Appendix 1

Our Cluster Integrated Needs Assessment

2026/27 – 2030/31

NHS Leicester, Leicestershire and Rutland and NHS Northamptonshire Integrated Care Boards

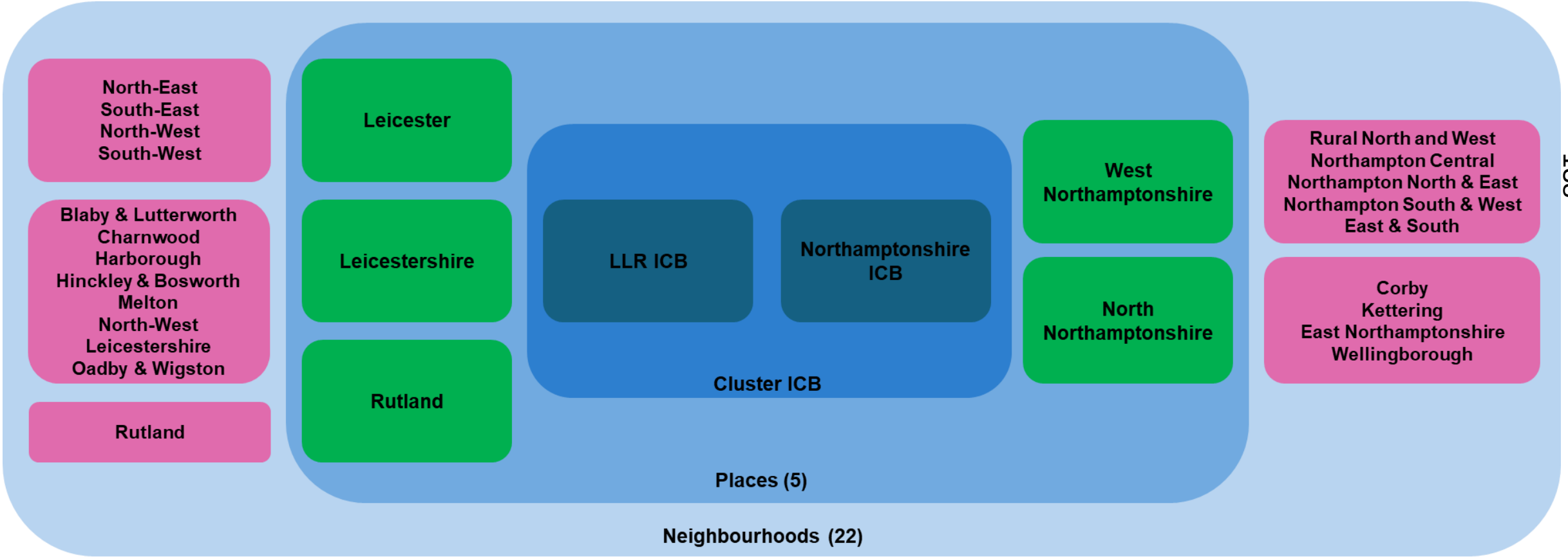
Contents

1. Purpose and Scope

- An Integrated Health Needs Assessment (IHNA) is a system-wide assessment that brings together health, care, and wider population data to understand current and future health needs across its population and to shape long-term commissioning decisions under the NHS 10 Year Health Plan
- It should provide an evidence base to better understand what our population needs now over the next 10 years, and how must services change to meet those needs
- An IHNA is the mechanism that enables the three major shifts in the 10YP (Hospital to Community, Analogue to Digital and Sickness to Prevention) by providing a single, integrated view of need across health, social care, and wider determinants
- This document acts as the precursor to our 5-Year Strategic Commissioning Plan which operationalises our IHNA into specific commissioning intentions, outcomes, metrics and delivery mechanisms.

2. Our Landscape

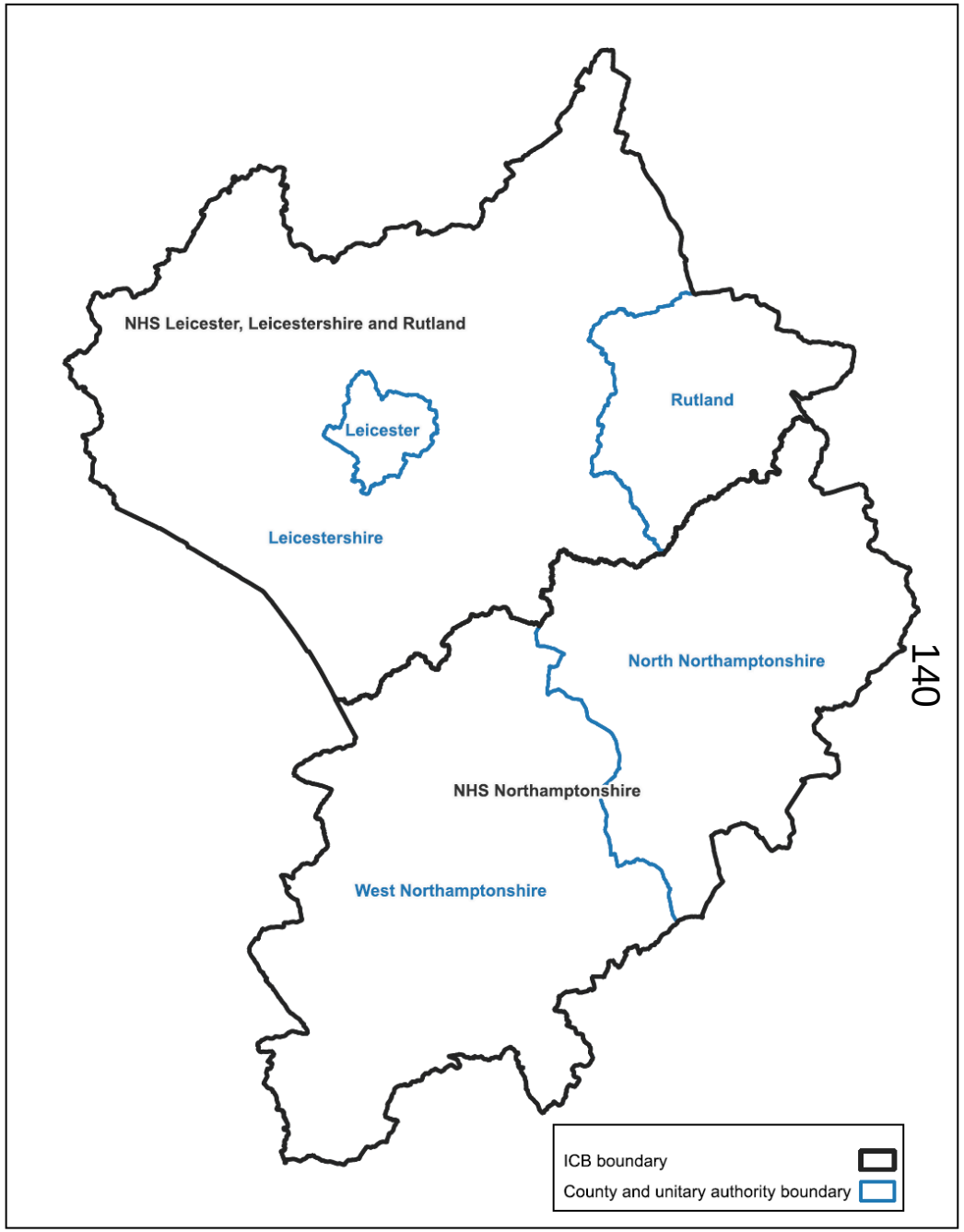
Whilst operating as individual statutory organisations, in line with national directives, NHS Leicester, Leicestershire and Rutland (LLR) Integrated Care Board and NHS Northamptonshire Integrated Care Board are working under a cluster arrangement. This means between our two organisations, we have single board, a unified leadership team and over time a shared staffing structure. Our cluster allows us to drive forward with delivering the mandate of the NHS 10-year plan within the communities and neighbourhoods we serve and continue to improve health outcomes while at the same time rise to the very real financial challenges we face. Importantly, with these new arrangements, primacy of place and neighbourhood remain integral to how we plan, commission and improve services, enabling locally led solutions within a shared strategic framework.



3. Our Integrated Needs Assessment: Key messages

Northamptonshire, Leicester, Leicestershire and Rutland

- 2,086,090 patients registered with GP practices (September 2025)
  - 852,545 in Northants
  - 1,233,545 in LLR
- 191 GP practices
  - 65 in Northants
  - 126 in LLR
- 5 Local Authorities
- 21 Neighbourhoods
  - 9 In Northants
  - 12 in LLR



Population and Demographic Growth in LNR

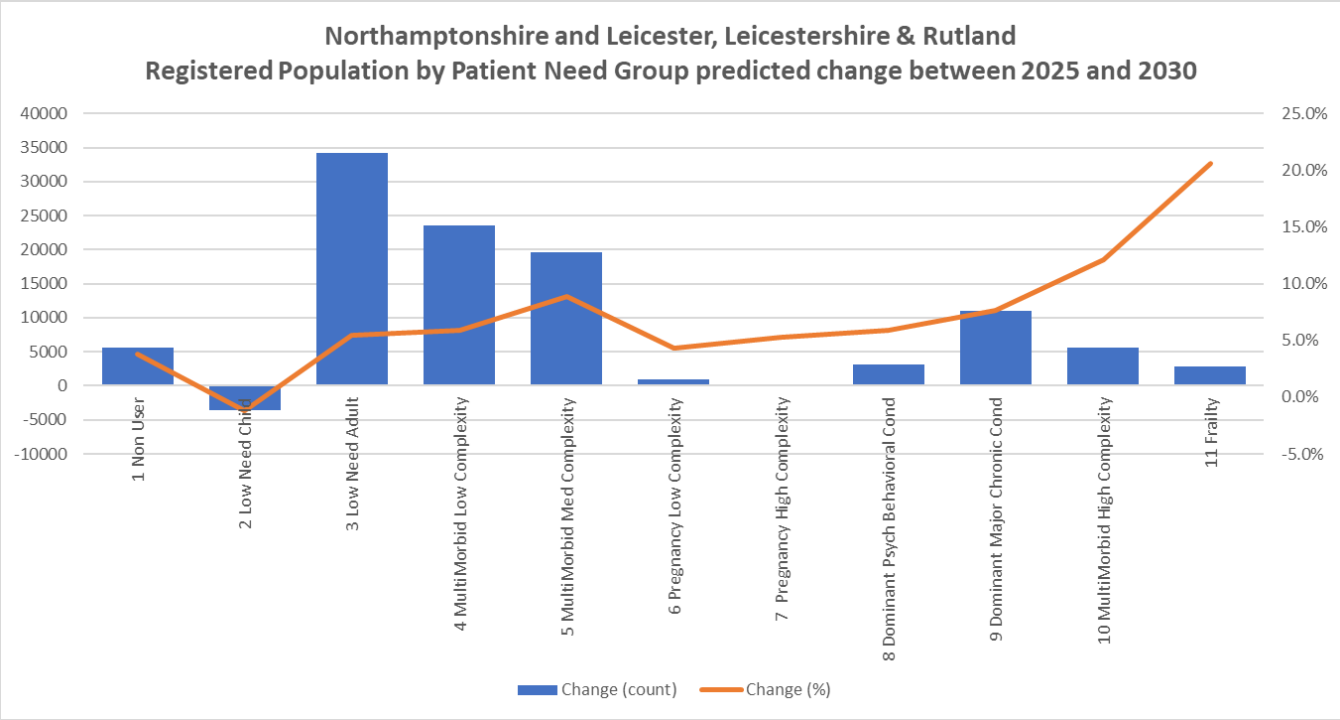
- In 2024, for the ICB cluster
  - Resident population of 1.989 million
  - 19,205 live births
  - 17,082 deaths
- In the next 5 years (2026-2030), the population is projected to rise to 2.059 million, an increase of 2.3%
- The population aged 80 and older is expected to grow the fastest, increasing by 20.6% by 2030
- The population of children is expected to reduce across Northamptonshire and Leicester, Leicestershire and Rutland between 2026 and 2030
- The ageing population structure across the cluster, in particular the growth in older age groups, will drive an increase in patients with higher health and care needs

Population Estimates and Projections

Source: 2024 Population Estimates, 2022 Based Sub National Projections, Office of National Statistics

	Estimate		Projection					Growth %
	2024		2026	2027	2028	2029	2030	2026-2030
00-04	104,511		101,020	99,873	99,761	99,621	99,318	-1.7%
05-09	118,244		113,054	112,299	110,322	108,920	107,583	-4.8%
10-14	125,683		123,022	121,657	120,976	120,270	119,462	-2.9%
15-24	246,737		258,516	261,651	264,425	265,896	267,417	3.4%
25-39	399,508		404,414	403,804	402,676	403,043	402,923	-0.4%
40-64	630,816		638,333	642,007	646,383	650,656	655,303	2.7%
65-79	265,917		272,557	273,352	275,791	279,444	284,210	4.3%
80+	96,112		102,204	109,336	115,064	119,606	123,236	20.6%
All Ages	1,987,528		2,013,120	2,023,979	2,035,397	2,047,456	2,059,451	2.3%

Population health – Drivers for commissioning intentions: Population growth and demographic change



- Population growth is highest in those in poor health
- Over the next five years we forecast:
  - 21% increase in frailty (3,000)
  - 6,000~ more patients with high complexity LTCs (12%)
  - 43,000~ more patients with low / medium complexity LTCs, particularly depression, hypertension and diabetes (7%)

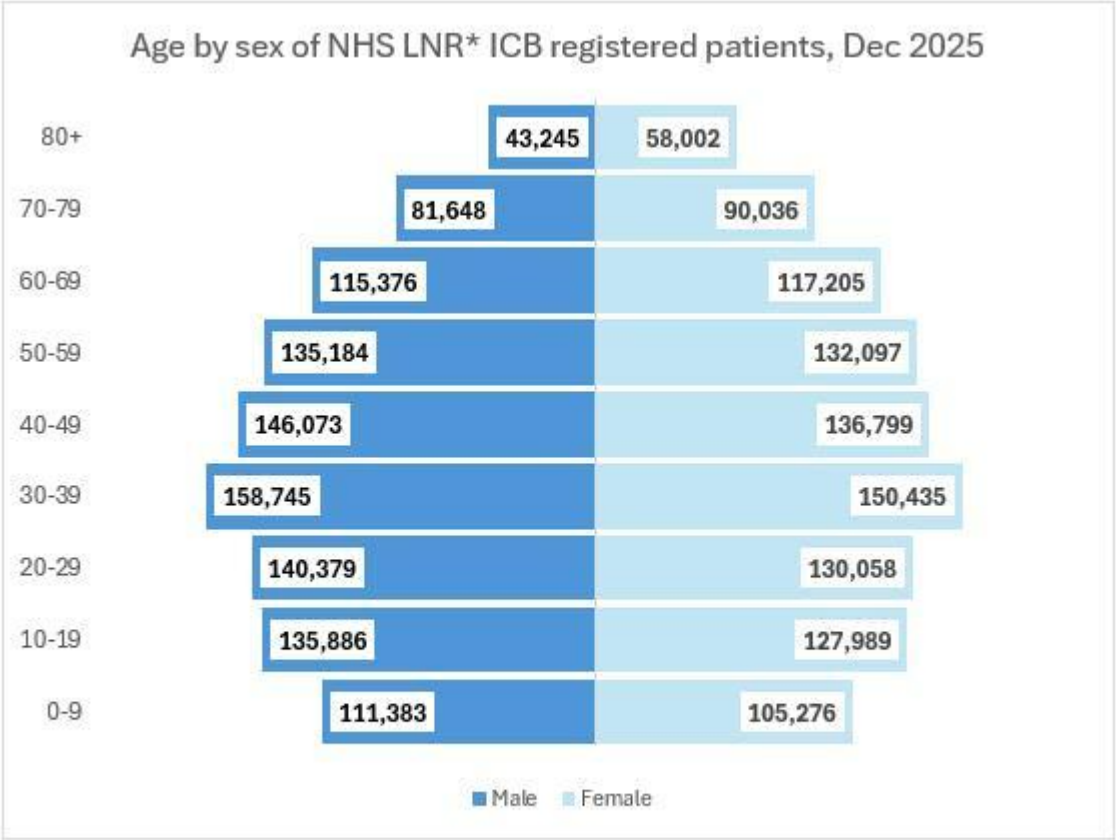
Data is sourced from LLRs PHM data in Aristotle and Northamptonshires NARP data

In the chart

- the blue bar represent the absolute growth in patients, which is highest in the low to medium health need groups.
- the orange line represents the % growth which is highest in PNGs reflecting highest health needs which is reflected in the forecast admissions and primary and community care growth

LNR registered population

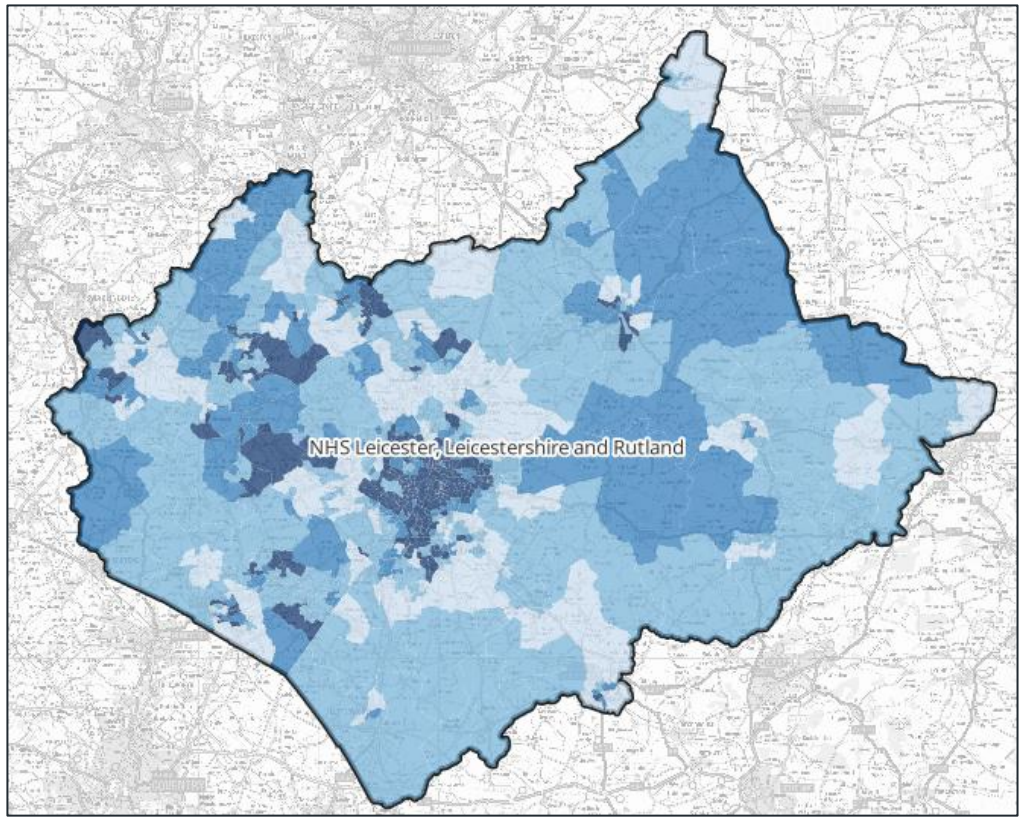
- Nearly half of the population consists of working-age adults between 30 and 59 years old (41%)
- Children and young people under the age of 20 make up nearly a quarter of the total population (23%)
- Young adults aged 20-29 years account for roughly one in eight people (13%)
- Adults aged 70 years and older make up over 1 in 10 of the total population (13%)
- The population is broadly balanced between males and females across most age groups
    - a slightly higher number of females is observed in the older age categories, particularly among patients aged 80+
    - a slightly lower number of females is seen in younger ages, in particular those aged 19 and under



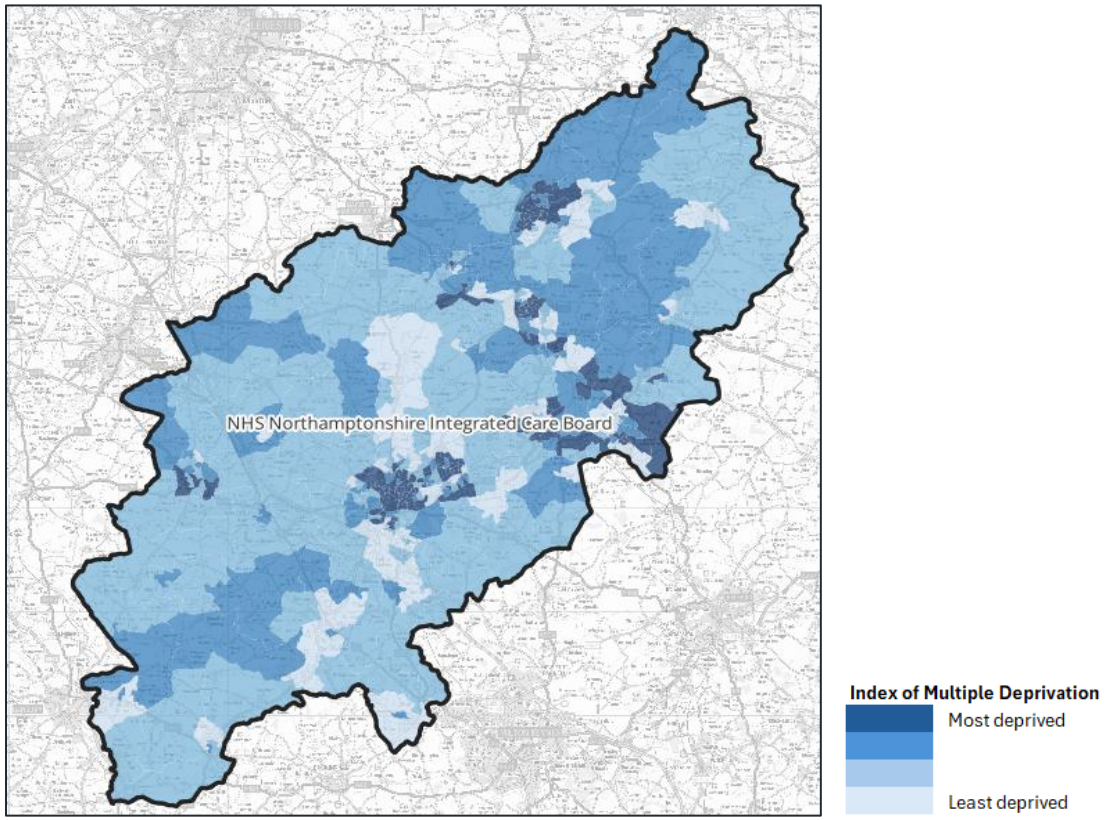
* LNR: Leicester, Leicestershire, Rutland, and Northamptonshire
Source: NHS Digital, 2025

Deprivation

Levels of deprivation in LLR at Lower Super Output Area level



Levels of deprivation in Northamptonshire at Lower Super Output Area level



Source: Index of Multiple Deprivation, ONS, 2025

Deprivation

For the LNR Cluster

- 17% of the population live in Core20 areas, or quintile 1
- Leicester City has the highest percentage of the population living in Core20 areas

In Northamptonshire

- 12.4% of the population live in Core20 areas
- around one-third live in the most or more deprived areas (deprivation quintiles 1 and 2)
- almost half of the registered population lives in the less or least deprived areas (deprivation quintiles 4 and 5)
- North Northamptonshire has a higher proportion of residents living Core20 areas compared to West Northamptonshire

Within Leicester, Leicestershire and Rutland (LLR)

- 20.3% of the population live in Core20 areas
- over one-third of the population lives in the most or more deprived areas (deprivation quintiles 1 and 2)
- nearly half live in the less or least deprived areas (deprivation quintiles 4 and 5)
- deprivation varies considerably across LLR, with more than half of Leicester's population living in Core20 areas (53.3%)

Overall 2025 Index of Multiple Deprivation - % of registered population

	Deprivation Quintile (1=most deprived)				
	1	**2**	**3**	**4**	**5**
LLNR Cluster ICB	**17.0%**	**17.8%**	**18.6%**	**25.5%**	**21.1%**
Northamptonshire ICB	**12.4%**	**20.0%**	**19.9%**	**25.4%**	**22.3%**
North Northamptonshire	13.1%	21.4%	23.1%	18.8%	23.6%
West Northamptonshire	11.9%	18.9%	16.7%	30.7%	21.8%
LLR ICB	**20.3%**	**16.3%**	**17.6%**	**25.5%**	**20.3%**
Leicester	53.5%	26.5%	14.1%	4.8%	1.1%
Leicestershire	2.4%	11.3%	19.5%	35.7%	31.1%
Rutland			15.4%	52.6%	32.0%

Source: English Indices of Deprivation 2025, DCLG

Ethnicity (2021 Census)

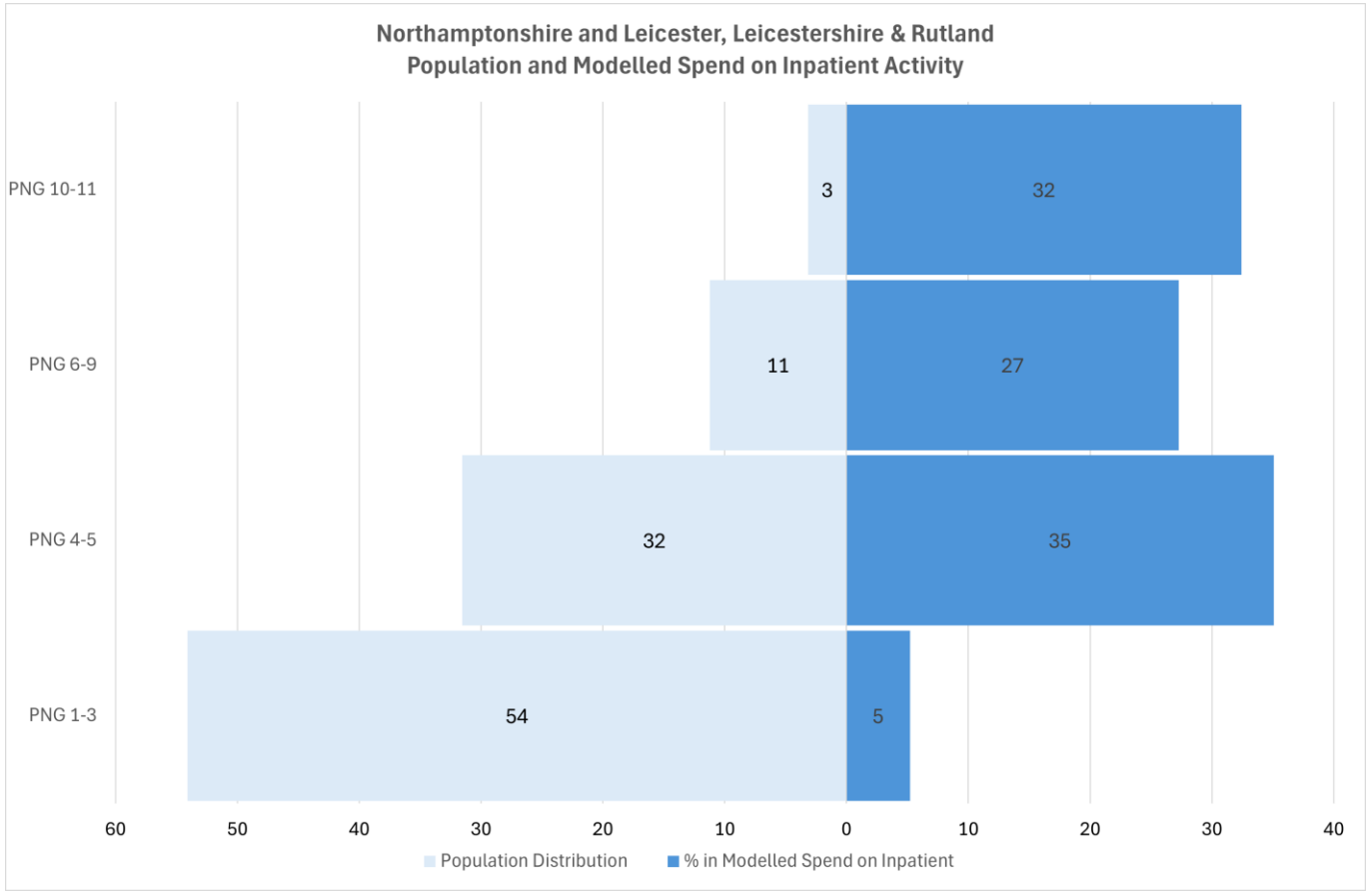
Ethnic group	Leicester	Leicestershire	North Northamptonshire	Rutland	West Northamptonshire	LNR
Total: All usual residents	368,571	712,366	359,523	41,050	425,723	1,907,233
Asian, Asian British or Asian Welsh	159977 (43%)	58066 (8%)	12726 (4%)	634 (2%)	22463 (5%)	253866 (13%)
Black, Black British, Black Welsh, Caribbean or African	28766 (8%)	7913 (1%)	11017 (3%)	552 (1%)	20661 (5%)	68909 (4%)
Mixed or Multiple ethnic groups	13899 (4%)	15543 (2%)	8175 (2%)	744 (2%)	12116 (3%)	50477 (3%)
White	150657 (41%)	623429 (88%)	324664 (90%)	38909 (95%)	365758 (86%)	1503417 (79%)
Other White	25177 (7%)	22856 (3%)	31699 (9%)	1168 (3%)	40628 (10%)	121528 (6%)
Other ethnic group	15272 (4%)	7415 (1%)	2941 (1%)	211 (1%)	4725 (1%)	30564 (2%)

- LLR and Northants has a wide range of ethnic diversity in the population
  - 79% of the population are White
  - 13% are Asian
  - 4% are Black, Caribbean or African
- There is considerable diversity in different parts of LNR
  - 43% of Leicester residents are Asian
  - For Northamptonshire, the most significant ethnic minority group is White other, with individuals of East European origin making up the largest group within this category

Note: Other White is included in the White category

Source: 2021 Census, Office of National Statistics

Population Health: Population and spend on inpatient services by patient need group



- Patient Need Groups (PNGs) enable the grouping of patients into cohorts that have similar health and care needs
- PNGs 1-3: **Non-users, low need child and low need adults**
  - Population 54%, inpatient spend 5%
  - Average spend £42 per person.
- PNGs 4 & 5: **Patients with multi-morbidity and low and medium complexity**
  - Population 32%, acute spend 35%
  - Average spend £483 per person
- PNGs 6-9: **Specific cohorts with high health and care needs – pregnancy, psychiatric and behavioural conditions and patients with a dominant chronic condition**
  - Population 11%, acute spend 27%
  - Average spend £1,056 per person
- PNGs 10 & 11: **Muti-morbid high complexity and frail populations – the populations with highest health care needs**
  - Population 3%, acute spend 32%
  - Average spend £4,469 per person

The population is living longer but not always in good health

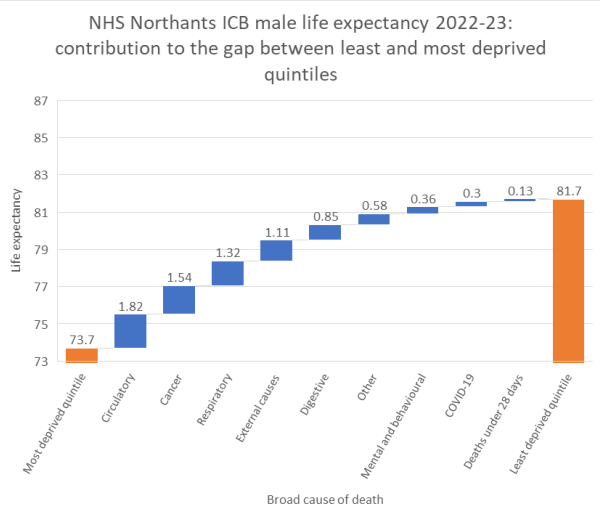
Area	Life Expectancy at birth		Healthy life expectancy at birth		Number of years in poor health		Proportion of life in poor health	
	Male	Female	Male	Female	Male	Female	Male	Female
Leicester	76.5	80.6	56.7	56.3	19.8	24.3	25.9%	30.1%
Leicestershire	80.2	83.7	62.7	62.6	17.5	21.1	21.8%	25.2%
Rutland	81.6	85.1	69.1	69.6	12.5	15.5	15.3%	18.2%
North Northamptonshire	78.7	82.2	60.3	59.9	18.4	22.3	23.4%	27.1%
West Northamptonshire	79.4	83.4	62.4	62.7	17	20.7	21.4%	24.8%
England	79.1	83.1	61.5	61.9	17.6	21.2	22.3%	25.5%

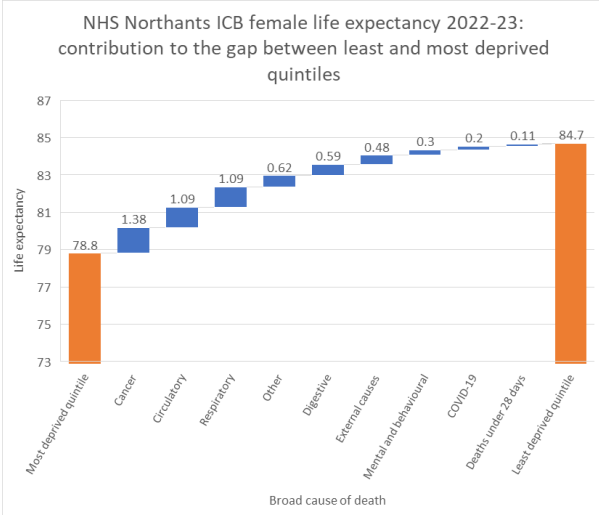
Source: OHID, Fingertips, Life expectancy 2021-2023

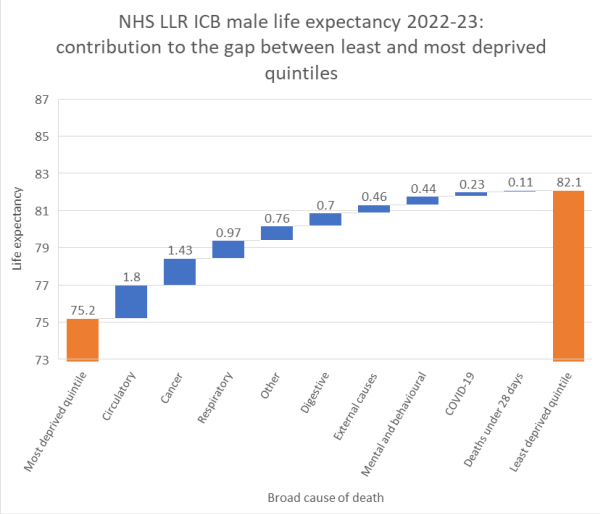
Significantly lower than England
Statistically similar to England
Significantly higher than England

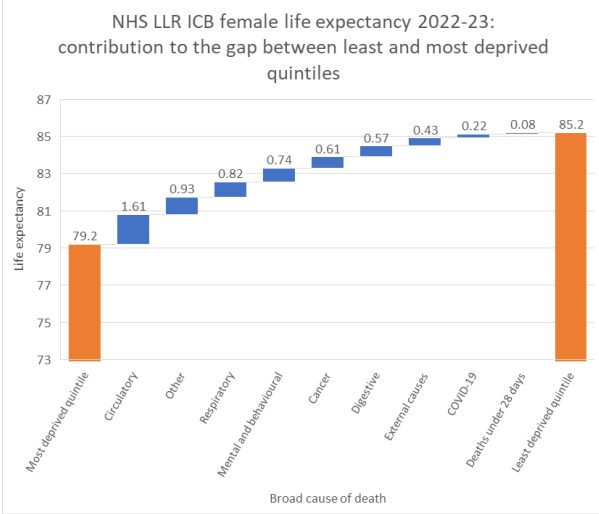
- Life expectancy is the average number of years a person is expected to live for, healthy life expectancy is the average number of years that a person can expect to live with good health
- On average, males born in LNR can expect to live for 79.3 years (17 years in poor health) and females 83 years, (20.8 years in poor health), similar to the England average.
- For all places in LNR, excluding Rutland, the healthy life expectancy is below retirement age – meaning that people will either continue to work with poor health or will be pushed out of the workforce due to poor health.
- There is considerable variation at place level with significantly lower than England life expectancy in Leicester and North Northamptonshire.
- Population of Leicester is expected to spend 26% of their lifespan for males and 30% of their lifespan for females living in poor health.
- Population of North Northamptonshire is expected to spend 23% of their lifespan for males and 27% of their lifespan for females living in poor health.

Inequalities in Life Expectancy









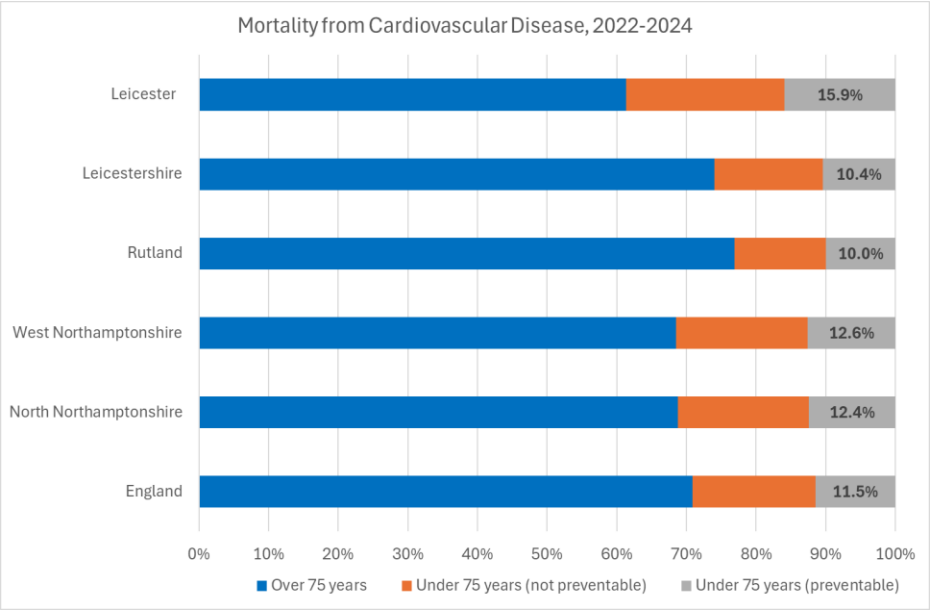
- In 2023, for LNR residents
  - aged under 75 years - the leading cause of death is neoplasms (36%), followed by cardiovascular diseases (22%) and respiratory disease (9%)
  - all ages - the leading cause of death is neoplasms (27%), followed by cardiovascular diseases (23%) and respiratory diseases (12%)
- Inequalities in life expectancy between the most and least deprived areas are associated with several health conditions. CVD, Cancer and Respiratory disease contribute more than half the gap
  - In Northamptonshire, 4.7 years of the total life expectancy gap is due to circulatory disease, cancer and respiratory disease
  - In LLR, 4.2 years of the total life expectancy gap is due to circulatory disease, cancer and respiratory disease

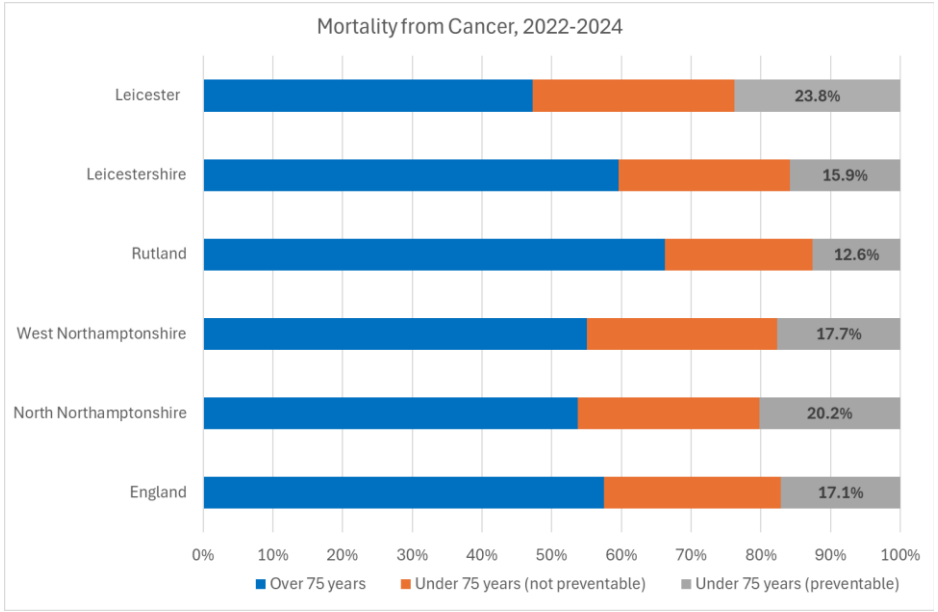
Mortality in LNR 2022-24

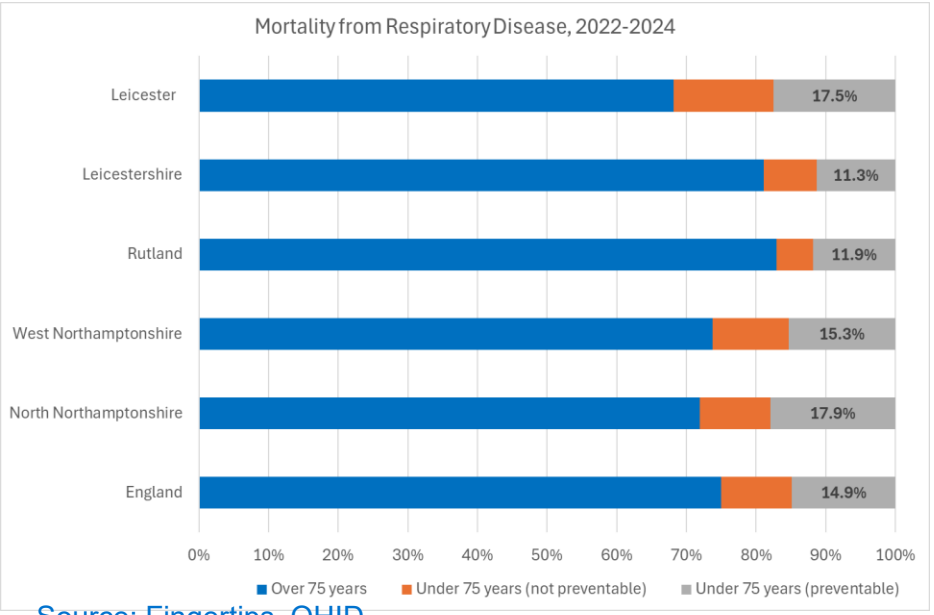
14% of mortality LNR is estimated to be preventable through healthcare treatment or public health interventions

These graphs demonstrate a significant proportion of preventable deaths across the cluster for the three leading causes of death:

- CVD (12%; 1,503 deaths)
- Respiratory Disease (15%; 896 deaths)
- Cancer (18%; 2,500 deaths)







Source: Fingertips, OHID

Risk factors and causes that drive ill-health and death in LNR

- Years of life lived with disability will drive the health and care needs of the LNR population
- The Global Burden of Disease enables us to explore the risk factors that drive ill-health and death locally

- The primary risk factors highlighted for LNR are
  - Obesity
  - Tobacco
  - Blood glucose
  - Alcohol
  - High Blood Pressure

- The causes of ill-health that are hidden in the mortality data but drive a significant proportion of the health and care needs in LNR – particularly
  - Musculoskeletal conditions
  - Mental health
  - Diabetes

Children and Young People

- **Giving every child the best start in life** is the most important objective for reducing health inequalities. Initial focus identified for mental health and neurodiversity
- Within all place areas in LNR there are significant increasing rates of **children with social, emotional and mental health needs** over the last 5 years. Current rates range from 3.8% identified in Leicester and 4% in West Northamptonshire to 4.2% in North Northamptonshire and 4.5% in Rutland (DfE 24/25)
- Data also shows demand for **SEND** services rising both locally and nationally. Local JSNAs identifying priority areas around early intervention, reducing wait times, partnership commissioning and integrated support
- **Hospital admissions for mental health conditions** highest in West and North Northamptonshire (73.9 and 89.5 per 100,000 population) and hospital admissions as a result of self-harm (10 to 24 years) significantly higher than England for West Northamptonshire (437.2 per 100,000) and Leicestershire (296.8 per 100,000 population)
- Focus on reducing inequalities alongside addressing physical health needs, as identified in the **Core20PLUS** framework including asthma, epilepsy, oral health and diabetes

Health outcomes for children and young people

LLR

- Leicester City has significantly worse health outcomes than England for infant mortality, MMR vaccines, school readiness, 16-17 year olds not in education, employment or training, children in low income families, homelessness, low birth weight, under 18 conceptions, year 6 obesity, 5 year olds with dental decay, babys first breastmilk
- Leicestershire has significantly worse health outcomes than England for immunisations for children in care, babys first breastmilk, hospital admission for self harm
- Rutland does not have any CYP indicators with worse health outcomes than England

Northamptonshire

- West Northamptonshire has significantly worse health outcomes than England for MMR vaccination rates, 5 year olds with dental decay, Hospital admission for substance misuse, Smoking status at time of delivery and hospital admissions as a result of self-harm
- North Northamptonshire has significantly worse health outcomes than England for 5 year olds with dental decay and smoking status at time of delivery

Health Inequalities

- LNR has five diverse places with inequalities in health outcomes at a place level. People living in more deprived areas in LNR get ill much younger and die earlier than people in more affluent areas
- As well as dying younger, the population of Leicester City and North Northamptonshire, for example, are estimated to spend more of their lifespan living with poor health (between 23% and 30%)
- Equitable outcomes and access to services must be a core principle for all our commissioning intentions. Both ICB health inequalities reports show significant health inequalities in all 5 clinical Core20PLUS priorities
- Core20 populations are
    - less likely to access preventative care, less likely to receive LTC management and be diagnosed early when they have Cancer
    - more likely to smoke and be overweight and more likely to attend A&E or be admitted as an emergency
- Closing diagnosis gaps for targeted conditions shifts focus from illness to prevention. Closing the Core20+ inequality gap is the largest efficiency opportunity for the ICBs but requires close partnership working with councils, providers and communities. This is a focus of neighbourhood health

Our evidence base sets outs the areas that need to be targeted to reduce health inequalities across LNR

- 14% of deaths across the cluster are considered preventable, from 10% in Rutland, 12% in Leicestershire, 15% in West Northamptonshire, 16% in North Northamptonshire and 19% in Leicester City
- Disease focus should target **cancer, CVD and respiratory**
- Disability focus should include **mental health and MSK**
- Risk factor focus should be **obesity, blood glucose, smoking, hypertension and alcohol**
- **Giving every child the best start in life** is the most important policy objective for reducing health inequalities

Health Inequalities

Domain	Indicator	Reporting Period	National	Midland	Northamptonshire ICB	LLR ICB
Maternity	**Deprivation gap in preterm birth** rate (% difference)	Oct 24 to Sept 25	2.66%	2.24%	1.69%	1.80%
Maternity	Preterm birth rate of both **Black and Asian women** compared to White women (ratio)	Oct 24 to Sept 25	1.08	1.01	1.02	1.12
CVD	**Deprivation gap in emergency admissions in Myocardial Infarction (% difference)**	Apr 24 to Mar 25	35.9%	38.7%	36.0%	32.30%
CVD	**Deprivation gap in emergency admissions in Stroke** (% difference)	Apr 24 to Mar 25	29.3%	38.5%	28.40%	42.7%
CVD	Patients with GP recorded hypertension, whose **last BP reading is to the appropriate threshold**, in the preceeding 12 mths (%)	Jul 24 to Jun 25	68.3%	67.9%	66.7%	68.4%
CVD	Patients with GP recorded CVD, whose **most recent blood cholesterol is to the appropriate threshold**, in the preceeding 12 mths (%)	Jul 24 to Jun 25	47.6%	49.6%	49.1%	55.0%
Cancer	**Deprivation gap in cancer early diagnosis** (% point difference)	Jan 2024-Dec2024	-6.9	NA	-8.43	-6.06
Respiratory/Vaccines	**Deprivation gap in pulmonary rehab completion rate** (% point difference)	Mar-25	-8.5	-6.0	-13.4	-13.8
Respiratory/Vaccines*	**Deprivation gap in flu vaccination uptake** (aged 65+) (% point difference)	31st, Mar, 25	12.8	14.9	12.8	15.8
Mental Health	**People with severe mental illness** (SMI) receiving a full annual physical health check and health action plan (%)	Oct 24 to Sept 25	58.0%	58.6%	68.0%	68.9%
Learning Disability & Autism	**Patients aged 14+ on GP learning disability** registers who have had an annual health check (%)	Apr to May 25	8.0%	7.1%	6.8%	6.5%

Worse (Higher/Lower) compared to National (not statistically tested)

Source: Performance Overview Dashboard, NHS England

These measures align with the national health inequality measurement framework and reported in the NHS Performance Overview Dashboard.

Each metric displays the inequality gap (deprivation or by ethnicity)

Northamptonshire outlier for
- MI admissions
- hypertension treated to threshold
- early diagnosis for cancer
- LDA health checks*

LLR outlier for
- pre-term births
- stroke admissions
- flu vaccinations
- LDA health checks*

*local data has highlighted this position is ahead of last year with Q1 data showing 12.5% in LLR and 10.8% in Northants (data as of August 2025)

Sustainable services – the do nothing scenario – growth rates for our health services

How much will our activity change in 15 years

Today → 2040

	LLR Projection			Northants Projection		
	2024/25 Activity	2040 Projection	% Growth	2022/23 Activity	2040 Projection	% Growth
1. Primary Care Contacts	8,044,736	9,451,695	17%	4,596,029	5,220,832	14%
2. Community Contacts	1,334,119	1,697,244	27%	806,725	955,786	18%
3. Community Bed Days	80,049	116,692	46%	77,672	92,024	18%
4. Mental Health Contacts	287,799	315,151	10%	716,595	772,933	8%
5. Mental Health Bed Days	97,058	109,784	13%	128,385	139,531	9%
6. LD Bed Days	2,655	2,792	5%	9,630	9,993	4%
7. Acute Emergency Attendances	475,417	522,095	10%	326,250	354,549	9%
8. Outpatients Attendances	1,042,918	1,211,868	16%	1,078,795	1,247,143	16%
9. Inpatients Admissions	263,885	307,821	17%			
10. Inpatients Bed Days				549,708	688,213	25%
Population growth (2022 for Northants; 2024 for LLR)	1,174,900	1,281,576	9%	792,755	878,394	11%

- LLR is projecting 9% population growth by 2040, in Northants this is 11%
- Activity is projected to rise above the rate of population growth across core areas
  - Primary care 17% in LLR and 14% in Northants
  - Community contacts 27% in LLR and 18% in Northants
  - Inpatient admissions 17% in LLR; inpatient bed days 25% in Northants
  - Outpatients 16% in LLR & Northants

Notes:

- *LLR and Northants data drawn from different sources and time points but provide an illustration of potential growth between now and 2040*

Benchmarking opportunities - how does spend in LNR compare with peers (Model Hospital Q1 25/26)

	Non Elective		Elective		Outpatients		A&E		Prescribing	Total Spend		
	Spend (Millions)	Adm	Spend (Millions)	Adm	Spend (Millions)	Att	Spend (Millions)	Att	Spend (Millions)	**Totals (Millions)**	**LNR Total (Millions)**	**Northants Total (Millions)**
Total	**£43.90**	**10765**	**£25.49**	**25431**	**£15.63**	**125967**	**£12.30**	**82319**	**£21.74**	**£119.06**	**£52.26**	**£66.80**
PBC 11 Problems of the respiratory system	£14.57	3139	£1.38	1000	£1.41	8583	£4.10	27590	£0.91	£22.37	£9.39	£12.98
PBC 10 Problems of circulation	£6.33	1080	£4.94	1976	£3.18	52449	£0.60	3802	£4.31	£19.36	£10.44	£8.92
PBC 04 Endocrine, nutritional and metabolic disorders	£1.72	395	£1.43	2901	£0.36	4238	£0.10	470	£12.37	£15.98	£11.93	£4.05
PBC 15 Problems of the musculoskeletal system			£9.69	3389	£3.99	32768	£0.90	6404	£0.18	£14.76	£1.37	£13.39
PBC 13 Problems of the gastro intestinal system	£4.01	1814	£2.54	2927			£2.40	16225	£2.46	£11.41	£6.87	£4.54
PBC 18 Maternity and reproductive health	£8.36	1191	£0.07	98	£0.37					£8.80	£2.79	£6.01
PBC 17 Problems of the genito urinary system	£3.09	1119	£0.75	93	£0.22		£1.60	10908	£0.26	£5.92	£1.20	£4.72
PBC 02 Cancers & tumours	£1.36	183	£2.80	7864		9113			£0.12	£4.28	£1.99	£2.29
PBC 08 Problems of vision		19		664	£1.47	1696	£1.90	13166		£3.37	£1.60	£1.77
PBC 07 Neurological conditions	£0.41	517	£0.30	1035	£0.71	2771	£0.30	2478	£1.13	£2.85	£1.37	£1.48
PBC 03 Disorders of Blood	£0.40	77	£1.08	2454	£0.84	5426				£2.32	£0.06	£2.26
PBC 09 Problems of Hearing	£0.06	22		99	£2.07	4685				£2.13	£0.06	£2.07
PBC 14 Problems of the skin	£1.52	363								£1.52	£1.13	£0.39
PBC 20 Adverse effects of poisoning	£1.36	619								£1.36	£0.92	£0.44

- The table shows all Programme Budgeting Categories (PBCs) where an opportunity of over £1m is identified for the two ICBs combined on Model Hospital. Using regional peers
- Model hospital identifies a total financial opportunity of £119 million (£52 million LLR, £66 million Northants)
- Respiratory is the largest opportunity for the system and LLR, MSK offers the largest opportunity for Northants
- The areas identified within programme budgeting correspond with
  - The disease focus of cardiovascular disease, cancer and respiratory disease
  - The disability focus of MSK
  - The risk factor focus of blood glucose, obesity, hypertension and obesity

Notes:
- *No costing for A&E so cost of £150 applied*
- *Benchmark is regional peers*

Frailty

- The population in PNGs 10 & 11- muti-morbid high complexity and frail populations – the populations with highest health care needs are projected to increase by 14% by 2030
- This population currently utilises 32% of Hospital inpatient spend with an average spend £4,469 per person
- We project an additional 8,400 patients in PNGs 10 & 11 by 2023 – this could generate £37 million extra inpatient activity at todays prices if we continue to access healthcare at the same rate
- There are a number of evidence based strategies that the system can use to redevelop pathways to mitigate for potentially avoidable hospital activity

Potentially mitigable activity

Redirection 792k bed days

- No overnight stay
- Frailty
- Ambulatory Care Sensitive Conditions
- Readmissions
- End of Life
- Medicines related admissions

Prevention 242k bed days

- Alcohol
- Smoking
- Obesity
- Mental health
- Self harm

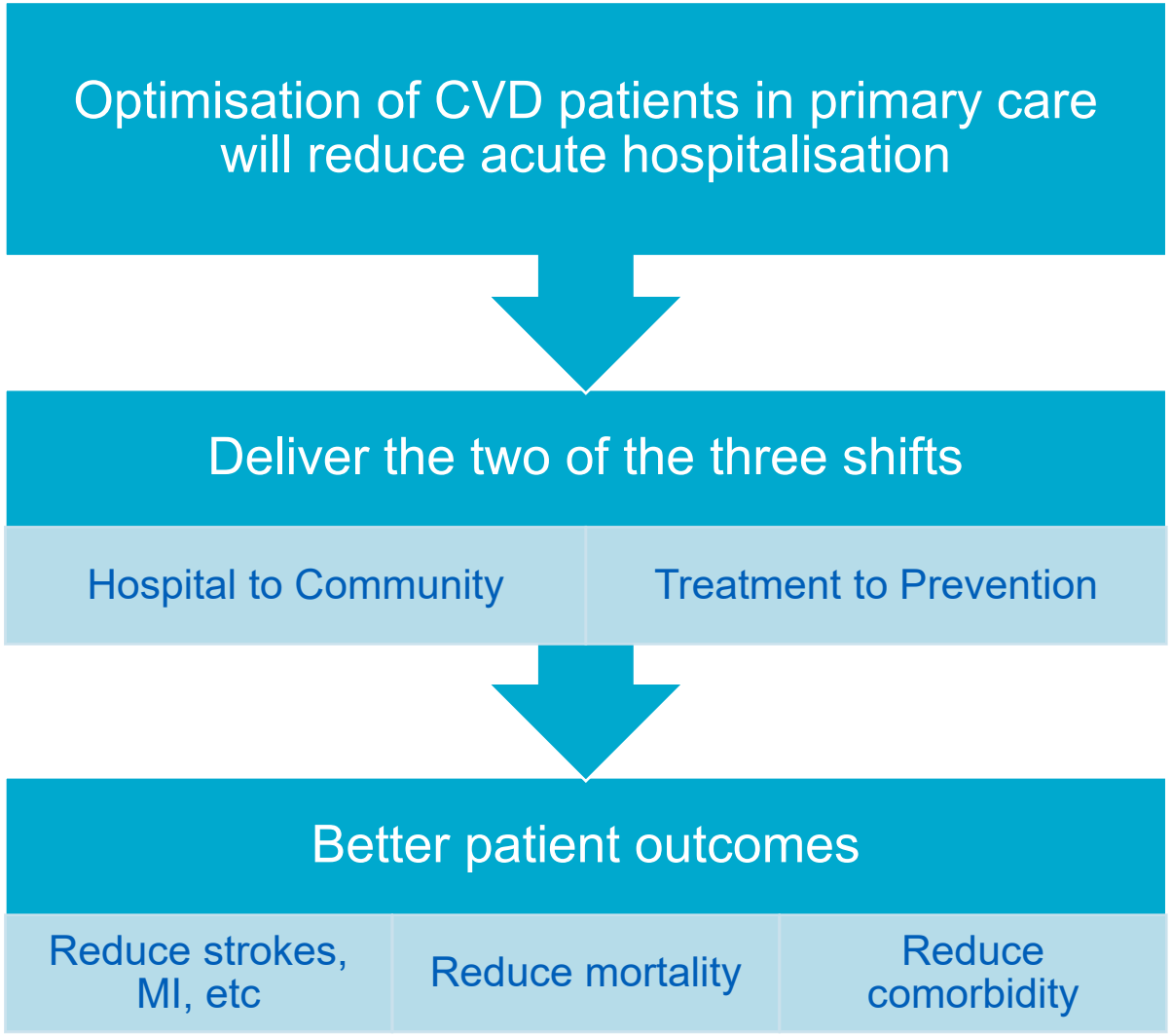
Relocation 142k bed days

- Virtual Wards

Efficiencies – LoS Reductions 800k bed days

- Stroke
- MH comorbidity
- Older people

Cardiovascular Disease



- If LLR and Northamptonshire were to meet NICE ambitions for **hypertension, lipids, CKD and diabetes optimisation**
- In 3 years
  - Prevent 2,145 health events
  - Cost of £21 million
  - System benefits of £87 million
- In 5 years
  - Prevent 3,442 health events
  - Cost of £33 million
  - System benefits of £174 million

- Closing the diagnosis gap by identifying and adding patients to GP QOF registers will significantly increase potential opportunities for better health outcomes for patients with CVD

Respiratory Disease

- Earlier diagnosis
- Management in primary care
- Care planning - advanced care planning for complex multi-morbidity and care planning for self-care
- Immunisation to prevent acute exacerbation
- Pulmonary rehabilitation for COPD patients
- Strategies for out of hospital care
  - Virtual wards for step up and step down
  - Reducing length of stay
  - Reducing readmissions
  - Ambulatory care sensitive conditions for vaccine preventable and chronic conditions

Early diagnosis

- 15,000 COPD patients not on QOF registers
- Up to 85,000 asthma patients not on QOF registers

ED

- Model Hospital 27,590 attendances above benchmark

Non Elective Admissions

- Model Hospital – over benchmark by 42,300 bed days, potential £14.6 million
- Immunisations* – 8,780 admissions, potential £22 million
- Virtual wards* - 20,027 admissions, potential £50 million
- Smoking attributable* - 12,107 admissions, potential £30 million
- Pulmonary rehabilitation – estimated 8.2% reduction in 12 month hospitalisation following completion
- Patients with COPD should have a co-developed personalised self-management plan

* indicative cost estimate of £2,500 per admission

Cancer

Early diagnosis

- In 2022, for cancers that were staged across LLR and Northants, 51% were diagnosed at stage 1 or 2
  - 86% breast, 31% lung, 42% bowel, 73% cervix

Improved survival

- 5 year survival rates for cancers diagnosed in 2016 were 55% in LLR, 54.8% in Northants. Both areas are below the 55.7% for England
- 12 month survival has shown a steady improvement across LLR and Northants between 2005 and 2020

Performance standards

- Faster Diagnostic Standard - LLR is 67.6%, Northants is 70.1%, 25/26 ambition is 80%
- 62 day combined standard – LLR is 58.5%, Northants is 60%, 25/26 ambition is 75%

Inequalities

- Deprivation gap in early cancer diagnosis is -6% for LLR and -8% for Northants – both systems have lower percentages of patients diagnosed at stage 1 & 2 for patients living in Core 20 areas

- **Earlier Diagnosis** - By 2028, 75% of people with cancer will be diagnosed at stage 1 or 2 (currently around 51% in LNR)
  - Expanding screening programmes (cervical, breast, bowel)
  - Increasing uptake of lung cancer screening for high-risk groups
  - Lowering GP referral thresholds and accelerating diagnostic pathways
- **Improved Survival** - By 2028, 55,000 more people each year in England will survive their cancer for five years or more
- **Performance Standards**
  - Compliance with Faster Diagnosis Standard (FDS): definitive diagnosis or ruling out within 28 days of referral
  - Meeting modernised cancer waiting time standards (31-day and 62-day targets)
- **Personalised Care** - Every person diagnosed with cancer will have access to personalised care and support throughout treatment and beyond
- **Reducing Inequalities** - Targeted interventions for deprived and vulnerable groups
- Investment in **Research and Innovation**

Community Insights

Prioritise local and accessible services

- Invest in community hospitals and local hubs
- Improve transport links and digital access
- Tailor services to meet needs of rural, ageing, and diverse populations

Build trust through communication

- Develop culturally competent, jargon-free messaging
- Ensure consistent, compassionate interactions across all services
- Improve interpreter access and staff training in empathy and communication

Deliver integrated, person-centred care

- Implement shared IT systems and integrated patient records
- Strengthen collaboration across NHS, social care, and voluntary sectors
- Support smooth transitions between services, especially for mental health and end-of-life care

Support prevention and self-care

- Promote health literacy and community resilience
- Expand access to mental health support and self-referral options
- Empower carers and patients with tools, information, and choices

Strengthen support for CYP and families

- Co-design services with young people to ensure relevance and accessibility
- Improve transitions between children's and adult services, especially in mental health
- Prioritise emotional wellbeing and prevention (e.g. sleep, obesity, school-based education)
- Ensure families are recognised as partners in care, with tailored communication and support

Population Health priorities on a page

Demographic growth	•Population growth of 2.3% to 2030 •Ageing population = increases in frail population and people with complex multi-morbidity =increase in the need and demand •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	•Gap in healthy life expectancy across LNR driven by socio-economic deprivation •Strategic commissioning intentions must target and address poorer health outcomes in Leicester City and in areas of deprivation in LNR •Focus on Core20+ groups - lower life expectancy. more time in poor health, develop LTCs earlier in life •Giving every child the best start in life is the most important policy objective for reducing health inequalities
Three common conditions linked to preventable risk factors	•Cardiovascular diseases, cancer, and respiratory diseases largest causes of inequalities, morbidity and mortality •Mental health and Musculo-skeletal conditions also drive a significant burden of disability in LLR •Obesity, blood glucose, hypertension, smoking and alcohol biggest preventable risk factors driving the “big three”, and many other long term conditions
System sustainability	•System focus on the three left shifts and supporting the shift from acute to community, treatment to prevention and analogue to digital and the development of neighbourhoods to support this •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 underlying growth should be a core component as the system develops new models of care •Transforming services for people with frailty will be essential for future sustainability

Translating health priorities to commissioning intentions

Elective demand	UEC	Neighbourhoods	Commissioning for Value
Managing demographic growth in elective	Managing demographic growth in UEC	Opportunity to develop local innovations to support the system	Addressing health inequalities
Reducing variation and understanding system opportunities through benchmarking	Growth is outstripping capacity	Health inequalities	System sustainability and demographic growth
Pathway changes	Focus on frail and multi-morbid and hospital avoidance	Understanding local needs and drivers of disability	Reducing variation and understanding system opportunities through benchmarking
Addressing health inequalities	Inequalities drive higher rates of UEC demand	Build prevention into the design	Opportunity to build the three shifts into our strategic commissioning plans

4. Alignment to System Strategies

- Based on our analysis we have determined that our Strategic Transformational Priorities will centre on Frailty, Premature Mortality (Cardiovascular, Respiratory and Cancer) and CYP (Mental Health and Neurodiversity).

- The following section demonstrates synergy and alignment to synch with existing system-wide strategies.

Integrated Care Strategies

Improving health and wellbeing in Leicester, Leicestershire and Rutland
Our Integrated Care Strategy 2023-2028

Key Areas of Focus:

Focus 1
Improving health equity

Focus 2
Preventing illness and helping people to stay well

Focus 3
Championing integration

Focus 4
Fulfilling our role as ‘Anchor’ organisations

Our Priorities:

- **Best start in life**
- **Staying healthy and well**
- **Living and supported well**
- **Dying Well**

Integrated Care Strategies

Integrated Care Strategy Northamptonshire
Live your best life, a ten-year strategy 2023-2033

Our Ten Ambition Areas:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are green and clean
- To feel safe in their homes and when out and about
- Connected to their families and friends
- The chance for a fresh start, when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are

Health and Wellbeing Board Strategies

Leicester's Health, Care and Wellbeing Strategy 2022-2027

Themes for Action

Healthy Places

Healthy Minds

Healthy Start

Healthy Lives

Healthy Ageing

Leicestershire Joint Health and Wellbeing Strategy 2022-2032

Life Course Approach

Best start for life

Staying healthy, safe and well

Living and supported well

Dying well

Rutland Health and Wellbeing Strategy 2022-2027

Priority Themes

The best start for life

Staying healthy and independent: Prevention

Healthy ageing and living well with long term conditions

Ensuring equitable access to services for all Rutland residents

Preparing for significant population growth and change

Ensuring people are well supported in the last phase of their lives

Cross-cutting themes (Mental health and reducing health inequalities)

Health and Wellbeing Board Strategies

West Northamptonshire Joint Health and Wellbeing Strategy 2023-2028

Ambition

(Placeholder as being updated/reviewed)

The best start in life

Access to the best available education & learning

Opportunities to be fit well and independent

Employment that keeps you and your family out of poverty

Good housing in places which are clean and green

Safe in your homes and when out and about

Connected to friends and family

The chance for a fresh start when things go wrong

Access to health and social care

Accepted and valued for who you are

North Northamptonshire Health and Wellbeing Strategy 2024-2029

Five Key Priorities

Smoking and Vaping

Keeping Active

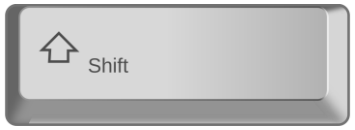
Mental Health and Wellbeing

Children and Young People

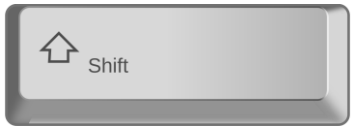
Financial Resilience

The 10-Year Health Plan for England

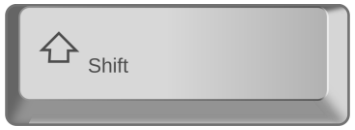
The Three Fundamental Shifts



Hospital to Community



Analogue to Digital



Sickness to Prevention

Frailty

Population Impact	Frailty is a major driver of UEC activity, longer lengths of stay, and social care demand. Modelling across the cluster shows a significant increase in an older and frailer cohort with greater pressure on services.
Commissioning Framework Alignment	Guidance commands the use of population segmentation and risk stratification; frailty is a high-risk cohort where proactive, integrated care can reduce demand and improve outcomes.
LLR ICS Strategy	**Aligns with priorities and key focus areas:** Staying healthy and well Living and supported well Preventing illness and helping people to stay well
Northamptonshire ICS Strategy	**Aligns with ambitions:** Opportunity to be fit, well and independent To feel safe in their homes and when out and about Access to health and social care when they need it
Leicester JHWS	**Aligns with themes:** Healthy Lives Healthy Ageing
Leicestershire JHWS	**Aligns with life course approach:** Staying healthy, safe and well Living and supported well
Rutland JHWS	**Aligns with priority themes:** Staying healthy and independent Healthy ageing and living well with long term conditions
West Northamptonshire JHWS	**Aligns with ambitions:** Opportunity to be fit, well and independent To feel safe in their homes and when out and about Access to health and social care when they need it
North Northamptonshire JHWS	**Aligns with key priority:** Keeping Active
10-Year Plan Shifts	Investing in frailty pathways supports the shift from **hospital to community** care, harnesses neighbourhood models of care and can reduces avoidable admissions, improving independence and quality of life.

Premature Mortality (Respiratory, CVD, Cancer)

Population Impact	These three disease areas are leading cause of early death across the cluster. They drive inequalities, demand and mortality.
Commissioning Framework Alignment	The guidance explicitly highlights the need to assess the impact of poor health on children and young people's life chances
LLR ICS Strategy	**Aligns with priorities and key focus area:** Preventing illness and helping people to stay well Staying healthy and well Living and supported well
Northamptonshire ICS Strategy	**Aligns with ambition:** Opportunities to be fit, well and independent
Leicester JHWS	**Aligns with theme:** Healthy Lives
Leicestershire JHWS	**Aligns with life course approach:** Staying healthy, safe and well
Rutland JHWS	**Aligns with priority theme:** Staying healthy and independent: Prevention
West Northamptonshire JHWS	**Aligns with ambition:** Opportunities to be fit, well and independent
North Northamptonshire JHWS	**Aligns with key priorities:** Smoking and Vaping Keeping Active
10-Year Plan Shifts	Clear alignment with one of the three shifts within the 10YP – **Sickness to Prevention.**

Children and Young People

Population Impact	Giving every child the best start in life is the most important long-term objective for reducing health inequalities.
Commissioning Framework Alignment	Guidance emphasises tackling drivers of risk and demand and reducing unwarranted variation. Respiratory disease, cardiovascular disease, and cancer all show significant inequalities in incidence, access, and outcomes.
LLR ICS Strategy	**Aligns with priorities and key focus areas:** Best start in life Preventing illness and helping people to stay well
Northamptonshire ICS Strategy	**Aligns with ambition:** The best start in life
Leicester JHWS	**Aligns with theme:** Healthy Start
Leicestershire JHWS	**Aligns with life course approach:** Best start for life
Rutland JHWS	**Aligns with priority theme:** The best start for life
West Northamptonshire JHWS	**Aligns with ambition:** The best start in life
North Northamptonshire JHWS	**Aligns with key priorities:** Children and Young People
10-Year Plan Shifts	Care closer to home, greater opportunities for joint commissioning with partners and preventing escalation to hospital care. CYP cohort ideal beneficiaries of digital by default approach. Todays CYP are tomorrows adults - childhood is the most critical stage for prevention — tackling obesity, smoking, poor diet, and mental health early has lifelong benefits.

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