Board Meetings in Common

Thursday 16 July 2026, Post Mill Centre, Market Street, South Normanton, Derbyshire, DE55 2EJ

Chair's Report - Highlights

The Chair reflected on the publication of Donna Ockenden's review into maternity services at Nottingham University Hospitals NHS Trust and Baroness Amos' national maternity and neonatal review. Members acknowledged the experiences shared by families and reaffirmed the Board's commitment to ensuring learning is translated into meaningful and lasting improvement across maternity and neonatal services.

The Board also noted the conclusion of evidence hearings for the Nottingham Inquiry and received assurance that robust governance arrangements remain in place to oversee quality and regulatory concerns at Nottinghamshire Healthcare NHS Foundation Trust, with ongoing support and challenge from local, regional and national NHS leaders.

Members heard updates on progress with the ICBs' organisational redesign and nationally mandated cost reductions, recognising the resilience of staff throughout a period of significant change. The Chair also highlighted ongoing engagement with partners on neighbourhood health, potential future ICB mergers and the development of Neighbourhood Health Centres across Derbyshire, Lincolnshire and Nottinghamshire.

Chief Executive's Report - Highlights

Following on from the Chair's report, the Chief Executive discussed the maternity reviews. Families had been failed, both locally and nationally. The ICBs need to ensure that all commissioning levers are applied to bring about lasting and sustainable improvements in maternity and neonatal care. The Board heard that a detailed assessment of all required actions is being developed, bringing together recommendations from both reviews and NHS England's Maternity and Neonatal 10 Point Plan. Board members welcomed that a comprehensive action plan and progress report will be presented to the next meeting to provide ongoing assurance that changes are being delivered and embedded across the system.

The Board discussed the publication of Lord Mann's review into racism and antisemitism in the NHS. Members agreed to adopt the Government's definition of anti-Muslim hostility and reaffirmed their commitment to completing new anti-racism training when it becomes available.

Updates were also provided on the Government's Health Bill, cyber security, publication of the ICBs' annual reports and accounts, mental health inpatient transformation, industrial action, hospice commissioning, neighbourhood health development and implementation of the NHS Leadership and Management Framework.

Citizen Story - Team Up

The Board heard how the Team Up neighbourhood health model brought together multidisciplinary professionals to rapidly support Barbara, an 87-year-old woman living with dementia, enabling her to remain at home and receive end of life care in line with her wishes.

Members heard how coordinated care involving primary care, community services, adult social care and specialist professionals provided practical and emotional support for Barbara and her family. The story demonstrated the benefits of integrated neighbourhood working and the positive impact of timely, person-centred care.

The Board welcomed evidence that Team Up has released over 3,000 hours of GP capacity, prevented 262 hospital admissions, avoided 429 attendances at Accident and Emergency and reduced pressure on ambulance services through enhanced falls responses. They also discussed the importance of supporting people at an earlier stage to improve outcomes.

Population Health Strategy: Frailty and End of Life Care

The Board reviewed the first strategic progress report against the Five-Year Population Health Strategy, establishing a baseline for measuring improvement in frailty and end of life care over the next five.

The Board recognised that while frailty and end of life care affect a relatively small proportion of the population, they account for a disproportionate level of emergency demand and hospital utilisation. The report highlighted positive progress in identifying people approaching the end of life and strengthening advance care planning, while recognising that further work is needed to reduce variation and avoid unnecessary hospital use.

Board members welcomed the approach as being much broader than the traditional focus on cancer services.

Members supported a stronger neighbourhood-based approach focused on prevention, proactive care planning and reducing avoidable hospital admissions.

Working With People and Communities

The Board received the annual reports on working with people and communities. The reports provided assurance that the ICBs are meeting their statutory duties to involve people in the planning, design and delivery of services and are strengthening arrangements to ensure diverse voices, particularly those from underserved communities, are heard.

The Board supported a stronger focus on co-production and community partnership working and stressed the importance of ensuring that local people remain at the centre of decision making and service improvement. They encouraged the ICBs to draw on the best practice from the strong examples set out in the reports.

Board members emphasised the vital role that the voluntary, community and social enterprise organisations play in helping to understand local needs, reach disadvantaged groups and develop services that better reflect the experiences of local communities. This approach will continue to underpin delivery of the Five-Year Population Health Strategy, neighbourhood health plans and the wider ambition to provide more personalised, joined-up care closer to home.

Annual Statements on Health Inequalities

The Board received the annual statements on health inequalities and reviewed progress to address differences in health outcomes across local communities.

The Board recognised that neighbourhood health services, integrated care models and partnership working will play a key role in improving access, outcomes and experience for underserved communities. They emphasised the important partnership role of Public Health colleagues and Health and Wellbeing Boards to address inequalities.

Reducing inequalities remains a core priority within the Five-Year Population Health Strategy and Strategic Commissioning Plan, with population health management approaches being used to better target support and resources where they are needed most.

Finance, Quality & Assurance

Quality Governance

The Board received a report outlining the new Approach to Quality for 2026/27 across the three ICBs. The approach is designed to support the transition to a strategic commissioning model, while maintaining a strong focus on patient safety, service quality and continuous improvement. Shared quality priorities include access and waiting times, maternity and mental health safety, reducing health inequalities, workforce sustainability, clinical effectiveness, digital transformation, and safeguarding.

Board members were assured that the new oversight arrangements will be aligned and underpinned by partnership working to enable a more insightful flow of information. A cluster-wide System Quality Group has been established to bring together providers and partners to share intelligence, identify emerging risks and support coordinated improvement activity.

The Board requested more information about primary care quality issues. The next Quality Oversight Report will include a description of oversight arrangements for primary care services.
The new quality governance arrangements will strengthen the identification, monitoring and management of quality risks and ensure intelligence from across the system informs commissioning decisions and improvement activity.

Quality Oversight

Overall, the quality position across the ICBs' footprint remains mixed, with robust oversight arrangements in place for organisations and services subject to escalated or enhanced monitoring. No new system-wide risks have emerged that cannot be managed through existing governance arrangements; however, sustained pressures in urgent and emergency care, workforce capacity, infection prevention, and maternity services continue to require close oversight.

The Board welcomed the report and requested that the most critical quality issues are highlighted in future reports with information about how these are being addressed.

Board members noted that quality data and concerns are considered by the ICBs' Commissioning Oversight Group, which enables potential issues to be identified and triangulated to support assurance and a robust responses from providers.

Commissioning Oversight
The Board reviewed progress in developing commissioning oversight arrangements for the new operating model and heard how new programme boards and governance structures are being used to provide greater focus on delivery, performance, quality and outcomes. Members noted that these arrangements support the ICBs' role as strategic commissioners and are aligned with the Five-Year Population Health Strategy and Strategic Commissioning Plan.

The Board received assurance that work is underway to accelerate Integrated Neighbourhood Teams, improve care coordination, develop neighbourhood-based models of care and shift activity from hospitals into community settings. These priorities are expected to make an important contribution to reducing emergency attendances, hospital admissions and bed occupancy while improving outcomes and patient experience.

Board members urged the ICBs to apply appropriate challenge and scrutiny to some provider responses on underperformance.

Finance
All three ICBs are delivering in line with plan year-to-date. The full-year forecast across all organisations is also aligned to plan, reflecting a stable position at this early stage of the financial year.

Risks and mitigations remain aligned to plan and continue to be actively managed across all systems. Common pressure areas across the three ICBs remain in line with plan assumptions, particularly within continuing healthcare and mental health services. Maintaining grip on efficiency delivery and actively managing demand pressures will be key to ensuring delivery of the financial position over the remainder of the year.

Across the agenda, the Board considered how the ICBs continue to evolve as strategic commissioners, with a strong focus on neighbourhood health, population health improvement, quality oversight and partnership working to improve outcomes for local people.