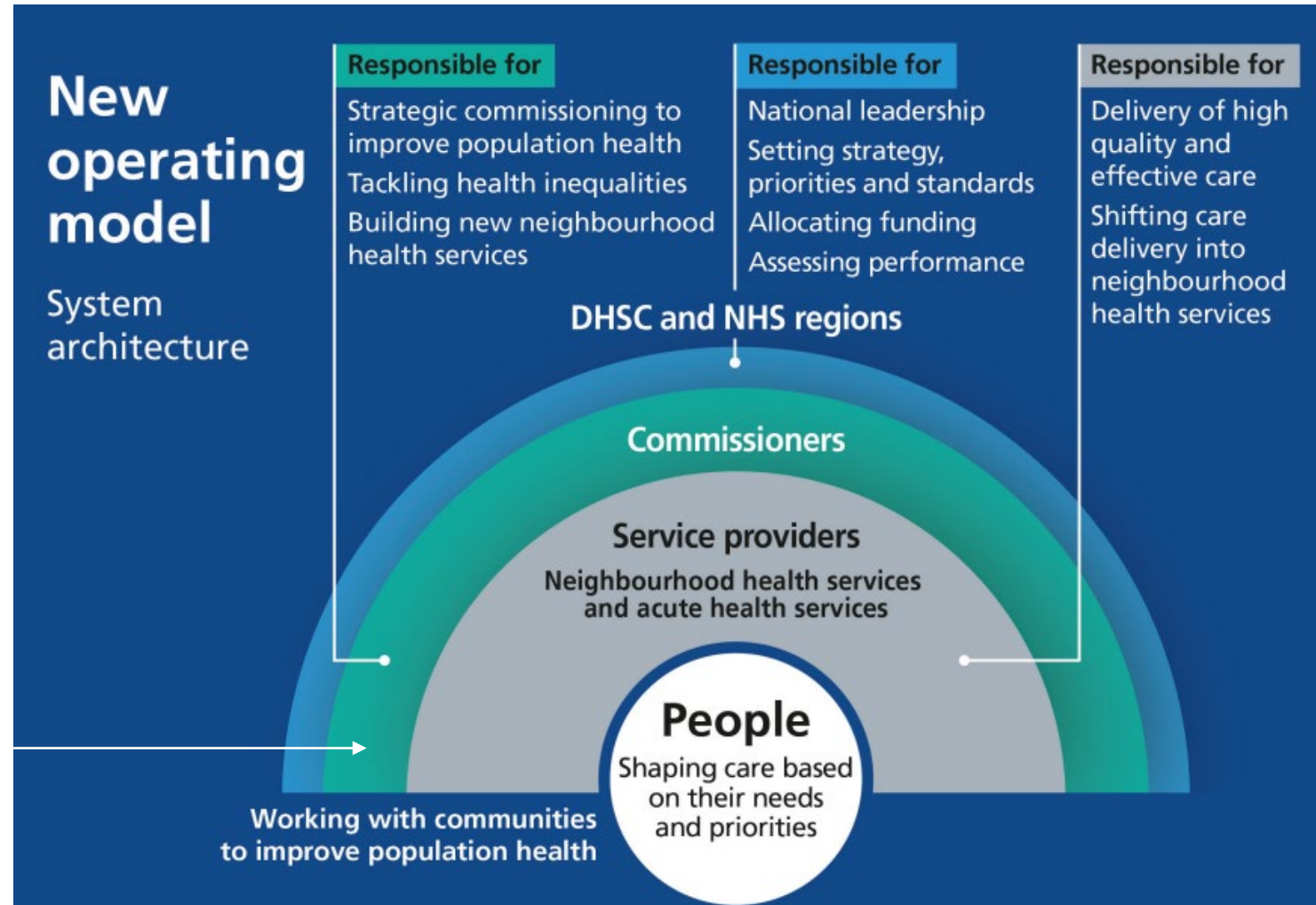


Integrated Care Board (ICB) introduction



- Building a cluster for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB
- Our role and strategy

ICBs' refreshed role in new national operating model



Leicester, Leicestershire and Rutland and Northamptonshire Integrated Care Boards

Why is change required



A refreshed and refocused role to ICBs. The national Model ICB Blueprint outlines the crucial function of ICBs in the delivery of the NHS 10 Year Health Plan in acting as **strategic commissioners**, improving population health outcomes, reducing inequalities, setting strategy and ensuring effective use of NHS resources to deliver maximum benefit for their population



Revised resourcing envelop for ICBs to operate within. ICBs across the country have been tasked with reducing costs by an average of 50% nationally to meet the expectation of costing £19.40 per head of population. In Leicester, Leicestershire and Rutland (LLR) this represents a revenue reduction of 33% and in Northamptonshire 29%.

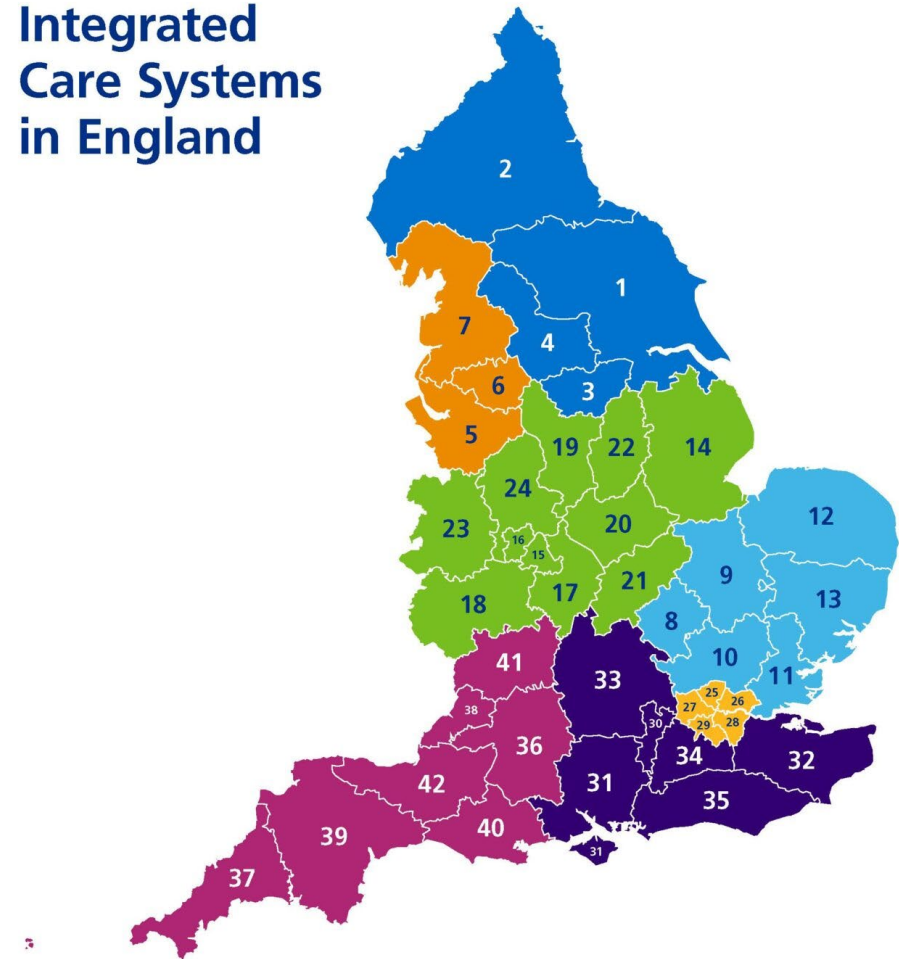


Increased focus on collaboration across regional footprints. The Model ICB Blueprint outlines functions and activities where ICBs could come together to deliver at a larger scale. The blueprint also points to areas which can be delivered by local organisations other than ICBs and those areas which should be delivered by different regional or national structures.

National Response

- There are 42 ICBs in England
- The vast majority of these are now entering clustering arrangements to help them rise to the outlined challenges
- In the Midlands NHS England has agreed that the 11 ICBs will form five clusters
- These are:
 - **Leicester, Leicestershire and Rutland with Northamptonshire**
 - Derbyshire with Nottinghamshire and Lincolnshire
 - Birmingham and Solihull with Black Country
 - Staffordshire and Stoke-on-Trent with Shropshire, Telford and Wrekin
 - Coventry and Warwickshire with Herefordshire and Worcestershire

Integrated Care Systems in England



What our clustering means

- Both LLR and Northamptonshire ICBs remain as separate statutory bodies for the time being working in partnership.
- The organisations will have:
 - Single board governance
 - A unified leadership team
 - Shared staffing structure.
- Building a transformational cluster between Northamptonshire ICB (NICB) and LLR ICB provides us the opportunity to drive forward the Ten-year-Plan within our communities and neighbourhoods, continue to improve health outcomes, while at the same time rise to the very real financial challenges we face.
- We are now in the early stages of engaging in discussions around moving from a cluster to a formal merger

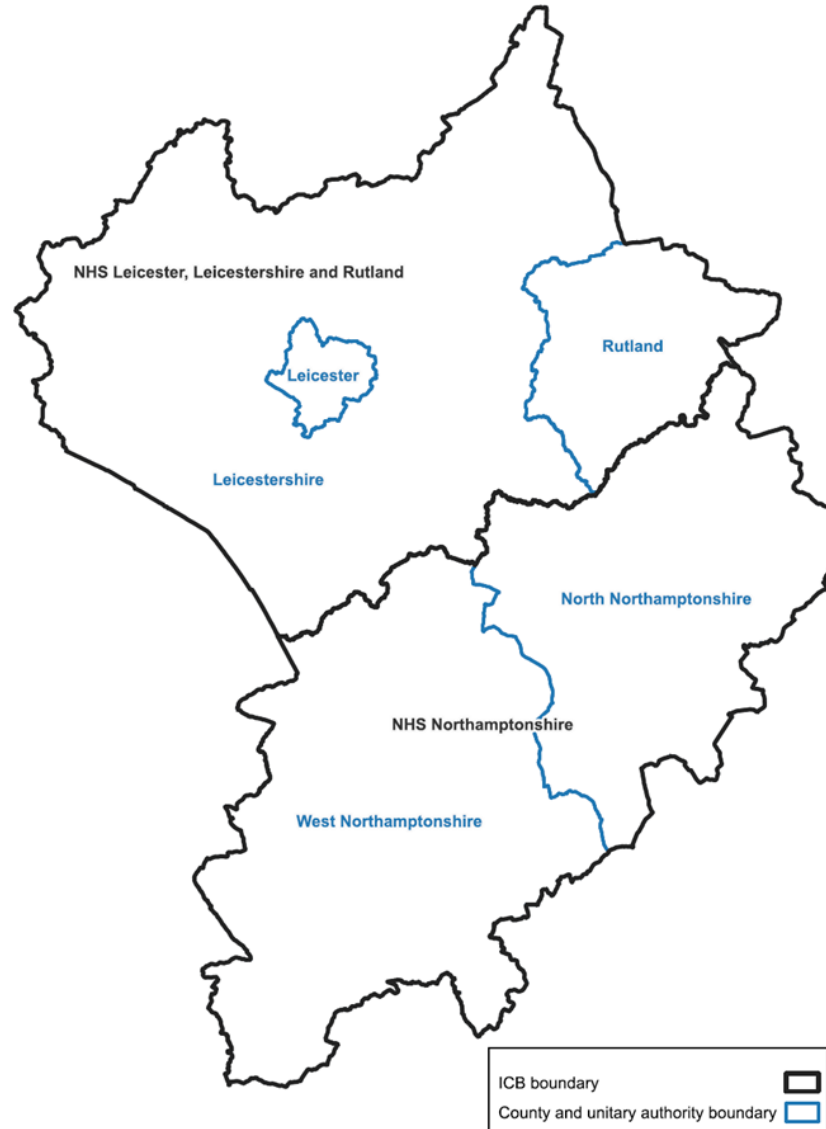
Our geography

£5bn
total budget

5 Provider Trusts

42 Primary Care
Networks

5 Upper-Tier
Local Authorities



Population:
2m

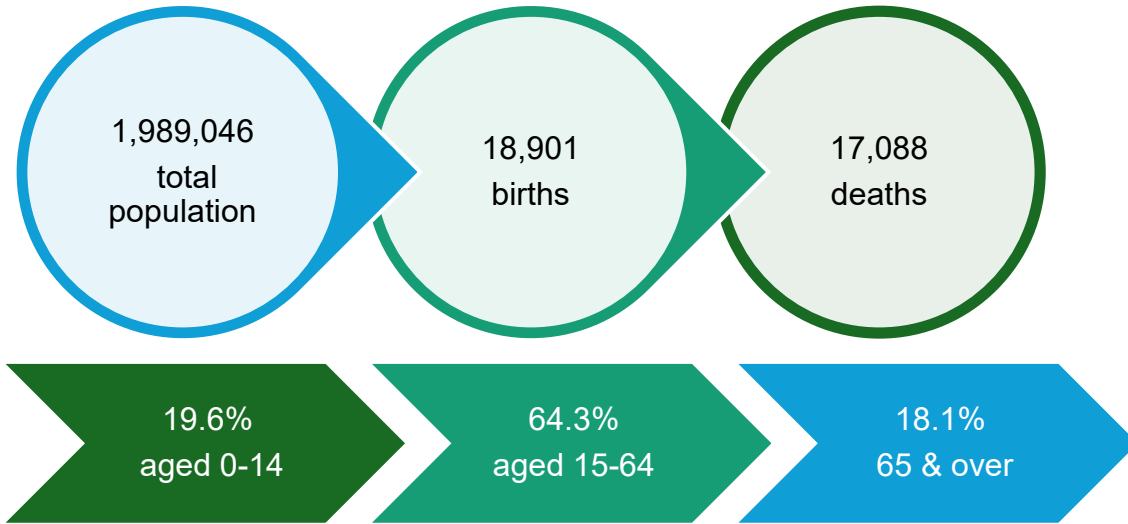
5 Places

20
neighbourhoods

5 Health Overview
Scrutiny Committees

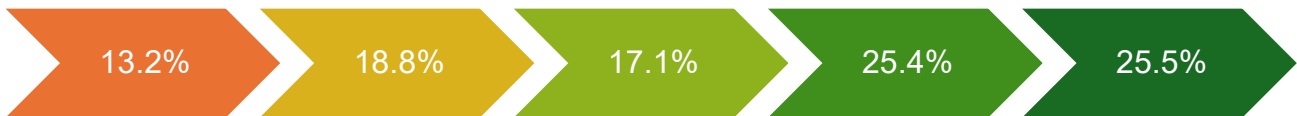
Our population

In 2024



Deprivation

13% of the LNR population live in Core 20 areas



Most deprived

Least Deprived

In the 2021 Census

- Ethnicity:
 - 78.8% White
 - 13.3% Asian, Asian British or Asian Welsh
 - 3.6% Black, Black British, Black Welsh, Caribbean or African
 - 2.6% Mixed or Multiple ethnic groups
 - 1.6% Other ethnic group
- Health Status
 - 83% Good or very good health
 - 12.4% Fair health
 - 4.5% Bad or very bad health
- Disability
 - 16.2% Disabled under the Equality Act
 - Provision of unpaid care
 - 8.4% of population age 5 and over provide unpaid care with 1.2% providing 20 or more hours per week
- Sexual Orientation
 - 1.2% of over 16-year-olds are Gay or Lesbian
 - 1.2% are Bisexual
 - 0.3% are Other Sexual Orientation
 - 7.6% chose not to answer

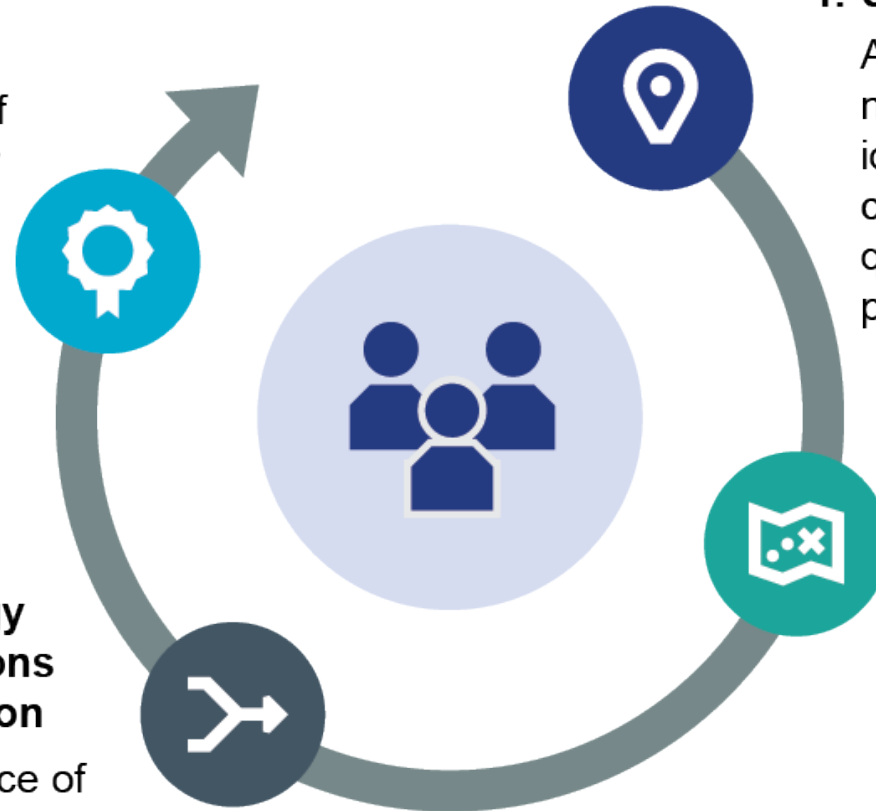
Our focus – The Strategic Commissioning Approach

4. Evaluating impact

Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

3. Delivering the strategy through payer functions and resource allocation

Oversight and assurance of what is purchased and whether it delivers outcomes required



1. Understanding local context

Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

2. Developing long-term population health strategy

Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

Our focus – underpinning strategic commissioning



Improve population health and ensure access to consistently high-quality services



Commission, invest in and evaluate services to improve outcomes and reduce inequalities



Accountable for health budgets – ensuring best value now and in the future



Align resources strategically with long-term health objectives



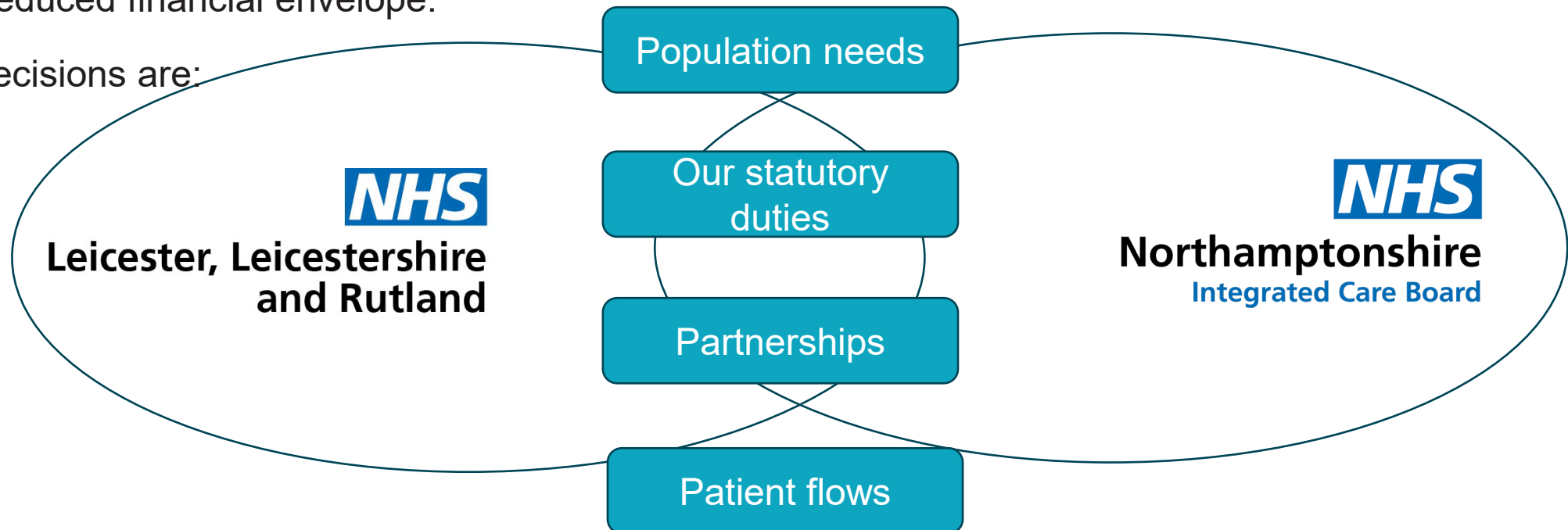
Lead population health strategy – evidence-based and long-term focus



Manage clinical and financial risks across the system

Our design process

- Designing the new cluster for LLR and Northamptonshire ICBs will need to meet population needs while reducing running costs
- The functions of each ICB are under review to ensure they align with the Model ICB Blueprint; what to keep, grow, reduce, transfer or stop
- We are moving the organisations into a single staff structure refocused on the new role of the ICBs and within the new reduced financial envelope.
- Underlying all decisions are:



Mission

To commission healthcare services across Leicester, Leicestershire, Rutland and Northamptonshire to improve population health, reduce inequalities and ensure access to high-quality efficient healthcare for all.

Aims

CORE COMMISSIONING
To plan, commission and assure, financially sustainable, high-quality health services that meet the needs of our patients.

Action

- Deliver the NHS mandate
- Commission sufficient elective capacity to reduce waiting lists
- Improve same-day access with stronger community care, rapid assessment, and alternatives to ED
- Support strategic transformation of CYP services (Inc Weight Management, SEND)
- Commission N'hood Health Services
- Improve cancer services & early diagnosis
- Improve maternity services provision
- Improve access to MH services
- Deliver core LD&A performance standards
- Build capability in strategic market management

Benefits

- Ensure the delivery of good quality, effective services to the public
- Improve patient experience and outcomes
- Meet the needs of the local population
- Support providers in improving the care they deliver
- Commit resources to invest in the delivery of the main strategic intent
- Staff feel valued, developed, and supported to thrive, enabling them to provide outstanding care

STRATEGIC TRANSFORMATION PRIORITIES
Plan and commission services to strengthen urgent and integrated care pathways to better support people with frailty and long-term conditions, increase same-day care capacity, to reduce avoidable A&E attendances, admissions, and delays

FRAILTY	PREVENTABLE MORTALITY	CYP (MH & ND)
<ul style="list-style-type: none"> • Personalised care delivered closer to home. • Clear access and coordinated response for deterioration and crisis • Rapid hospital-based assessment without admission. • Stronger recovery, step-down and post-hospital support • Resilient communities, carers and workforce 	<ul style="list-style-type: none"> • Population-level prevention schemes, targeting underserved communities • Early diagnosis to improve outcomes and reduce the number of undiagnosed people • Ensuring people have access to the right treatment pathways • Support in primary and community care through new neighbourhood models 	<ul style="list-style-type: none"> • Optimise ASD and ADHD diagnostic pathways • Develop a consistent early intervention and navigation approach • Integrate Mental Health Support Teams and neurodiversity roles within schools • Develop CYP-specific neighbourhood MDTs • Mobilise and mature the CYP Lead Provider model in Northamptonshire • Strengthen transition across the life course
<ul style="list-style-type: none"> • Early recognition prevents crises, reduces avoidable admissions, and enables proactive planning • Maintaining strength and mobility reduces falls, hospital length of stay, and long-term dependency • Preventing delirium avoids cognitive decline, improves experience, and independence • Reduce emergency admissions 	<ul style="list-style-type: none"> • Optimised long-term condition management reduces exacerbations, hospitalisations, and mortality. • Faster acute response and rapid diagnostics improve survival and reduce complications. • Support care closer to home and reduce pressure on hospitals. • Reduced health inequalities through proactive identification and targeted support 	<ul style="list-style-type: none"> • Earlier access improves outcomes for CYP • Smoother transitions reduce gaps in care and deterioration • More community and school-based support reduces crises and hospital use • Timely neurodiversity assessments and health checks improve equity and long-term health • Clearer pathways improve experience for CYP and families

PARTNERSHIP WORKING HEALTH BEYOND HEALTHCARE
Partnering with local authorities and the voluntary sector to improve health, integrate services, and reduce health inequalities

- Active partner in Health and Wellbeing Boards
 - Contribute and support delivery of place & neighbourhood health plans
 - Work with partners to help address the wider determinants of health
 - Work effectively with the VCSE sector to engage all the communities
 - Work to improve access to dentistry care services
 - Embed prevention and early intervention approaches into all partnership activity
 - Share data and insights with partners to target inequalities
-
- Improve work on primary preventions
 - Increased access to dentistry services across the county
 - Increased good quality housing provision along with the associated health services
 - Our patients are actively engaged in shaping services
 - Increased skills and access to employment opportunities
 - Increased activity level across the county

Enabled by:

NHS 10 Year Plan Shifts: Hospital to Community | Analogue to Digital | Sickness to Prevention

Transacted & Assured by:

Our Strategic Commissioner Target Operating Model | Our Outcomes Framework