Classification: Official

Rebecca Farmer
Director of System Co-ordination and Oversight
Wellington House
133-155 Waterloo Road
London
SE1 8UG

E: Rebecca.farmer14@nhs.net

W: www.england.nhs.uk

Sent via email

Dr Kathy McLean OBE
Chair of Derby and Derbyshire Integrated Care Board

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Dear Kathy

Annual assessment of Derby and Derbyshire Integrated Care Board's performance in 2025/26

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This has been a particularly challenging year for ICBs, marked by significant system-wide pressures and continued organisational change. In parallel, ICBs have been required to adapt to an evolving operating model, while maintaining a clear focus on statutory duties, system leadership and delivery for local populations.

Against this backdrop, we recognise the complexity of the task facing your organisation and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. We also acknowledge the additional burden created by structural changes, and the need to maintain stability and continuity across systems during a period of transition.

In reaching this assessment, we have considered evidence from the ICB's annual report and accounts, available performance and assurance data, feedback from partners and stakeholders, and the discussions our team has held with ICB colleagues over the course of the year.

While this annual assessment is a statutory requirement, we have sought to ensure that it is balanced and proportionate, recognising both the need to assess performance against statutory responsibilities and the realities of the organisational change that has taken place during the year.

We remain committed to working constructively with you, building on learning from the year, and supporting ICBs as roles, responsibilities and arrangements continue to evolve.

We would like to thank you, your Board and your wider team for your leadership and continued commitment during a demanding period of change. We look forward to continuing to work with you in the year ahead.

Yours sincerely

Rebecca Farmer
Director of System Co-ordination and Oversight, Midlands, NHS England

Cc. Dale Bywater: Regional Director, Midlands, NHS England
Amanda Sullivan, ICB Chief Executive for the Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire (DLN) Cluster
Diane Gamble, Deputy Director of System Co-ordination and Oversight, Midlands, NHS England

Section 1: ICB performance assessment

Overall, the ICB shows good progress in primary care, population health infrastructure, governance, partnership working and elective recovery. However, delivery remains inconsistent across core operational standards, with sustained underperformance in cancer, urgent and emergency care (UEC), mental health access and system productivity. This reflects a system improving in capability but not yet translating this consistently into sustained outcomes.

Population health management has developed further, with a Population Health Management Director in post, progress on information governance and linked datasets, and the Strategic Analytics and Intelligence Unit providing a stronger platform for visibility at Neighbourhood level. Improvements were seen in flu and COVID vaccination uptake compared with regional peers, alongside hypertension treatment, early cancer diagnosis and ethnicity data quality. However, progress remains uneven, with deprivation gaps and some key indicators below average.

Primary care was a relative strength. The ICB delivered key contractual digital requirements, achieving 100% compliance in all areas except online GP registration but exceeded the 75% national target, achieving 77.8%. Community pharmacy contributed to access, with Pharmacy First supporting timely treatment and releasing GP and clinical capacity. The ICB was also above average in two of the Health Insights Survey but there has been significant variability across the year in the ‘ease of access’ target.

Elective performance showed some progress and system RTT performance was below target at 63.9%. Both acute providers overperformed against the 18-week Referral to Treatment plan, supported by the elective sprint, and the system achieved its planned overall waiting list reduction. The year-end position on long waits was disappointing with 57 patients waiting over 65 weeks at year end and 1.6% of patients waiting over 52 weeks at ICB level. Both acute providers missed their long wait targets and the ICB should ensure that there is a clear route to zero in the coming year.

For Cancer 62-day, the ICB performance of 67.04% was considerably below the 75% target and for the Faster Diagnosis Standard, performance was 75.4% against an 80% target, despite regional recovery funding, Cancer Alliance support and pathway improvement work. This is a key area for delivery focus in 2026/27 to meet increased national cancer ambitions, with shortfalls likely to disproportionately affect deprived populations given recognised variation in early diagnosis and outcomes across Derbyshire.

For urgent and emergency care, a range of delivery improvements were implemented during the year, including expansion of Same Day Emergency Care, operation of the Central Navigation Hub, and funding to support stroke ward improvements and urgent treatment centre development. Despite these actions, A&E 4-hour performance remained below the 78% target at 73.8%, while 12-hour waits

were 9.6% in March 2026, just within the national target of 10%. In 2026/27, delivery will require stronger ICB-led oversight, improved urgent community response referrals and progress on left shift.

The ICB delivered between 100% and 114% of planned activity for all of its mental health targets, and some key areas of performance improvement are acknowledged. Good practice was evident in suicide prevention and dementia diagnosis through psychiatric liaison services. Areas which require stronger oversight in 2026/27 include Average Length of Stay, Talking Therapies and Out of Area Placements.

The ICB faced challenges in achieving planned reductions for Learning Disability and Autism patients and ended the year 24% above plan for adults, and above plan for children and young people. Significant data quality and statutory reporting issues occurred during the year which took time to address. There is also an unresolved challenge in relation to the closed autism assessment waiting list for which the ICB needs to develop a clear recovery plan. Positively, learning from Lives and Deaths review timeliness improved significantly, with reviews completed within six months of notification increasing from 32% in June 2025 to 94% by February 2026.

Safeguarding arrangements are supported by partnership working across Derby City and Derbyshire, including leadership in adult and children's safeguarding boards and assurance against the NHS Safeguarding Accountability and Assurance Framework. In special educational needs and disabilities (SEND), Derbyshire remains subject to statutory intervention following an outcome of widespread and/or systemic failings. A recent review by the Local Area Partnership found that there is a willingness and commitment to continued improvement from all system leaders and the ICB is engaged in improvement activity, including annual SEND quality assurance meetings, strengthened EHCP quality processes, early-years neurodiversity pathway development and phased rollout of Community Nursing in Education Settings. However, some health-related actions have slipped, and oversight and clearer evidence of delivery impact is required in 2026/27.

Quality governance is supported by arrangements aligned to National Quality Board guidance and overseen through the Quality and Service Improvement Committee. Assurance draws on review of key quality metrics and the ICB has embedded the Patient Safety Incident Response Framework and strengthened patient safety capability. However, some services remain in enhanced oversight, and concerns remain that quality risks have not always been escalated or acted on in line with guidance. Complaints oversight is supported by policy and governance, but further evidence is required to provide assurance on whether complaints and wider patient experience insight inform improvement.

The ICB met its own statutory income and expenditure duty, delivering a £0.1m surplus against a breakeven plan and staying within its running cost allowance and delivering against its efficiency plan. However, the system was in the lowest performing quartile nationally in Quarter 4 2025/26 for financial performance and the

system position was £81.9m deficit, £36.9m adverse to the deficit support funding plan. System efficiency was £18.7m below plan, and productivity deteriorated by 0.5% against a regional average improvement of 2.4%. The adverse system position, below-plan efficiencies and deteriorating productivity raise concerns regarding confidence in delivery of the 2026/27 financial plan and additional scrutiny is place from NHS England.

The ICB reported progress against wider social, economic and environmental duties, including approval of the refreshed integrated care system Green Plan 2025–28, sustainability oversight, and stronger net zero and social value requirements in commissioning and procurement. The ICB has been rated as 'requirements mostly met' by NHS England. Innovation is evident through Pharmacy First and community pathways, alongside research activity through partnerships with the National Institute for Health and Care Research (NIHR) Applied Research Collaboration East Midlands, the University of Derby and programmes focused on inequalities. The next step is to show more clearly how impact is measured and scaled.

Section 2: ICB capability assessment

During 2025/26, Derby and Derbyshire ICB entered formal partnership arrangements with Nottingham and Nottinghamshire ICB and Lincolnshire ICB. These are known as ICB 'cluster' arrangements, which aim to support a more consistent and sustainable approach to strategic commissioning, while ensuring that each ICB remains focused on meeting the needs of its local population. The ICB cluster Board has provided strong system leadership during a challenging year, in which there have been significant financial, operational and quality issues to address, as well as ensuring that staff are well supported through organisational change.

Derby and Derbyshire ICB discharged commissioning responsibilities effectively during 2025/26, including delegated areas. This was evident in delivery of the primary care Access Improvement Plan and modern General Practice agenda, with online consultations available during core hours across 100% of practices from October 2025 and expanded Pharmacy First activity supporting access. For specialised commissioning, the ICB remained active in the formal Joint Committee and decision-making sub-groups.

The ICB has worked constructively with system partners, including NHS providers, Derby City and Derbyshire County Council, the voluntary and community sector and Health and Wellbeing Boards. Partnership working is established through the Integrated Care Partnership, Section 75 pooled budgets and Better Care Fund plans. However, Health and Wellbeing Board feedback indicates relationships are not yet as strong or consistent as they could be. Greater continuity, clearer strategic alignment, and stronger partner involvement in key ICB strategies, including the Population Health Strategy and Joint Forward Plan updates, would strengthen this.

The ICB has made effective use of public involvement, consultation and lived experience. Public Board meetings have heard directly from voluntary and community organisations, including groups representing people affected by health inequalities, carers and perinatal support needs. Engagement through Healthwatch, the Derby Health Inequalities Partnership and community workshops has informed the Joint Forward Plan and local response to the NHS 10 Year Plan.

Clinical and professional advice is built into the ICB's governance and decision-making. Executive clinical leadership, partner representation, the Clinical and Professional Leadership Group and the Quality and Service Improvement Committee provide routes for input on safety, effectiveness, safeguarding, quality improvement, pathway development and service change. The ICB could strengthen evidence showing how clinical advice, public engagement and lived experience influence commissioning decisions and delivery.

The ICB has considered the wider impact of decisions in line with the Triple Aim, including population health and inequalities, service quality and safety, and sustainable use of NHS resources. This was reflected in the Community Pharmacy Independent Prescribing Pathfinder Programme, enabling trained pharmacists at four community pharmacy sites to prescribe NHS medicines directly, improving access and reducing pressure on GP and urgent care services. The ICB's decision-making framework supports consideration of clinical effectiveness, value for money, outcomes and inequalities.

Section 3: Support and intervention

There were no formal legal enforcement actions or undertakings in place for Derby and Derbyshire ICB from NHS England during 2025/26. While the ICB was not itself in receipt of dedicated support interventions during the year, it participated in national and regional tiering oversight arrangements relating to the two acute trusts, focused on elective recovery and cancer performance.

Targeted support was provided across the system in key areas including SEND, mental health, cancer recovery, and learning disability and autism (LDA). This has contributed to strengthened governance and improved CYP LDA performance in quarter 4, although inpatient numbers remained above planned levels.

Conclusion

In forming this assessment, we have sought to take a balanced and proportionate view of your performance, recognising both what has been delivered and the complexity of the operating environment in which ICBs continue to function. We are encouraged by progress towards a more mature system of integrated care, with decision-making increasingly informed by, and responsive to, the needs of local people and communities.

We recognise that, for some systems, this assessment relates to an ICB that has since merged or transitioned into a new organisational form. This letter therefore reflects performance for the statutory body in place during the period assessed. NHS England acknowledges the pace of change across systems and is committed to working with you in your current configuration, supporting continuity, learning from predecessor organisations, and continued improvement as the new ICB develops and embeds its responsibilities.

I ask that you share this assessment with your board and senior leadership team and consider publishing it alongside your annual report at a public meeting. In line with our statutory responsibilities, NHS England will also publish a summary of the outcomes of all ICB annual performance assessments.