

Chapter 1: Introduction

1.1 The purpose of this document

This five-year plan (the Plan) sets out how NHS services will be arranged and delivered to meet the physical and mental health needs of local people in LLR over the next five years i.e., 2023/24 to 2027/28. The LLR Integrated Care Board (ICB), which includes our NHS Trusts, is accountable for the delivery of this Plan, working with our Councils and wider partners.

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires our ICB and our partner trusts to prepare this Plan before the start of each financial year. 2023/24 is the first year of this Plan, which will be updated each year, from 2024/25 onwards.

We face significant health and care challenges in LLR, and these are described in Chapter 2. Working with our Councils and wider partners, we have developed an [Integrated Care Strategy](#) that sets out the direction of travel to address these challenges for LLR. Our three upper-tier Councils (also known as our Places) have also worked with partners to develop Joint Health and Wellbeing Strategies ([Leicester City Council JHWS](#); [Rutland County Council JHWS](#); [Leicestershire County Council JHWS](#)) that focus on the specific challenges in each of their areas, as identified through their Joint Strategic Needs Assessments (JSNA) ([Leicester City Council JSNA](#); [Rutland County Council JSNA](#); [Leicestershire County Council JSNA](#)). Furthermore, we are working with district councils to develop Community Health and Wellbeing Plans.

This document supports the delivery of the Integrated Care Strategy and Joint Health and Wellbeing Strategies, as well as the national NHS commitments. It sets out how, over the next five years, we will practically transform the delivery of NHS care to improve performance and outcomes, reduce inequity in health and healthcare, and achieve financial sustainability.

1.2 Who this document is for

We have made every effort to write this document as clearly and plainly as possible. However, it does contain some detailed and technical information regarding our future plans. Where this is unavoidable (for example, the inclusion of detailed data to support our clinicians and Partners), we have included links to supporting information.

No single document can meet the needs of every reading audience and, therefore we will also produce separate summary documents and bespoke resources for specific audiences to explain our future plans.

Audiences for whom this document should be particularly helpful include:

- Our patients and local people
- NHS and social care staff and teams
- NHS leaders at all levels and across all our organisations
- Clinical leaders across primary, community, mental health, hospital and specialist services
- NHS Board non-executive members
- County and district council councillors and executives
- Local authority housing, education, planning and environmental services leaders
- Voluntary and community sector leaders
- Healthwatch and patient group leaders
- Health and care focussed charities
- Police and fire and rescue services leaders
- Health and Wellbeing Board members
- NHS England

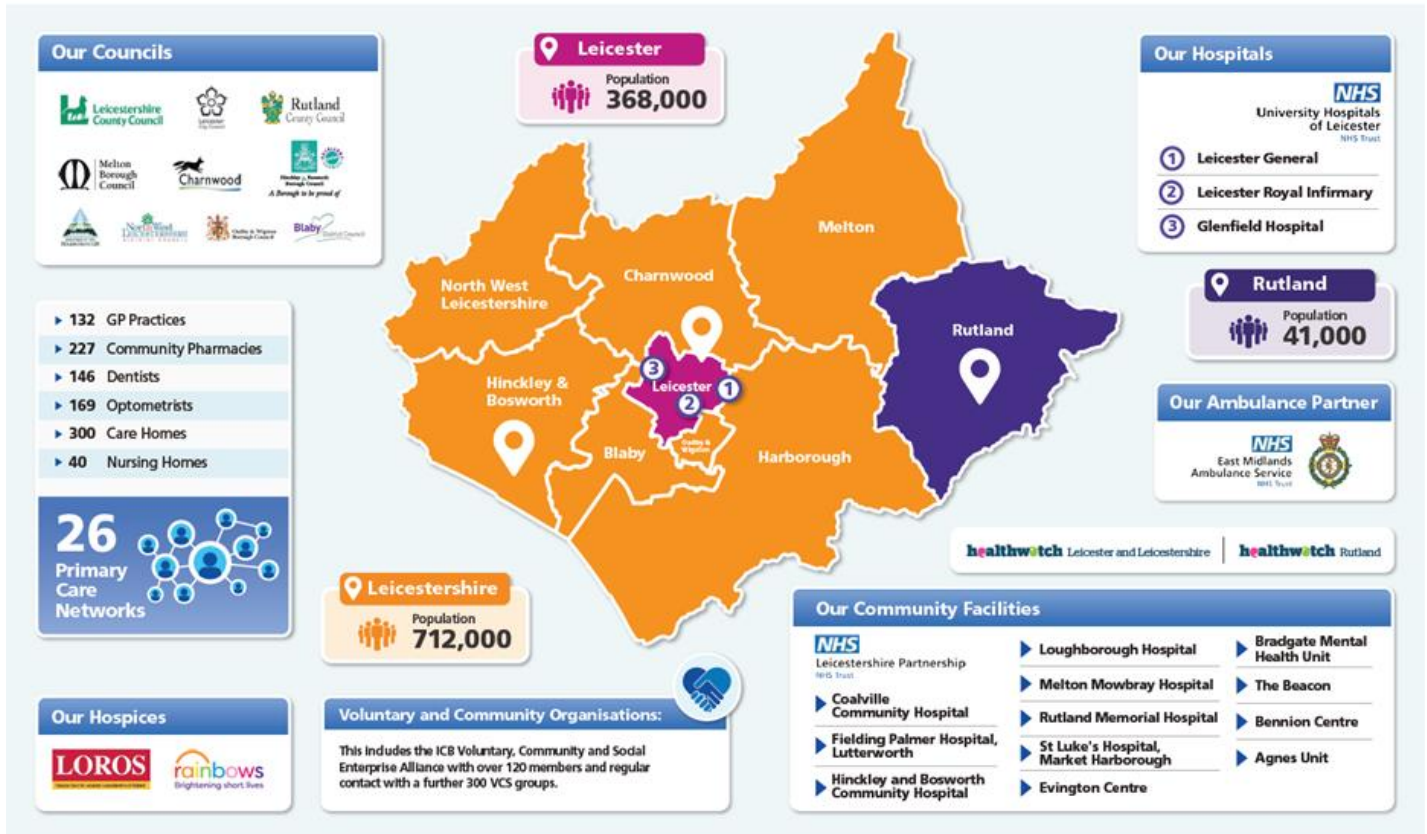
- Local Authority Health Overview and Scrutiny Committee members
- Universities, higher and further education leaders

1.3 About us

About LLR

We serve 1.1million people across rural, market towns and urban areas.

Our Health and Care Landscape



Figures accurate as of March 2023

Key facts and figures

LLR is a busy place...



(2021/22 data)

About the LLR ICB

Our ICB (known as [NHS Leicester, Leicestershire and Rutland](#)) is a statutory body created to provide infrastructure support to the NHS. We do not directly provide care (although a lot of our work supports the delivery of care). We spend over £2 billion on health and care services for the 1.1 million people of LLR every year. Our contribution to the front line is delivered by discharging our responsibilities effectively and efficiently through our main providers of NHS services and by working with our wider partners.

Our ICB's role can be summarised as working with partners to:

- Identify the health and care needs of its population;
- Develop service plans to meet those needs, reflecting national and local priorities;
- Support the implementation of those plans and service delivery more widely;
- Evaluate the effectiveness of services and take action to correct or improve these where required; and
- Be accountable to NHS England and our local population for the public funds it spends and the outcomes and outputs of the services it commissions.

About the LLR ICS

The ICB is part of the LLR Integrated Care System (ICS) alongside our local NHS trusts and councils. GPs, other health and care providers, Healthwatch and the voluntary and community sector also play a critical role in coming together to plan and deliver joined up (integrated) health and care services to improve the lives of local people. We manage this work through the [LLR Health and Wellbeing Partnership](#).

Integrated care puts the patient or service user at the centre by removing traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care and, in some cases, poor experience and outcomes. It's about giving people the support they need, joined up across local councils, the NHS, and other partners.

The core purpose of our ICS (Our Strategic Objectives), therefore, are to bring partner organisations together to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access to health and care
- Enhance productivity and value for money
- Help the NHS support the broader social and economic development in an area
- Deliver NHS constitution and legal requirements

The ICB's strategic objectives support our overall vision and provide an overarching set of goals that we aim to achieve. The delivery of our strategic objectives will be underpinned by our values and principles. The pledges describe what we will measure to determine the extent to which our strategic objectives have been achieved. Our Board Assurance Framework will describe the principal / strategic risks that could impact the ICB achieving its strategic objectives if the strategic risks were to materialise.

Our system operates at three levels:

Neighbourhood

Neighbourhoods are the cornerstone of our ICS. Based on 26 groups of GP Practices, known as primary care networks, they work together to manage care closer to home for populations of 30-50k patients. They develop multidisciplinary teams working with councils, the community and voluntary sector, to care for those with long-term conditions. GPs, practice and community nurses and staff will work with partners to wrap care around the most vulnerable.



Place

At the 'place' level, care alliances, including hospitals, local authorities (Health and Wellbeing Boards), urgent care, mental health and community services, transport providers and the newly formed primary care networks, plan the delivery of healthcare in response to local need.



System

At a system level the statutory Integrated Care Body and its partners will analyse need, set priorities and desired health outcomes, and allocate funding.



1.4 Our Vision, Principles and Life Course approach

We worked closely with partners and stakeholders to develop a shared vision and principles that act as a 'golden thread' for how we operate in LLR: for how we focus on a better future for local people; for how we transform and improve health and care; and for how we interact with each other.

Our Vision

Working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives

Our Principles

Everything we do is centred on the people and communities of LLR and we will work together with respect, trust, openness and common purpose to:

Ensure that everyone has equitable access to health and care services and high-quality outcomes	Make decisions that enable great care for our residents	Deliver services that are convenient for our residents to access
Develop integrated services through co-production and in partnership with our residents	Make LLR health and care a great place to work and volunteer	Use our combined resources to deliver the very best value for money and to support the local economy and environment

Our Life Course approach

Adopting the life course approach means identifying opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages, from the perinatal period through early childhood to adolescence, working age, pre-conception and the family-building years, and into older age. It also capitalises on the potential to deliver an inter-generational approach to health improvement and reduce health inequalities from generation to generation and improve conditions of daily life.

<p>Best start in life</p>		<p>We will focus on the first 1001 days of life to enable more equity in outcomes as we know this is critical to a child's life chances</p>	
<p>Staying healthy and well</p>		<p>We will support our residents to live a healthy life and make healthy choices to maintain wellbeing and independence within their communities</p>	
<p>Living and supported well</p>		<p>We will focus on supporting those with multiple conditions and who are frail to manage their health and care needs and live independently.</p>	
<p>Dying well</p>		<p>We will ensure people have a personalised, comfortable, and supported end of life with personalised support for carers and families.</p>	

1.5 A clinically led approach



We have ensured that the development, implementation and ongoing delivery of services for local people are clinically led and underpinned by a clinical strategy.

Our [clinical strategy](#) (currently drafted and being discussed widely with clinicians) sets out ‘guiding principles’ that underpin and, thereby deliver our life course approach (see 1.4). These principles are: “*population health*”, “*management of illness*” and “*clinical culture*” (Table 1, below).

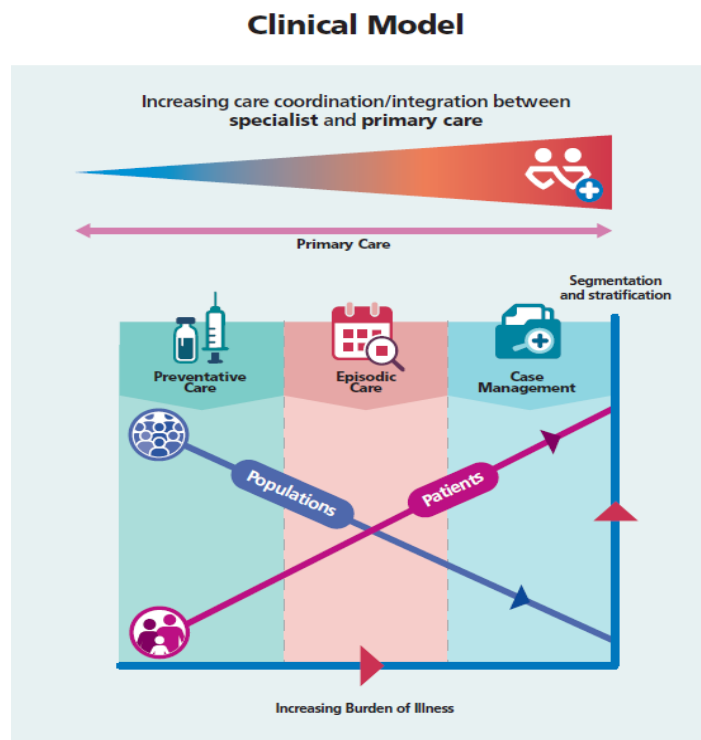
Table 1: Summary of our clinical strategy guiding principles

LLR Clinical Strategy: Guiding Principles		
Population Health Our focus will be on:	Management of Illness Our focus will be on:	Clinical Culture Our focus will be on:
Prevention of disease and promotion of health and wellbeing	Shared Decision Making	Research and Innovation
Aims of Population Health Management	Support for the clinical team	Stewardship of healthcare resources
The broader social determinants of health	Patient and carer activation/engagement	Professional Support
Improving health equality	Healthcare Integration	Scrutiny of outcomes
Public health risks	Well supported primary care	Communication and Transparency
Community Engagement	Hospital care	

The clinical strategy represents our “thinking” about how health and care should be provided, whereas this Plan details the actions (the “doing”) that will be undertaken to deliver the clinical strategy and the process by which decisions about these actions are prioritised. The clinical strategy aligns with the [Integrated Care Strategy](#), but also extends the broad objectives set out in that document by providing specific and enduring clinical values which, we believe, will maintain a clear direction for the work of the ICB in the coming years.

Figure 1 summarises our overarching clinical model. It describes the broad role of the ICS in promoting population health and managing individual illness. It demonstrates the critical role that stratified prevention interventions make, at a population level, to maintain and optimise general population health, as well as the increasing need to stratify smaller cohorts of patients, for individual case management, as multimorbidity increases. All of this is underpinned by the central role of primary care.

Figure 1: Our LLR Clinical Model



1.6 Our approach to developing this plan

Aligning to wider system partner’s ambitions

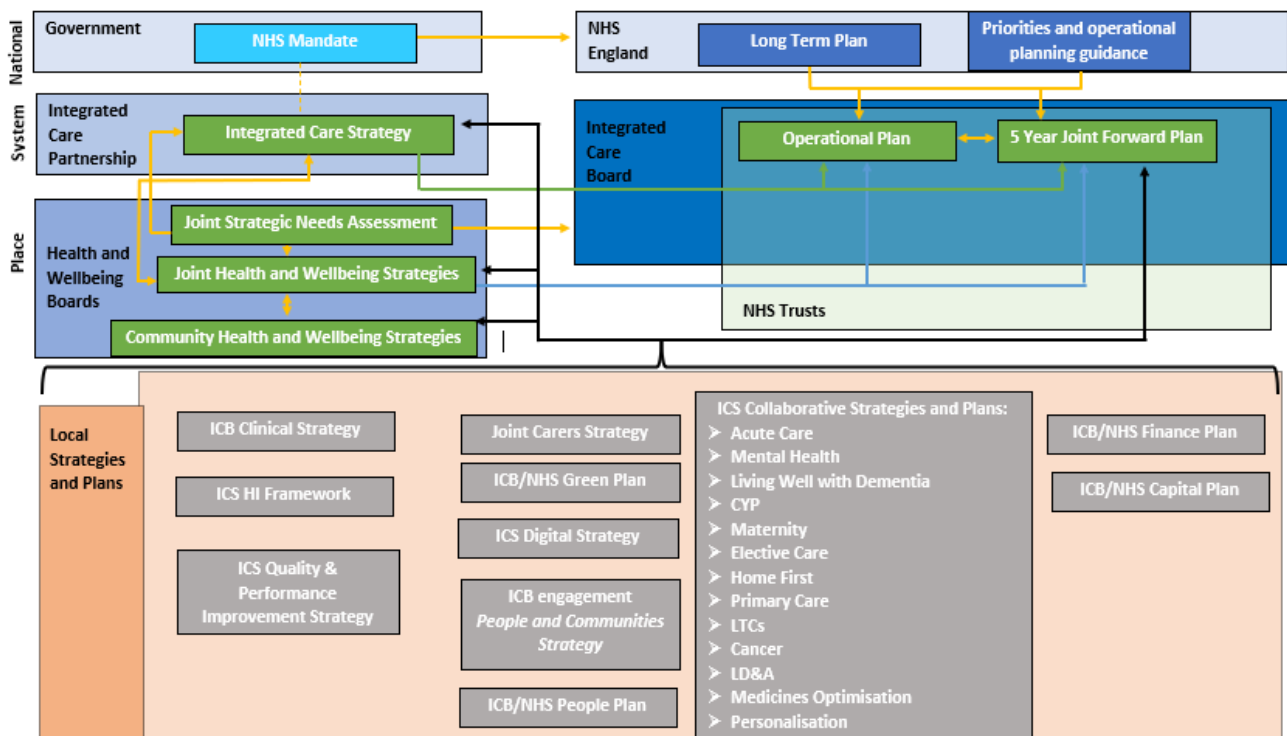
This Five-Year Plan is a shared delivery plan: for universal NHS commitments; for the ICB’s commitments within our LLR Integrated Care Strategy; as well as for our commitments within the Council’s Joint Health and Wellbeing Strategies. We have ensured that all key stakeholders, including Health and Wellbeing Boards, our NHS Trusts, Councils, primary care, Healthwatch, clinical leaders and NHS England have had the opportunity to influence the development of this Plan.

At the beginning of Chapter 3, we have included a [summary table](#) to demonstrate how this Plan (including the detailed local strategies and plans that underpin it – see Figure 2, below) takes account of partner’s ambitions, as well as how our agreed LLR system-wide priorities are translated into deliverables

Reflecting universal NHS commitments and building on existing local strategies and plans

Figure 2, below, demonstrates how this is the delivery Plan for universal NHS commitments, as well as our ICB local priorities and our system partner’s ambitions. We have also ensured that this Plan ties together and presents a cohesive picture for delivery of our local clinical, enabling, financial and collaborative strategies and plans.

Figure 2: Relationship of our 5-year five year plan with other strategies and plans



Delivery focused

Chapter 3 (Delivery Plan) focusses on how we will deliver our commitments across the range of services and areas, over the coming years. We have been deliberately specific, ensuring that aims, actions and outcomes are evidence based and measurable in order that we can track our progress against what we said we would do.

1.7 How we have used insights and engagement to shape this plan

This Plan is underpinned by firm foundations of involvement, engagement and co-production with people and communities, over the past years. It has also been built on an inclusive learning culture, to understand the needs of our population and design services appropriate to those needs.

Local people's insights have informed this Plan

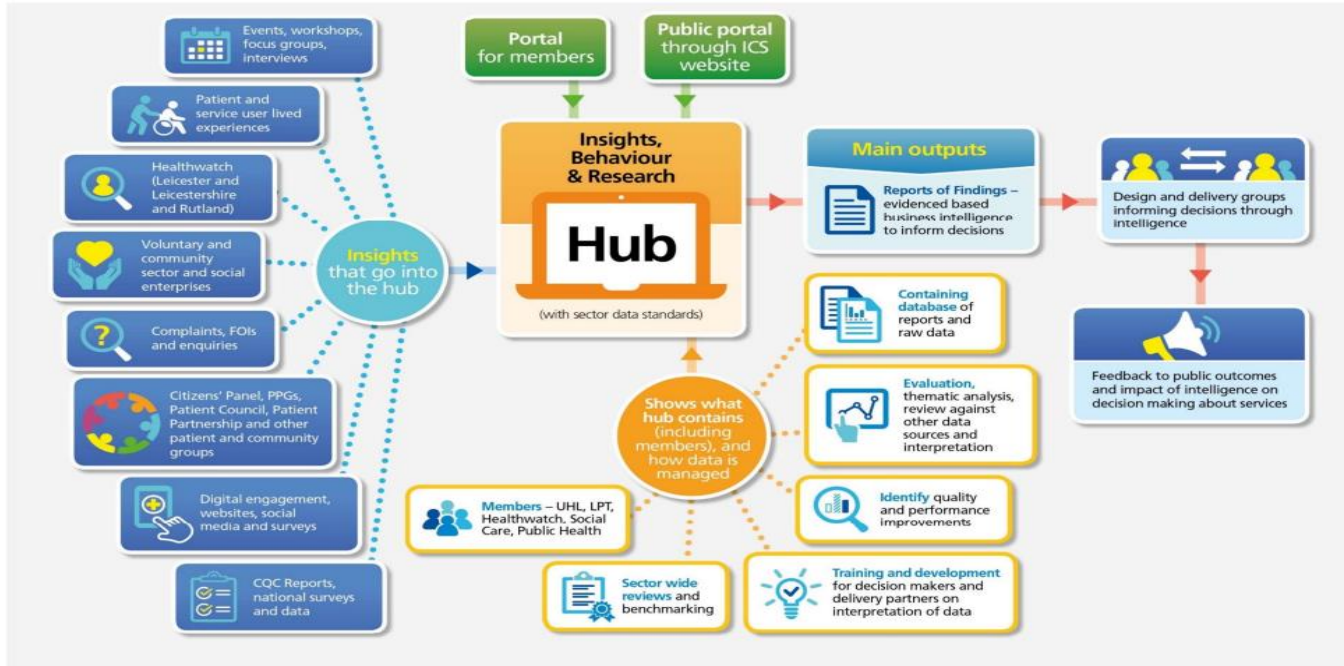
We have undertaken large-scale involvement projects, with local people, over the last 3 years. The insights and data from this work is evidenced and has informed the service-specific future arrangements within this Plan. These projects have seen quantitative and qualitative data gained from nearly 50,000 people including patients, service users, staff and carers, as well as seldom heard people and work with communities who represent people with protected characteristics.

Engagement and consultation, between 2020 and 2023, has included:

- Building Better Hospitals for the Future (2020, 5,675 people)
- Step Up to Great Mental Health (2021, 6,650 people)
- Covid-19 hesitancy engagement (2020, 4,094 people)
- Local primary care survey (2021, 5,483 people)
- National primary care survey (2022, 14,426)

In addition, numerous smaller insight projects undertaken by system partners and Healthwatch Leicester and Leicestershire and Healthwatch Rutland have influenced this Plan, as have the insights from the three consultation exercises undertaken by our councils in respect of their Joint Health and Wellbeing Strategies. Figure 3, below, summarises how we capture insights and how these are then used to support service improvement.

Figure 3: How engagement and insights inform the design and delivery of local health and care services



The Voluntary, Community and Social Enterprise Alliance (VCSE)

The VCSE Alliance aims to facilitate better partnership working between the ICB and the VCSE sector, as well as enhancing the role of the sector in strategy development and the design and delivery of integrated care.

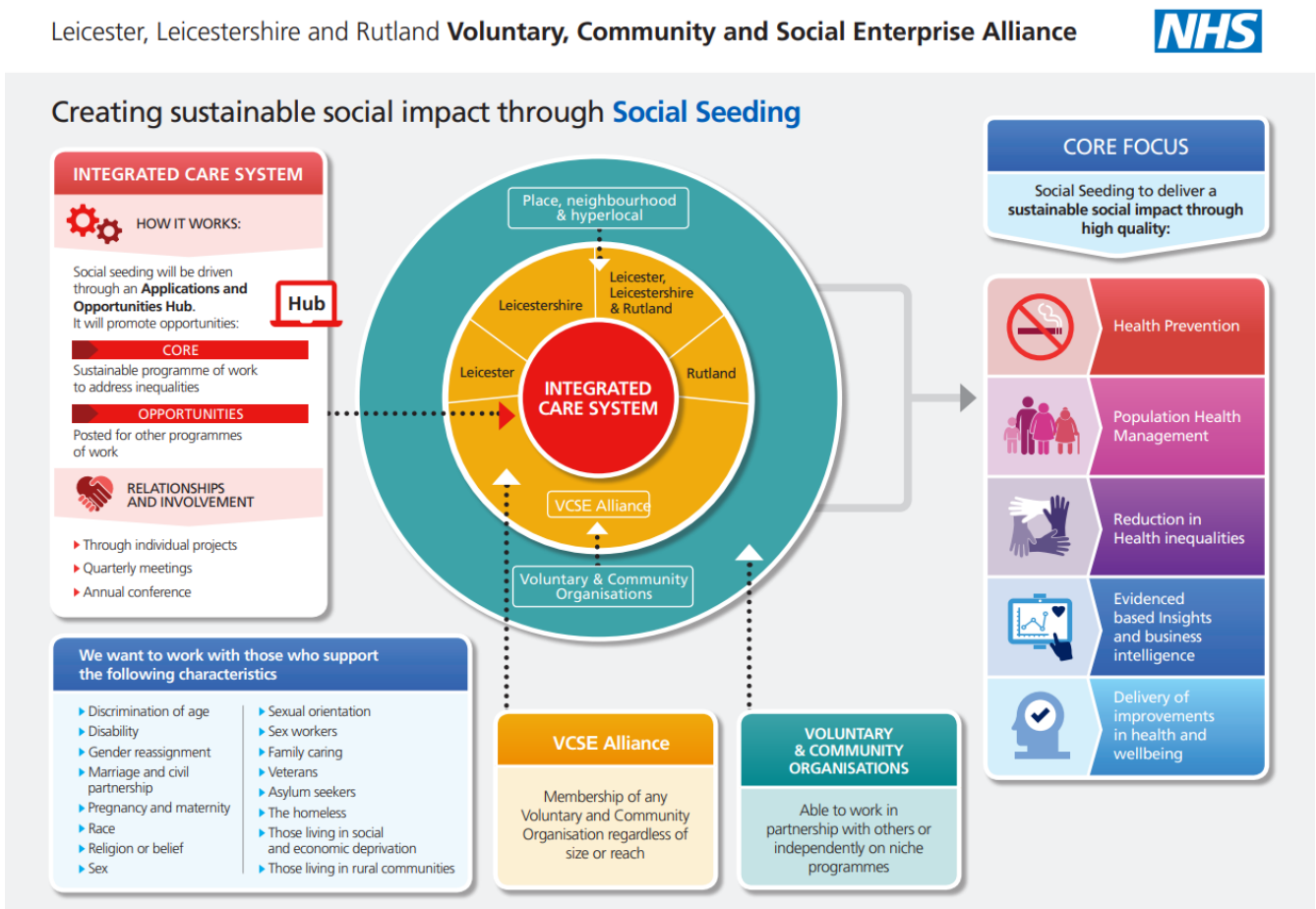
The VCSE alliance:

- Encourages and enables the sector to work in a coordinated way;

- Provides the ICS with a single route of contact and engagement with the sector and links to communities; and
- Better positions the VCSE sector in the ICS and enables it to contribute to the design and delivery of integrated care and have a positive impact on health priorities, support population groups and improve health equity.

Figure 4, below, describes a co-designed model of how this diverse and creative sector are effectively involved in service redesign work, governance, system workforce, population health management and leadership and organisational development plans.

Figure 4: The LLR VCSE model



Involving our stakeholders in validating this Plan

We wanted to validate our understanding of the insights collected, and gain assurance that these have influenced, not just specific parts of this Plan, but also the overall scope and direction of the Plan itself. To do this, we have implemented a [comprehensive engagement process](#) with key stakeholders, as well as with wider audiences, between May and June 2023, to gain their feedback on this Plan, before it is finalised. We will prepare and publish a summary of engagement findings, however, some of the feedback we received, and which resulted in changes to the Plan include:

- Stronger references to our role in supporting the [Armed Forces Covenant](#);
- Incorporating measures that can be used to demonstrate success in delivering our Pledges;
- Acknowledgement of national and local NHS dental services issues and that we will produce a plan to address these, locally;
- Sharpening the interventions we will make and adjusting timelines to provide more focus on actions that need to be taken in the short-term; and
- Strengthening our prevention plans, including in respect of physical activity.

1.8 Statement of support from HWBs

Leicestershire County Council HWB

The HWB agrees that the Five-Year Plan takes account of the Leicestershire Health and Wellbeing Strategy

Leicester City Council HWB

Members of Leicester's Health and Wellbeing Board have been consulted on the draft Leicester, Leicestershire and Rutland Integrated 5-year plan. The 5-year plan aligns with, and takes account of, Leicester's Health, Care and Wellbeing Strategy 2022-2027 and complements this, for example with the focus on prevention, improving health equity and reducing inequalities, a life course approach, a focus on mental health and wellbeing, and the importance of community engagement, co-design and co-production.

Rutland County Council HWB

The Rutland HWB agrees that the Five-Year Plan takes account of the Rutland Joint Health and Wellbeing Strategy