outcomes, experience, and access
<input checked="" type="checkbox"/>	Value for money - Enhance productivity and value for money	<input checked="" type="checkbox"/>	NHS Constitution - Deliver NHS Constitutional and legal requirements
<input checked="" type="checkbox"/>	Social and economic development - Help the NHS support broader social and economic development		

Conflicts of interest – Please select

<input checked="" type="checkbox"/>	No conflict identified
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting

Board Assurance Framework Risk - Please insert BAF risk identified in report

LLR ICB BAF No: 10 and 11	NICB BAF No: 9
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Appendices	Appendix 1 – letter to ICBs re clustering from Glen Burley
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Who has been engaged and where else has this report been considered:

Transition and Transformation Committee – Time out session: May

Transition updates to Joint Executive Team - June

Implications: Select which of the following implications need to be considered

<input checked="" type="checkbox"/>	Quality & Patient Safety	<input checked="" type="checkbox"/>	Legal	<input checked="" type="checkbox"/>	Equality, Diversity & Inclusion		
<input checked="" type="checkbox"/>	Environmental	<input checked="" type="checkbox"/>	Data & Digital	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Workforce

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Joint Transition Assurance Report

June 2026

Introduction

1. As part of the Government's ambition to reduce the running costs of Integrated Care Boards (ICBs), several systems across England have entered clustering arrangements. This has involved ICBs coming together to share leadership, executive teams and functions, while remaining independent statutory bodies. Clustering has been an important step in reducing overheads and releasing greater resource for frontline care.
2. ICBs have recently received formal correspondence from NHS England setting out the expectation that cluster arrangements now move towards full organisational merger. This represents a natural next step in the transition journey from clustering to a single statutory body and aligns with the 10-Year Health Plan commitment to ensure that ICB footprints align with strategic authorities wherever feasible.
3. Merging two ICBs into a single organisation is expected to deliver significant benefits, including a more unified strategic direction, reduced duplication, and improved efficiency. A single ICB strengthens financial resilience, enhances workforce capacity, and supports more consistent and timely decision-making across a wider footprint. It also delivers a single constitution with efficient governance arrangements.
4. The ICB will now actively to engage MPs and local authorities as requested by NHS England before responding formally by 14 July 2026. During this process the ICB will consider health inequalities, equality duties, and how any added complexity would be mitigated.

Recommendations:

The Board is asked to:

- Note the instruction from NHSE proposal for clustered ICB to become merged ICBs from 1 April 2027.

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Appendix 1

Middlebrook-Claire
11/06/2026 14:17:57

To: Anu Singh
Toby Sanders

cc. Dale Bywater

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

2 June 2026

Dear Anu & Toby,

Merger of ICB clusters on settled footprints

Moving from ICB clusters to merged ICBs will allow the achievement of further efficiencies and full focus on strategic commissioning. Therefore, it is proposed that on 1 April 2027, ICB clusters will be replaced by merged ICBs serving populations of at least 1.5 million. It is anticipated that ICB clusters, where the footprint is aligned to confirmed, or reasonably anticipated, strategic authority footprints, will be merged on those footprints.

In the 10 Year Health Plan the Government committed to aligning ICB footprints with strategic authorities (one or more) 'wherever feasibly possible'. Parliament has recently passed the English Devolution and Community Empowerment Act 2026 which will streamline the establishment of strategic authorities and the devolution of powers, subject to local consent. In addition, it is expected that this summer the final unitary authority footprints – replacing two tier county and district councils – will be decided ahead of implementation on 1 April 2028. These milestones, combined with the benefit that early certainty on footprints will give to staff and partners, means now is the right time to address this commitment.

We are consulting you on delivering this 10 Year Health Plan commitment, ahead of NHS England deciding in September the ICB boundaries to be implemented on 1 April 2027. You are expected to engage local partners before responding to your Regional Director by 14 July 2026. In particular, we would strongly encourage you to engage actively with local MPs, and also with the local authorities covering your areas, and where you have them, strategic authorities. Your local engagement will be important for understanding local priorities, including on the future establishment of strategic authorities and devolution. We encourage you to engage meaningfully at political and senior officer level to be able to understand and reflect back to us the views of these key stakeholders, in particular their views on the impacts of ICB boundaries on their ability to support the delivery of local services.

Your response should:

- Confirm your current cluster footprint, on which it is proposed you will merge, aligns to confirmed or reasonably anticipated strategic authority footprints.
- If the above does not apply, submit suggested minimum boundary changes that would be necessary to merge on confirmed or reasonably anticipated strategic authority footprints, or
- Explain why it is not 'feasibly possible' to amend your cluster footprint to merge fully on confirmed or reasonably anticipated strategic authority footprints, including due to significant uncertainty on the footprints of any strategic authorities that may be established in future.

NHS England, DHSC and MHCLG officials stand ready to engage with you on these points where helpful or where there is a lack of local clarity.

In all cases your response should consider the impact on health inequalities and delivery of the Public Sector Equality Duty, as well as any other legal duties you consider relevant and necessary to take into account.

Where you are making the case that it is not 'feasibly possible' to align to a confirmed or reasonably anticipated strategic authority (one or more), you should include an explanation supported by evidence and address how added complexity for partnership working will be mitigated (suggest in total no more than 10 sides of A4).

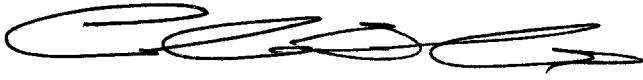
As noted above, the footprints of unitary authorities replacing county and district authorities will not be confirmed until later this summer. Alignment with upper tier local authorities, responsible for social care and public health, is important for simplicity in co-commissioning and particularly in the context of developing the neighbourhood health service overseen by the health and wellbeing board. If your ICB proposes non-alignment not only with a strategic authority or authorities but also with an upper tier authority, then you must provide evidence for why that is in the best interests of those in receipt of both health and care services, and share feedback from your stakeholder engagement with local and strategic authorities that reflects how sensible governance arrangements would be established. Mitigations must be described having been developed with local authority partners.

Regional teams can support dialogue across ICBs and where appropriate regional boundaries.

After you have submitted your responses, we may come back to you for clarification in the context of cross-government discussions and progress on the Government's devolution and local government reorganisation priorities.

For further details of this process, including on engagement, please see our [guidance on implementing ICB mergers and boundary changes for April 2026 and 2027](#).

Yours sincerely,



Glen Burley

Deputy Chief Executive,

NHS England.

Middlebrook-Claire
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