MEETING OF THE LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

DATE: **THURSDAY, 30 APRIL 2026**
TIME: **10:00 am**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Leicester City Council

Councillor Pickering (Chair of the Committee)
Councillor Agath
Councillor Haq
Councillor March
Councillor Sahu
Councillor Singh Johal
Councillor Westley

Leicestershire County Council

Councillor Hill (Vice-Chair of the Committee)
Councillor Durrani
Councillor King
Councillor Knight
Councillor McDonald
Councillor Morris
Councillor Poland

Rutland County Council

Councillor Harvey
Councillor Stephenson

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:
Katie Jordan (Senior Governance Support Officer):
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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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USEFUL ACRONYMS RELATING TO LEICESTERSHIRE LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
AMH	Adult Mental Health
AMHLD	Adult Mental Health and Learning Disabilities
BMHU	Bradgate Mental Health Unit
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CMHT	Community Mental Health Team
CVD	Cardiovascular Disease
CCG LCCCG ELCCG WLCCG	Clinical Commissioning Group Leicester City Clinical Commissioning Group East Leicestershire Clinical Commissioning Group West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CTO	Community Treatment Order
DTOC	Delayed Transfers of Care
ECMO	Extra Corporeal Membrane Oxygenation
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EHC	Emergency Hormonal Contraception
EIRF	Electronic, Reportable Incident Forum
EMAS	East Midlands Ambulance Service
EPR	Electronic Patient Record
FBC	Full Business Case
FYPC	Families, Young People and Children
GPAU	General Practitioner Assessment Unit
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HWLL	Healthwatch Leicester and Leicestershire
IQPR	Integrated Quality and Performance Report

JSNA	Joint Strategic Needs Assessment
NHSE	NHS England
NHSI	NHS Institute for Innovation and Improvement
NQB	National Quality Board
NRT	Nicotine Replacement Therapy
OBC	Outline Business Case
PCEG	Patient, Carer and Experience Group
PCT	Primary Care Trust
PDSA	Plan, Do, Study, Act cycle
PEEP	Personal Emergency Evacuation Plan
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PSAU	Place of Safety Assessment Unit
QNIC	Quality Network for Inpatient CAHMS
RIO	Name of the electronic system used by the Trust
RN	Registered Nurse
RSE	Relationship and Sex Education
SOP	Standard Operating Procedure.
STP	Sustainability Transformation Partnership
TASL	Thames Ambulance Service Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

NOTE:

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A (Pages 1 - 18)**

The minutes of the meeting held on 23rd February 2026 have been circulated and the Committee is asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

5. PETITIONS

Cllr Sharon Butcher submits. the below petition for information only to Scrutiny Committee Members. The petition will need to be submitted to the ICB for review. Please send to this team and they will be in touch on behalf of ICB board **llricb-llr.enquiries@nhs.net**

The people of Melton Mowbray are fed up of being overlooked in terms of essential healthcare services.

- We are fed up of the 8am dash to get urgent GP access which is tricky for our more vulnerable and elderly residents to navigate, and leaves those who are successful feeling more like they've won the lottery against all odds, than simply accessed the NHS services they fund through their taxes.
- We are fed up of being told by receptionists that they are at capacity for the day and we should go to the walk in centre at Loughborough instead. This is simply not an option for many. And why we can't have our own fit for purpose walk in centre is another discussion.
- We are fed up of waiting months - not days or weeks - at a time for routine appointments and the continual changes to our named GP, meaning those with complex needs are repeatedly having to retell their stories and crossing their fingers the new doctor will understand.

- And recently, local women have been not just fed up but deeply alarmed by being told there are “no cervical smear test appointments currently available in Melton”. If Latham House cannot reliably deliver this important screening programme for women’s health, surely there is a problem.

As these experiences show, the urgent need for a second GP practice cannot be overstated. As a town, we deserve better. We deserve robust healthcare infrastructure that meets our growing needs. GP services also play a vital role in protecting our NHS as fewer patients present to hospital if they can be seen more quickly in the community. This should be something the ICB support. You stated latham house would provide more oppoitments, this does not seem the case were patients are concerned.

The current healthcare facilities are clearly struggling to meet the demand, leading to long waiting times and reduced access to timely medical care. Many residents have expressed frustration and worry over the ability to see a general practitioner when needed. 3,080 of them have signed this petition, patients and families with concerns.

I therefore present this petition here today, formally urging the ICB to reconsider their decision and commit again to the immediate establishment of a second GP practice. Or, at the very least, to restart their previous exploration of the matter. No more excuses. It is time for the ICB to recognise the pressing healthcare needs of Melton Mowbray and for once, listen to the views of our community.

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Cllr Ramsay Ross submitted the following questions to the Scrutiny Committee:

1. LRI-A&E
   What progress has been made on the issues of Staffing and Alternative Provision of Services and what further steps are envisaged for 2026:
   Staffing:
   - What reduction has there been in the number of agency and bank nursing staff between January 2024 and December 2025?
   - What increase has there been in the number of consultant, middle and junior level medical staff between January 2024 and December 2025
   - Staff sickness rates – what reduction has been achieved since 2024?

2. Alternative Provision, Utilisation and the Management of Flows:
   - The use of NHS111 – Market Harborough and Rutland MH Urgent Care Clinics now require appointments, with no walk in provision (and the Corby Health Centre proposes to introduce similar measures).

- Is this approach to patient access consistent with addressing the CQC findings highlighting those LRI-A&E patients who either could not gain access to, or had not attempted to get a GP appointment or Out-of-Hours clinical appointment?
- Has the utilisation of facilities, such as the Merlyn Vaz Centre, increased since January 2024?
- What steps have been taken to address the level of demand for mental health provision?

3. The Role of Councils: The CQC noted that demand in A&E was higher than planned due to the increased length of stay for patients who could not be transferred to other hospital Depts, in part due to discharge rates (bed-blocking). It further noted that discharge rates were impacted by problems with provision of community care, support for people living with deprivation, and homelessness.

    - Is the ICB content with those steps that have been taken by Councils since 2024 to address patient discharge issues and what further steps are required in 2026?

4. Ambulance Waiting Times and Utilisation of Services: East Midlands service response times have worsened in the period from August to October 2025, having been stable earlier in the year. What are the top three reasons for the recent change in service provision to December 2025?

    - Out of Area Patient Discharge - the CQC noted the under-utilisation of the independent provider of patient transport services. Has this been addressed?

5. NHS Dentistry Provision Crises

    In December 2024 there were c. 8000 foreign qualified dentists on the waiting list to take the two-part General Dental Council (GDC) overseas registration exam. In 2025 there were 350, or 4% of such dentists, who took the GDC exams. What specific written representations has the LLR-ICB made over the past 2 years, concerning the rapid accreditation of these dentists?

    Cllr Haq submitted the following questions:

1. Please could we have an update on the creation of a Maggie's Cancer Centre in Leicester, why is this taking so long ?

2. Why are the people of Leicester, Leicestershire and Rutland losing out on the world leading Cancer treatment and Support?

7. UPDATE ON ST MARY'S BIRTH CENTRE **Appendix B (Pages 19 - 26)**

The Chief Nursing Officer for Leicester, Leicestershire and Rutland and Northamptonshire Integrated Care Boards submits a report to update the commission on the decision-making process which was followed in relation to the implementation of the agreed relocation of births from St Mary's Birth Centre.

LLR-NICB-Board-meeting-in-common-PUBLIC-papers-19-March-2026.pdf

8. SPEECH AND LANGUAGE THERAPY SERVICE IN LEICESTER, LEICESTERSHIRE AND RUTLAND **Appendix C (Pages 27 - 32)**

The Leicester Partnership Trust (LPT) submits a report to the Committee to provide information about Speech and Language Therapy Services in Leicester, Leicestershire and Rutland.

9. MEMBERS QUESTIONS NOT COVERED ELSEWHERE ON THE AGENDA

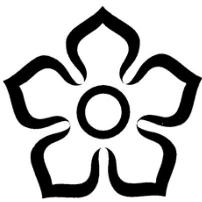
Members are invited to ask any questions that are not covered elsewhere on the agenda.

10. WORK PROGRAMME **Appendix D (Pages 33 - 36)**

Members will be asked to note the work programme and consider any future items for inclusion

11. ANY OTHER URGENT BUSINESS

Appendix A



Leicester
City Council

MINUTES OF THE MEETING OF THE
LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

Held: MONDAY, 23 FEBRUARY 2026 at 10.00am

P R E S E N T :

Councillor Pickering - Chair
Councillor Hill – Vice Chair

Cllr Agath
Cllr Dr Bloxham
Cllr Durrani
Cllr Haq
Cllr King
Cllr Poland
Cllr Sahu

* * *   * *   * * *

72. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Harvey and Cllr Stephenson.

73. DECLARATIONS OF INTEREST

Cllr Poland declared he works for the MP for Melton and Syston who has been very active opposing the closure of the St Marys Birth Centre.

74. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 27th November 2025, were confirmed as a correct record.

75. CHAIRS ANNOUNCEMENTS

The Chair noted that an additional meeting has been scheduled for 30th April 2026.

76. PETITIONS

It was noted that none had been received.

77. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that sixteen questions had been received:

Godfrey Jennings asked:

1. What is the JHOSC's view of University Hospitals of Leicester NHS Trust's and Leicestershire Partnership NHS Trust's adoption of Palantir's Federated Data Platform, taking into consideration that international human rights proponents Amnesty International have urged all public bodies to end any contracts with Palantir?

2. Could I request the briefing in development for Trusts due to be released early March is published alongside the minutes for this meeting?

3. Does the committee agree that it is the responsibility of UHL and LPT to put in place a robust plan to consult the communities within LLR and to undertake a cost-effectiveness analysis, comparing Palantir's products with alternative products and providers, bearing in mind Trusts elsewhere have found their locally produced solutions to be far superior that what the Federated Data Platform is offering and have thus declined to adopt the FDP. Can the committee also confirm that these NHS trusts retain the discretion to act in accordance with the respective outcomes, irrespective of any supposed "mandate" from the Department of Health and Social Care, as confirmed the FDP Regional Delivery Manager in FOI requests, and that the risk of proceeding without community trust would be catastrophic, considering around 50% of people have indicated in YouGov polling that, given the choice, they would opt out of such services, which would only entrench inequalities health service planning?

Health Partners responded:

For guidance the following is NHS England statement on Palantir
Data is a core part of how the NHS delivers care, it's at the heart of transforming services and improving outcomes for patients; using it well saves lives. The NHS Federated Data Platform will transform operational efficiency across local, regional and national NHS services, connecting critical data in real-time to accelerate diagnosis pathways, streamline discharge processes, and ensure faster, more coordinated care that reduces waiting times for all patients.

NHS England ran an independent and transparent procurement exercise in line with public contract regulations. The choice of preferred supplier was not made by a single person, it was the result of assessment by many different individuals. A consortium, led by Palantir, was awarded the

contract to deliver the NHS Federated Data Platform in November 2023.

NHS England has a duty to treat all suppliers the same regardless of the public perception of any organisation, or the opinions held by any of their shareholders. NHS England cannot exclude any supplier that is lawfully established and able to bid from participating in the procurement. We are confident that our procurement process did not enable any supplier that does not meet our strict standard selection criteria (which includes mandatory and discretionary exclusions relating to illegal activity, social and environmental breaches) and robust Information Governance requirements to continue through the process.

NHS England takes seriously its responsibility to handle health and care data lawfully, proportionately, ethically and in confidence. Privacy by design is a core principle of the NHS Federated Data Platform. We prioritise data protection from the outset and have implemented robust security measures to safeguard patient information. Access to data must have an explicit aim to benefit patients and/or the NHS in England.

Access to NHS health and social care data within the NHS Federated Data Platforms will be carefully controlled. Only authorised users will be granted access to data for approved purposes. The contract has strict stipulations about confidentiality, and there is governance in place to monitor delivery and usage of the NHS FDP. Palantir only operate under the instruction of the NHS when processing data on the platform. Palantir do not control the data in the platform, nor are they permitted to access, use or share it for their own purposes.

The NHS exists to provide healthcare that is free at the point of use for everyone who needs it. This mission transcends politics, geography, and ideology. We will continue to make procurement decisions based on what best serves patients and the NHS mission, guided by professional expertise and proper process. This approach has served the NHS well throughout its history and will continue to guide us as we work to build an NHS fit for the future.

Nationally, the Federated Data Platform is helping to join-up patient care, increase hospital productivity, speed up cancer diagnosis and ensure thousands of additional patients can be treated each month. The platform is now being used by over 150 NHS organisations across England, with another 57 signed up to implement it in the next few months.

Information from UHL

Our commitment to equality, diversity and inclusion remains unwavering. These aren't just words in our strategies - they're fundamental to how we serve our diverse communities across Leicester, Leicestershire and Rutland. We recognise the critical importance of maintaining trust with all our communities, particularly those who face the greatest health inequalities.

The selection of Palantir as the technology partner for the FDP was a decision taken at national level by NHS England, following a robust procurement process. This wasn't a local decision by UHL.
Given NHS England's commitment to this contract and the mandate for all trusts to implement the FDP, UHL will be working within this framework whilst ensuring we maintain the highest standards of information governance, data protection and ethical practice in how we use the platform locally. We will continue to be transparent about how patient data is used and protected and ensure all uses align with our values and commitment to our communities.

Anna Pollard asked:

1. The case for the closure of St. Mary's seems to be predicated in part on low birth numbers. Can you confirm why you have not taken into consideration the numbers using the postnatal ward which are much higher, with many women transferring in for excellent postnatal care from around the Trust area, and what exploration has been done into the possibility of retaining the postnatal ward in the event the birthing services are permanently removed?

Health partners responded:

Sustained low birth numbers are indeed a key concern with regard to St Mary's being far below clinical safety recommendations and being one of the key reasons behind the ongoing discussions regarding the centre's future.
The subject of postnatal care has been one raised throughout the engagement period and we thank everyone for their observations and points made in this regard. Engagement sessions with mothers and staff have been attended by senior leaders within the ICB including the Chief Nursing Officer so these points can be considered and taken into account.
All of these comments and opinions will be part of the final recommendations to be made to the ICB Board meeting so please be reassured that they will be fully taken into account.

Cllr Helen Cliff asked:

1. Regarding safety, recently, a Melton resident who lives walking distance from St. Mary's Birth Centre, had an unattended birth due to the home birth team being too far away to get to her in time, which resulted in an ambulance being needed to transfer them both to hospital afterwards. Another resident, who feared not getting to a Leicester hospital in time from Melton, chose to relocate to her parents' house to be closer to the city when the time came. Had she not done so, her baby would have been born in the car on the way as her labour was as quick as she feared it might be. Can you explain how shutting the doors of St. Mary's made either of these women and their babies more safe, than had they been able to be cared for by midwives at the birth centre in Melton Mowbray, and can you confirm what recruitment plans you have to

expand the home birth team in light of the withdrawal of services at St. Mary's, to cater for those who still wish to avoid a hospital birth in the city moving forwards.

Health partners responded:

We fully acknowledge the experiences described, and the anxiety and distress that situations such as these can cause for women and families. Hearing these stories matters. Each individual experience provides important insight into how service changes affect people's lives, particularly in communities where geography, transport availability and distance from larger hospital sites create additional pressures. These accounts are directly informing the wider engagement and review process.

The key safety concern centres on the staffing fragility at the unit, which affects our ability to maintain a safe and stable workforce. This is then compounded by the very low number of births, reducing the clinical exposure staff need to keep competencies current. This combination led to the present pause in services, and the challenge is even greater in rural or geographically spread communities, where sustaining safe staffing across several small sites is inherently more difficult.

The Trust routinely assesses workforce requirements across all elements of the maternity pathway, including community midwifery, continuity models, and home birth provision to ensure services are aligned with local demand, demographics, travel times and the realities of providing care across rural and semi-rural areas.

Decisions about the long-term future of St Mary's will be taken by the ICB Board in March. As part of that process, feedback such as this including concerns around access, travel distance, emergency response times, local choice, and the impact of service centralisation on families is being fully considered.

Jean Burbidge asked:

1. Why has a staffing challenge, which appeared to arise from temporary rather than permanent circumstances, resulted in a decision for permanent closure? We saw in the newspapers earlier this month that many cancer units are being prevented from hiring more doctors for cost-cutting reasons. Is it the case that UHL is not able, for reasons of policy or finance, to hire enough midwives to staff maternity services?

2. The decision to close St Mary's Birth centre without replacement breaches a promise made in 2021 that a stand-alone midwife led unit would be trialled at the LGH for "at least three years" (Azhar Farooqi, then CCG chair, at the CCG meeting on the Building Better Hospitals for the Future Decision Making Business Case, June 2021). This is not the first time a consultation in Leicester, Leicestershire and Rutland has led the public to believe that the closure of one service would be replaced

by another, only to find later that the closure occurs but not the replacement. The public are left losing their service and receiving no replacement and often feel duped and let down. Does the ICB accept that another decision not to honour the replacement service is likely to undermine further public confidence in the integrity of local NHS consultation exercises?

Health partners responded:

1. Recommendations about the long-term future of St Mary's will be considered by the ICB Board in March. The staffing challenges at St Mary's are longstanding and cannot be resolved through short-term recruitment.

   These pressures were further compounded by very low birth numbers, often only one or two a week, which meant midwives could not maintain the level of regular clinical exposure needed to safely run a standalone midwife-led unit. National guidance, including NICE NG4 on safe midwifery staffing, Birthrate Plus workforce methodology, NHS England maternity safety standards, and RCM/RCOG guidance, is clear that birth volume must be sufficient to maintain safe staffing and ongoing competence in standalone settings.

   This is not a cost-cutting decision. Nor is the Trust prevented from recruiting midwives. The challenge is structural: in a unit with consistently low activity, even additional staffing cannot overcome the lack of continuous clinical exposure or the unsustainable pressure created by trying to maintain 24/7 cover through temporary staffing and goodwill.

2. We understand the concerns raised and recognise that public confidence in NHS consultation and engagement processes is essential. The 2021 decision, following the Building Better Hospitals for the Future consultation, set out an intention to relocate births from St Mary's to a new standalone midwife-led unit at Leicester General Hospital, with the expectation that this model would be established and tested over time.

   However, that expectation was based on the circumstances that existed in 2021: service activity, workforce stability and the national New Hospitals Programme plans at that time. Since then, the situation has changed significantly. Birth numbers at St Mary's have fallen to very low levels, and at the same time the unit has faced persistent challenges to maintain 24/7 cover. At the time of the pause decision the model was seen as no longer safe or sustainable.

   Alongside this, changes to the national New Hospitals Programme mean that the planned new facility at Leicester General Hospital can no longer be delivered as originally envisaged. Together, these developments mean that the assumptions underpinning a three-year trial of a standalone midwife-led unit are no longer in place.

The ICB and UHL therefore have a responsibility to base decisions on current safety, workforce and infrastructure realities, rather than plans that reflected a very different context. These matters, including the views raised through engagement, the pressures on the workforce, and the implications for women and families will be fully considered in the decision-making process.

Brenda Worrell asked:

1. The most recent CQC inspections gave maternity care at the Royal Infirmary and Leicester General Hospital a rating of 'Requires Improvement' but a rating of 'Good' for maternity care at St Mary's. Does UHL have confidence in the CQC ratings?
   What are the views of midwives who work at St Mary's – do they feel that the quality of the care they give has been questioned by local NHS leaders? Do the midwives who work at St Mary's continue to have faith in the safety and value of St Mary's?

2. Has Councillor Helen Cliff's updated briefing paper on St Mary's birth centre been considered by the Committee?

Health partners responded:

UHL welcomes and values the CQC's independent assessments across all three maternity sites. NHS leaders have been clear throughout that the professionalism, compassion and quality of care provided by individual midwives are not in question. The concerns raised relate instead to structural and service-level pressures, not the capability or commitment of staff.

The core issues are the persistent staffing challenges. These pressures were then compounded by a declining number of births, making it increasingly difficult to maintain the continuous exposure and stability required for a safe standalone unit. It is these system-wide pressures not staff performance that drove the safety concerns.

Supporting colleagues through this period remains a priority. Senior leaders continue to maintain regular, open and honest conversations with staff who were working at St Mary's at the time of the pause, creating space for them to raise questions, share their experiences and contribute to planning. Enhanced wellbeing, pastoral and professional support has also been put in place. Their expertise and insight are central to shaping the future of maternity services, and UHL remains fully committed to supporting, valuing and listening to these colleagues throughout the transition and beyond.

Cllr Allen Thwaites asked:

1. In the Decision-Making Business Case, following the public consultation in 2020, to establish a standalone midwife led unit at the Leicester General Hospital, you made a promise to local residents, that closing the

doors of St. Mary’s signified a relocation of standalone midwife-led services, not an outright withdrawal across the Trust?

2. Can you confirm when the ICB and/or the Trust first sought legal advice on your proposal to renege on that promise?

Health partners responded:

1. The 2021 decision, following the Building Better Hospitals for the Future consultation, set out an intention to relocate births from St Mary’s to a new standalone midwife-led unit at Leicester General Hospital, with an expectation that this model would be established and tested over time. That expectation was based on the service activity, staffing position and national New Hospitals Programme plans that existed in 2021. Since then, the situation has changed significantly. Birth numbers at St Mary’s have fallen to very low levels, leading to significant challenges in maintaining safe staffing, as colleagues were not getting exposure and competencies required for a safe standalone unit. Staffing pressures have increased, and changes to the national programme mean the planned new facility at Leicester General Hospital can no longer be delivered as originally envisaged.

   These changes mean the assumptions that supported a three-year trial are no longer in place. The ICB and UHL therefore have a responsibility to base decisions on the current safety, workforce and infrastructure realities, even when these differ from earlier plans. These matters will be taken into consideration in the decision-making process.

2. The ICB has received extensive legal advice around the original consultation process, decision making and next steps now required. This legal advice forms the basis of all the activity now taking place.

Bob Waterton asked:

1. Closure of St Mary's - It is very difficult for the public to get any sense of what is happening with the Our Future Hospitals reconfiguration from UHL's public Board papers. Why is this and what alternative communication channels has UHL used to keep the public updated on a regular basis? Why are UHL Board papers from previous meetings no longer in the public domain and must now be requested instead in writing?

2. At the March 2025 meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny , the spokesman for University Hospitals of Leicester stated that a review into the clinical safety implications of the delay in funding for Our Future Hospitals was being undertaken by UHL. He promised that the review would be completed within three months and that the review would be available to the public. The minutes of March 2025 meeting state that it would be "made available via the Trust Board minutes". There is an item on the review in UHL's recently published Our Future

Hospitals and Transformation Committee minutes for December 2025. However, it is not possible to find out from these minutes what the content of the review is because the associated papers are not made available to the public. Has the review now been made available to the public and, if so, how? What were its findings?

Health partners responded:

1. UHL has proactively shared information with the public through its website, social media channels, stakeholder updates and press releases. This has included announcements about changes to the programme timeline in 2025, the opening of new buildings and services, as well as more recent news confirming the release of £39m of funding from the national New Hospitals Programme. This funding is enabling UHL to begin essential enabling works across its three hospital sites during 2026, expected to complete in 2028,ahead of the main construction phase, which is planned to commence in 2032.
   Information about the programme has also been included in UHL's Annual Reports, and key developments are reported to the Trust Board via the Our Future Hospitals and Transformation Committee.
   Board papers from the two most recent Trust Board meetings are available on UHL's website. Previous Trust Board papers are available on request and will soon be published online as part of further website development.

   Members of the public are welcome to ask questions at the end of Public Trust Board meetings or submit questions in advance by emailing: uhl-tr.corporatemeetingsmailbox@nhs.net

   Alternatively, individuals may submit a Freedom of Information request by contacting:
   uhl-tr.foi-freedomofinformation@nhs.net

   Requests made under the Freedom of Information Act must be submitted in writing and include the requester's name and a contact address (either email or postal).

2. The New Hospitals Programme (NHP) announcement in 2025 led to delay of approximately three years in the forecast completion date of the NHP programme at UHL. It did not create additional clinical risk and means that any clinical risks that would be mitigated by the programme would need to be held for longer. NHS Trusts constantly manage and mitigate risk as part of their normal oversight of hospital care.

   The risk report was completed on 25 June and went through the Trust's governance. It is not in the public domain. UHL has a robust process for management of its risks, and these risks sit within that process and the mitigations of risk. There were several mitigations agreed as part of the report that will continue to mitigate the risks as the NHP programme progresses.

The UHL NHP programme has begun in Leicester following the release of an initial £39m of funding from the national New Hospitals Programme. This funding is enabling UHL to begin essential enabling works across its three hospital sites during 2026, expected to be completed in 2028, ahead of the main construction phase, which is planned to commence in 2032.

The investment is a major milestone in UHL's journey to create modern, state of the art facilities that will further improve patient care and experience. It builds on the work to expand our offering, including the East Midlands Planned Care Centre and Endoscopy Unit at the Leicester General Hospital, the Preston Lodge rehabilitation unit in North Evington, and the Hinckley Community Diagnostic Centre. All are helping UHL to deliver world class

Sally Ruane asked:

1. Research has shown that, for low risk pregnancies, stand-alone midwife led birth centres have as good outcomes for babies and better outcomes for mothers (in terms of less intervention and more "normal" births) than other types of birth units. It is not surprising therefore that the National Institute for Health and Care Excellence (NICE), which establishes the quality guidelines in the NHS, states that stand-alone midwife led birth centres should be made available. How does removing the stand-alone midwife led birth centre safeguard patient choice for low risk women and meet the NICE quality standard?

2. As well as a place for giving birth, St Mary's also provides invaluable inpatient postnatal care (with 8 beds in 2020). This care is taken up by a far wider group of mothers than those who choose to give birth at St Mary's. The CQC singled this care out as of particular benefit for mothers with complex needs such as women with physical disabilities or mental health conditions. Why is no explicit mention of postnatal care made in the pause and proposed closure statements? Is it true that UHL does not collate the numbers of women who use this postnatal care? If we included these service users, the balance of benefits to costs would alter but they have been excluded from the calculation.

Health partners responded:

1. NICE guidance and wider national evidence show that midwife-led care is a safe and positive option for many women with low-risk pregnancies. It is associated with fewer interventions and often a more personalised birth experience. Both the ICB and UHL fully support this approach, and midwife-led care will continue to be an important part of the maternity offer across Leicester, Leicestershire and Rutland.

   At the same time, it is important to recognise that the safety of any midwife-led service depends on the local circumstances in which it

operates. The challenges at St Mary's are not about the principle or value of midwife-led care, nor about the dedication of the staff. They relate to sustained low birth numbers and ongoing staffing pressures, which have made it increasingly difficult to run the unit safely on a 24/7 basis.

National guidelines emphasise that maternity services must be safe, accessible and equitable, and decisions about how midwife-led care is delivered need to reflect the realities of the local population, workforce and geography.

In Leicester, Leicestershire and Rutland, women will continue to have access to midwife-led birth options, including at Leicester General Hospital, Leicester Royal Infirmary and through the Home Birth Team, ensuring that choice remains available within settings that can be staffed and supported safely.

As part of the current review, the ICB is looking carefully at the full range of feedback from women, families, staff and local communities. Concerns about travel time, equity, rural access, continuity of care and the impact of service change are all being considered alongside the clinical evidence.

The priority is to ensure that women can make informed, supported choices within a maternity service that is safe, sustainable and designed around their needs, now and into the future.

2. St Mary's has provided both births and dedicated inpatient postnatal care, and we fully recognise how valued that care has been by local families. When the standalone facility first opened, it was important to ensure that women choosing to give birth there had access to ongoing postnatal support on site, reflecting best practice at the time and the commitment to providing a safe, continuous and community-centred model of care.

   The decision to pause services was not taken lightly. The underlying issues including very low birth activity over a sustained period and persistent staffing pressures that made it impossible to maintain safe 24/7 cover, affect both birth activity and the ability to provide inpatient postnatal care safely.

   Although families have used the postnatal beds without giving birth at St Mary's, overall activity has reduced in line with the declining number of births. Including this limited activity does not change the overall safety assessment. The key issue is whether a service can be staffed consistently, safely and sustainably, and in the current context, this is not something that can be reliably achieved at St Mary's.

78. UPDATE ON ST MARY'S BIRTH CENTRE

The Integrated Care Board (ICB) provided the Committee with an update

outlining engagement activity, background context and next steps in relation to St Mary's Birth Centre. The following was noted:

- The full report would be considered by the ICB Board on 19th March, ahead of the final decision.
- The findings of the 2021 consultation regarding maternity configuration at Leicester General Hospital and Melton were referenced.
- Long standing challenges relating to St Mary's were highlighted, including low activity levels, workforce pressures and compliance with national maternity safety standards.
- Fewer than 1% of births across Leicester, Leicestershire and Rutland had taken place at St Mary's, with 92 births recorded in the year prior to closure.
- Challenges in safely staffing the unit were outlined, including the need to meet national guidance and maintain an appropriate skill mix.
- National changes and delays to the New Hospital Programme had impacted delivery of the planned new maternity hospital at Leicester Royal Infirmary, and overall birth numbers had continued to decline.
- The option to relocate services to Leicester General Hospital was referenced, alongside the continued availability of local antenatal and postnatal provision in Melton Mowbray.
- Engagement activity had taken place with women who were pregnant or considering birth between July 2025 and September 2026.
- Engagement had been extended between January 2021 and July 2025 and had included online focus groups, direct discussions and engagement with student midwives.
- Feedback received had covered themes including geography, communication, personal experience of care and understanding of maternity pathways.
- Feedback would be used to inform the Board report ahead of the decision in March.

In discussion with Committee Members and Officers, the following was noted:

- Members sought clarification on the number of responses received as part of the engagement process, particularly given the questionnaire closing date, and were advised that this would be reflected within the full Board report.
- It was suggested that historically St Mary's may not have been promoted consistently, and questions were raised regarding how birth options were presented to expectant mothers and whether engagement methods, including social media, had effectively reached younger women. It was explained that midwives were encouraged to promote appropriate birth settings and that discussions with women formed part of individualised maternity pathways.
- Clarification was requested regarding the geographical distribution of women who had given birth at St Mary's. It was reported that approximately 31.5% were from LE13 or LE14 postcodes, with others choosing alternative units or home birth.

- Concern was expressed that the Committee had not received the full

Board report ahead of the ICB decision date and that a number of detailed questions remained outstanding, including matters relating to workforce and previous clinical ratings. In response, it was stated that staffing requirements were linked to national maternity guidance, that birth complexity had increased across the system, and that compliance with safe staffing standards remained a key consideration.

- Members questioned how the 2021 consultation had informed the current position and whether circumstances had materially changed since that time. It was acknowledged that delays to the New Hospital Programme and wider national developments had impacted delivery of the original proposals, and that financial constraints meant previously anticipated capital funding was no longer available.
- Concerns were raised regarding travel times from Melton to Leicester hospitals, ambulance access routes and the potential impact on families without private transport, alongside wider pressures within primary care and housing growth in the Melton area. It was confirmed that equality and quality impact assessments had been undertaken and that issues relating to access and travel had been considered as part of the decision making process.
- Members asked what alternative recruitment options had been explored to sustain the service and whether more experienced staff could have been appointed. It was reported that recruitment campaigns had been undertaken without sufficient response, that newly qualified midwives required further experience before working in standalone units, and that strengthening home birth services and community support formed part of the wider maternity model.
- Discussion took place regarding patient choice for low risk women and the proportion currently classified as category 1 and 2 risk, which was reported as approximately 25%. It was noted that not all counties operated standalone birth centres and that home birth remained an available option within Leicester, Leicestershire and Rutland.
- Members emphasised the importance of equity across the wider birthing population of approximately 9,500 births per year and the need to balance resource allocation across the system. It was acknowledged that the issue was deeply emotional for families and communities.
- Members requested clarification regarding public involvement arrangements for the March ICB meeting and suggested that scrutiny may wish to consider further examination of the decision and timeline. The Chair acknowledged the strength of feeling expressed and confirmed that where genuine concerns regarding access, safety or service provision were identified, it would be appropriate for the Committee to consider how these could be incorporated into the ongoing maternity scrutiny work programme in a structured and evidence led manner.

The Chair responded directly to Brenda Worrals question:

"Has Councillor Helen Cliff's updated briefing paper on St Mary's birth centre been considered by the Committee?"
The Chair responded to a public question regarding whether Councillor Helen

Cliff's updated briefing paper on St Mary's Birth Centre had been considered by the Committee. The Chair confirmed that the paper had not yet been formally considered, as items must be submitted and scheduled through the agreed work programme. The Chair further confirmed that where there were genuine concerns regarding access, safety or service provision, it would be appropriate for the Committee to examine these, and officers would review the paper to advise how it may be incorporated into the maternity scrutiny work in a structured and evidence led way.

RECOMMENDATION:

Councillor Haq, seconded by Councillor Sahu, moved that the Integrated Care Board defer the decision scheduled for 19th March 2026 to allow further time to consider the decision, the proposed timeline, and the options for maternity care for women across Leicester, Leicestershire and Rutland, including provision at Leicester General Hospital and women's choice of care.

The ICB was asked to note this recommendation.

AGREED:

1. That the Committee note the report.
2. The Committee asks the ICB to consider the above recommendation.
3. That an update on the current position is brought to the next meeting on 30th April 2026.

79. LLR SEND & INCLUSION ALLIANCE UPDATE

The Leicester, Leicestershire and Rutland SEND and Inclusion Alliance gave a presentation to the Committee on the purpose and activities of the Alliance. The following was noted:

- The LLR SEND and Inclusion Alliance had been funded by the Department for Education having evolved from the national SEND and Alternative Provision Change Programme Partnership.
- The programme was Department for Education led and overseen locally by the Director of Children's Services, with input from NHS partners.
- The Alliance aimed to connect and bring together different areas of the system to develop new and more integrated ways of working.
- The first 2 years had focused on developing Local Area Inclusion Plans and testing 11 elements of proposed SEND reform. The final year concludes in Summer 2026 and is concentrating on the development of a Local Integrated Service Offer.
- A key objective was to support more children and young people with additional needs to remain in mainstream education wherever appropriate.
- The ELSEC (Early language Support for Every Child) programme had operated as a pathfinder and, due to its success, there was an ambition to continue the work through to 2027.

- The Alliance was described as a coalition of the willing across partners, as it has no statutory functions, but it has 5 strategic aims including aligned commissioning and a community 8inclusion programme
- Leicester City Council hosted the LLR SEND Joint Commissioning Strategy, which has an initial focus area around moderate mental health needs; specifically for children with emotionally based school avoidance (EBSA)
- The Community Inclusion Programme, shaping SEND Futures, is linking with the Family First programme to ensure holistic support is provided for children with additional needs and their families.
- Engagement with headteachers had identified that SEND itself was not always viewed as the primary issue, but that adult mental health, domestic abuse and wider family pressures were having significant impact on children and young people.
- Pilot engagement events had been held in Hinckley and Bosworth and Northwest Leicestershire

In discussion with Members, the following:

- Clarification was sought regarding children not supported by CAMHS, including whether this referred to those without a diagnosis or those on waiting lists, and the age range of children supported. It was explained that not every young person required CAMHS level intervention and that the project was seeking innovative approaches to meet needs earlier and at a lower threshold. The programme aimed to provide an additional layer of support, including social prescribing, improving listening and engagement, and delivering in reach mental health practitioner support within schools, even where a formal diagnosis had not been made.
- Concern was raised as to whether expanding mainstream provision could risk reducing specialist support. It was clarified that the focus was on early help and early intervention, with the intention that timely support may reduce escalation and the need for later diagnosis. It was also emphasised that specialist SEND schools remained essential for children requiring higher levels of care, and that one aim of the project was to reduce pressure on those settings where appropriate.
- Members sought further information regarding the number of children supported, and the use of performance data, the measurable impact of the programme and any associated financial savings. It was reported that funding of 5.7 million pounds had been provided by the Department for Education to support 11 projects across LLR, ending the Summer 2026 Whilst sustainability was a concern, there was hope that demonstrable progress would support continuation through alternative funding routes. It was noted that demand for EHCPs had increased significantly, with around 150 percent rise referenced. It was suggested that clearer and more detailed data be included within future reports to assist Members in assessing impact
- The importance of family voice was highlighted, with concern expressed that parents could at times feel blamed within the wider system. It was acknowledged that capturing parent voice had not always been consistent and that perceptions of blame were a national issue. The Alliance was seeking to identify system gaps and improve practice. It

was reported that 3 Chairs of the Parent Carer Board were engaged with the programme and had a standing agenda item each month at the Alliance Board. Questions were raised regarding how disengaged parents were being reached and whether funding could support parent groups within schools and strengthen post 16 to 18 provision. It was confirmed that Parent Carer Forums were established and that work had taken place with local businesses to support young people into employment.

- Clarification was sought regarding how the Alliance promoted its work. It was reported that a communications and engagement strategy was in place, that the Alliance had formally existed since August 2025 and that an established website was now available. It was also noted that in some inner city schools a significant proportion of pupils had SEND needs.

AGREED:

1. The Committee noted the report.
2. A link to the LLR SEND and Inclusion Alliance website would be included within the minutes.

80. MEMBERS QUESTIONS NOT COVERED ELSEWHERE ON THE AGENDA

The following matters were raised in discussion and were linked to the next agenda item, the work programme:

• It was noted that GP access was scheduled as a future work programme item. Concern was raised regarding ongoing difficulties experienced by residents in securing GP appointments, with examples provided of delayed access leading to potential impacts on diagnosis and treatment.

• A query was raised regarding what sanctions were in place for GP practices not adhering to access requirements. It was suggested that this be considered as part of the forthcoming GP access item.

• Further concern was expressed regarding digital access requirements, particularly for elderly residents without access to computers or mobile phones. It was suggested that practices may be operating inconsistently and that there was a risk of a 2 tier system emerging.

• It was proposed that additional checks be undertaken across practices to better understand current access arrangements and patient experience in advance of the meeting scheduled for 30th April.

• The Chair confirmed that the matter would be noted and considered within the work programme.

AGREED:

1. LLR ICB to confirm to the next Joint Health Scrutiny Committee that all GP practices across Leicester, Leicestershire and Rutland accept telephone appointment bookings. This should include evidence of contact with all practices, with consideration given to undertaking a “secret shopper” exercise using existing ICB staff to test telephone access to appointments.

81. WORK PROGRAMME

The Chair noted the work programme which was discussed in Item 80.

82. ANY OTHER URGENT BUSINESS

With there being no further business, the meeting closed at 12:09pm

Appendix B

Update on St Mary’s Birth Centre

Leicester, Leicestershire and Rutland Joint Health Scrutiny Commission

30/04/2026

Maria Laffan
Chief Nursing Officer
Leicester, Leicestershire and Rutland and Northamptonshire Integrated Care Boards

Useful information

- Ward(s) affected: Leicester, Leicestershire and Rutland
- Report author: Ket Chudasama, Deputy Chief Strategy and Planning Officer
- Author contact details: ket.chudasama@nhs.net 07760 990396
- Report version number: 1

1. Summary

The ICB considers that a sound and lawful decision-making process was followed in relation to the implementation of the agreed relocation of births from St Mary's Birth Centre. The Board decision was informed by a comprehensive body of evidence, brought together in a public Board report, and supported by a targeted engagement programme focused on the impact of the pause in services at St Mary's Birth Centre, designed in line with statutory duties and adjusted in response to feedback received.

The decision was taken by the LLR ICB Board at a meeting held in public, following structured consideration of a comprehensive body of evidence relating specifically to St Mary's Birth Centre, and clear decision-making criteria. The Board explicitly considered patient safety, workforce and financial sustainability and service activity in the context of service delivery at St Mary's, alongside engagement findings, legal advice, and Equality and Quality Impact Assessments.

Public participation and scrutiny were actively enabled, including direct input from the Save St Mary's Birth Centre campaign group reflecting the importance of the service to the local community in Melton and responses to public questions at the meeting.

The Board formally considered the LLR Joint Health Scrutiny Committee's request to defer the decision, which was debated in public session. The Board agreed not to defer, noting that no new information was available or anticipated that would materially alter the position, and the decision and rationale were clearly minuted to provide transparency and an auditable decision trail.

Taken together, these steps provide assurance that the decision-making process was transparent, evidence-based and compliant with statutory duties.

2. **Recommendation(s) to scrutiny:**

Leicester, Leicestershire and Rutland Joint Heath Scrutiny Commission are invited to:

- **Note** the ICB's decision-making process and the evidence demonstrating that statutory duties and good practice were met
- **Note** the ICB Board considered the JHSOC request to defer the decision, debated it in public, and recorded a clear rationale for proceeding
- **Note** the ICB's final decision, as agreed by the LLR ICB Board on 19 March 2026

3. Purpose of the report

This report is provided in response to the LLR Joint Health Scrutiny Committee's request to scrutinise the decision-making process followed by NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) in relation to St Mary's Birth Centre. The Committee has

requested assurance that the process by which the decision was reached was robust, transparent and compliant with statutory and legal requirements.

The purpose of this paper is therefore to set out the elements that constitute a sound NHS commissioning decision-making process and to describe how those elements were evidenced in practice. The paper does not revisit the merits of the decision itself, which was taken by the LLR ICB Board on 19 March 2026.

4. Decision-making framework and statutory requirements

The ICB's approach to decision-making is governed by a clear statutory and governance framework. This includes duties under the NHS Act 2006 (as amended), the Equality Act 2010 and the Public Sector Equality Duty, and common law principles of fairness, including the Gunning principles. The ICB is also required to have regard to the Triple Aim Duty under the Health and Care Act 2022 and to apply the LLR Inclusive Decision-Making Framework to significant commissioning decisions.

Legal advice was sought throughout the process and confirmed that the 2021 public consultation and decision to relocate births from St Mary's Birth Centre remains lawful and extant. In applying this framework in practice, the Board was guided to assess the decision against defined criteria, including safety, workforce and financial sustainability and service activity, rather than revisiting the merits of the original 2021 consultation.

The legal advice was reflected explicitly in the Board report and provided assurance that the approach taken met statutory and common law requirements. This external legal review provides additional assurance regarding the robustness of the process followed.

Legal advice was referenced during the Board's consideration and confirmed that the approach taken represented implementation of an existing, lawful decision and that a proportionate engagement approach was appropriate, rather than a further formal public consultation. The Board formally approved that statutory duties had been met and that an effective and robust engagement process had been undertaken.

5. Evidence-based decision-making

The Board report considered on 19 March 2026 was designed to ensure that Board members had access to all relevant information needed to support an informed decision. The report brought together clinical safety, workforce sustainability, activity, financial and national policy evidence, alongside the findings from the engagement report. The full set of documentation considered by the Board is included in section 9 of this report.

The report also included explicit consideration of equality and quality impacts through the inclusion of the Equality Impact Assessment and Quality Impact Assessment, and set out the legal position and statutory duties in full.

The Board discussion demonstrates that this evidence was actively tested and debated in public, alongside qualitative feedback from women, families, staff and students. The Chair and Executive leads consistently reinforced the need to ground the decision in this evidence base, ensuring a rational and structured approach to decision-making.

This ensured that the decision was taken with full visibility of the benefits, risks, impacts and mitigations, and that the rationale for the recommended course of action was clearly articulated in a public forum.

6. Public engagement and involvement

The engagement programme was designed to focus on those most directly affected by the pause in services at St Mary's Birth Centre, including women and families, maternity staff and students, and key stakeholders such as the Maternity and Neonatal Voices Partnership, Healthwatch and local voluntary sector partners. It was structured to be accessible through a range of methods, including an online and paper questionnaire, focus groups and one-to-one discussions, and was supported by targeted communications through a range of channels.

Importantly, the engagement approach was not static. In response to early feedback, the ICB extended the engagement period, widened eligibility to include people who had used St Mary's Birth Centre between 2021 and 2025, added additional online focus groups including evening sessions, and broadened communications activity. These changes demonstrate that the engagement was responsive to what was being heard and was adjusted to strengthen the robustness of the evidence base informing the Board's decision.

Engagement was also subject to external and lay scrutiny. The ICB presented its proposed engagement approach, evidence base and emerging findings to the Patient and Public Involvement Advisory Group (PPIAG) in February 2026. PPIAG provided feedback on the approach and confirmed their support for the engagement methodology and its use in informing the Board's decision, providing additional assurance that the process was appropriate, inclusive and proportionate.

6.1 Engagement feedback and next steps

The ICB recognises that engagement relating to the pause of services at St Mary's Birth Centre raised strong views and concerns from women, families and the wider community, particularly in relation to choice, travel and the longer-term future of the site. Feedback also included constructive suggestions for how maternity services at the Leicester Royal Infirmary (LRI) and Leicester General Hospital (LGH) could be improved.

While the Board's decision related to the implementation of an existing lawful decision, the ICB remains committed to ensuring that feedback continues to inform service planning and improvement.

To ensure feedback is reflected in future work, the ICB will:

- Meet with the leaders of the St Mary's Campaign Group to maintain dialogue, understand ongoing concerns and discuss how feedback can inform future service planning.
- Ensure the Maternity and Neonatal Voices Partnership (MNVP) is involved in the development and co-design of existing maternity services at UHL.

7. Equality and quality considerations

A full Equality Impact Assessment was completed and reviewed prior to the Board decision, in line with the LLR Inclusive Decision-Making Framework. The assessment identified negative impacts associated with the relocation of births, particularly in relation to travel, choice and rural access, and considered impacts across protected characteristics and inclusion health groups. It also set out mitigations, including the continuation of antenatal and postnatal services in Melton and access to alternative birth settings across LLR. The assessment concluded that, while impacts exist, the decision could be objectively justified in the context of safety, sustainability and the wider population benefit.

A Quality Impact Assessment was also undertaken to consider patient safety, clinical effectiveness, patient experience, staff experience and wider system impacts. This assessment identified areas of higher impact, particularly in relation to patient and staff experience, and set out mitigations and monitoring arrangements. The assessment confirmed that risks were understood, proportionate and manageable within existing pathways.

During the Board meeting, the Equality and Quality Impact Assessments were explicitly referenced, with Board members acknowledging the negative impacts identified, particularly in relation to rurality, travel and access, and confirming that these impacts had been weighed alongside safety and sustainability considerations as part of the decision-making process.

8. Transparency and public scrutiny

The decision was taken at an ICB Board meeting held in public in Melton, recognising the significance of the service to the local community and supporting transparency and accessibility. This location was chosen deliberately to reflect the importance of the decision to the people of Melton and the surrounding area.

The Chair invited a representative of the Save St Mary's Birth Centre campaign group (Councillor Helen Cliff) to address the Board directly prior to formal consideration of the item, ensuring that lived experience and challenge were heard first-hand.

All public questions submitted in advance of the meeting were read aloud and responded to during the meeting itself. Written responses were also provided to those who submitted questions. This approach ensured openness, accountability and a clear public record of how issues raised by members of the public were considered and addressed.

8.1 Consideration of Scrutiny Input

The Board also formally considered the LLR Joint Health Scrutiny Committee's request to defer the decision. The request was debated in public session, following which the Board agreed not to defer, noting that no new information was available, nor anticipated, that would materially alter the position and that deferral would not add value. The decision and rationale were clearly minuted, providing transparency and an auditable decision trail.

9. Related Board Papers and Supporting Documents

The decision-making process described in this report is supported by a set of Board papers and appendices that were considered by the LLR ICB Board at its meeting in public on 19 March 2026. These documents form the formal evidence base for the decision and are publicly available. The principal Board paper, St Mary's Birthing Unit, sets out the background, evidence, legal advice, engagement findings and recommendations that informed the Board's decision.

The Board paper is supported by the following appendices.

- **The Engagement Report: *The Impact of the Pause of Service at St Mary's Birth Centre* (March 2026)** provides a detailed account of the engagement undertaken between 5 January and 15 February 2026, including feedback from women, families, carers, staff and students, and the themes that informed the Board's consideration.

- **The Inclusive Decision-Making Framework (Equality Impact Assessment) – Part B (Version 9)** documents the equality analysis undertaken in line with the LLR Inclusive Decision-Making Framework, including consideration of impacts across protected characteristics and inclusion health groups, together with mitigations and justification.

- **The Quality Impact Assessment – St Mary's Birth Centre (Version 1)** assesses the impact of the decision on patient safety, clinical effectiveness, patient experience, staff experience and wider system impacts, and sets out mitigating actions and monitoring arrangements.

Together, these documents provide the full public record of the evidence, engagement and impact assessments that underpin the decision-making process described in this paper.

10. Conclusion

Having regard to the full body of evidence set out in the Board paper and its supporting appendices, the ICB considers that a lawful, fair and proportionate decision-making process was followed. The process ensured that engagement was meaningful and responsive, that equality and quality impacts were properly considered, and that the decision was taken transparently in public with appropriate opportunities for scrutiny and challenge.

The ICB therefore considers that the decision-making process relating to St Mary's Birth Centre was sound and robust and welcomes the opportunity to provide assurance to the Joint Health Overview and Scrutiny Committee.

11. Recommendation to Scrutiny

The Joint Health Overview and Scrutiny Committee is invited to

- **Note** the ICB's decision-making process and the evidence demonstrating that statutory duties and good practice were met
- **Note** the ICB Board considered the JHSOC request to defer the decision, debated it in public, and recorded a clear rationale for proceeding
- **Note** the ICB's final decision, as agreed by the LLR ICB Board on 19 March 2026

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications The implications were considered in the public Board report. St Mary's Birthing Unit (paragraphs 35-37)
Signed: Ket Chudasama
Dated:02.04.2026

4.2 Legal Implications The implications were considered in the public Board report.

St Mary's Birthing Unit (paragraphs 91-95)

Signed: Ket Chudasama

Dated: 02.04.2026

4.3 Equalities Implications

The implications were considered in the public Board report.

St Mary's Birthing Unit (paragraphs 82-85) and appendix 2

Signed: Ket Chudasama

Dated: 02.04.2026

4.4 Climate Emergency Implications

The implications were considered in the public Board report.

St Mary's Birthing Unit (paragraphs 82-85) and appendix 2

Signed: Ket Chudasama

Dated: 02.04.2026

4.5 Other Implications

The quality implications were considered in the public Board report.

St Mary's Birthing Unit (paragraphs 86-90) and appendix 3

Signed: Ket Chudasama

Dated: 02.04.2026

Appendix C

LLR JOINT HEALTH SCRUTINY COMMITTEE: 30th April 2026

Speech and Language Therapy Service in LLR

Purpose of report

This report provides the Committee with information about Speech and Language Therapy Services in Leicester, Leicestershire, including:

- An update on Early Language Support for Every Child (ELSEC) discussed in February Joint LRR HOSC
- LPT's Speech and Language Therapy Provision
- Our system plans for the future

This report also sets out the central role that this collaborative arrangement across LLR will play in responding to the SEND Reforms that will be set out in Schools White Paper published on 23 February 2026.

1.0 Early Language Support for Every Child (ELSEC)

ELSEC, launched in September 2023, with Department for Education and NHSE funding as part of the national SEND and Alternative Provision Change Programme 2023-2026. The ELSEC MOU set out 5 objectives to build an improved system-wide, balanced offer for children aged 0-11 years with speech, language and communication needs.

LLR is one of nine regional partnerships working across 32 local areas that was selected to test proposed changes.

ELSEC is delivered in Early Years settings, schools, families' own homes and Family Hubs. Together with many partners across LLR, we have made significant progress in strengthening a more balanced, responsive and effective system to meet children's speech, language and communication needs for the 0-11 age range.

To date, almost 1000 children across LLR with universal or targeted SLCN, have received much timelier and evidence-based support, and have been diverted away from NHS waiting lists for specialist Speech and Language Therapy. Parents and schools report strong satisfaction with the service.

The national DFE interim evaluation report of ELSEC said about LLR "*LLR developed their ELSEC model to offer assessment and time limited episodes of care for children aged two to eleven with mild to moderate SLCN who are referred into the specialist service. LLR have used prescriptive and evidence-based intervention packages consisting of three sessions, integrated with the universal approaches in place in children's settings and schools. LLR used a 'I do, we do, you do' approach to coach setting staff and parents and carers to gradually assume the role of delivering a targeted intervention. The initial session involved demonstration from a support worker, the second session was delivered together, and the final session involved observing setting staff or parents delivering the intervention. The final session offered the opportunity for the support worker.*" [i]

Some of our family feedback is included in Appendix 1 to this report.

2.0 LPT's CYP Speech and Language Provision

Speech and Language Therapy – Leicestershire Partnership NHS Trust
Leicestershire Partnership NHS Trust (LPT) provides the Speech and Language Therapy Service for children and young people aged 0–18 years across Leicester, Leicestershire and Rutland.

The service provides assessment, diagnosis and time-limited episodes of intervention for children with speech, language and communication needs (SLCN), including speech sound disorder, language delay or disorder, fluency and voice disorders, and eating, drinking and swallowing difficulties.

Delivery is underpinned by a graduated response, with a strong emphasis on early identification, building capacity and accessible communication environments within early years and school settings, and equipping parents, carers, education and social care partners with evidence-based strategies to support children's outcomes beyond direct therapy input.

The service works in close partnership with local authority services, including early years providers, schools, specialist SEND services and wider health and care professionals, to support educational access, inclusion and developmental progress, and to contribute to multi-agency planning for children and young people with additional needs.

Speech and Language current performance is described in Figure 1 and 2. Figure 1 indicates that current referral to assessment, which includes commencement of treatment, has been consistently performing. The dip in performance in 2024 followed a decision to move some resource from assessment to follow-up support. In Early 2025 the evidence from ELSEC became clear that this was providing preventative support and we returned that resource back to assessments. Figure 2 describes Children and Young People (CYP) who remain on the caseload with further treatment, our goal is to have 4,000 or less people on the caseload each month. Figure 3 indicates that programmes such as ELSEC are already reducing specialist demand. In Section 3 of this paper, we describe how these waits for specialist services, which mirror the national picture, are being further addressed within a system plan. Our system work includes the NHS, local authorities, schools, families and voluntary groups.

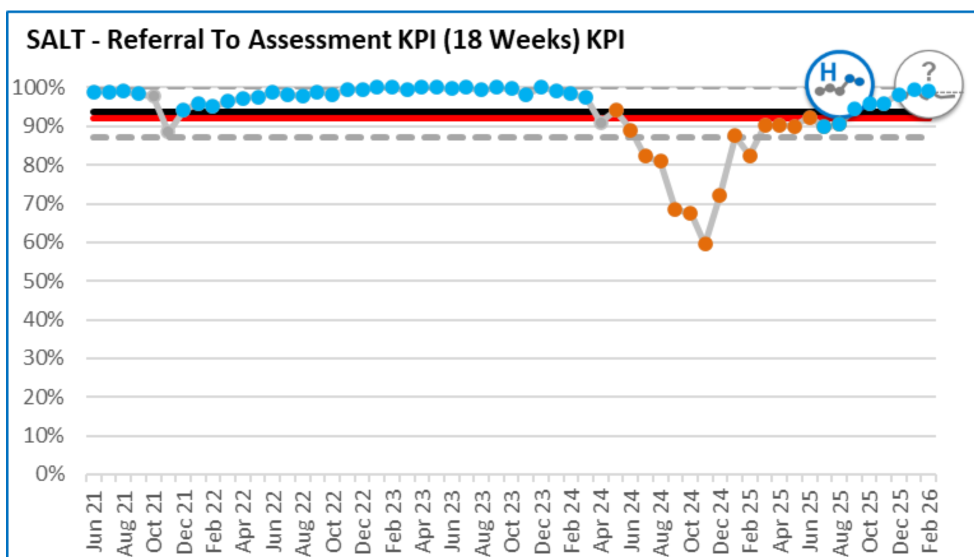


Figure 1: LPT's performance of the referral to assessment indicator within 18 weeks. Figure shows % of people assessed within 18 weeks. Blue circles indicate performance at or within thresholds

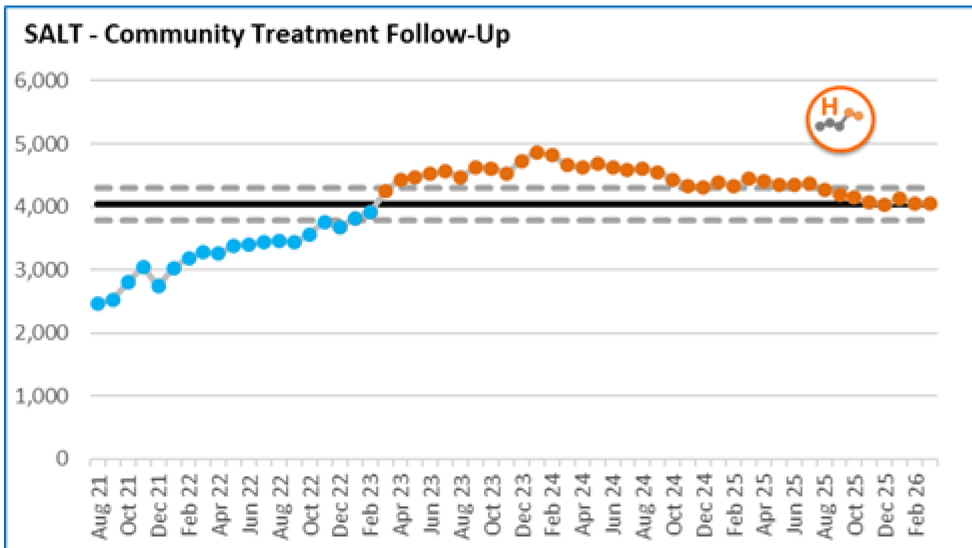


Figure 2: Number of CYP supported every month with further treatment. The chart shows we are supporting more people per month than we expected to. Red dots show a higher than threshold number being supported.

Referral summary:

Referral Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2025/26	236	244	249	267	212	233	270	262	255	278	341		**2847**
2024/25	312	372	246	298	242	295	319	337	248	409	253	303	**3634**
2023/24	288	370	364	308	291	333	331	369	311	384	378	377	**4104**
2022/23	331	395	362	281	261	261	338	404	271	393	352	407	**4061**
2021/22	327	378	383	297	231	323	337	450	314	371	352	408	**4171**

Figure 3: Number of referrals to LPT SALT services by year. Decreasing numbers of referrals evidence the success of preventative programmes e.g. ELSEC, despite increasing demand.

3.0 Our System plan

As set out in the Schools White Paper, the government aims to reform the current SEND system, building on ongoing work to create a system that's rooted in inclusion, where every child and young person receives high-quality support early on and can thrive in their local early years setting, school or college. This will be based on an inclusive mainstream education system, with more accessible, professional support for children and young people who need it, and improved, efficient and effective local delivery.

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The Experts at Hand Offer is a core pillar of the SEND reform programme, designed to strengthen the capability of mainstream education settings to meet the needs of children and young people with SEND more effectively and inclusively.

Based on significant feedback in the national SEND consultation from parents, Early Years settings and school leaders, Speech and Language Therapy is named as a priority for

inclusion and investment in local SEND reform and Experts at Hand models as a critical feature of delivery.

Local area SEND plans should provide a defined route for mainstream education settings to access specialist support from speech and language therapists and speech and language support workers, strengthening prevention and early intervention and reducing the need for escalation to specialist services and for Education, Health and Care Plans.

By adding support to shift to increased group-based models and whole setting advice and support, health and education professionals can deliver evidence-based support and intervention with greater impact and value, ensuring, where possible, that universal and targeted level needs do not escalate.

Effective practice in this area already exists in Leicester in the ELSEC pathway. Based on the impact to date, the local area partnership is keen to embed the LLR ELSEC model in the Experts at Hand offer and scale this up, particularly to address health inequity associated with early speech, language and communication needs e.g. adverse impact on educational attainment, mental health, family health, social mobility.

Alongside system partners and local families, Leicestershire Partnership NHS Trust is currently involved in responding to DfE's request for a 3 year SEND Reform Plan, with a strong emphasis on improved speech, language and communication outcomes for all young children in Leicester, building on the impact to date of the local Early Language Support for Every Child pathfinder.

Resource Implications

1. Developing new ways to support families that empowers families is preventative. This reduces the demand in the NHS and in schools and local authorities. Over time this has a significant benefit for our communities.

2. Children and Young People is one of the 3 key strategic transformation priorities for the ICB. The success of programmes like ELSEC can support demand management, however, additional system investment is still needed.

3. Maintaining a focus on children and families in LLR ensures we support the local authority strategies, ensuring the best start in life for our children and young people.

Background Papers

4. SEND and Alternative Provision Joint HOSC February 2026

Circulation under the Local Issues Alert Procedure

5. None

Equality Implications

6. Children and young people with speech and language needs are more likely to experience poor physical and mental health, barriers to accessing services, and worse long-term outcomes. Support programmes play a critical role in reducing health

inequalities; largely through joint working with in education, health, local authority and the voluntary sector.

Human Rights Implications

7. SEND law requires reasonable adjustments and appropriate provision to ensure pupils with disabilities can participate fully, supporting their right to non-discrimination and accessible schooling.

Other Relevant Impact Assessments

NA.

Officer(s) to Contact

Colin Cross, Deputy Director, Families, Young People, Children, learning Disability & Autism Directorate, Leicestershire Partnership NHS Trust

Name and Job Title: David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust

Appendix 1 – Summary of Family Feedback

Figure 4: Summary of ELSEC feedback from families

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[i] https://www.gov.uk/government/publications/early-language-support-for-every-child-interim-evaluation-report

Leicester, Leicestershire and Rutland Joint Health Scrutiny

Work Programme 2025-26

Date of Meeting	Agenda Items	Organisation Responsible	Notes
Monday 16 June 2025	Introduction to NHS, changes (structural) difference between 50% reduction and 50% growth (briefing) and the policies Pilot Digital Project (EMAS) Shared care record	**UHL/ ICB/ LPT**	1. Admin processes, bureaucracy and IT issues getting in the way of patients being seen by the right person. 2. LA/ NHS working together
Thursday 27 November 2025	System Health Equity Committee request to conduct a 'deep dive' into longer waits at both the Emergency department and patients waiting for ambulances to assess the impact against protected characteristics. Winter Pressures verbal update Digital Focus (Presentation)	**EMAS / UHL/ ICB** **UHL/ ICB**	

Appendix D

	24/25 year-end review – info circulated Dentistry	**ICB/LPT** **ICB**	
Monday 23 February 2026	St Marys – Process and Engagement – 19th March update on decision – questions and points raised LLR SEND & Inclusion Alliance update	**update in March on decision/no conclusions in Feb**	
Thursday 30th April 2026	Update on decision on St Marys Children and Young People Mental Health & Speech and Language	**ICB** **LPT**	

Topic	Detail	Date

ICB Highlight sheet of data	Members requested more data to be scrutinised focusing on the ICB and statistics.	
Ambulance Service and wait times		**November 2025**
GP Access		**June 2026**
System approach to stroke		
CAHMS		**April 2026**
NHS work to tackle isolation – i.e. the social prescribing model across LLR and its effectiveness in directing patients/public to services. Access to healthcare.		
Over Seas Doctors Training Scheme	Are there are any similar contracts within LLR and what they are doing to check all similar contractual arrangements within LLR	
CAMHS and SALTS **Children and Young People Mental Health & Speech and language**		**April 2026**