Paper 8

7 May 2026

Healthwatch Rutland comments on: NHS Leicester, Leicestershire and Rutland Integrated Care Board Annual Report 1 April 2025 – 31 March 2026 (draft 4, April 2026)

1. This is a very comprehensive report which covers all the responsibilities of the ICB both as the commissioner of health care services and as an anchor institution. It demonstrates, for example, the ICB's commendable involvement in research, acknowledging and addressing climate change and environmental responsibilities, work force wellbeing etc.

2. The report appropriately acknowledges the challenges of the past year, including financial imbalances and failure to meet national standards in some areas (p.16). Ongoing issues include long waiting times for children's diagnosis and treatment of ADHD and autism (p.44), as well as winter pressures, particularly within Leicester Royal Infirmary's Emergency Department (p.36), which also affects services such as ambulance response times. These are longstanding, system-wide challenges experienced by the public over many years. It may be helpful to include:
    i) A 'you said, we did' section and
    ii) A 'you said, we will do' section
   These could be supported by clear targets and data to better demonstrate the direction of travel (improvement or deterioration) for the public.

3. We welcome the focus on health inequalities. However, those most affected are often the least likely to have their needs and experiences heard. While the Core20PLUS5 framework is a useful tool, it may not fully capture the breadth of inequalities. Health inequalities also exist within less deprived communities, including hidden or unacknowledged deprivation, rural isolation and limited access to healthcare due to transport barriers - particularly for those without private transport, those with disabilities, those unable to afford travel, or where public transport is unavailable, infrequent, or unreliable.

4. However, given that Healthwatch is set to be decommissioned within the next 12 months, with responsibility for patient healthcare feedback potentially transferring to the ICB, we strongly encourage consideration of how this will be managed. In particular: ensuring patient anonymity where requested; collecting both quantitative data and qualitative experiences; avoiding digital exclusion; enabling

unbiased review of care and care environments; and, crucially, demonstrating genuine independence in the collection of patient experience, analysis, and reporting.

5. Continuing Healthcare is referenced (pp.16, 45, and 67), but with limited detail. It would be helpful to include data on the number of successful applications, those currently receiving support, and those whose claims have been rejected or reduced. Additionally, information on annual costs to the ICB, comparisons with previous years, and projections for future expenditure would provide valuable context.

6. The Insights, Behaviour and Research Hub is signposted for public use (p.51). However, access requires users to register with the NHS Futures platform, which is unlikely to be taken up by the general public. This creates a barrier that we feel effectively would deter many people. Given the extent of public contribution to this library of patient insight, we feel that greater accessibility is needed to enable individuals to use this information to better understand and support their own health and social care needs.

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