



**Leicester, Leicestershire
and Rutland**
Integrated Care Board

LLR Integrated Care Board comms

Rachna Vyas

Deputy Chief Executive and Chief
Operating Officer, LLR ICB

A proud partner in the:



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership



What is an ICB? What is an ICS?

Ever struggled to remember your ICB, from your ICP and your ICS?

Do you know the difference between the HWP and a HWB?

Do you know where to find your area's JHWS?

In a world of health and care acronyms, let us help explain...



What is an ICB? What is an ICS?

As people's health and care needs have changed over the years, the organisations that look after the population, within the NHS and local authorities, have sometimes become fragmented. Within Leicester, Leicestershire and Rutland (LLR), an Integrated Care System (ICS) has been established to join up people's care. An ICS is made up of all the public services that provide health and care – the NHS, local councils and the community, voluntary and social enterprise sector.

Our ICS is made up of two parts: the **LLR Integrated Care Board (ICB)** and the **LLR Integrated Care Partnership (ICP)**.

1. Our organisation, the LLR ICB, is tasked with working out how best to spend NHS funds and provide the quality healthcare that people expect. We are pivotal to the success of system working in the area.
2. The LLR ICP is the group of partner organisations all working together to implement strategies to best look after and improve the health and wellbeing of local people. Locally, this is called the **Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership**.

What is an ICB? What is an ICS?

[The King's Fund](#) has a video which explains the national structure of the NHS and system partnership working.



What is an ICB? What is an ICS?

Our [ICB](#) has produced a video explaining the local health and care system.



Who is in the ICS?

The statutory partners are:

- NHS LLR Integrated Care Board
- Leicestershire Partnership NHS Trust
- University Hospitals of Leicester NHS Trust
- East Midlands Ambulance Service
- Leicester City Council
- Leicestershire County Council
- Rutland County Council

GPs, district councils, other health and care providers, Healthwatch and the voluntary and community sector are also important partners.



What is the aim of an ICS?

The aim of an ICS is to bring together partner organisations to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access to health and care
- Use the resources available for health and care services to get the most from them
- Help the NHS support the broader social and economic development in an area.

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Integrated Care Systems: design
framework

Version 1, June 2021

What is the vision of our ICS?

The LLR vision is: *Working together for everyone in Leicester, Leicestershire and Rutland to have healthy fulfilling lives.* The [LLR ICS Strategy \(2023-28\)](#) sets out our key priorities:

Best start in life: ‘We will support you to have a healthy pregnancy, a safe environment, a nurturing and secure relationship with caregivers, good nutrition and healthcare, and support from birth to adulthood.’

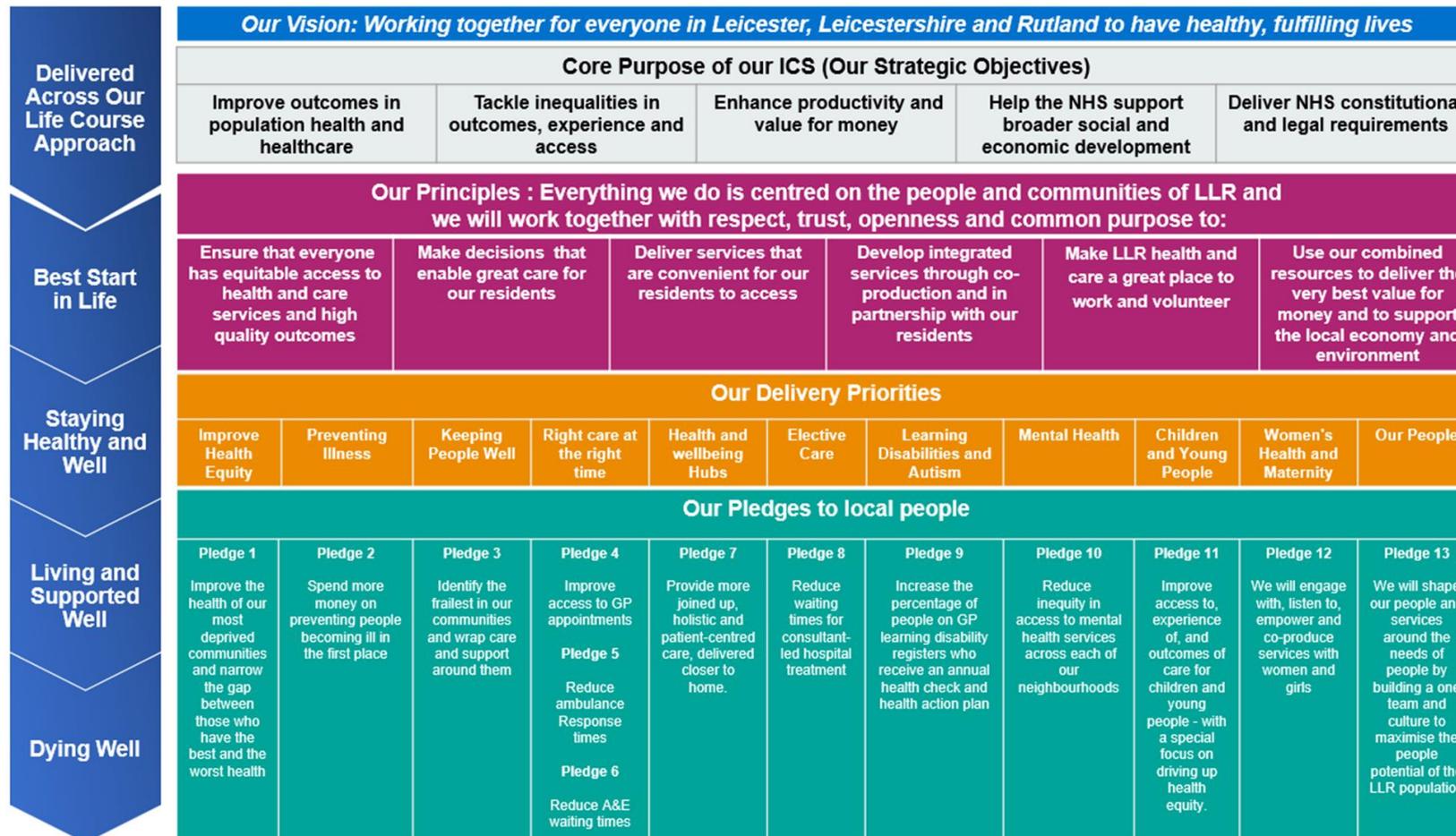
Staying healthy and well: ‘We will help you to live a healthy life, make healthy choices, within safe and strong communities, and maintain a healthy quality of life.’

Living and supported well: ‘We will support you through your health and care needs to live independently and to actively participate in your care.’

Dying well: ‘We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families.’



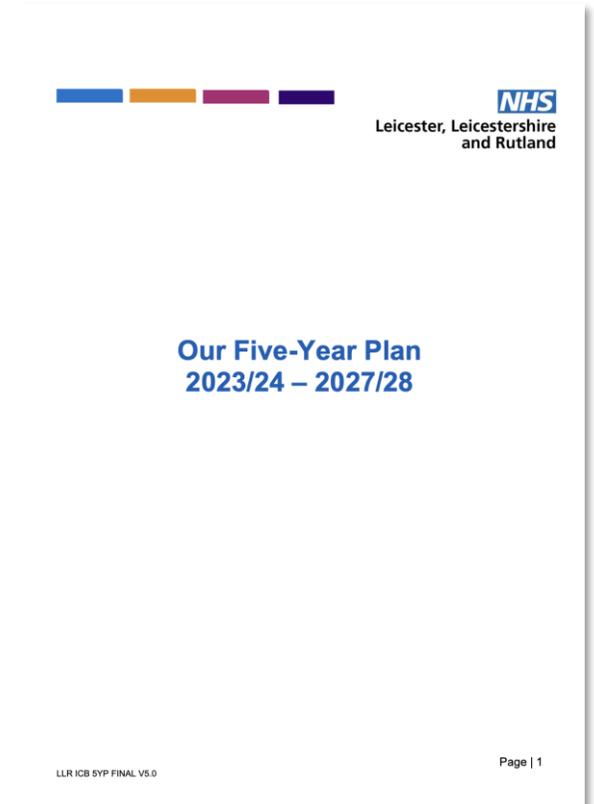
What does our ICS strategy aim to do?



How will the ICB support the strategy?

The ICB has set out a [Five-Year Plan](#) that shows how we will work with partners to help achieve the objectives of the ICS Strategy. The Plan sets out a commitment of **13 pledges** - specific outcomes we aim to deliver with partner organisations by 2028 based on what people have told us are important to them.

1. Improve the health of the most deprived communities and narrow the gap between those who have the best and worst health
2. Spend more money on preventing people becoming ill in the first place
3. Identify the frailest in our communities and wrap care and support around them
4. Improve access to GP appointments
5. Reduce ambulance response times
6. Reduce A&E waiting times
7. Provide more joined up and patient-centred care, delivered closer to home
8. Reduce waiting times for consultant-led hospital treatment
9. Increase the percentage of people on learning disability registers who receive an annual healthcheck and health action plan
10. Reduce inequity in access to mental health services across our neighbourhoods
11. Improve access to, experience of, and outcomes of care for children and young people – with a special focus on driving up health equity
12. We will engage with, listen to, empower and co-produce services with women and girls
13. We will build a 'one team' culture among staff



What is the purpose of the ICB?

The LLR ICB is a **statutory** NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

The ICB is able to take the 'helicopter view' of health and care in Leicester, Leicestershire and Rutland, bringing health and care organisations together so that services are person-centred as much as possible.

Our formal core purpose is to:

Strategically commission, convene and enable the delivery of better health outcomes, actively improving health equity. Through collaborative partnerships, we are committed to achieving results that empower our population to lead healthy and fulfilling lives.



What does this purpose mean?

Commissioning

- Understand the population's health needs over the long term
- Develop and implement with partners a Long Term Plan and other strategies/plans to address need inc. ICP Strategy
- Form plans for the local NHS to contribute to the wider determinants of health
- Strategic commissioning, procuring, agreeing and managing contracts, delegation and partnerships/collaboratives
- Move funding around the system to best meet the needs of the patients/citizens
- Co-ordinated yearly operational plan for NHS partners

Convening

- Aligning services to the ICB, ICP and organisational plans across health and care
- Balance long term transformation and immediate operational priorities for the ICS
- Balance system, place & neighbourhood needs, with reporting into appropriate assurance groups
- Agree & monitor an annual system risk framework, system outcomes/equity framework & system financial framework (as possible)
- Understand the interdependencies across and within partnerships, and health & care
- Share best practice

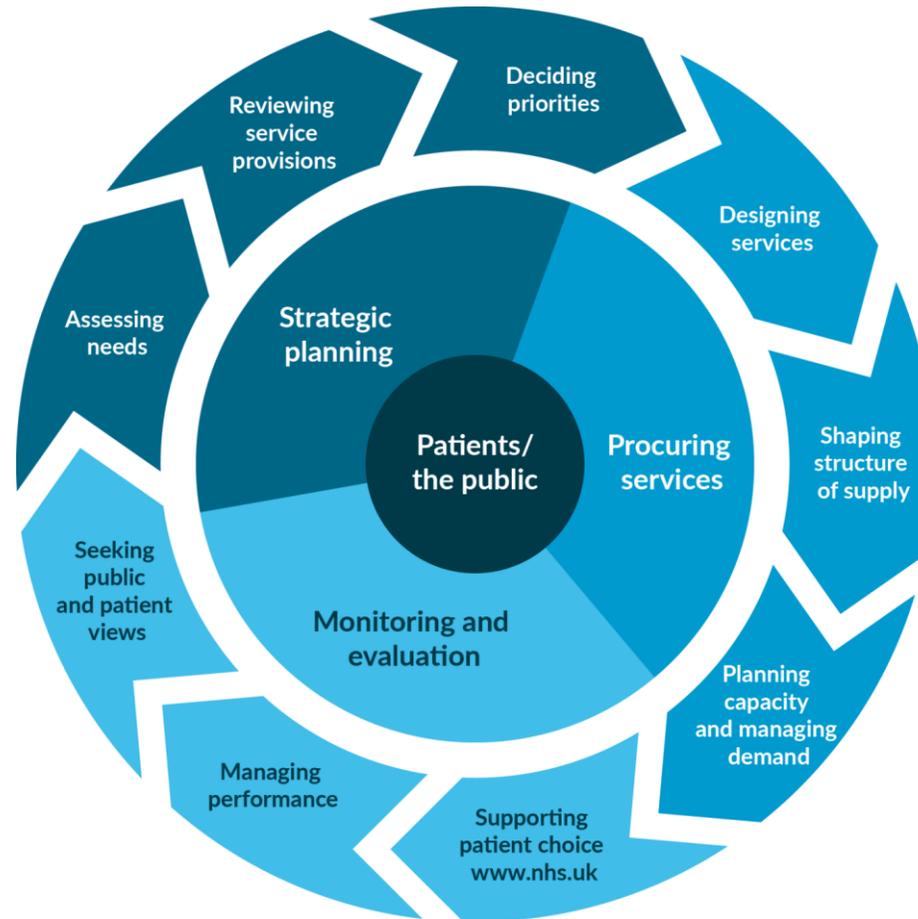
Enabling

- Track operational performance, delivery and outcomes
- Overseeing organisational budgets for NHS services ensuring value for money
- Monitor and evaluate the impact of healthcare services at organisational level for each facet of value
- Co-ordination of enablers such as digital, medicines optimisation, estates, workforce

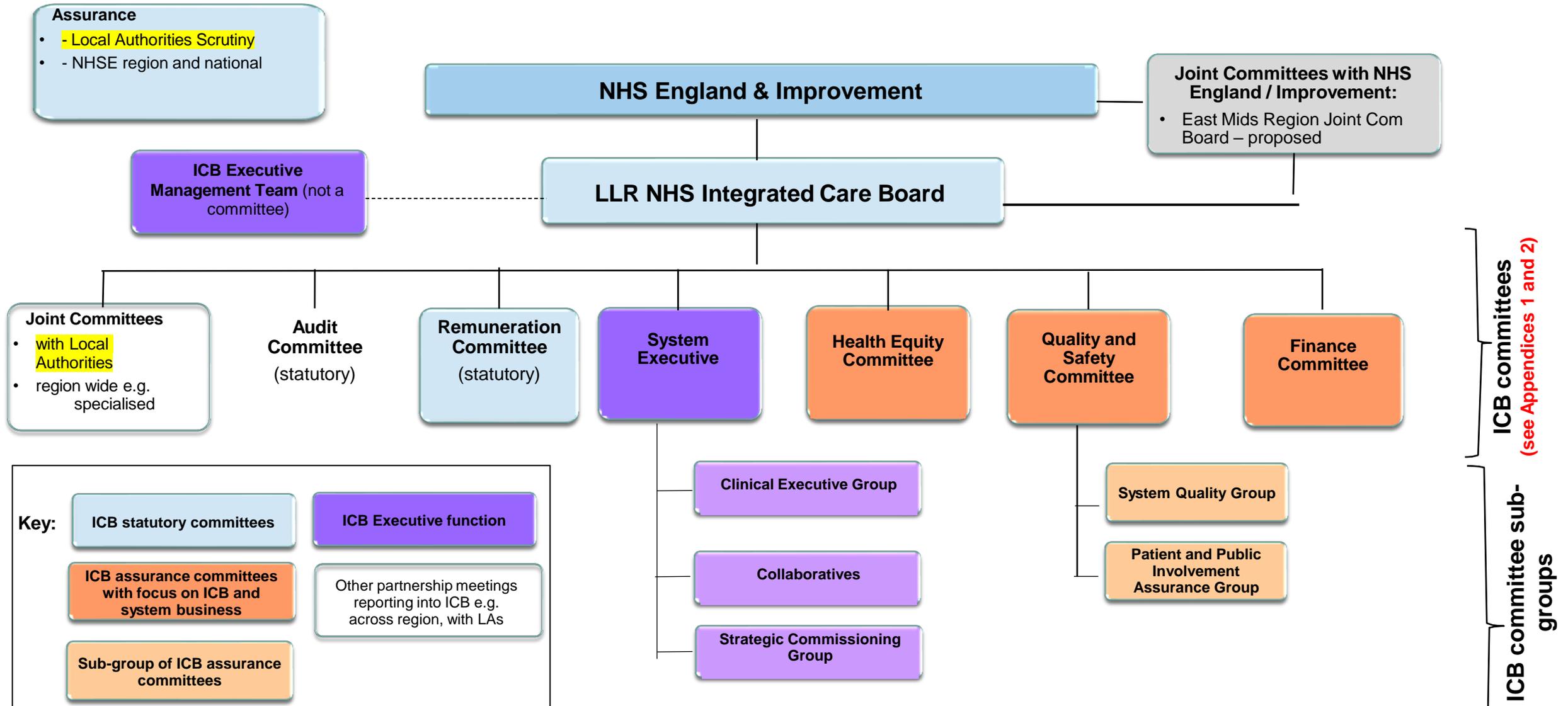
How does the ICB add value?

We work together with all the local health and care organisations to ensure that services provided are person-centred. We strategically plan, with a focus on ensuring everyone has a fair and just opportunity to attain their highest level of health (health equity).

We bring partner organisations together to ensure services are joined up and that the health economy is achieving best value for money. We monitor and evaluate, seeking to achieve improvements in health and wellbeing for our population.



How we operate - governance?



How does the ICB work with partners to add value?

Examples of where we work together to support advancing health and care can be seen on the [Ace 100 website](#) which is being developed

THE **ACE** 100



Early Help to children and families



The Lightbulb Project bringing together partners



Pre-transfer clinical discussions pilot scheme



Tackling health inequalities in cancer screening



Community pharmacy consultation service



Improving outcomes for people with a learning disability



New maternity app to address health inequalities



Improving detection of high blood pressure



Chronic kidney disease management



Artificial Intelligence used for diagnosis

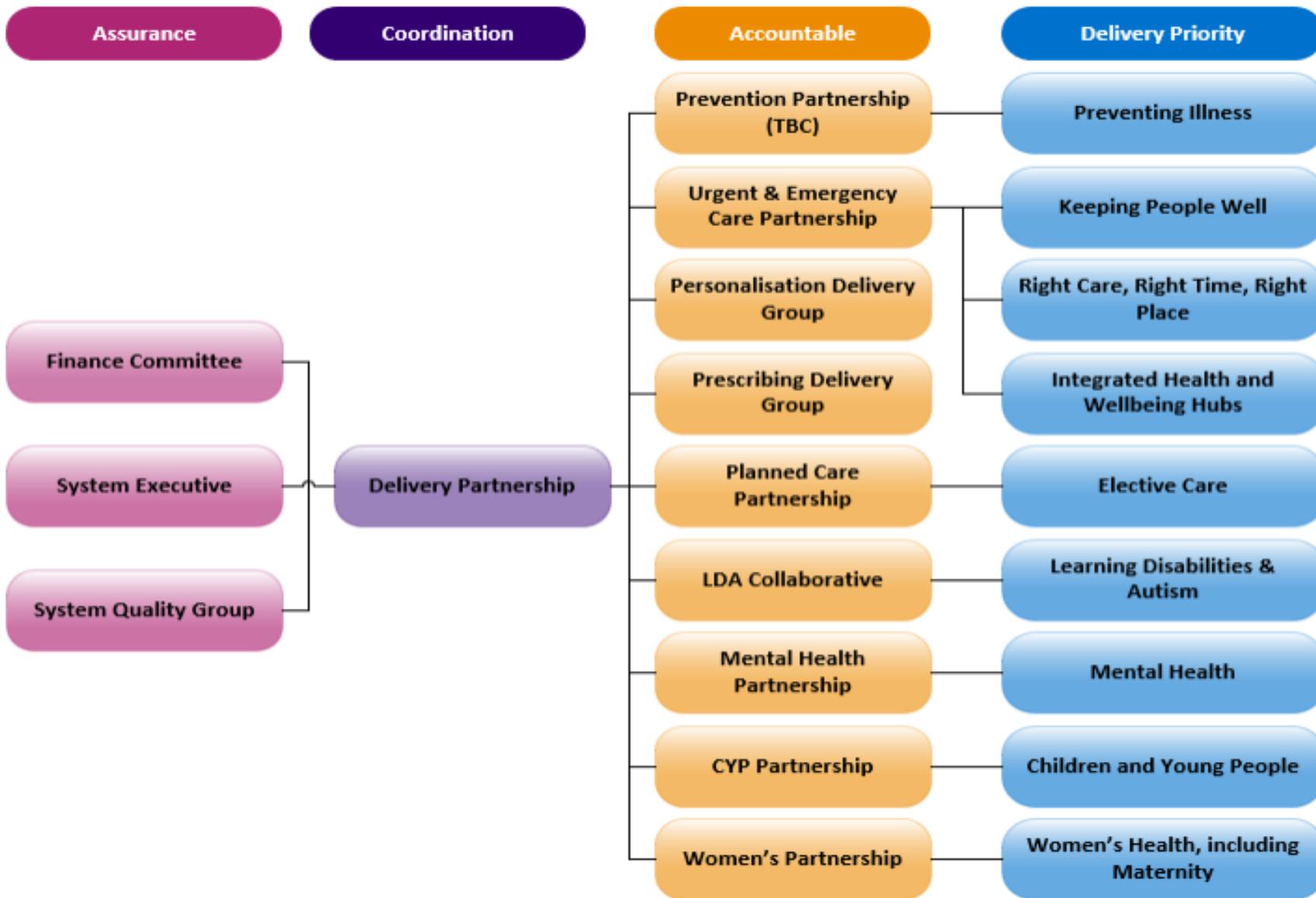


Community Respiratory Hubs Achieve Goals



Virtual wards reduce hospital admissions

Our focus on improving care/services?



- We are involved in a number of **partnerships/collaboratives** that are tasked with improving specific parts of the LLR health and care system. These are:





What is 'Place'?

Our system works at three levels:

1. Neighbourhood – based on 26 groups of GP practices, known as primary care networks. These work together to manage care closer to home for populations of 30-50,000 patients. Multi-disciplinary teams work with councils, the community and voluntary sector, to care for those with long-term conditions. GPs, practice and community nurses and staff work with patients to wrap care around the most vulnerable.

2. Place - our three 'Places' - Leicester, Leicestershire and Rutland - each have their own distinct characteristics, challenges and opportunities. Each Place has its own Joint Health and Wellbeing Strategy (JHWS) aimed at delivering the LLR priorities which are best addressed at a Place or community level.

- View the [Leicester City Council JHWS](#)
- View the [Leicestershire County Council JHWS](#)
- View the [Rutland County Council JHWS](#)

3. System – at the system level, covering the whole of LLR, our ICB and partner organisations analyse need, set priorities and desired health outcomes, and allocate funding.

A few examples of our great work

- Cancer treatment - Leicester's hospitals have delivered a significant improvement on the 62-day backlog of no more than 308 patients waiting more than 62 days for treatment. At the end of March 2024, 239 patients were waiting, which is less than half the number waiting since the start of the year and 71 patients better than we planned.

UHL was ranked among the top five Trusts in the country for improvement in cancer care in 2023-24.

- People with a learning disability and/or autism must receive an annual health check from their GP practice - locally, we have exceeded the set target (86% against 76%), placing us in top position in the Midlands and 5th in the country. Physical health checks for those with severe mental illness is also the best in the Midlands.
- We are on track in primary care to meet our requirements under the Additional Roles Reimbursement Scheme. This scheme was introduced in England in 2019 to improve access to general practice by providing funding for new roles in primary care such as pharmacists, physiotherapists and paramedics.
- Other system wide interventions have also shown a better experience of care for our most vulnerable – for example, focus on care homes and increasing access into our community falls response services has led a 15% (Q2 & Q3) reduction in falls conveyances, we have opened community diagnostic facilities and our elective care waiting lists have fallen considerably. These types of services support our people, their families and carers and the demands on the urgent care system