

Sent via email
Kathy McLean – ICB Chair
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Care Board

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Dear Kathy

30 July 2025

Annual assessment of Derby and Derbyshire Integrated Care Board's performance in 2024/25.

We are writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as “The Act”), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we have had with you and your colleagues throughout the year.

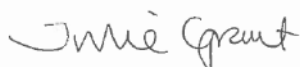
This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System (ICS) as well as how you have contributed to each of the four fundamental purposes of an ICS. In each section of our assessment, we have summarised areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress and performance improvement is required, detailing any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan. A key element of the success of Integrated Care Systems is the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this and where further specific work is required.

Thank you and your team for all of your work over this financial year, and we look forward to continuing to work with you in the year ahead.

Yours Sincerely,



Julie Grant
Director of System Co-ordination and Oversight – East Midlands

Cc Dale Bywater – Regional Director, NHS England – Midlands
Chris Clayton - Chief Executive Officer, Derby & Derbyshire Integrated Care Board

Section 1: System leadership and management

The ICB has demonstrated strong system leadership by fostering collaborative partnerships and establishing inclusive governance structures across Derby and Derbyshire, working closely with a range of partners, including Local Authorities and the Voluntary, Community, Social Enterprise and Faith (VCSFE) sector, with Social Care and Public Health representatives holding voting seats on the ICB.

Through its role in Joined Up Care Derbyshire Integrated Care System (ICS), the Integrated Care Partnership (ICP), the ICB connects diverse stakeholders to drive integrated health and care transformation. Local Place Alliances further support this by engaging communities directly to identify needs and co-develop responsive initiatives. These arrangements promote mutual accountability and shared ownership of system-wide goals, even amid resource constraints.

The ICB's Corporate Governance Framework sets out that in addition to the NHS executive who oversee delivery and performance of the system; there is also an ICS Executive (NHS and Local Authority Executives) to oversee broader system development. The framework anchors the board assurance process, system wide delivery groups and statutory and non-statutory committees – all feed into the integrated care board enabling strategic planning and effective management of risk.

In 2024/25 the ICB conducted a comprehensive governance review which prompted a change in the committee structure, the names and responsibilities of committees and an adjustment of membership/attendance. The revised structure was implemented from 1st April 2025.

The ICB commissioned a Board development programme in 2024/25 to enhance leadership skills and knowledge to lead effectively whilst strengthening working relationships between executives and non-executive directors; a full outcome report is due to be published in 2025/26. The system has previously implemented the fit and proper person test framework and continues to use this framework for Board development – this includes effective appraisals and values-based appointments.

The ICB published a refreshed Joint Forward Plan (JFP) in June 2024. The refresh focused on specific improvement objectives, particularly around prevention. The process involved active engagement with the public and partners, including Health and Wellbeing Boards (HWB); public workshops were held in early 2025 to gather feedback for the NHS 10-year plan and this will contribute to the ongoing development of the JFP. The ICB is increasingly aligning its strategies and plans to target resources where they can most effectively improve outcomes and reduce health inequalities. Feedback from the HWB and ICP is fairly positive, however, more engagement is requested for the refresh of the JFP.

The ICB pursues the NHS 'Triple Aim' by enhancing population health through initiatives like "Team Up Derbyshire," which keeps residents healthier, improves care quality through personalised delivery, and streamlines access to integrated care pathways. The ICB embeds Triple Aim principles into all schemes, with quality and equity underpinning every decision, supported by Equality Impact Assessments and active public participation in contract reviews and strategy development. Financial sustainability is central to its approach, achieved through rigorous budget monitoring, disciplined cost controls, and proactive contract negotiations. As a result, the system has made measurable progress by increasing GP appointments, reducing surgical waits, bolstering emergency and cancer care, and expanding inpatient facilities for severe mental illness, while

preventative measures such as hypertension detection, women's health hubs, and enhanced end-of-life care to further support community wellbeing.

Whilst clinical leadership is formally embedded within the ICB's governance structures, the overall impact and consistency of its influence across the system remains an area for continued focus. The Clinical and Professional Leadership Group (CPLG) provides a platform for strategic input, with representation on the Board and regular engagement activities. Tools such as pathway development frameworks and decision-making flowcharts have been introduced, but their effectiveness in driving system-wide change is yet to be fully demonstrated.

A People and Culture Committee has been set up to oversee the development, delivery, and implementation of the ICS People Strategy, and the ICB has embedded health and wellbeing metrics into system performance reporting which has contributed to an improvement in absenteeism, retention and attrition rates.

NHS England delegated direct commissioning functions for pharmaceutical, general ophthalmic services and dentistry (POD) to ICBs in April 2023. The ICB is a member of a formal Joint Commissioning Committee with four ICBs in the East Midlands to jointly exercise its delegated commissioning functions, which included some specialised commissioning services from April 2024.

In August 2024, NHS England completed a primary care assurance framework which assessed the ICB as 'substantial', meaning that the ICB was discharging the delegated function safely, effectively and in line with legal requirements but one or two processes were not running effectively, exposing possible risk and issues in discharging the function. The ICB has continued to work towards 'full' assurance throughout the year.

Section 2: Improving population health and healthcare.

The ICS faced a challenging year in meeting its 2024/25 Operational Plan. The ICB worked closely with NHS regional teams to oversee provider performance, holding regular system review meetings and provider oversight meetings.

It was disappointing that the system did not achieve its ambition to eliminate 65-week waits. Despite improvement in the second half of the year, supported by initiatives such as insourcing and outsourcing, the system still had 142 patients waiting over 65-weeks at year-end. The system encountered challenges in adhering to the provider accreditation scheme and should focus on engagement across key improvement programmes in 2025/26 with the introduction of clear, system level oversight to assure delivery. University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) received Tier 2 support for elective during the year and continues to do so in 2025/26.

The ICB did not meet the Operating Plan requirement to reduce community waiting lists and the number of 'Over 52 Week Waits'. We were concerned to see that the number of community patients waiting over 52 weeks reached 2,941 at year-end. Whilst we note a small reduction in the CYP waiting list, overall progress in this area remains limited and we expect to see greater reductions in 2025/26.

Cancer performance improved year-on-year. It was pleasing to see that the system achieved the 62-day target, reporting 72.7% against a target of 70% and the Faster Diagnosis Standard was marginally missed, with performance at 76.1% compared to the ambition of 77%. UHDB was stepped down from NHS England's Tier 2 cancer support during 2024/25 and now benefits from a robust cancer governance framework, with pathway transformation remaining a strategic priority. The ICB has a clear plan to meet the target in 2025/26 and should ensure that it is delivered.

The system fell short of its urgent and emergency care performance targets. The 4-hour A&E (all types) performance was 76.4% in March against a national target of 78%. The 12-hour in-department breach rate stood at 6.4%, exceeding the 5% target. Notable challenges included overnight delays and mental health-related Emergency Department pressures, although improvements were seen in managing mental health presentations by year-end. Good practices include progress with the Single Point of Access (SPoA), effective weekend planning, a robust bariatric discharge pathway, and implementation of the 45-minute ambulance handover protocol. Strong governance and a compliant 2025/26 plan provide a foundation for recovery.

The ICB continues to support UHDB with significant maternity challenges and has jointly led, with NHS England, the oversight and assurance processes to ensure quality improvement. UHDB continues to be in the Maternity Safety Support Programme (MSSP) and receives dedicated quality improvement offers from the regional perinatal team; both will extend into 2025/26. Not all trusts in the system demonstrated they achieved the Maternity Incentive Scheme or were fully compliant with Saving Babies' Lives Care Bundle.

Primary care performance across Derby and Derbyshire in 2024/25 showed positive momentum, with general practice appointments exceeding the annual target (5.3 million vs. 5.1 million). The number of face-to-face consultations and patients seen on the same day both improved. Governance structures are in place, supported by an action plan and oversight from the Primary Care Sub-Group. Despite these gains, challenges remain, including appointment demand exceeding capacity and underperformance in dental access; only 85.4% of dental activity targets were met against a 96% national benchmark.

There were governance improvements in Mental Health and Learning Disabilities and Autism, with strategic oversight led by a System Delivery Board. The ICB generally performed well across all performance targets. Challenges remain, including high levels of out-of-area placements and this is a key priority in 2025/26 alongside reducing length of stay, expanding children and young people's (CYP) mental health access, and implementing Mental Health Support Teams in line with national standards.

The ICB has established strong leadership and governance for CYP, delivering a wide range of services across mental health, neurodevelopment, and safeguarding. While progress is evident, further work is needed to strengthen assurance and reduce waiting times.

The ICB is contributing to a structured improvement programme for SEND following significant failings identified in Derbyshire. The system remains in early recovery and must accelerate progress in 2025/26, particularly in neurodevelopmental services where demand exceeds capacity. Derby City's performance is untested ahead of inspection.

The ICB has demonstrated compliance with statutory safeguarding responsibilities through its executive leadership and through use of national Standard Operating Procedures. In 2024/25, it

delivered nationally recognised work, including the “Keeping Babies Safe” strategy and contributions to the Safeguarding Adult Review, “William.”

The ICB is working to move care into communities through integrated place-based approaches. The ‘Team Up Derbyshire’ programme exemplifies this transformation, bringing together health, care, and voluntary sector partners to deliver coordinated support at neighbourhood level, particularly for people with complex needs. Supported by ICB investment, the initiative is helping prevent 1000 unnecessary hospital visits and 700 unplanned admissions each year.

The ICB has engaged in specific initiatives to develop personalised care, focussed on empowering individuals, integrating services, and using technology to provide more tailored support; for example, acute home-visiting pilots were established in Erewash, Derby, and Chesterfield where a range of professionals, including nurses, therapists, paramedics, and social care practitioners, deliver tailored home visits, aimed at preventing hospital admissions.

The ICB has launched two Women’s Health Hubs (WHH), with delivery of the eight core services, ensuring tailored support and timely interventions for women in the community. Additionally, the system confirmed that WHH provision will continue at both hubs throughout 2025/26.

The ICB has embedded public involvement into its governance and planning, using tools like Derbyshire Dialogue, participatory research, and community-led initiatives to shape services. Through partnerships with the VCSFE sector, regular engagement forums, and targeted programmes such as WHH and Barrow Hill health hub programme, the ICB ensures local voices influence decision-making. This approach supports strategic planning, service change, and the development of the Joint Forward Plan.

Section 3: Tackling unequal outcomes, access, and experience.

The ICB has a Health Inequalities (HI) strategy focused on starting well, staying well, and ageing well, targeting early childhood development, major preventable diseases, and healthy ageing. HI and prevention continue to be key priorities in the operational plans, supported by Quality / Equality Impact Assessments to ensure inclusive, equitable service delivery.

The system has developed a health inequalities dashboard aligned with NHS England’s five priority areas and the Core20PLUS5 framework and has established a Prevention and Health Equalities Board. Initiatives include training Core-Plus Ambassadors and integrating Health Inequalities (HI) considerations into strategic decision-making. The ICB has published its response to NHS England’s Statement on information on health inequalities in its 2024/25 Annual Report. Other challenges include funding for Primary Care Network (PCN), HI leads and the need to strengthen communication between system boards and frontline providers.

The ICB has shown a strong commitment to developing its approach to population health through technological developments, while it did not meet the criteria for the Population Health Management (PHM) pilot, the ICB remains engaged in advancing this work. The system has integrated local health and social care data through the Derbyshire Shared Care Record (DSCR), breaking down traditional barriers and enabling a comprehensive view of patient information. The system is expanding DSCR to include hospices, care homes, community pharmacies, and additional healthcare providers. Additionally, the ICB has adopted the Federated Data Platform,

which supports data-driven decision making to identify at risk populations and strategically plan and commission services.

The ICB has taken several steps to restore priority services in an inclusive way, with a focus on reducing HI and improving data quality. Derbyshire Community Health Services NHS Foundation Trust has completed initial waiting list disaggregation work and implemented a High Intensity User programme. Some improvements in ethnicity data recording are noted, particularly in Primary Care, but further progress is required across all services.

The ICB has made progress in accelerating preventative programmes for those at increased risk of poor health outcomes, particularly through improved identification and management of physical health comorbidities in adults with mental health conditions. The rollout of a transformed service model and increased uptake of all six key health checks in primary care reflect this focus. The 'community hypertension outreach programme' in Derby is another good example of prevention work taking place.

The ICB made progress in delivering its prevention programmes in last year, however, Derbyshire remains a national outlier for low Digital Weight Management referrals and GP engagement. Tobacco dependency service referrals are being tracked but performance against targets is unclear. The lack of detail in the five-year CVD prevention plan highlights a gap in reporting and measurable outcomes. An area of note is that the Alcohol Care Team (ACT) collaborates closely with mental health services.

Section 4: Enhancing productivity and value for money.

The ICB faced significant financial pressures in 2024/25, partly driven by rising demand in mental health and urgent care, and primary care contracting arrangements. These were partially offset by underspends in other services, efficiency gains, and reduced administrative costs. The ICB reported a £1.4m surplus, which was £22.4m below plan, due to the planned use of a system risk pool to manage in-year pressures. The system overall delivered a breakeven position, in line with plan.

The system delivered total efficiency savings of £166.2m against a planned target of £169.6m. The ICB met its in-year efficiency target of £47m; however, it underachieved against its recurrent Cost Improvement Plan (CIP) by £2.9m highlighting the continuing need to deliver sustainable, long-term efficiencies.

In 2024/25, the system's agency spend was £33.6m, £8.1m below the national cap of £41.7m but £5.9m above the planned spend of £27.7m. Despite this variance, agency costs represented 1.9% of total staff spend, remaining below the system, regional, and national thresholds. Additionally, bank spend reached £86.9 million, significantly exceeding the planned £55.9 million. For 2025/26 the system has been set an agency cap of £23.77m and a bank target of £64.26m and further work is required to ensure providers develop medium-term financial plans alongside the delivery of financial commitments in the short term. This approach will need to be scaled up and accelerated to return the system to balance.

The ICB has made steady progress on its digital transformation agenda during 2024/25, with advancements across both primary and acute care. Key developments include the rollout of digital tools in general practice, early-stage implementation of a unified electronic patient record across

acute trusts, and in diagnostics the system is hosting and developing the Pathology Integration Engine. Digital transformation progressed in Primary Care, with 15 practices transitioning to cloud-based telephony and a 40% year-on-year increase in video/online consultations (28,500). These efforts demonstrate a system-wide commitment to modernising care delivery and tangible progress during the 2025/26 period.

There is a Federated Data Platform Oversight Group, which supports the strategic use of data platforms. Looking ahead to 2025/26, priorities include further development of PHM tools, advancing the 360-cancer solution pilot, expanding adoption of the Optica platform, and addressing ongoing challenges with primary care data.

In 2024/25, the ICB appointed an Executive Lead for Research and ratified the ICS Health and Care Research Strategy 2024–2029. The Derbyshire Research Forum, chaired by the Chief Medical Officer, co-ordinates activity across NHS providers, local authorities, universities, and public contributors. Inclusive engagement has been promoted through initiatives like the REBALANCE network and ‘Valued Voices’ charter but the integration of research into system-wide planning remains limited. Partnership working and collaboration has developed through initiatives such as the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (East Midlands). However, collaboration with research partners needs to be strengthened and the ICB should ensure that research is embedded into healthcare planning and decision-making to maximise its impact.

Section 5: Helping the NHS support broader social and economic development

The ICB has supported the wider strategic priorities of the system by contributing to initiatives aimed at improving life expectancy and addressing health inequalities. There is a shared commitment to a whole-system approach, but significant disparities in health outcomes persist. The ICB’s role in fostering collaboration and aligning services with these broader goals is evident, though the scale and complexity of the challenge means that measurable progress remains ‘work in progress’.

The ICB has established itself as an anchor organisation by working with partners beyond healthcare to address the wider determinants of health, such as social, economic, and environmental factors. A system anchor charter has been agreed, with strategic focus on workforce and procurement initiatives including a project supporting economic opportunities for ethnic minority communities. As part of its work with Health and Well Being Boards, the Work, Health and Skills Integration Programme was launched to help reduce health-related economic inactivity. A baseline report has produced, key stakeholder engagement is underway, and a strategic overview has been developed to guide next steps.

The ICB is also a strategic partner of the University of Derby, supporting regional wellbeing and development. In 2024/25, it developed a social value procurement strategy to leverage collective purchasing power and promote sustainability. The System Anchor Partnership’s work is being embedded into the ICP Strategy, aligning with key enablers and the Start Well, Stay Well, and Age/Die Well priorities.

The ICB has embedded equality, diversity, and inclusion (EDI) into its strategic and operational frameworks, aligning with national standards and statutory duties. The system uses frameworks such as Equality Impact Assessments, inclusive procurement practices, and equality analysis in

decision-making. The ICB also ensures that healthcare providers demonstrate awareness of and are responsive to the needs of diverse populations. It utilises the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) which have indicated an improved representation in both areas but further improvement in staff experience is required.

The ICB continues to demonstrate strategic leadership on sustainability, contributing to regional green initiatives and progressing its Green Plan. Whilst there has been positive movement in areas such as low-emission transport and provider engagement, overall system performance remains mixed. Several environmental targets have not yet been met, and inconsistencies in procurement compliance, decarbonisation planning, and funding uptake highlight the need for more coordinated and sustained action across the system moving into 2025/26.

Conclusion

In making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and we look forward to working with you to support improvement and performance throughout your system.

We ask that you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.