

Sent via email

Kathy McLean – ICB Chair
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Integrated Care Board

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Dear Kathy

30 July 2025

Annual assessment of Nottingham and Nottinghamshire 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.

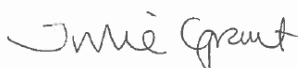
This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 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 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
Amanda Sullivan - Chief Executive Officer, Nottingham & Nottinghamshire ICB

Section 1: System leadership and management

Overall, the ICB has provided strong system leadership during a challenging year, in which there have been significant finance, operational and quality issues to address. Partnership engagement is a clear strength of the ICB and there is strong evidence of extensive engagement with partners in the development of strategies and plans, including voluntary, community and social enterprise sector leaders, Healthwatch, and local elected Representatives. Specific workshops and meeting discussions were held with the two Health and Wellbeing Boards to ensure that the Joint Forward Plan (JFP) plan was aligned to their strategies, and their statements of support were included in the JFP. The Integrated Care Partnership (ICP) strategy refresh was completed in March 2025, following workshops held with over 150 stakeholders, and a Partners assembly. There is clear alignment between the JFP and the ICP strategy core aims of Prevention, Equity and Integration.

The leaders of partner organisations across the ICS have signed a Partnership Agreement which sets out their core values and demonstrates their collective commitment to working effectively together for the benefit of their communities and residents. Feedback from the ICP is positive, commenting on good alignment of plans and effective working, but indicating that the ICB could focus more on influencing providers and Primary Care to support delivery of plans to shift care to prevention.

To develop the annual Operational Plan, the ICB and NHS partner organisations worked well together through a weekly System Performance Group to ensure alignment and coherence of individual organisations' plans with the overall system position and to collectively mitigate risks. The Operational Plan development process for 2024/25 was acknowledged as robust, requiring one of the lower levels of NHS England oversight within the region. Development and delivery of the plan is overseen by the ICB Finance and Performance Committee.

The ICB has an established ICS Clinical and Care Professional Leadership Group, which is responsible for the development of clinical policy and ensuring that clinical transformation plans lead to desired outcomes. The Group is supported by a Clinical Design Authority which provides expertise to support clinical transformation, commissioning and ICB decision-making arrangements.

The ICB has a robust governance structure, and the Corporate Governance Report provides detail of the ICB Committee structure, each committee's governance role and the interaction and linkages between each. To assure the effectiveness of the Board Committees, an independent review was conducted by the ICB's internal auditors, and 'substantial assurance' was provided.

NHS England delegated direct commissioning functions for pharmaceutical, general ophthalmic services and dentistry (POD) to ICBs in April 2023 and Nottinghamshire ICB is the East Midlands host ICB for POD commissioning. The ICB has established a formal Joint Commissioning Committee with four other 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.

The ICB has a decision-making framework which is applied to all service change and resource allocation proposals, to ensure that the 'triple aim' is embedded in decision-making and evaluation processes. The framework includes a decision tree which incorporates all three elements of the triple aim, plus the ICB's separate fourth aim of any change having a positive social and economic impact. Decision-making is supported by a health inequalities dashboard and PCN-level system intelligence to identify cost effective use of resources.

In May 2024, NHS England agreed to accept enforcement undertakings with regard to the achievement of ICB financial duties and joint financial objectives between the ICB and its partner NHS organisations. The ICB has made good progress against all the key elements of the undertakings, including delivery of the 2024/25 financial plan. The ICB should ensure that it complies fully with the undertakings in 2025/26.

Section 2: Improving population health and healthcare

Regarding delivery of the 2024/25 Operational Plan, the system has faced challenges with the majority of its operational performance targets and A&E 4-hour is of particular concern. The ICB continued to strengthen its operational performance oversight function during 2024/25 and has led a weekly System Oversight Group with partner organisations to monitor progress against delivery of the Operating Plan objectives.

The plan to achieve zero patients waiting over 65-weeks was not quite achieved, with 125 waits recorded at the end of March 2025, however the majority of these were unavoidable in two areas: corneal treatment requiring tissue, where there has been restricted supply of tissue, and ear, nose and throat treatment where there have been recognised workforce challenges nationally. There was strong partnership working across the system providers through the elective hub and the ICB has provided oversight and support to providers, including managing relationships with the independent sector, to support elective recovery. The ICB should continue to focus on delivery of elective care plans for the coming year, ensuring that there are plans for developing the required capacity in challenged specialties, along with outpatient transformation plans.

The system fell short of the cancer 62-day target of 70%, delivering 65% in March 2025, however it did consistently meet and exceed the Faster Diagnosis Standard target throughout the year. It is disappointing to see an increasing demand for cancer referrals has increased the number of patients waiting longer than 62-days to 524 against a plan of 161 at year-end. The ICB has developed a clear plan to meet the target in 2025/26 and should ensure that it is delivered.

We were disappointed to see that the system reported 82.1% of patients waiting less than 6 weeks against a plan target of 84.5% and a national ambition of 95% for March 2025. There are two community diagnostics centres planned for opening in the coming year which will increase diagnostic capacity, however the ICB should aim to maximise existing capacity, ahead of these facilities opening, to achieve its plan.

The system was unable to achieve the A&E 4-hour (all types) performance target of 78%, delivering 67.6% in March 2025. However, we were pleased to see a reduction in ambulance handover time, due largely to the implementation of the 45-minute ambulance handover protocol at Nottingham University Hospitals NHS Trust (NUH) in December 2024, which was the first successful programme in the region. The ICB received support from NHS England and was placed in Tier 2 for Urgent and Emergency Care (UEC) in July 2024. NUH was one of 19 providers to receive targeted support for

UEC improvement ahead of Winter. The ICB should ensure that transformation plans are delivered, in particular, that type 3 performance is improved, and virtual ward occupancy is maintained.

In relation to Learning Disabilities and Autism, we were encouraged to see progress with 38 adult inpatients at the end of March 2025 against a target of 33 and pleased to see that the target was exceeded for children and young people. Although the target was not met, we acknowledge the progress made, with strengthened governance, oversight and partner engagement during the year to support unblocking of flow issues to facilitate discharges. The ICB has been allocated capital for 2025/26 for a new build scheme to support discharges and the ICB should ensure that this is delivered as planned.

The ICB has delivered the majority of its mental health performance targets for the year except for access to perinatal mental health where the ICB delivered 3.8% below the target of 1305 in March 2025. We were pleased to see a significant reduction in inappropriate out of area placements during the year, from 49 in April 2024 to 3 at year end against a target of zero.

The ICB has established a Women's Health Hub and delivers four of the core services. However, there was no additional investment last year. The ICB should continue to explore alternative delivery routes for the remaining core services.

The ICB narrowly missed the target for 'GP appointment within 2 weeks' target. The ICB has focussed on several key initiatives to improve access to Primary Care and has notably expanded the Pharmacy First service to cover around 98% of community pharmacies. There has been a 4% increase in units of dental activity delivered during the year but this equates to 83.8% against a target of 96%; this was one of the lowest performances in the region and an area where the ICB must make improvements in 2025/26.

We commend the ICB for the work undertaken to eliminate over 52 week waits on Adult Community Pathways, however we are concerned to see that the year-end outturn shows growth in the overall waiting list size for both Adult and CYP pathways which is not in line with the Operating Plan requirements.

The ICB has continued to face complex quality challenges within the system. The System Quality Group met quarterly, but following review with NHS England, it was agreed that a monthly meeting would be more appropriate to ensure that there is sufficient opportunity for intelligence-sharing and risk identification. The ICB has also reviewed its quality oversight arrangements for providers and continues to strengthen these.

NHS England has supported the ICB to address significant quality and safety concerns at Nottinghamshire Healthcare NHS Foundation Trust (NHFT) following the CQC's 'special review', which reported in March and August 2024, and also with developing a joint action plan for the ICB and NHFT in response to the recommendations in the report published in January 2025 following the independent investigation into the care and treatment provided to VC. There have been substantial improvements across a range of service areas, most notably with regard to community mental health and high secure services, as evidenced through the review of progress at the monthly 'improvement, oversight and assurance group' which is co-chaired by the ICB and NHS England; however there is still a lot more to do to ensure that improvement plans are fully implemented and the ICB should continue to make this a priority for the coming year.

NHS England has also continued to support the ICB to oversee quality improvements relating to maternity services at NUH, working with the Local Maternity and Neonatal System (LMNS). Significant progress has been made with improvements across a range of maternity metrics. CQC maintained its rating of 'requires improvement' for maternity services following its inspection in June 2024. The ICB has also supported NUH to respond to the requirements of the Independent Maternity Review which commenced in September 2022 and is due to complete in June 2026.

Both provider trusts have achieved full compliance with the safety actions set out in the NHS Maternity Incentive Scheme. However, there is more to do to ensure full compliance with the Saving Babies Lives Care Bundle.

Local safeguarding arrangements are clear and embedded within the ICB systems and processes. Routine quality assurance reviews on safeguarding between ICB and NHS England are in place and the ICB has discharged its functions in line with the NHS Safeguarding Accountability and Assurance Framework (2024) and with the suite of national Standard Operating procedures for the Safeguarding programme of work.

Following a poor inspection outcome in 2023, challenges have continued during the year in delivering timely and consistent support for children and young people with Special Educational Needs and Disabilities (SEND). Nottingham City, in particular, has seen a decline in statutory performance for Education, Health and Care (EHC) plans. Governance arrangements have been strengthened including an independently chaired SEND Improvement Board and a range of additional supporting workstreams and the ICB will need to work closely with partners to ensure that improvements are made prior to the next inspection which is expected in 2025.

Overall governance and oversight of children and young people (CYP) is strong and there is clear reporting for CYP which shows how the specific needs of CYP are being addressed by through improvements in access to mental health services and dental care, as well as embedding the 'Voice of the child' in safeguarding activities. However, the ICB should improve its reporting to include more detailed information on long-term care transformation and healthcare inequalities specific to CYP.

During 2024/25, the ICB has laid the foundations for its aim of moving more care from acute hospitals into the community and has a programme of work focussed on developing integrated neighbourhood teams (INT) which complements the work of PCNs and GP practice teams to offer proactive, coordinated and personalised care for people, focussing on those with the most complex needs e.g. frailty, multiple Long Term Conditions. The ICB has already made progress with developing a number of initiatives and a good example of this is the 'Best Years Hubs' in Newark and Sherwood which have been developed in nine neighbourhoods so far and focus on frailty, social isolation and access to health services in a community setting. The refreshed JFP and ICP strategy both clearly set out the transformation expected through the development of INTs.

The ICB is recognised nationally as a leader in shared decision-making and Personal Health Budgets and regularly shares good practice across the region both at regional meetings and individually by request. During 2024/25 the ICB has developed this work further through a range of initiatives, including for example, 'GreenSpace', which is a green social prescribing initiative focused on improving mental health through a closer connection to nature.

The ICB has supported processes to ensure that choice is offered and facilitated, including the continuation of its Referral Support Service and Elective Referral Hub to ensure that patients referred by their GP for a diagnostic test or specialist treatment are offered a choice of healthcare provider,

and the implementation of a Patient Initiated Digital Mutual Aid System (PIDMAS), which enables patients the ability to move provider when they have been waiting over 40 weeks for care.

Section 3: Tackling unequal outcomes, access and experience

Health inequalities is an area of strength for the ICB. Through the work of the Strategic Analytics and Intelligence Unit (SAIU) the ICB has access to comprehensive dashboards which include a breakdown of data by deprivation and ethnicity, enabling analysis to be carried out in relation to the 20% most deprived population and support decision-making. It has been recognised as one of the more advanced systems in the region for using data and a population health management approach to address population needs and health equity is a core principle of the Integrated Care Strategy and reflected in the JFP.

The ICB published its NHS England Statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) in its June 2025 Board papers.

The ICB has taken several actions this year to ensure that there is a strong focus on health inequalities which include ensuring all transformation programmes outline aims and ambitions for health inequalities, including analysis of equity and prevention based on corresponding population need. Senior Responsible Officers have been appointed to help drive forward cultural change, incorporating Core20+5 Health Inequality Ambassadors.

The ICS Health Inequalities and Innovation Investment Fund continues to provide resources to projects within the city and county which aim to reduce health inequalities by finding new ways of working, for example, the 'Best Years Hubs' referenced above.

The ICB has made good progress with its Prevention programmes. It continues to see the benefits of the 'Targeted Lung Health Checks' programme which provides CT scans to some of the most vulnerable residents and has seen one of the highest uptakes of the programme across the country. This has included people in Nottingham who experience Severe and Multiple Disadvantage, which is another noteworthy area of focus for the ICB. Another good example is the Cardiovascular programme where the "Hucknall Healthy Hearts" programme used population health data to target a range of health checks including blood tests, blood pressure, BMI and heart monitoring at over 500 people assessed as those most likely to benefit.

Section 4: Enhancing productivity and value for money

In 2024/25, the system's reported financial performance was £0.1m surplus against a plan of break-even. Within the reported value, the ICB delivered a break-even position. Total system efficiencies delivered were £256.9m against a plan of £257.0m. The ICB delivery was £72m against plan of £68.5m. Of this total, £45.2m (62.8%) was recurrent, increasing the recurrent efficiency requirement in future years.

The ICB has strengthened its already robust governance arrangements to ensure delivery of its financial plan, and this included the introduction of an executive Financial Sustainability Board to oversee the system-wide plans and mitigate risks collectively. The ICB is commended for its system leadership regarding financial delivery in 2024/25, which included supporting two providers who are in the NHS England's recovery support programme and have significant financial and quality challenges. The ICB will have to maintain and improve its robust governance arrangements in 2025/26 to deliver a similarly challenging break-even plan.

The system is 12.2% below 2019/20 productivity level but 3.7% above 2023/24. NUH was the most improved trust in the region in 2024/25 for productivity. Implied workforce Productivity Growth (new methodology) has increased from -1.5% to 4.5% in comparison to the previous year.

The agency limit cap for 2024/25 was £63.5m and the system planned agency spend was £52.4m. Actual spend was £44.1m, a £19.4m positive variance to cap and a £8.4m positive variance to plan. Spend as a percentage of total planned staff spend, using the original baseline, was 2.4% and was therefore below the system, regional and national thresholds. Some of the reduction in agency was offset by an increase in Bank spend which was £111.7m against a plan of £82.9m. The ICB is commended for its reduction in agency spend which is 42.5% lower than 2023/24.

The ICB has refreshed its People and Workforce plan to ensure that it is aligned with the refreshed ICP strategy and JFP. This work is overseen by Strategic Workforce Transformation Board. The Workforce Performance, Planning and Risk Group provides an integrated review of workforce plans through matrix working to ensure delivery of the in-year workforce position. However, the system did not deliver its workforce plan in 2024/25, and workforce numbers exceeded plan by 1,451 WTEs (4.3%). It is vital that the System workforce reductions are achieved in line with the plan in 2025/26 as this will impact the delivery of the financial plan.

The staff survey results for 2024/25 show that the system remained about the same for its overall staff engagement score and morale score.

A Digital Executive Group has been established to ensure operational ownership of the Digital, Data and Technology Strategy. The ICB is making good progress with its journey from 'analogue to digital' and its 2024 Digital Maturity Assessment (DMA) score put it in the top three ICBs in the region.

The ICB has been onboarded to the Federated Data Platform and has a strategic approach to it but has identified the need to carry out a gap analysis in 2025/26 as full utilisation of the platform's benefits were not fully established or realised in 2024/25.

Notable achievements in Primary Care are that all eligible GP Practices have successfully transitioned to high quality Cloud Based Telephony; Online Consultation tools are available to all General Practices, with contractual arrangements secured for 2025/26 and the ICB is a national leader in the roll-out of the NHS App and Patient Engagement Portal with 58% of the ICB population now accessing the NHS App.

We were pleased to see that the ICB has developed a Research Strategy which was approved at its Board in July 2024. There is a robust governance structure in place, which includes partners from across the system, to ensure that the strategy is delivered, and several groups and networks have been established to support this. There have been some key achievements in the last year including, for example, the establishment of an ICS Research and Innovation Hub and use of National Institute for Health and Care Research funding to improve research capacity in Primary Care. The ICB has also developed links with the University of Nottingham to provide additional input into some of the priority transformation areas, for example, frailty. The ICB has set strong foundations in place for delivery and over the coming year, it will be helpful to hear how some of the research initiatives are having a direct impact on population outcomes.

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

The ICB demonstrates clear leadership in the wider system and actively explores opportunities beyond the NHS to create more sustainable solutions through wider workforce and cultural development, digital transformation, environmental sustainability, and more effective use of the NHS estate.

The ICB operates as an anchor organisation and facilitates social and economic development, working with partners to address the physical, social and environmental factors that can cause ill health; the wider determinants of health. The ICB has also signed a Civic Agreement with the University of Nottingham and other partners who have a shared mission to improve levels of prosperity, opportunity, sustainability, and health and wellbeing for residents and their communities. There have been several key areas of focus, including application of a 10% weighting on social value for all competitive tender processes, in line with the social value (procurement) strategy, and evaluation of social prescribing link workers which showed increases in financial gain for service users.

The ICB also participated in the initial stages of developing the East Midlands Combined County Authority Inclusive Growth Plan and will continue to engage with the Inclusive Growth Commission in 2025/26 to consider how the NHS can contribute to the Plan as a local anchor institution, and has been working across the ICB boundary with Derby and Derbyshire ICB to look at opportunities to support wider focus on social and economic development.

The ICB has made improvements to embedding equality, diversity and inclusion into all aspects of its work by assessing health needs using population health data and carrying out equality impact assessments. During the year, the Board completed a self-assessment against the Race Health Inequalities Maturity Matrix developed by the Nottingham City Place Based Partnership, in line with its commitment to inclusive leadership and governance.

The ICB is commended for its progress on delivery against the Greener NHS agenda. The ICB continues to take a leadership role in this work and has active and engaged membership on the Midlands Green Board. The ICB has met most of its targets this year, for example achieving a 10% reduction against the 9% target for nitrous oxide reduction but is slightly behind on some areas. Providers remain active and are driving the agenda forward but not all providers finalised Heat Decarbonisation Plans by March 2025 and this is being prioritised for delivery in early 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.