



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

HEALTH AND WELLBEING BOARD: 26 FEBRUARY 2026

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND ICB

5 YEAR STRATEGIC COMMISSIONING STRATEGY

Purpose of report

1. The purpose of the report is to inform the Board of the contents of the ICB 5 Year Strategic Commissioning Strategy.

Recommendation

2. The Health and Wellbeing Board is asked to:
 - (a) Note the contents of this report;
 - (b) Note the 5 Year Strategic Commissioning Strategy.

Background

3. The 5 Year Strategic Commissioning Strategy is to set long-term priorities that improve population health and reduce inequalities by integrating services, aligning resources and workforce, and providing a sustainable framework shaped by national priorities and local input.
4. The strategy sets out how we, as the strategic commissioners of NHS services across Leicestershire, Northamptonshire and Rutland, will improve population health, reduce inequalities and improve access to high-quality, efficient healthcare for the people we serve over the next five years.
5. We face significant and growing challenges:
 - An ageing population with increasing frailty and multimorbidity;
 - Widening health inequalities driven by deprivation;
 - Rising demand for urgent, emergency and elective care;
 - Sustained pressure on general practice access;
 - Workforce constraints;
 - Ongoing financial pressure.

6. These challenges are closely connected. Difficulty accessing timely GP care contributes to worsening health, avoidable emergency department attendances and long waits for planned treatment. Without a fundamental shift in how care is commissioned and delivered, demand will continue to outpace capacity, leading to poorer outcomes and poorer experience for local people.

Policy Framework

Alignment with the NHS 10-Year Plan

7. This Five-Year Commissioning Strategy aligns with the direction set out in the NHS 10-Year Plan, supporting the shift from short-term recovery to long-term transformation.
8. It reflects the national focus on:
 - Prevention and early intervention;
 - Neighbourhood-based, integrated models of care;
 - Reducing health inequalities;
 - Improving productivity and value for money;
 - Financial sustainability.
9. Our priorities — including strengthening Integrated Neighbourhood Teams, reducing preventable mortality (Cardiovascular disease, cancer and respiratory disease), improving frailty care, reforming urgent and emergency care, and improving access to elective and primary care — directly support delivery of these national ambitions.
10. This Plan therefore provides the local strategic commissioning framework to deliver the NHS 10-Year vision for our population over the next five years.
11. The development of NHS commissioning across Leicestershire, Northamptonshire and Rutland reflects a shift towards a more strategic, population focused and partnership-driven model. The evolution demonstrates how commissioning will move from transactional service oversight to a systemwide approach that integrates prevention, neighbourhood models, and long-term transformation priorities.
12. Our aim is to improve health outcomes and reduce inequalities by shifting from reactive, hospital-centred care to proactive, preventative and integrated support delivered as close to home as possible.

Background

Cluster-integrated needs assessment

13. The foundation of the 5 Year Strategic Commissioning Strategy is the Cluster Integrated Needs Assessment 2026/27 - 2030/31. This report is a system-wide needs assessment that brings together health, care and wider population data to understand current and future health needs across the population. This

needs assessment has provided us with the evidence base to support our understanding of what the population needs now and over the next 10 years, and how services must change to meet these needs.

14. The Cluster Integrated Needs Assessment is supported by a wider evidence base – LLR and Northamptonshire have both developed health profiles for the ICBs and have published health inequalities annual reports. The five places across LLR and Northamptonshire have developed Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. The ICBs are also developing neighbourhood health intelligence data and resources to support the development of neighbourhood health approaches. The Cluster Integrated Needs Assessment has considered the breadth and depth of these reports to identify the key health and wellbeing challenges that we need to address through the 5 Year Strategic Commissioning Strategy.
15. The key health needs that were identified through the Cluster Integrated Needs Assessment are:

Demographic growth

16. The population is projected to increase by 2.3% by 2030. However, the growth in population is distributed towards older people. The ageing population will drive increases in people with frailty and people with complex multi-morbidity which will drive an increase in the need and demand for services.
17. The need for health and care services will grow faster than overall population growth rate for all health and care sectors, including primary, community, mental health and acute hospital services.

Health inequalities

18. The needs assessment sets out the inequalities in life expectancy and healthy life expectancy across LLR and Northamptonshire, particularly in Leicester City and North Northamptonshire, and illustrates that the most significant causes of the gap in life expectancy for the cluster are attributable to cancer, cardiovascular disease and respiratory disease.
19. There is a need to focus on Core20+ groups, including people living in areas of deprivation and people living with conditions where there are known health inequalities, where there is clear evidence of lower life expectancy, people develop long term conditions earlier in life and spend more time living in poor health.
20. The strategic commissioning intentions must target and address poorer health outcomes in Leicester City and in areas of deprivation in LNR.

Children and young people

21. Giving every child the best start in life is the most important policy objective for reducing health inequalities.

22. The needs assessment identifies a need to strengthen support for children and young people (CYP) and families, with an initial focus on mental health and neurodiversity.

Three common conditions linked to preventable risk factors

23. Cardiovascular diseases, cancer, and respiratory diseases are the largest causes of inequalities, morbidity and mortality for the cluster.
24. It is also noted that mental health and Musculo-skeletal conditions drive a significant burden of disability in LLR.
25. Obesity, blood glucose, hypertension, smoking and alcohol are identified as the biggest preventable risk factors driving the “big three”, and many other long-term conditions.

System sustainability

26. The drivers of current and future health needs for the cluster mean that we need to do things differently to manage the growing health needs in our population.
27. There is a need for a system focus on the three left shifts, supporting the shift from acute to community, treatment to prevention and analogue to digital and the development of neighbourhoods to support this is important.
28. It is essential that the plans that the ICB develops as strategic commissioners are sensitive to the underlying growth across all health and care sectors and that this should be a core component as the system develops new models of care.
29. Transforming services for people with frailty will be essential for future sustainability.

Development of the Commissioning Strategy

30. Engagement across Leicester, Leicestershire, Rutland and Northamptonshire has been broad, collaborative and iterative, supporting the development of a coherent cluster-wide Strategic Commissioning Strategy.
31. This work has helped build a shared understanding of the future strategic role of the ICB Cluster, the underlying health needs across both ICBs, current service challenges, and the interventions required over the next five years.
32. Pre-Christmas workshops brought together providers, local authorities, commissioning leaders and GPs to review the evidence base and identify the

three strategic priorities:

- Preventable Mortality, with a focus on cancer, respiratory disease and cardiovascular disease;
- Frailty;
- Children and Young People's Mental Health and Neurodiversity (CYP MH & ND).

33. These sessions also generated initial interventions for each area.
34. Post-Christmas, further workshops were held to refine these interventions and begin shaping delivery roadmaps. These sessions involved colleagues from preventative mortality, frailty, CYP services, mental health, neighbourhood teams and strategic planning functions.
35. A collaborative, engagement-led approach to strategic commissioning has shaped how interventions should be designed and delivered, considering the financial, workforce, digital and estates implications. Partners also highlighted key delivery risks and the importance of aligning commissioning intentions with local authority, provider and neighbourhood plans. This collective effort ensures the emerging 5-Year Strategic Commissioning Strategy is grounded in clinical insight, operational reality and shared system ambition.

Summary of the Commissioning Strategy

36. The Strategy sets a strategic ambition to move from reactive, hospital centred care towards proactive, preventative and integrated support delivered closer to home. As strategic commissioners, the ICBs will focus on:
 - Targeting communities with the greatest need, including Core20PLUS5 groups;
 - Investing earlier to prevent avoidable illness, deterioration and crisis;
 - Strengthening neighbourhood based, multidisciplinary models of care;-based, multidisciplinary models of care
 - Reducing unwarranted variation in access, quality and outcomes;
 - Using data, digital tools and workforce capacity more effectively.

What will change

37. Neighbourhoods will become the core delivery unit, with Integrated Neighbourhood Teams bringing together general practice, community services, mental health, social care and the Voluntary, Community and Social Enterprise (VCSE) sector to provide coordinated, person-centred support. This will improve access, reduce fragmentation, and help people receive the right support earlier, reducing pressure on emergency departments and enabling hospitals to focus on planned care recovery. Investment will gradually rebalance from hospital settings towards neighbourhood, primary and

community services, while maintaining high quality acute care for those who need it.

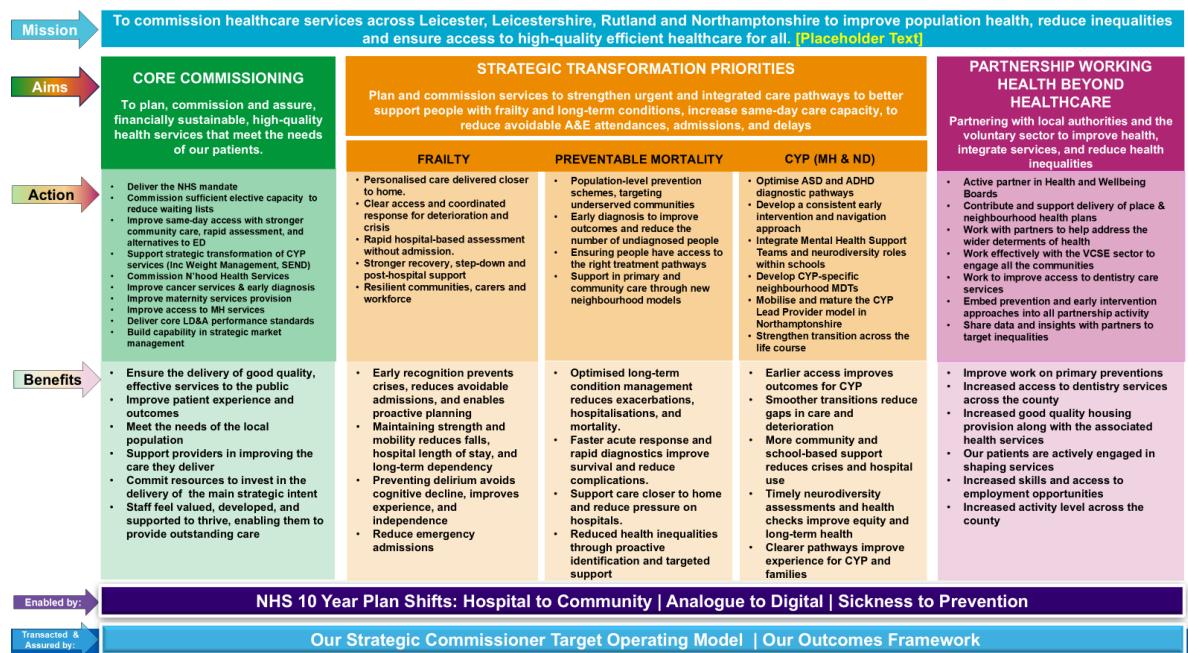
38. **Commissioning priorities:** The Plan focuses on a small number of areas where strategic commissioning can have the greatest impact:

- **Elective care:** improving access, reducing long waits and modernising pathways;
- **Urgent and emergency care:** building a resilient, integrated system with stronger prevention and alternatives to admission ;
- **Neighbourhoods:** developing a Neighbourhood Health Service supported by digital connectivity and population health management.

39. Alongside these system priorities, three strategic transformation priorities address the most significant population health challenges across LNR and are presented in figure 1:

- **Frailty:** enabling people to live independently for longer through early identification and proactive, personalised support;
- **Preventable mortality:** reducing early deaths from cardiovascular disease, cancer and respiratory disease through prevention, early diagnosis and improved long term condition management;-term condition management
- **CYP mental health and neurodiversity:** creating a joined up, needs led system with earlier, more equitable access, reduced waiting times and better transitions up, needs led system with earlier.-up, needs-led system with earlier, more equitable access, reduced waiting times and better transitions

Figure 1: Commissioning Strategy (on a page)



Delivering the Strategy

40. Delivery will rely on strong partnership working across the NHS, local authorities and the VCSE sector. Much of the change will be driven locally through neighbourhoods and places, with the ICB Cluster setting strategic direction, aligning incentives, assuring quality and enabling improvement.
41. This strategy provides a clear, shared framework for action over the next five years. By working collectively with partners and communities, the system will reshape care to better meet the needs of the population now and in the future. Further work will be undertaken to develop delivery plans.
42. We recognise that the five year commissioning strategy needs to be edited to improve accessibility. We will produce a shorter, easier to read version, and undertake further work to ensure the full commissioning plan is accessible, clear, and user friendly.-year commissioning strategy needs to be edited to improve accessibility. We will produce a shorter, easier-to-read version, and undertake further work to ensure the full commissioning plan is accessible, clear, and user-friendly.

Appendices

Appendix 1 - LNR Cluster Integrated Care Needs Assessment

Appendix 2 - LNR ICB Five Year Strategic Commissioning Strategy

Officer to contact

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Relevant Impact Assessments

Equality Implications

43. The implications will be assessed as delivery plans are developed and provided in future updates for the Board's consideration.

Human Rights Implications

44. There are no human rights implications arising from the recommendations in this report.

Partnership Working and associated issues

45. The implications for partners will be assessed as delivery plans are developed and provided in future updates for the Board's consideration.