

Transformation of ICBs



Building a cluster for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB



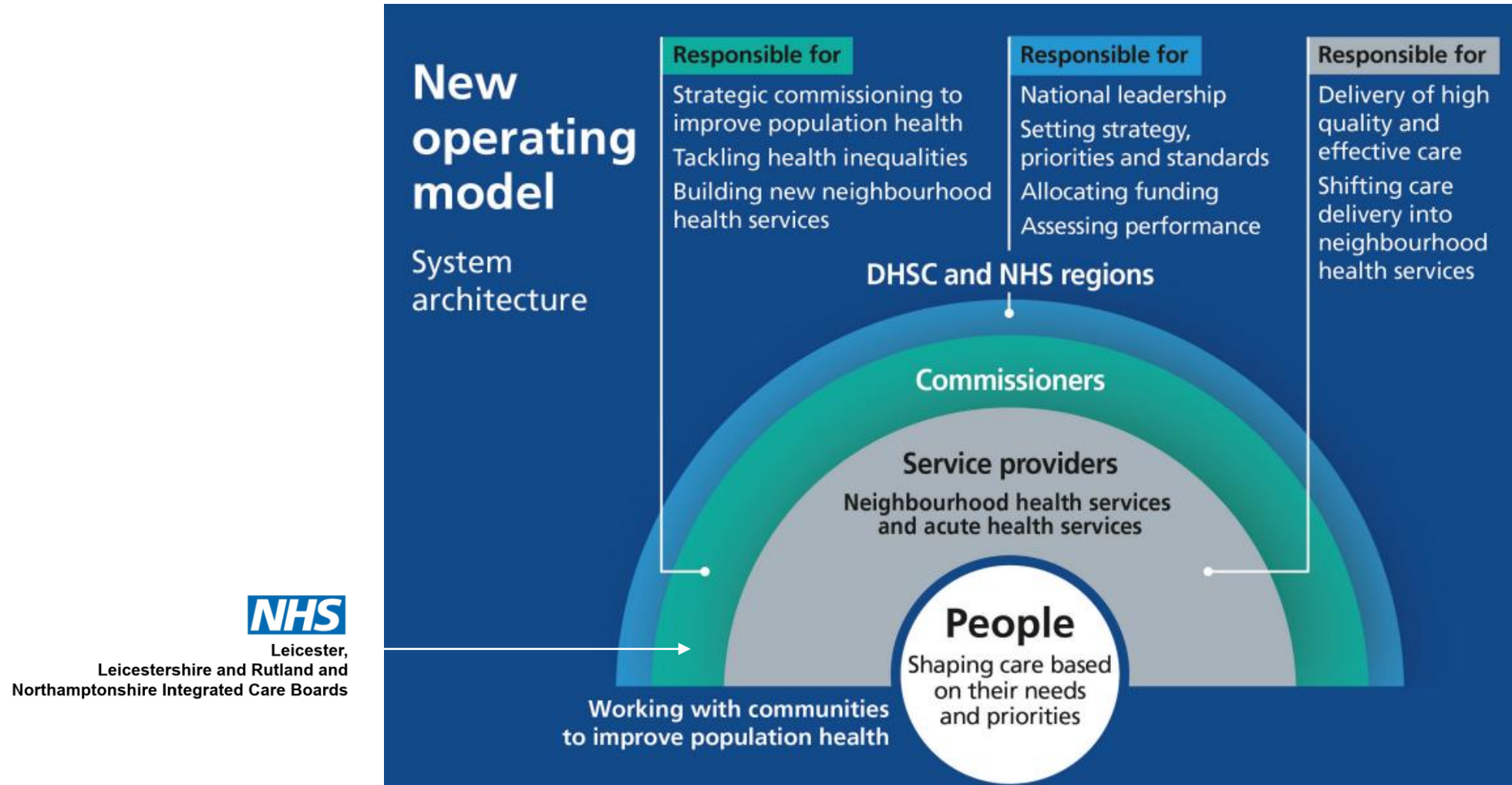
Purpose of this pack

Provides details on the development of new ICB Cluster serving Leicester, Leicestershire, Rutland and Northamptonshire

Shows how our cluster aligns with new national expectations and while focusing on local priorities

Outlines proposed new governance arrangements to drive forward our new operating model and ways of working while further strengthen partnership working

ICBs' refreshed role in new national operating model



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 LLR this represents a revenue reduction of 33 % and in Northamptonshire 29%

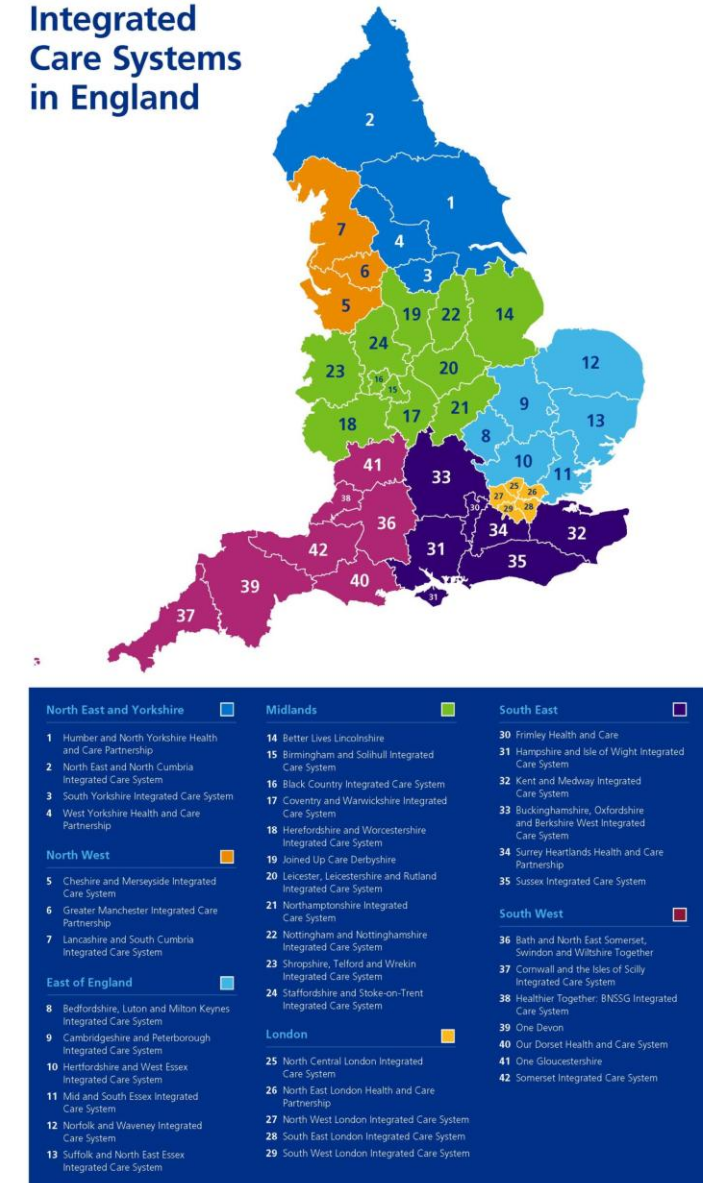


Increased focus on collaboration across regional footprints. The Model ICB Blueprint outlines functions and activities where ICBs could come together to deliver at a larger scale. The blueprint also points to areas which can be delivered by local organisations other than ICBs and those areas which should 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 will remain as separate statutory bodies working in partnership
- The organisations will have:
 - Single Board Governance
 - A unified leadership team
 - Shared staffing structure
- Building a transformational cluster between NICB and LLR ICBs 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 still at the early stages of building this cluster and there are still many details yet to be finalised including how individual functions will operate within it

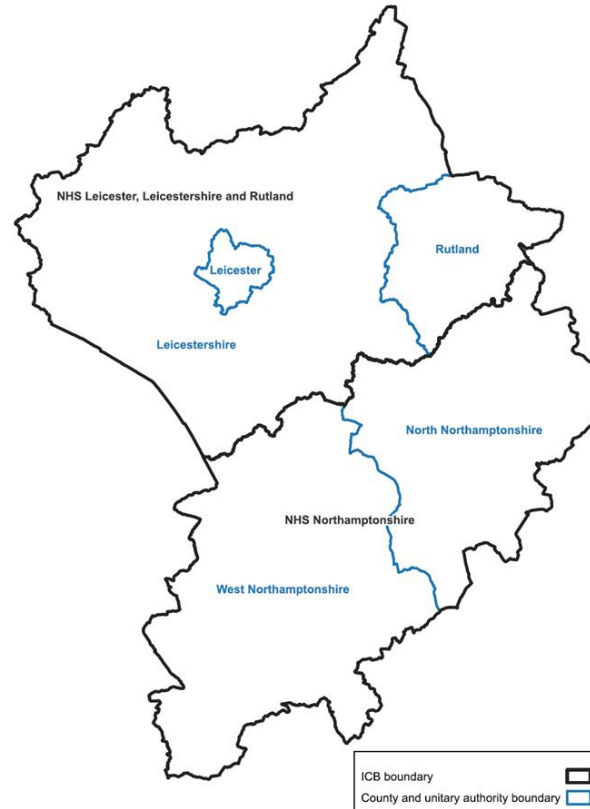
Our geography

£5bn
total budget

5 Provider Trusts

42 Primary Care
Networks

5 Upper-Tier
Local Authorities



Population:
2m

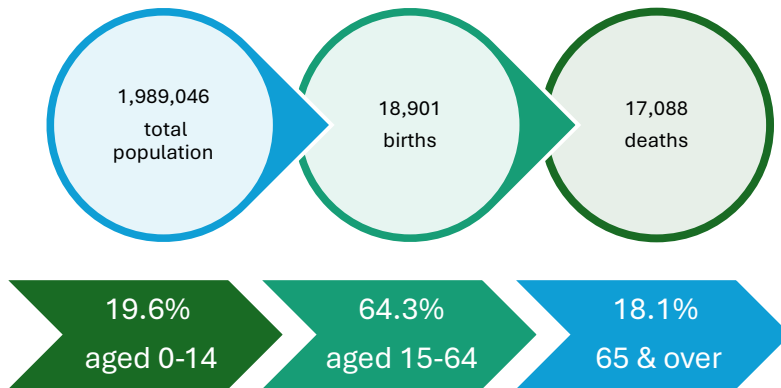
5 Places

20
neighbourhoods

5 Health Overview
Scrutiny Committees

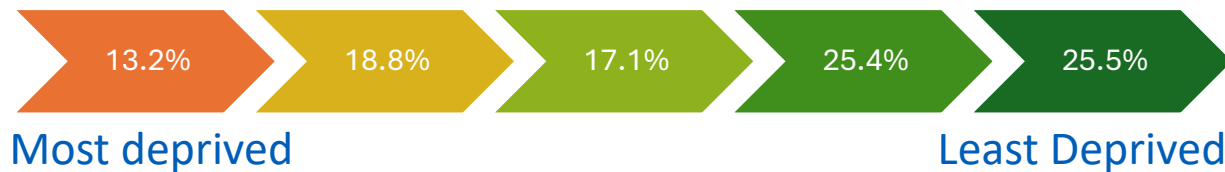
Our population

In 2024



Deprivation

13% of the LNR population live in Core 20 areas



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 population

Outpatients

- 610,622 1st Outpatients
- 1,127,166 Follow Up Outpatients
- 1,737,788 Total Outpatients

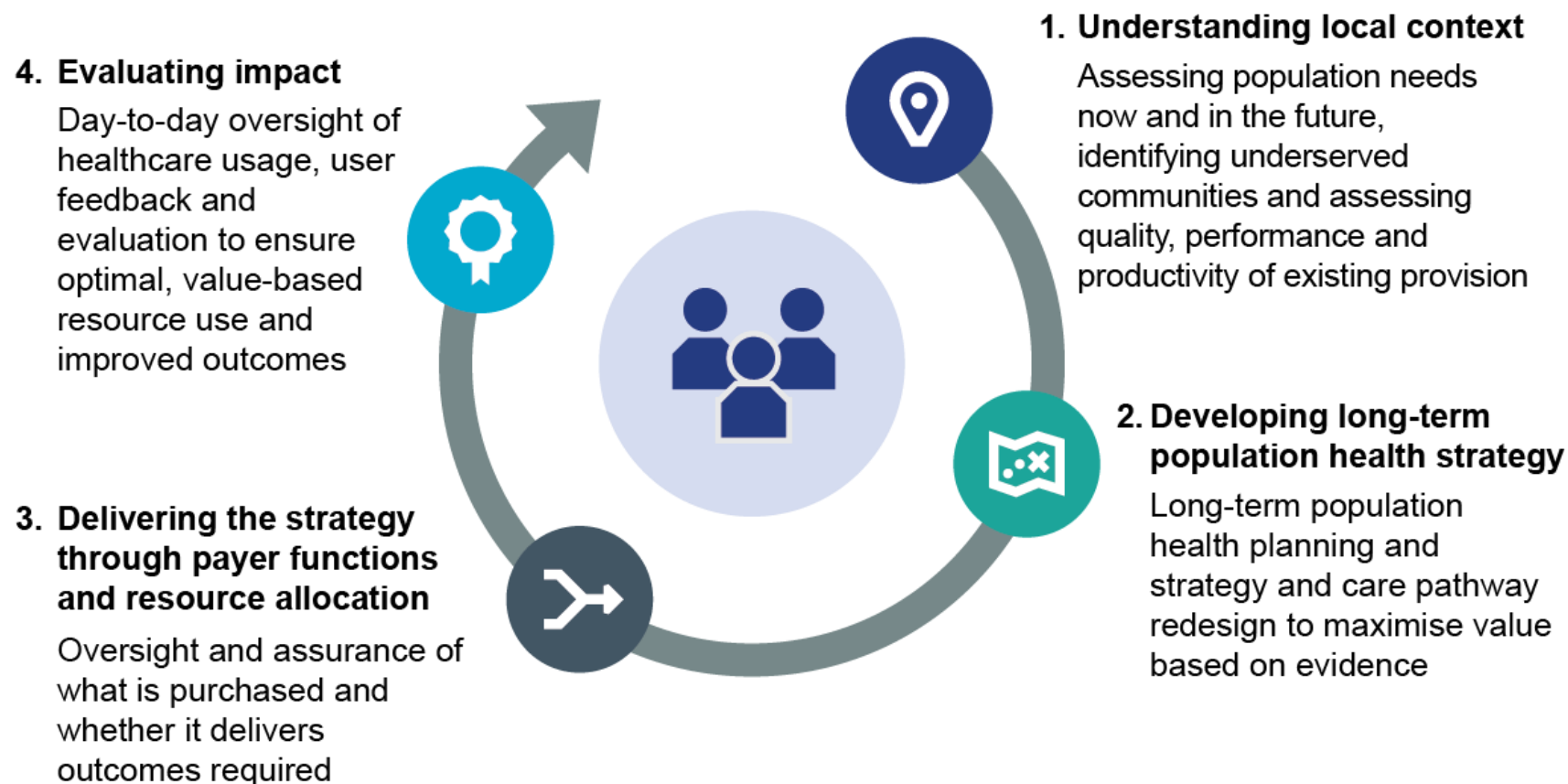
Inpatients

- 251,257 Day Cases
- 34,939 Ordinary Elective Spells
- 286,196 Total Elective Spells; 85,408 Elective Bed Days
- 227,041 Total Non-Elective Spells; 1,073,675 Non-Elective Bed Days

A&E Attendances

- 597,416 A& E Attendances (Type 1 and 2)
- 879,524 Total A&E Attendances

Our focus – The Strategic Commissioning Approach



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 leadership



Toby Sanders
Chief Executive
Northamptonshire ICB
Interim Chief Executive
LLR ICB



Anu Singh
Joint Chair
LLR and Northamptonshire ICBs

Northamptonshire non-executive team

Simone Jordan,
Non-Executive Member

Liz Gaulton, Non-
Executive Member

Andrew Hammond,
Non-Executive Member

Afzal Ismail, Non-
Executive Member

Partner Members

Anna Earnshaw	- Local Authorities
Adele Wylie	- Local Authorities
Angela Hillery	- NHS and Foundation Trusts
Richard Mitchell	- NHS and Foundation Trusts
Dr Jonathan Cox	- Primary Medical Services

LLR non-executive team

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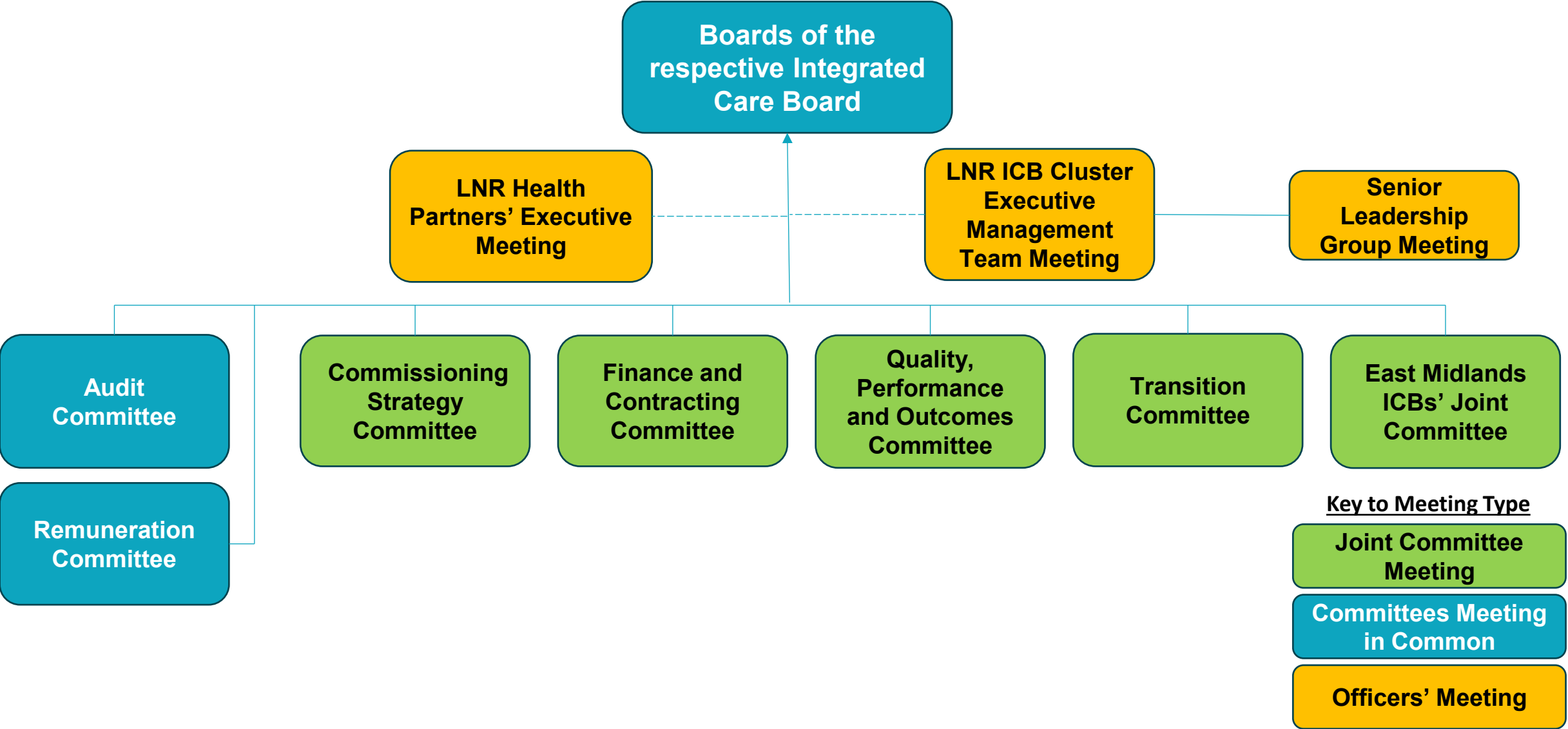
Sector representatives

- Richard Mitchell, Partner Member, Acute sector representative
- Angela Hillery, Partner Member, Community/Mental Health sector representative
- Laurence Jones, Partner Member, Local authority sectoral representative
- Mike Sandys, Partner Member, Local authority sectoral representative
- Mark Andrews, Partner Member, Local authority sectoral representative
- Dr James Ogle, Partner Member, Primary Medical Services

Participants

- Richard Henderson, Chief Executive, East Midlands Ambulance Service
- Harsha Kotecha, Chair, Healthwatch Leicester and Leicestershire
- Dr Janet Underwood, Chair, Healthwatch Rutland

Proposed respective ICB Board and Committee Structure



What next?

- A full management of change process has now commenced with all staff being consulted on proposals to move the organisations into a single staff structure refocused on the new role of the ICB and within the new reduced financial envelope.
- In addition to this a first round of Voluntary Redundancy applications has taken place with a total of 92 applications having been approved. A second round of VR will take place in the coming weeks.
- This consultation will finish on March 5. Following this all representations will be considered and proposed structures revisited before final decisions are taken.
- Extensive staff support programme and resources have been put in place to give advice and guidance to staff groups in what remains a very difficult time
- This includes face to face drop-in sessions, access to health and wellbeing support, support in CV development and financial support and advice.

What next?

There are a number of other workstreams which are part of this transformation of the form and function of the ICB which have reached significant milestones. These include:

- **At scale**
 - Work with regional colleagues looked at a range of functions which could be delivered at a greater scale.
 - The majority of these will not come to fruition and the programme to explore options have been stopped. Those continuing and therefore likely to be delivered at a wider scale rather than within the cluster are data and at scale analytics which may feature at a national level depending on national decisions, and Pharmacy, Ophthalmic, Dental (POD) which will continue to be delivered at scale
- **Transfer to provider or partner organisation**
 - Some areas of ICB activity were identified nationally as being better placed within provider or partner organisations.
 - As a result some functions and responsibilities will be transferring to partners over the next few months.
 - These areas include Workforce Development, System Coordination Centres, Strategic Digital, Personalisation Section 117s, GP IT,
- **Functions transitioning to region**
 - Provider oversight
 - Operational workforce planning
- **Functions now being retained within the cluster**
 - Medicines optimisation; primary care estates and infrastructure, Emergency Preparedness and Response, Research, Strategic workforce planning, CHC, SEND, Safeguarding and Infection, prevention and control
- **Function still being explored into the next financial year**
 - There are a small number of very important areas of work which require further work to understand future roles and responsibilities, whilst also considering national guidance documents
 - These include neighbourhood and place-based partnerships, primary care operations and transformation, pathway and service development

Our design process

Designing the new cluster for LLR and Northamptonshire ICBs will need to meet population needs while reducing running costs

Functions of each ICBs are under review to ensure they align with the Model ICB Blueprint; what to keep, grow, reduce, transfer or stop

Underlying all decisions are:

