Meeting: **Health and Wellbeing Board**

Date/Time: **Thursday, 25 September 2025 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Euan Walters (Tel: 0116 305 6016)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Mr. M. Squires CC (Chairman)

Barney Thorne	Simon Pizzey
Edd de Coverly	Kevin Allen-Khimani
Harsha Kotecha	Fiona Barber
Jane Moore	Siobhan Peters
Mike Sandys	Mr. C. Pugsley CC
Jon Wilson	Cllr. J. Kaufman
John Sinnott	Cllr Cheryl Cashmore
Rachna Vyas	Toby Sanders
Jean Knight	Mr. C. Abbott CC
Rachel Dewar	Pete Burnett

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 29 May 2025.		(Pages 3 - 12)
2.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
3.	Declarations of interest in respect of items on the agenda.		
4.	Position Statement by the Chairman.		
5.	NHS 10 Year Health Plan for England.	Integrated Care Board	(Pages 13 - 32)

6.	Families First Reform Programme	Director of Children and Family Services	(Pages 33 - 40)
7.	Pharmaceutical Needs Assessment 2025.	Chief Executive	(Pages 41 - 166)
8.	Joint Local Health and Wellbeing Strategy Review 2022-32	Director of Public Health	(Pages 167 - 216)
9.	Healthwatch Leicestershire Annual Report.	Healthwatch	(Pages 217 - 232)
10.	Leicestershire and Rutland Safeguarding Adults Board Annual Report 2024-25 and Business Plan 2025-27.	Director of Adults and Communities	(Pages 233 - 302)
11.	Leicestershire and Rutland Safeguarding Children's Board Annual Report 2024-25 and Business Plan 2025-27.	Director of Children and Family Services	(Pages 303 - 378)
12.	Better Care Fund Quarter 1.	Director of Adults and Communities	(Pages 379 - 394)
13.	Section 75 Agreement.	Director of Adults and Communities	(Pages 395 - 478)
14.	Annual Health Protection report.	Director of Public Health	(Pages 479 - 514)

15. Dates of future meetings.

Future meetings of the Health and Wellbeing Board will be held on the following dates all at 2.00pm:

Thursday 4 December 2025;
Thursday 26 February 2026;
Monday 15 June 2026;
Thursday 17 September 2026;
Thursday 10 December 2026.

16. Any other items which the Chairman has decided to take as urgent.

Agenda Item 1

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 29 May 2025.

PRESENT

Leicestershire County Council

Mr. M. Squires CC (in the Chair)
Mr. J. Boam CC
Mr. C. Pugsley CC
Mike Sandys
Jon Wilson
Jane Moore

Integrated Care Board

Rachel Dewar
Dr Nikhil Mahatma

University Hospitals of Leicester NHS Trust

Ashley Epps

Leicestershire Partnership NHS Trust

Glyn Edwards

Office of the Police and Crime Commissioner

Siobhan Peters

Healthwatch Leicester and Leicestershire

Hardip Chohan

Voluntary Action Leicestershire

Kevin Allen-Khimani

In attendance

Abbe Vaughan – Leicestershire County Council
Lisa Carter – Leicestershire County Council
Hanna Blackledge – Leicestershire County Council
Stephen Shippey – Leicestershire County Council
Kristy Ball – Leicestershire County Council
Rachael Payne - British Red Cross

Apologies

Mr. J. Sinnott, Cllr Jeffrey Kaufman, Cllr Cheryl Cashmore, Jean Knight, Edd de Coverly and Fiona Barber.

1. Appointment of Chairman.

RESOLVED:

That Mr. M. Squires CC be appointed Chairman for the period ending with the date of the Annual Meeting of the County Council in 2026.

Mr. M. Squires CC in the Chair

2. Minutes of the previous meeting.

The minutes of the meeting held on 27 February 2025 were taken as read, confirmed and signed.

3. Urgent items.

There were no urgent items for consideration.

4. Declarations of interest.

The Chairman Mr. M. Squires CC invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

The Chairman himself declared an Other Registerable Interest in all substantive items as he was an agency worker for Leicestershire Partnership NHS Trust. The Chairman clarified that the agenda items did not directly relate to his employment and therefore he would remain in the room throughout the meeting.

No other declarations were made.

5. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

i) Health and Wellbeing Board Membership update;
ii) Adult Social Care;
iii) NHS;
iv) Key messages;
v) Reminders.

A copy of the position statement is filed with these minutes.

RESOLVED:

That the position statement be noted.

6. NHS Transformation.

The Board considered a report of the Integrated Care Board which provided an update on changes to NHS structures which were taking place. A copy of the report, marked 'Agenda Item 5', is filed with these minutes.

In presenting the report it was emphasised that the changes would be less noticeable for patients, whereas they would have more impact on staff and practitioners.

In response to requests for more detail on the changes to be provided to Board members as soon as possible, reassurance was given that there would be more clarity over the next few months and communications would be disseminated during the period before the next Board meeting, and then a further update would be provided at the 25 September 2025 Board meeting itself.

RESOLVED:

That the information provided in the report be noted.

7. Neighbourhood Health Programme.

The Board considered a report of the Integrated Care Board which provided information on progress made to date with implementing the Neighbourhood Health Programme in Leicestershire. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

In response to a request from Kevin Allen-Khimani (Voluntary Action LeicesterShire) it was agreed that the voluntary sector would be liaised with regarding the Neighbourhood work and conversations would take place with Kevin Allen-Khimani after the meeting.

It was noted that in order to reduce costs and improve collaboration, consideration was being given to co-locating Neighbourhood services with other services such as Family Hubs.

RESOLVED:

(a) That the progress made thus far be noted;

(b) That the direction of travel outlined in the report be supported.

8. Resilience Strategy.

The Board considered a report of the Leicester, Leicestershire and Rutland (LLR) Resilience Forum which provided an overview of the LLR Community Resilience Strategy (CRS) 2024-2028 and Delivery Plan. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from discussions the following points were noted:

(i) As part of the Joint Local Health and Wellbeing Strategy refresh work consideration was being given to removing specific references to Covid-19 and focusing instead on the possibility of other pandemics and wider emergency issues. It was suggested that the Resilience Strategy should take a similar approach. Consideration also needed to be given to specific health issues which could arise during emergencies such as difficulties in access to medication for people that had been evacuated. Other vulnerable cohorts would also require assistance in an emergency situation

and an action plan needed to be put in place to manage this. A Working Group was already in place that managed issues relating to vulnerable people and the points now raised would be discussed at that Group.

(ii) Often when emergencies happened the local community would arrive on the scene before emergency services, and communities would use their own resources to manage the situation. For example, a farmer might be able to provide a tractor to help, village halls could be used to evacuate people to, and local whatsapp groups could be used to disseminate messages. Flood Wardens would have local knowledge about water levels and Councillors also had a role to play in emergencies as Community Champions. It was therefore useful to be aware before the emergency happened of what resources were available. This is where Community Response Plans came in and collated the information so it was available when the emergency began.

(iii) The recent floods in Leicestershire had provided an opportunity for Resilience Plans to be tested.

RESOLVED:

That the Board agrees:

(a) To raise awareness of the Community Resilience Strategy 2024-25 within members' organisations and networks;

(b) To identify activities and actions from members' organisations that could be included in the Delivery Plan;

(c) To work with LLR Prepared in supporting communities to plan for, respond to and recover from emergencies.

9. Pharmaceutical Needs Assessment

The Board considered a report of the Director of Public Health which provided an update on work undertaken to produce the draft Pharmaceutical Needs Assessment (PNA) 2025 and sought the Board's approval to consult on the draft document. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

(i) To gather additional intelligence for the development of the draft PNA, two surveys ran from February to April 2025. The public survey asked service users for their views on the current pharmaceutical provision and the professional survey of pharmacy professionals gathered data on services provided from pharmaceutical professionals. It was reported that some non-pharmacy health professionals had fed into the public survey, and suggested that in future surveys there needed to be greater clarity on how non-pharmacy professionals would feed in and whether there were other ways they could be engaged with.

(ii) Data was being collated regarding housing numbers in Leicestershire and where new development was to take place. Currently some data was available for each District but all the required information on the specific localities of new housing had not yet been received. Once the information had been received it would enable

consideration to be given to how many pharmacies would be required and where they should be located.

(iii) Pharmacists were helping with demands on primary care through initiatives such as Pharmacy First. Concerns were raised regarding whether pharmacists had sufficient capacity, and whether reliance on pharmacies could be creating inequity of service across Leicestershire particularly in rural areas. There was a known gap in health provision in the east of Leicestershire and in rural areas generally. Less public transport in those areas meant some people had difficulties accessing a pharmacist. In response it was explained that this was something that would need to be taken into account as part of the commissioning process.

(iv) Concerns were raised that there were very few pharmacies in Leicestershire that were open late at night and this was a particular problem in relation to the dispensing of end-of-life medicines. Where a pharmacy was not open some patients nearing the end of life were reliant on hospitals or Loros. In response it was explained that this was a matter for the commissioners of pharmacies, but some reassurance was given that there had been no change to the overall availability of out of hours pharmacy services.

RESOLVED:

(a) That the work undertaken to produce the draft Pharmaceutical Needs Assessment 2025, which has been developed in line with the findings of public and pharmacy surveys, be noted;

(b) That the draft Pharmaceutical Needs Assessment 2025 be approved for statutory consultation;

(c) That the Board notes that a further report will be considered by the Board at its meeting in September 2025 detailing the outcome of the consultation and seeking approval of the final Pharmaceutical Needs Assessment 2025.

10. Adults and Communities Strategy.

The Board considered a report of the Director of Adults and Communities which provided information relating to the refresh of the Adults and Communities Strategy, titled Delivering Wellbeing and Opportunity in Leicestershire 2025-2029. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

RESOLVED:

That the aims outlined within the strategy be noted.

11. HWB Development Sessions evaluation.

The Board considered a report of the Health and Wellbeing Board which provided an update on the evaluation of the development sessions that were conducted during 2024-25. Copies of the report, marked 'Agenda Item 10', and the presentation slides, are filed with these minutes.

Arising from discussions the following points were noted:

(i) It was suggested that a development session regarding the changes to Integrated Care Board structures would be useful.

(ii) Although some Health and Wellbeing Board members had suggested in their feedback that Dentistry / oral health could be covered in a future development session, it was noted that the Health and Wellbeing Board had spent a lot of time looking at this issue already and therefore questioned what more could be gained from a further look at the topic.

(iii) There were links between the development session work and the Neighbourhood Health Programme work and conversations would take place between Rachel Dewar and Abbe Vaughan after the meeting regarding aligning the two pieces of work.

(iv) In response to a question from the Chairman about whether the Joint Local Health and Wellbeing Strategy covered the issue of support for people with neurodiversity, it was explained that the Strategy addressed health inequalities and it was a cross-cutting theme across the four Health and Wellbeing sub-groups. The Staying Healthy Partnership had a particular focus during 2024/25 on ensuring that people with learning difficulties undertook health checks.

(v) Concerns were raised that 80% of the budget related to 20% of service users. In response it was explained that those 20% of service users had the greatest need and needed to be prioritised, however work took place with these patients to try and reduce the cost of their care. The Neighbourhood Health Programme would play a role in reducing spend.

RESOLVED:

(a) That the feedback from the development session evaluations be noted;

(b) That the recommendations and key themes that came out of the sessions be noted;

(c) That the Board agrees that the next iteration of HWB Development sessions will commence in 2026 and the focus of these sessions will be determined by Health and Wellbeing Board members, taking into consideration feedback gathered from previous sessions.

12. Better Care Fund - year end 2024-25.

The Board considered a report of the Director of Adults and Communities which provided the year-end performance reporting of the Better Care Fund programme for 2024-25. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

(i) For each Better Care Fund metric there were targets which were set for Leicestershire. Performance in Leicestershire could be compared with other authorities for each quartile. Care was taken to set realistic targets as there was no point setting a target that had no chance of being achieved.

(ii) The rate of admissions per 100,000 population was above target and it was hoped that additional investment in neighbourhood models of care and step-up activity

would mitigate the increase seen in the financial year. In response to concerns raised that the neighbourhood work would take time to implement and have an impact, it was explained that in the meantime consideration was being given to revising the falls response service. For 2025/26 an estimate had been made of how many admissions would be reduced by each measure put in place for example the introduction of virtual wards.

(iii) The metric 'Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000' had met the target. In order to achieve this a lot of work had taken place with care homes, particularly the top 20 care homes for admissions, to help them avoid having to send residents to hospital. Efforts were made to ensure the care homes had the right equipment and technology so that residents could be managed within the care homes and did not suffer injuries that required hospital treatment.

(iv) Work was also taking place to ensure that the Emergency Department at Leicester Royal Infirmary had the ability to refer patients into community pathways rather than having to admit them into the hospital. The Single Point of Access was also being strengthened.

(v) Concerns were raised that not all care home staff were trained to assess residents after they had a fall and therefore it was suggested that care homes were erring on the side of caution and sending those residents to hospital when it might not be necessary. Adult social carers were advised not to lift residents if they had fallen, unless they had received specific training. However, staff from the falls car were able to triage residents that had fallen and were clinically competent to lift people. It was acknowledged that if attendances at the Emergency Department could be avoided then in turn admissions would be reduced.

(vi) Concerns were also raised that falls patients were classed as low priority and therefore received a category 4 ambulance response which meant that the ambulance staff sent to the scene were not trained to the level of paramedics and were not able to judge whether the patient required attendance at the Emergency Department. In response some reassurance was given that a piece of work was taking place to ensure that category 3 and 4 calls could be diverted to the Home Visiting Service.

RESOLVED:

a) That the performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways in 2024-25 be noted;

b) The year-end Better Care Fund 2024-25 template, attached as the appendix to the report, be approved for submission to NHS England for the 6th June, 2025 submission deadline;

13. Better Care Fund Plan 2025-26.

The Board considered a report of the Director of Adults and Communities regarding the final Leicestershire Better Care Fund (BCF) Plan for 2025/26. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

It was suggested that a development session could take place regarding the Better Care Fund submission 2025/26 in the Autumn prior to the documents being submitted to NHS England.

RESOLVED:

(a) That the Leicestershire Better Care Fund Plan 2025-26, including the Planning Template, Demand and Capacity template and Narrative document, be noted;

(b) That the action taken by the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, to approve the Better Care Fund Year 2025-26 report and use powers of delegation to approve this by the NHS England submission deadline of 31st March 2025, be noted.

14. Joint Health and Wellbeing Strategy progress update on Living and Supported Well and dying well.

The Board considered a report of the Integration Executive which provided an update on progress in relation to the Living & Supported Well and Dying Well strategic priorities of the Joint Health and Wellbeing Strategy (JHWS) 2022-32. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

It was explained that work had taken place to understand the data and it had been learnt that the increase in admissions did not generally relate to this cohort, but related to a younger cohort. Admissions in the older cohort had been relatively stable and therefore the schemes that targeted the older cohort should not be expected to have a large impact on admissions.

RESOLVED:

(a) That the progress being made in relation to delivering against the Living and Supported Well & Dying Well strategic priorities be noted;

(b) That the progress being made in relation to delivering against the cross-cutting priorities be noted.

15. Joint Health and Wellbeing Strategy progress update on Staying Healthy, Safe and Well.

The Board considered a report of the Staying Healthy Partnership which provided an update on progress in relation to the Staying Healthy, Safe & Well priority of the Joint Health and Wellbeing Strategy (JHWS) 2022-32. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

It was noted that the Staying Healthy Partnership had carried out work to increase the uptake of health checks for people with learning disabilities. This was part of a large amount of work which took place across the health system in relation to neurodiversity. The neurodiversity pathway work was led by the Learning Disability Partnership and the Neurodiversity Partnership.

RESOLVED:

(a) That the progress being made in relation to delivering against the Staying Healthy, Safe & Well priority be noted;

(b) That the progress being made in relation to delivering against the cross-cutting priorities be noted.

16. Date of next meeting.

RESOLVED:

That the next meeting of the Board take place on Thursday 25 September 2025 at 2.00pm.

2.00 - 4.27 pm CHAIRMAN
29 May 2025

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Agenda Item 5

Leicester, Leicestershire and Rutland Integrated Care Board

HEALTH AND WELLBEING BOARD: 25 SEPTEMBER 2025

NHS 10 YEAR HEALTH PLAN FOR ENGLAND

REPORT OF THE CHIEF STRATEGY OFFICER, NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD

Purpose of report

1. The purpose of this report is to provide the Board with the main objectives and implication of on the Ten-Year Health Plan for England which was published by the government in July 2025.

Recommendation

2. The Board is asked to note the content of the report and support priority actions.

Policy Framework and Previous Decisions

3. An NHS Long Term Plan was published in January 2019 under the previous Conservative government.

4. In September 2024 Lord Darzi published a report which raised serious concerns about the performance of the NHS in England and concluded that the NHS was in 'critical condition'. https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

Background

5. The "Fit for the Future: 10-Year Health Plan for England", published in July 2025, is a comprehensive government strategy aimed at transforming the NHS to meet the evolving health needs of the population and ensure its sustainability for future generations.

6. It sets out the main strategic initiative to be delivered by the NHS in England to transform the health service and make it "fit for the future". It focuses on shifting the NHS from hospital-centric care to community-based care, embracing digital technologies, and prioritizing preventative healthcare. The plan aims to deliver better care for all patients, regardless of their location or socioeconomic status, while also ensuring better value for taxpayers.

7. The plan was developed in response to growing public dissatisfaction, long waiting times, and workforce pressures. It was a response to Lord Darzi's review, which warned the NHS is in "critical condition." AND Informed by Change NHS, the largest public engagement in NHS history (250,000+ contributions).

8. The key issues highlighted were:

- Long waiting times for GP, dental, hospital, and community care.
- Demoralised staff and poor outcomes in key areas like cancer.
- Growing public dissatisfaction and risk of people opting for private care.
- Increasing demand due to demographic changes.
- Lord Darzi's investigation described the NHS as being in "critical condition," prompting a stark choice: reform or decline.

9. Further details regarding the 10 Year Plan can be found in the presentation slides appended to this report.

Background papers

10. The NHS 10 Year Health Plan for England: fit for the future can be found via the following link:

https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

Appendices

Appendix - presentation slides

Officer(s) to Contact

Pete Burnett
Chief Strategy Officer LLR ICB
E-mail: peter.burnett4@nhs.net
Phone: 07841 515 180

Relevant Impact Assessments

Equality Implications

11. Any changes undertaken across Leicester, Leicestershire and Rutland in response to the plan would require a full Equality Impact Assessment to be undertaken ahead of them being implemented.

Human Rights Implications

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

Partnership Working and associated issues

13. The plan requires all agencies to work in partnership to achieve the outcomes described.

APPENDIX

FIT FOR THE FUTURE
10 Year Health Plan for England

Pete Burnett, Chief Strategy Officer, LLR ICB

Health and Wellbeing Board

25 September 2025

Context

- Released Thurs 3rd July 2025
- Follows on from Lord Darzi's independent investigation into the NHS (Sep 2024)
- Foundations built on Change NHS

10 Year Plan Structure

01 Change or Bust

02 Hospital to Community

03 Analogue to Digital

04 Sickness to Prevention

05 New Operating Model

06 Quality

07 Workforce

08 Transformation

09 Productivity and Finance

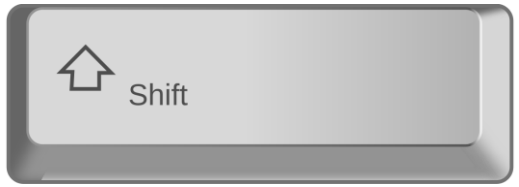
01 Why Change is Needed

- NHS Satisfaction
- Primary Care Access
- Ageing population with LTC
- Planned and unplanned care
- Financial sustainability
- Outcomes

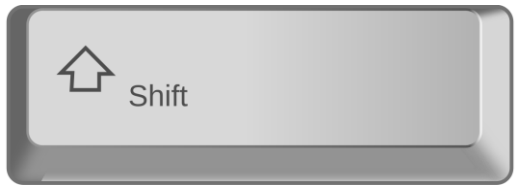
"There is a need, a real dire need to make it better now. And it is very clear that if something radical doesn't change, then the NHS as we know it will not be able to continue to exist"

Jess
Public deliberative event participant in Leicester
November 2024

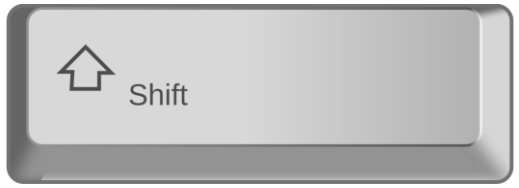
The Three Fundamental Shifts



Hospital to Community



Analogue to Digital



Sickness to Prevention

02 From Hospital to Community

- Establish a Neighbourhood Health Service: **New Neighbourhood Health Centres** (NHCs) in every community. These will act as local one-stop hubs, co-locating GPs, community services, diagnostics, and mental health support, open 12 hours a day, 6 days a week to improve access and ease hospital pressure.
- 250 to 300 new neighbourhood health centres by the end of this plan and 40 to 50 over the course of this Parliament.
- Resource has been concentrated into hospitals; over the course of this Plan, the share of expenditure on hospital care will fall, with proportionally greater investment in out of-hospital care.
- Strong evidence base that demonstrates investment into integrated community care can reduce unplanned admission rates, A&E attendances, reductions in cost and improved patient outcomes.
- ICBs to commission neighbourhood health, delivery a provider function (GP-led / NHS Trusts)

Hospital to community

Bring the NHS to you In your community, including homes and high streets

Modernise hospitals
Long waits reduced and a renewed focus on world-class, life-saving care

A neighbourhood health centre
In every community, with multi-disciplinary teams working together, under one roof

Create teams that work around you
Different professions, social care and voluntary sector

A new era for general practice
End the 8am scramble and bring back the family doctor

03 Analogue to Digital

- From Bricks to Clicks
- Harnessing **digital revolution** to ensure rapid access for those in generally good health and free up physical access for those with the most complex needs
- NHS App – "**front door**": shifting power to patient via AI-powered advice, appointment booking, self-referral, manage medicines and LTCs, care plans. Doctor in your pocket.
- **Health Store** - a marketplace for approved digital health apps for patients
- **Single Patient Record** will underpin Integrated Care
- **AI Scribes** to curb burden of bureaucracy and administration, freeing up time to care and to focus on the patient

Analogue to digital

for staff

Embrace AI to support clinicians - Using AI as part of treatment to improve clinical outcomes

Liberating staff from bureaucracy - Using AI to automate tasks. Building care plans and recording clinical information, which can save clinician time

for patients

A Single Patient Record - Giving you control over your data, accessible by all healthcare professionals, with your consent

Manage your care digitally - Book and change appointments and discuss your care all through the NHS App

Your NHS companion - By 2035, you'll have a virtual assistant - a doctor in your pocket

04 Sickness to Prevention

- **Tobacco**: Children turning 16 this year will never legally be sold tobacco
- **Alcohol**: mandatory requirement for health warning labels for alcohol
- **Obesity**: Expand Healthy Start scheme, increase soft drinks levy. Collaborations with industry to test weight loss service delivery models, like GLP-1.
- **Mental health**: mental health support teams in schools and colleges by 2029/30
- **Genomics Population Health Service**: for predictive and personalised medicine.
- **Vaccinations and screenings** : increasing uptake via Neighbourhood Health Service.

Sickness to prevention

Ensure people have the information they need to **make healthier choices** on alcohol

Tackle childhood obesity through **new junk food advertising restrictions** and improving food in schools

Refresh the government ambition on air quality to protect everyone from the health impacts of air pollution

Create the first smoke-free generation and crackdown on vaping amongst children

Millions more people will be encouraged to move and exercise regularly through a new national campaign

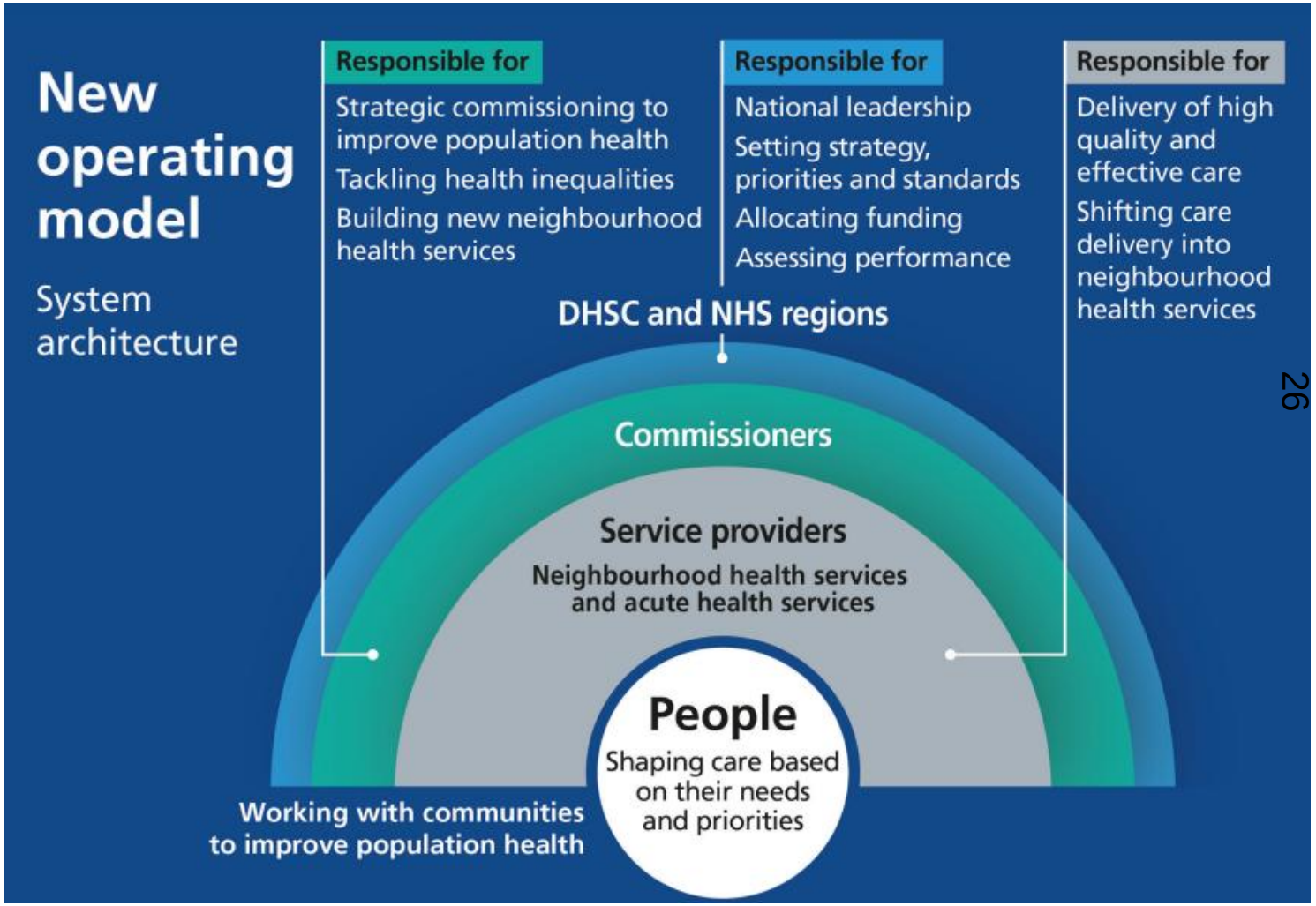
Work with businesses to help children and families make the healthy choice

05 New Operating Model

- Merge NHSE and DHSC by 2027
- ICBs: Strategic Commissioners
- ICPs: To Cease
- CSUs: To Cease
- Healthwatch : To Cease 2027

- Every NHS Trust – FT status by 2035
- Earned Autonomy – greater freedoms
- Integrated Health Organisations (IHOs) – the best NHS FTs to hold the whole health budget for a defined local population
- Continue to make use of IS capacity
- Patient power payments

- No providers on ICB boards
- Strategic authority mayors on ICB boards



Every ICB will need:

- Excellent analytical capability, to be guided by **population health data**
- A strong strategy function including staff with good **problem solving and analytical skills**
- Capability in **partnership working** and an understanding of **value-based healthcare**
- Intelligent healthcare payer understanding, to support a focus on **value for money**, the development of novel payment mechanisms and **oversight of strategic resource allocation**
- User involvement functions, to ensure services **meet the needs of communities.**
- To commission **Neighbourhood Providers** (can be both within and beyond the NHS)

06 Quality

- **League tables** that rank providers against key quality indicators (from Summer 2025)
- **NHS App** will allow patients to search and choose providers based on length of wait, patient ratings and clinical outcomes.
- **National independent investigation** into maternity and neonatal services
- Reform the **National Quality Board** (NQB) who will produce a new quality strategy
- New flexibilities to make additional financial payments to clinical teams that have consistently **high clinical outcomes and excellent patient feedback**
- Reform CQC towards a more **data-led regulatory model**
- Ensure persistent poor-quality care results in the **decommissioning or contract termination** of services or provider

07 Workforce Technology

- By 2035, there will be **fewer staff** than projected in the 2023 Long Term Workforce Plan but **better treated, more motivated, have better training** and more scope to develop their careers.
- Every member of NHS staff has their own **personalised career coaching and development plan**
- **AI** will become every nurse's & doctor's trusted assistant, saving them time and supporting them in decision making.
- Reduce the NHS's **sickness rates** from its current rate of 5.1%
- Increase the number of nurse consultants, create 1,000 new specialty training posts with a focus on **specialties where there is greatest need** and create 2,000 more **nursing apprenticeships**
- Accelerate delivery of the recommendations in General Sir Gordon **Messenger's review** of health and care leadership
- Ambition to reduce international recruitment to less than 10% by 2035

08 Transformation

- The Five Big bets
- **Data** - New Health Data Research Service (HDRS) in partnership with the Wellcome Trust
- **AI -** Make the NHS the most AI-enabled health system in the world
- **Genomics** - Generation Study to sequences the genomes of 100,000 newborn babies and launch a study to sequence the genomes of 150,000 adults to assess how genomics can be used in routine preventative care
- **Wearables** - Standard practice in preventative, chronic and post-acute NHS treatment by 2035
- **Robotics** - expand surgical robot adoption in line with NICE guidelines

09 Productivity and Finance

- NHS accounts for 38% of day-to-day **government spending**
- For the next 3 years there is a target to deliver a **2% year-on-year productivity gain** and end **additional funding to cover deficits**
- Break the **short-term financial cycle** by requiring all organisations to develop robust 5-year plans that ensure medium-term sustainability
- **Deconstruct block contracts** - Payment for poor-quality care will be withheld, and high-quality care will attract a bonus and move away from **national tariffs** based on average costs to tariffs based on best clinical practice that maximises productivity and outcome
- Distribute NHS funding more equally locally, so it is **better aligned with health need**
- Develop business case for the use of **public private partnerships (PPPs)** for neighbourhood health centres and **Patient Power Payments**: patient satisfaction to influence provider payments

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Agenda Item 6

HEALTH AND WELLBEING BOARD: 25th SEPTEMBER 2025

REPORT OF CHILDREN AND FAMILIES SERVICE

FAMILIES FIRST PARTNERSHIP PROGRAMME

Purpose of report

1. The purpose of this report is to provide Board members with an overview of the Families First Partnership Programme (FFPP).

2. The Health and Wellbeing Board is asked to commit support to the programme which aligns with key priorities of the Board. This includes the focus on multi-agency safeguarding arrangements, the potential for positive impact on health inequalities through improved multi-disciplinary working within communities, and potential to reduce demand on high-cost acute services.

Recommendation

3. The recommendations for the Board are:
   a) To note the content of the report and share within agencies;
   b) To participate in partnership briefings and engagement events to support partnership collaboration;
   c) For agencies to consider implications for practice, process, future commissioning.

Policy Framework and Previous Decision

4. The Families First Partnership Programme follows on from the Department for Education's published strategy for reforming children's social care, "Stable Homes, Built on Love". This was followed up with the 2024 policy guide, "Keeping Children Safe, Helping Families Thrive", and most recent publication, "Families First Partnership Programme Guide - Delivery expectations for safeguarding partners in England, March 2025". The programme complements existing statutory guidance including Working Together to Safeguard Children (2023) and the Children's Social Care National Framework. Additionally, elements of the programme, including a stronger safeguarding role for educators, and a statutory offer of family group decision making, are incorporated in the Children's Wellbeing and Schools Bill currently making its way through parliament.

Background

5. The FFFP is the delivery mechanism for the Government's reform of children's social care services. It has a particular focus on multi-agency safeguarding arrangements and integrated delivery of targeted early help, ensuring families and their networks are at the centre of finding solutions to keep children safe at home.

6. Programme delivery has been underway since July 2025 with the establishment of a Reforms Implementation Board (RIB). This is a partnership Board chaired by the Director of Children and Family services at Leicestershire County Council and attended by Police, Health, (ICB, LPT, Public Health) Education, Adult Social Care, and Children's Social Care. The purpose of the RIB is to provide strategic direction and decision making to guide the development and implementation of the Reforms Programme. A Programme Lead and Design Lead are in post at the County Council, and a Police Officer and designated Health Professional have been seconded to the programme team. Health commissioners and providers have formed a programme oversight group to ensure all relevant sectors within health are informed and involved.

7. The RIB has agreed a vision for the programme:

   "In Leicestershire we are working together with partner agencies to consider the National Reforms for Children's services. We are committed to continue to work together to maintain and strengthen services that put your needs first, so you (our children, families and carers in Leicestershire) are supported to feel safe, listened to and cared for. We will support you to build stronger networks around you so that you can grow, succeed and feel a real sense of belonging and safety"

8. Supported by the Design Lead, the programme is currently organised around three Change Groups covering:

   a. Family Help;
   b. Family Networks;
   c. Multi-Agency Child Protection Teams.

   These groups are made up of practitioners and managers from across children's social care, targeted early help, education and include the seconded police and health representatives. These groups are mapping the expectations of the programme and government focus against current practice, identifying areas which will require development and change, alongside making best use of available data and incorporating the voice of children, young people and families to achieve an informed understanding of the current state. Once satisfied that the discovery phase is complete, they will move on to design.

Family Help Change Group

9. The Family Help Change Group has a focus on ensuring join up between Targeted Early Help and Child in Need services, the development of a single assessment, and ensuring the Team Around the Family includes relevant multi-agency partners. Additionally, this group is considering the 'front door' arrangements for Children's Services, as well as workforce development needs.

10. Considerable progress had already been made within Children's Services with a Family Help model of service delivery being implemented in February 2024 following a period of piloting the approach in one area of the county. This brought together social work teams with targeted early help to form an integrated team able to provide a more seamless service for families who may move from one area of the service to another. Alternatively qualified staff (i.e., not social work qualified) are supported to deliver Child in Need plans with the professional oversight of experienced social work qualified 'Senior Oversight Practitioners'. This means that where families need to step from early help to Child in Need, where it is appropriate to do so, the same worker may continue to provide support with additional social work oversight in place. This continuity of worker means that families do not have to re-tell their story and future work can build on what has already been provided. Social Workers within the team case-hold any families where it is deemed there is higher risk or potential to escalate. These teams are co-located within the 21 Family Hubs around the county.

11. Feedback from families has been overwhelmingly positive about the new ways of working, and staff in the new service are similarly positive about being in more integrated teams.

12. The Family Help service has however recognised the need for more consistency in multi-agency arrangements for Team Around the Family approaches within Child in Need.

Family Networks Change Group

13. Whilst the government has only mandated Family Group Decision Making before initiating care proceedings, our Leicestershire approach is to embrace a wider offer of Family Network Meetings from the earliest possible stage. This supports a family strengths-based model, recognising the role that extended family, friends and the local community have to play in keeping children safe and helping families to thrive. The Family Networks Change Group is considering how family networks can be further embedded in practice from the point of earliest intervention.

Multi-Agency Child Protection Team Change Group

14. The remit of the Multi-Agency Child Protection Team is to ensure there is an effective multi-agency child protection system where the right decisions are made at the right time for children to keep them safe. The Change Group is exploring current processes and procedures, identifying areas of strength as well as 'pinch points' in the system. Whilst there is considerable good practice and effective multi-agency working in evidence, for example in the arena of child exploitation and harm outside the home, there is more to be done to achieve consistent and robust responses across the partnership. This Change Group has a current focus on the role of the Child Protection Lead Practitioner which is a new role identified within DfE guidance.

Additional Workstreams

15. Alongside the Change Groups, additional workstreams are considering communications, system changes, partner engagement and the participation of children, young people and families. A stakeholder mapping exercise has informed a stakeholder engagement plan which makes provision for ensuring that all key stakeholders are kept informed and engaged with the programme.

16. In addition to county focused meetings, regular meetings are taking place between strategic and operational leads from Leicester, Leicestershire and Rutland Local Authorities. This is to ensure developments are aligned across the Sub Region.

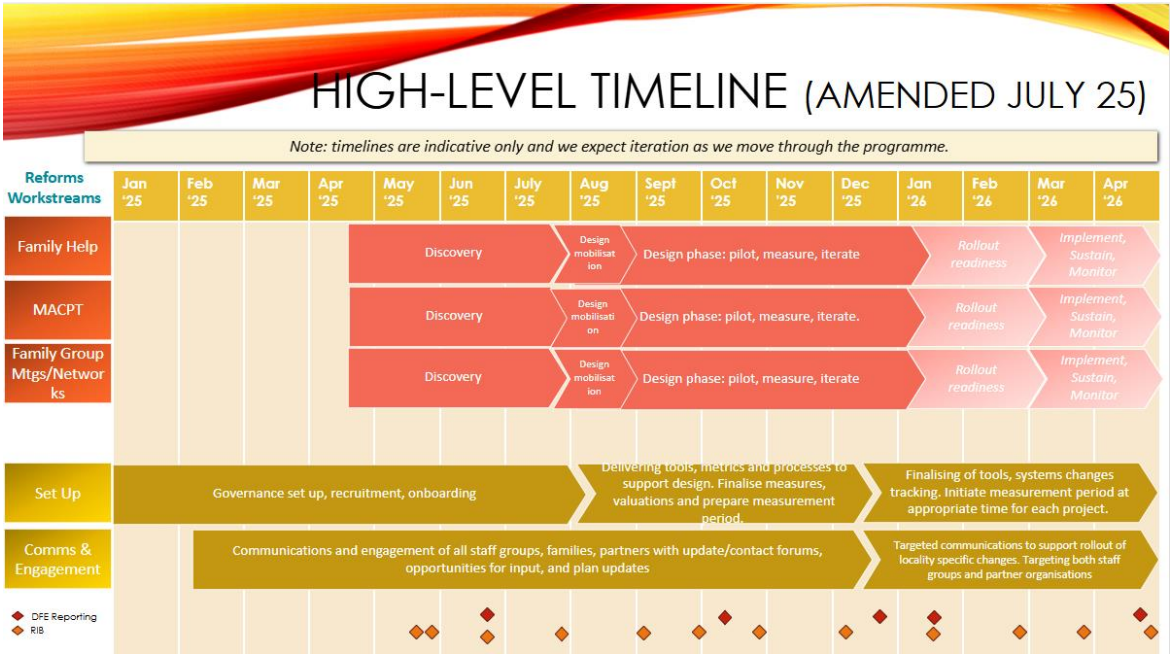
Timeline and next steps

17. As the programme progresses, a range of options will be presented for each workstream to the Reform Implementation Board for consideration.

18. The RIB meets monthly, receiving highlight reports from each of the change work streams. The Board provides a level of control and oversight for the Reforms programme, giving assurance to the corporate management team, elected members and partners around achieving greater outcomes for children and families, underpinned by stronger partnership working

19. The Board is responsible for receiving, reviewing, and monitoring all identified risks and issues, ensuring remedial measures/mitigation are identified and realised. The Board is the decision maker for recommendations made by the Change Groups.

20. The high-level timeline is included for your information.



Consultation/Patient and Public Involvement

21. As referenced above, a stakeholder engagement plan has been devised, and this includes provision for the involvement of children, young people, and families throughout this programme.

Resource Implications

22. Transformation grant funding via the DfE is in place until 2028. It is highly likely the resource implications of this programme will require some reconfiguration of how existing resources are deployed.

Timetable for Decisions

23. None required

Background papers

https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love/guide-for-children-and-young-people-stable-homes-built-on-love

https://www.gov.uk/government/publications/keeping-children-safe-helping-families-thrive

https://www.gov.uk/government/publications/families-first-partnership-programme

Circulation under the Local Issues Alert Procedure

n/a

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Relevant Impact Assessments

Equality Implications

24. It will be the responsibility of each workstream to consider the impact of any change on children and families, particularly those with protected characteristics; internal processes will be followed for completion of EIAs for the design options.

Human Rights Implications

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

Crime and Disorder Implications and Environmental Implications

26. The police are a key partner, and an officer has been identified to contribute to design and ensure the police have a voice regarding the impact on communities.

Partnership Working and associated issues

27. The Families First Partnership Programme will have a significant impact on partnership working in the safeguarding arena but also more generally across the delivery of support to families from early intervention and beyond. Multi-Agency Child Protection arrangements are a significant part of the programme and there are several issues which will be considered, not limited to: workforce configuration and multi-disciplinary teams, workforce development, information sharing and case management systems, resource allocation.

Risk Assessment

28. As noted above, the Reforms Implementation Board meets monthly, receiving highlight reports from each of the change work streams. The Board provides a level of control and oversight for the Reforms programme, giving assurance to the corporate management team, elected members and partners around achieving greater outcomes for children and families, underpinned by stronger partnership working.

29. The Board is responsible for receiving, reviewing, and monitoring all identified risks and issues, ensuring remedial measures are/mitigation is identified and realised.

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Agenda Item 7

LEICESTERSHIRE HEALTH AND WELLBEING BOARD
25th SEPTEMBER 2025

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PHARMACEUTICAL NEEDS ASSESSMENT 2025 – FINAL DRAFT

Purpose of Report

1. The purpose of this report is to inform the Board of the outcome of the statutory consultation on the draft Pharmaceutical Needs Assessment (PNA) 2025 and to seek approval of the final PNA for submission and publication.

Recommendations

2. It is recommended that the Health and Wellbeing Board:

   - notes the report, outcome of the statutory consultation and amendments made to the draft PNA as a result; and
   - approves the final attached Leicestershire PNA to be submitted and published.

Policy Framework and Previous Decisions

3. The Health and Wellbeing Board has a statutory responsibility to prepare a PNA for Leicestershire and publish it by 1 October 2025. At its meeting on 26 September 2024, the Board noted the timescales and process for the production of the PNA, along with the areas of focus, likely structure, governance and consultation arrangements to inform the draft.

4. At its meeting on 29 May 2025 the Board considered the draft PNA for 2025 which had been produced based on a range of data analysis, alongside the input of a Stakeholder Reference Group and considered the results of the consultation exercises with pharmacists and the general public which had also informed the draft.

5. The Board approved the draft PNA for statutory consultation with a range of partners, in accordance with the PNA guidance.

6. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (amended) sets out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development and can be found at: https://www.legislation.gov.uk/uksi/2013/349/contents

Background

7. The purpose of the PNA is to:
   - identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future.
   - inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
   - inform decision making in response to applications made by pharmacists and dispensing doctors to merge, close or provide a new pharmacy. Since 1 April 2023, NHS England has delegated the commissioning of pharmaceutical services to the Integrated Care Boards (ICBs). However, in 2025 NHS England still has a statutory duty to make arrangements for pharmaceutical services that meet the needs of the population.

8. The last PNA for Leicestershire was produced in 2022 and can be accessed at: https://www.lsr-online.org/2022-pna

9. The PNA is a statutory document that is used to agree changes to the commissioning of local pharmaceutical services. As such, if NHS England receives a legal challenge to the services they commission based on the PNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the PNA is a robust document.

10. In October 2021, the Department of Health and Social Care published a pharmaceutical needs assessment information pack for Health and Wellbeing Boards to support in developing and updating of PNAs. The latest update of the Guidance can be accessed via the following link: https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

11. A PNA Reference Group was established to oversee the production of the PNA documents for Leicester, Leicestershire and Rutland to ensure a consistent local approach. Membership of this group included - local authorities, NHS England, the Leicestershire Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee, LLR ICB and voluntary sector organisations (Healthwatch). Although there is a common approach, there are separate PNAs for Leicester, Leicestershire and Rutland, to assure separate determination of need in the three areas.

12. The principal resourcing for the development of the Leicestershire PNA is provided by the Leicestershire County Council Business Intelligence Service, with information and advice provided through the PNA Project Team by the LLR ICB, NHS England, the Leicestershire Pharmaceutical Committee, and others.

Content

13. The regulations and guidance documents, referenced above, provide the basis for the PNA content. The production of the 2025 report used the national guidance (information pack) published by the Department of Health and Social Care in 2021.

Progress to Date

14. The PNA Reference Group considered pre-consultation drafts of the Leicestershire and Rutland PNAs at its meeting on 30 April 2025 and the Board approved the draft on the 29th of May 2025. The views of the Reference Group and Board were incorporated into the draft Leicestershire PNA document which formed a basis for the Statutory Consultation. The draft included analysis and presentation of the available data, and the headline results from the initial phase of survey form local pharmacies and the general public.

Consultation

15. The draft PNA was subject to a 60-day statutory consultation period through June and July of 2025. The Pharmaceutical Services Regulations specify that the Health and Wellbeing Board must consult with the following: -

- the Local Pharmaceutical Committee (LPC);
- the Local Medical Committee (LMC);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any Local Pharmaceutical Service (LPS) chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
- Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area;
- any NHS trust or NHS foundation trust in its area;
- NHS England;
- any neighbouring Health and Wellbeing Board (HWB).

In addition, the Health and Wellbeing Board is free to consult with other organisations and/or members of the public; this includes ICBs as the delegated commissioner of services.

16. The PNA consultation period ran from 9th June until 10th August 2025. All statutory consultees were notified and asked to submit views as part of the consultation during this period. A questionnaire was also developed to gain feedback on the draft PNA 2025 for Leicestershire. Additional action was taken to promote the consultation through engagement with key organisations and professional networks.

17. A number of responses were made on the draft PNA questionnaire for Leicestershire. Official responses were also made in writing by the LLR Integrated Care Board. The results of public and pharmacy consultation exercises have been incorporated into the final draft.

18. The final **pharmacy professional survey** (42 pharmacies responded) results show that:
    - 17% of pharmacies felt they could not maintain the current level of service (due limited funding, staffing levels and/or high running costs);
    - about a half of pharmacies relied on locum or relief pharmacists and a quarter to a third reporting difficulties recruiting staff into different professional roles;
    - only a quarter of pharmacies offered independent private prescribing, 10% independent NHS prescribing, but 85% intended to change their independent prescribing practice;
    - all pharmacies had at least one consultation area and a third of pharmacies planned to increase consultations in the next 12 months;
    - pharmacies were keen to provide additional services, quoting lack of funding, complicated tendering, digital access and staffing issues as the main barriers;
    - a number of respondents expressed concerns around commercial competition and/or lack of follow-up care for patients resulting from expansion of on-line ordering or internet pharmacies, however, the positive impact of easier access was also noted, as was the need for better regulation of these services.

19. The analysis of qualitative responses to **pharmacy public survey** (739 respondents)**,** confirmed the general preference for brick-and-mortar pharmacies and good level of satisfaction with pharmacy services and opening times, although there were concerns about reduced hours and Saturday closures. Respondents who were carers were very appreciative of pharmacy staff adapting to their specific needs, and with the quality of advice given.

    Suggestions for improvement included:
    - more convenient opening times on weekdays (earlier in the morning and/or later in the evening);
    - improved access to minor ailment service, repeat prescriptions and medication delivery;
    - ensuring continuing availability of medicines;
    - improving parking in proximity to pharmacies, particularly for those with physical needs, and;
    - access facilities for people with disabilities.

20. The **statutory consultation** survey yielded 22 responses to the online survey for Leicestershire and a written response from the LLR ICB. 70% of respondents were pharmacists or appliance contractors, with responses from two neighbouring HWB areas, district councils, Healthwatch, local NHS trust and a member of the public.

21. There was a general agreement on the clarity of the PNA, its comprehensive nature, and it being a thorough assessment of the current pharmacy provision in Leicestershire. It was felt that population needs were adequately covered in the report, and the respondents valued the focus on disparities in service provision and growing service demand in the future.

22. Suggestions for **future assessments** included a focus on future staffing and resilience risks, re-consideration of services rationalised into one location (e.g. palliative care service), ensuring access to pharmacies in new housing developments and clear communication to the public around the services available to them through community pharmacy.

23. None of the respondents disagreed with the **conclusions and recommendations** of the report. The respondents valued the focus on the equality of local provision, flagging the importance of continued monitoring, particularly in relation to future planned housing and population growth. The majority of respondents agreed that the PNA has given enough information to help plan future services and support pharmacies and dispensing appliance contractors (DACs), although it was suggested that more detail on forward planning for growth, pharmacy workforce considerations, challenges faced by DACs and future needs for these services would enhance the PNA process in the future. Suggested opportunities for refinement and reinforcement in future assessments included:

- strengthening future-focused analysis,
- improving stakeholder engagement and
- embedding enhanced service evaluation into the report.

24. The **response from the LLR Integrated Care Board** (attached) advocates the inclusion of community pharmacies in the local Core20PLUS5 strategies and broader health equity initiatives. The five priority areas emphasised by the LLR ICB include:

- service integration and expansion through primary care networks and neighbourhood health delivery models,
- innovative service delivery to relieve pressure on other services,
- digital enablement, including digital integration of community pharmacies into the healthcare system,
- supporting the promotion of public health and
- regular review of ongoing housing development and population growth to ensure effective planning for growth.

Changes and Additions Made to the Draft PNA

25. The Reference Group have considered the results from the Statutory Consultation and consultation with the public and pharmacists and a number of extra points and amendments have been incorporated into the final PNA. These include: -

- Updated demographic forecasts based on the recent census, though this does not vary significantly from the population projections previously included.
- Information on current housing growth targets and areas of future development.
- Final analysis of the public and pharmacy surveys, including a thematic summary of open-ended questions and comments.
- Results of the statutory consultation with stakeholders.
- Information from neighbouring areas' PNAs.
- Comments on the positive perceptions and work of pharmacies, especially when being open and providing extra services during the Covid lockdowns.

Conclusions from the PNA

26. The PNA concludes that there is good **provision of community pharmaceutical services** across the county of Leicestershire to meet the health needs of the population. The services are distributed across the localities, with good levels of access by residents to pharmacies in Leicestershire or, where available, across the County border.

27. It specifically makes **statements** about the essential, advanced, enhanced, locally commissioned and other types of services, including the NHS, affecting pharmacy provision in the county.

28. However, the **projected population increases** and housing growth in Leicestershire may lead to the need for more pharmacy provision and it is vital that local access to these services is monitored to ensure the expected level of provision throughout the three-year life cycle of this PNA.

29. The **changing role** of community pharmacies in future healthcare, particularly their integration with primary care offer, requires effective neighbourhood working arrangements and robust quality monitoring.

30. Some services, such as palliative care supply, are provided by few or single pharmacies in LLR, which rases questions about equity of access, particularly for patients living in remote areas.

31. The **PNA public engagement** process highlighted a need to review some accessibility issues, particularly parking spaces outside pharmacies.

32. While only a small minority of survey respondents used public transport to travel to their pharmacy, public, community and voluntary transport options should be kept under review.

33. The public feedback indicated a strong preference for bricks-and-mortar pharmacies, however, the trends in the use of online and delivery services should be monitored, and such services enhanced where possible.

34. The users are aware of many additional services provided by pharmacies, however, there is a need to enhance their awareness of health promotion (e.g. exercise or healthy weight advice). Pharmacies will be vital in the **promotion of public health**, whether through healthy lifestyles advice or early preventative action. This will, in time, cut down the number of GP or urgent care engagements and unnecessary admissions to hospital.

Recommendations from the PNA

35. With the focus on improvement and equity of pharmaceutical service provision in Leicestershire, the 2025 PNA recommends the following:

- Ensure **effective planning for growth**, by continued monitoring of coverage, particularly in areas of faster population growth and new housing developments, such as Charnwood, Melton and North West Leicestershire.

- Support **pharmaceutical services integration** with wider health systems, through innovative service delivery and digital enablement, to relieve pressure on other systems, including general practice and urgent care. This includes involving pharmacy services in primary care networks and neighbourhood health delivery models locally and ensuring strategic engagement of pharmacy staff.

- Strengthen the role of pharmacies in supporting **promotion of public health**. This includes increasing awareness of services aiming at health promotion and lifestyle management, through local and/or national campaigns.

- Further consideration of possible actions to improve **evening and weekend access**, particularly in districts with a high working-age population.

- Ensure maintenance and improvements in access to H. pylori testing and palliative care services.

- Ensure services continue to reach out to **vulnerable and hard-to-reach populations**, including rural residents, carers, and those with mobility limitations.

- To ensure equity of provision, **periodical updates** be made to the Health and Wellbeing Board by pharmacy commissioners (ICB/NHSE/LCC as appropriate), including the following aspects:
  - the impact of any service changes (closures, consolidations or openings of pharmacies as well as regulatory changes, e.g. affecting the opening hours),
  - potential impact of policy and funding changes on pharmacy provision,
  - the location and opening times of community pharmacies in areas of fast population growth,
  - trends in uptake of advanced and locally commissioned services, particularly Pharmacy First, contraception and hypertension case-finding services,
  - any difficulties experienced by pharmacies, e.g. recruitment issues, problems with access to medicines,
  - any changes in the availability of public, community and voluntary transport provision to pharmacy and GP dispensing locations.
- The HWB should also be updated on progress with any relevant local **campaigns to enhance the promotion of public health and health management**, particularly those to increase the role of pharmacies in preventing ill-health, supporting the wellbeing of the population and providing clinical care for patients.

Background Papers

Pharmaceutical Needs Assessment Guidance and Regulations
https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

Circulation under Local Issues Alert Procedure

None

Appendices

- Appendix A: Final 2025 Leicestershire Pharmaceutical Needs Assessment
- Appendix B: NHS LLR ICB Statutory Consultation Response
- Appendix C: Supporting Appendices to the Final 2025 PNA Available here https://www.lsr-online.org/pna-for-2025

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Relevant Impact Assessments

Equality and Human Rights Implications

36. The PNA has been subject to an Equality Impact Assessment (EIA) and equal and effective access by all equalities groups has been a focus for the PNA preparation and recommendations.

Partnership Working and associated issues

37. The PNA has been produced in partnership with a range of partner agencies who have an interest in continued effective and efficient delivery of pharmacy services in the county and related services.

Risk Assessment

38. The assessment looks at a wide range of factors related to the adequacy of current pharmacy services in the County and the implications and risks that would arise with inadequate provision.

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APPENDIX A

Leicestershire County Council

Leicestershire Pharmaceutical Needs Assessment 2025

FINAL DRAFT

Public Health Intelligence

Business Intelligence Service

Chief Executive's Department

Leicestershire County Council

County Hall, Glenfield

Leicester LE3 8RA

Tel 0116 305 4266

Email phi@leics.gov.uk

Produced by the Business Intelligence Service at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omissions relating to the data contained within the report.

Foreword and Executive Summary

1. Introduction and Purpose

The Leicestershire Pharmaceutical Needs Assessment (PNA) 2025 is a statutory document produced by the Leicestershire Health and Wellbeing Board (HWB) under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Under these regulations, every HWB is required to produce a PNA in a three-year cycle. The last PNA was published in 2022.

The purpose of the assessment is to gauge whether the provision of pharmaceutical services meets the health needs of the local population and identify any gaps in service delivery. It provides a framework for NHS England, Integrated Care Boards (ICBs), and other local commissioners when planning or responding to applications for new or altered pharmacy services, such as relocations or mergers.

This executive summary offers an overview of key findings, future challenges, and strategic recommendations drawn from the assessment.

2. Demographics and Health Needs

Leicestershire comprises seven district council areas — Blaby, Charnwood, Harborough, Hinckley and Bosworth, Melton, North West Leicestershire, and Oadby and Wigston—with a total estimated population of 720,000 in 2023. **Population growth** is expected to continue, with an estimated 6.5% increase in population by 2035. The population of North West Leicestershire is projected to be the fourth fastest growing population in England in the decade between 2022 and 2032[1], with a 16% projected growth. The proportion of people aged 65 and over will rise by 25%, accounting for nearly a quarter of the total population. The ageing demographic and new housing developments are expected to place increasing demand on pharmaceutical services in certain areas. On average, more than 5.4 thousand more houses are planned to be built per annum over the next three years.

Leicestershire has relatively good overall **health outcomes** compared with England, including higher life expectancy and lower levels of smoking and obesity. However, significant variations exist, with higher deprivation levels in pockets of urban areas; more limited access to transport and fewer local health services in rural areas of the County and a growing burden of chronic disease - projections indicate that over 50% of people aged 65+ will experience two or more long-term conditions by 2033.

Health improvement priorities in Leicestershire include cardiovascular health, respiratory illness, cancer, and diabetes—conditions closely linked to medication use and pharmaceutical

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care.

3. Pharmaceutical Service Provision

In September 2024 there were 133 community pharmacies located in Leicestershire, 1 dispensing appliance contractor (DAC) and 16 dispensing General Practices. All pharmacies deliver essential services as part of the NHS Community Pharmacy Contractual Framework. Most pharmacies are open six days a week, with around 10% open after 7pm on weekdays. A small number of community pharmacies operate on Sundays.

The geographic distribution of pharmacies ensures that 98% of residents live within a 10-minute drive of a pharmacy or dispensing practice. However, 28% of Leicestershire residents need more than 15 minutes' walk, and 11% more than 15 minutes public transport journey to reach a pharmacy. For those living in rural areas, these proportions are much higher (89% for walking and 62% for public transport, respectively). No access inequalities due to age or deprivation were detected. Urban districts such as Blaby and Oadby and Wigston have high walkability access, while rural parts of Harborough and Melton show more challenges in walk and public transport coverage, especially for older adults.

All pharmacies provide **essential services**, mandatory under NHS Community Pharmacy Contractual Framework (CPCF), including medicines and appliance dispensing, repeat dispensing, disposal of unwanted medicines, discharge medicine service, promoting healthy lifestyles, clinical governance, signposting and support for self care.

A numbers of **enhanced and advanced services** such as Pharmacy First service, appliance use review, hypertension case-finding, flu vaccination, new medicines, pharmacy contraception, smoking cessation service or stoma appliance customisation, are commissioned under CPCF arrangements.

Locally commissioned services are available through a mix of locally commissioned and nationally funded contracts. These services include services for people with drug addictions (via Turning Point), urgent supply and home delivery of palliative care and specialised medicines and, until recently, emergency hormonal contraception. Their availability varies by district and could be further aligned with local population needs.

There has been a significant increase in the demand and **use of clinical services** provided by community pharmacies in Leicestershire. Claims for **Pharmacy First** service increased almost two-fold between their introduction in January 2024 and the first quarter of 2025, across all clinical pathways. This service is widely available across local pharmacies. There was also a steady increase in blood pressure checks hypertension case-finding, new medicines service and pharmacy contraception service.

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4. Public and Stakeholder Feedback

Of the 739 Leicestershire residents responded to the **pharmacy public survey**, the majority (86%) thought that pharmacy services were good, with only 8% dissatisfied with services. There was a clear preference for brick-and-mortar pharmacies and GP dispensaries (94% of respondents), and only 4% routinely used delivery services. The highest **rates of satisfaction** were with GP dispensaries (90%) and community pharmacies (81%), with 64% satisfaction rate for online pharmacies. The availability of medication at a pharmacy was very important, as were quality of service, followed by availability of private areas. Respondents valued ease of access, supportive staff, and flexibility of services and expressed their preference for bricks-and-mortar pharmacies over online options. Evening and weekend access was highlighted as a limitation, particularly for working individuals. Carers and those with mobility issues emphasised the importance of home delivery and parking.

Almost half (48%) of respondents accessed pharmacies car, 46% were walking, 3% had their medicines delivered and only 1% were using public transport. In 98% the drive time was less than 30 minutes (in 80% less than 15 minutes). Most of respondents (89%) used pharmacies on the weekdays, with 80% of respondents stating that **pharmacy opening hours** met their need. 98% of respondents found it easy to find a pharmacy; easiest during a weekday (98%), but difficult after 6 pm on a weekday and on Bank Holidays. There was a generally good level of satisfaction with opening hours in Leicestershire, although some respondents were concerned with the reduced opening hours and Saturday closures.

While there was a good awareness of additional services provided by pharmacies, such as minor ailment advice, disposal of unused medicines service, flu vaccinations or BP checks, less than 15% were aware of weight management, physical exercise or healthy eating advice.

In the **pharmacy professional survey**, 69% of Leicestershire pharmacies felt able to maintain the current **level of service**, with 17% stating they did not (due limited funding, staffing levels and/or high running costs). About a half of pharmacies relied on locum or relief pharmacists and a quarter to a third reporting difficulties recruiting staff into different professional roles. 91% ether planned to maintain or expand the levels of service with only one pharmacy planning to reduce the level of operation. Nine out of ten of all respondents judged the **local pharmaceutical provision** as good or very good.

Only a quarter of pharmacies offered **independent** private **prescribing**, and 10% independent NHS prescribing, with 85% intended to change their independent prescribing practice, whether expanding or reducing. 60% of pharmacies dispensed appliances and 93% offered delivery services, the majority (83 %) planning to expand their online and/or delivery services.

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In terms of **facilities**, all pharmacies had at least one had one consultation area (31% had two or more), 98% had wheelchair access, 75% handwashing facilities 24% had toilet facilities for those attending the consultation. 32% of pharmacies planned to increase consultations in the next 12 months. Most of pharmacies (64%) used a **language service**, such as Google Translate, or patients were served by a member of staff who could speak that language (41%).

In general, pharmacies were keen to provide **additional services** such as private prescribing, aesthetics, patient discharge services, prescribing for H. Pylori, travel clinics, weight management or ear wax removal. Lack of funding, complicated tendering, digital access issues and staffing were quoted as barriers to providing such services.

A number of respondents expressed concerns around commercial competition and/or lack of follow-up care for patients resulting from expansion of on-line ordering or internet pharmacies, however, the positive impact of easier access was also noted, as was the need for better regulation of these services.

Through the **statutory PNA consultation** process (June/July 2025) professional stakeholders yielded 22 responses to the online survey for Leicestershire and a written response from the Leicester, Leicestershire and Rutland Integrated Care Board. Statutory consultees included pharmacists or appliance contractors, neighbouring HWB areas, district councils, Healthwatch, local NHS trust and a member of the public. There was a general agreement on the clarity of the PNA, its comprehensive nature, and a thorough assessment of the current pharmacy provision in Leicestershire. It was felt that population needs were adequately covered in the report, and the respondents valued the focus on disparities in service provision and growing service demand in the future.

None of the respondents disagreed with the **conclusions and recommendations** of the report, valuing its focus on the equality of local provision, and flagging the importance of continued monitoring, particularly in relation to future planned housing and population growth. Suggested opportunities for refinement and reinforcement in future assessments included strengthening future-focused analysis, improving stakeholder engagement and embedding enhanced service evaluation into the report, as well as attention to staffing and resilience risks, re-consideration of services rationalised into one location (e.g. palliative care service). The importance of ensuring access to pharmacies in new **housing developments** and clear communication to the public around the services available to them through community pharmacy were also highlighted.

The response from the **LLR Integrated Care Board** advocated the inclusion of community pharmacies in the local Core20PLUS5 strategies and broader health equity initiatives. The **five priority areas** emphasised by the LLR ICB include:

- service integration and expansion through primary care networks and neighbourhood

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health delivery models,

- innovative service delivery to relieve pressure on other services,
- digital enablement, including digital integration of community pharmacies into the healthcare system,
- supporting the promotion of public health and
- regular review of ongoing housing development and population growth to ensure effective planning for growth.

5. Service Gaps and Future Considerations

While the assessment finds no current gaps in essential pharmaceutical provision, it highlights several issues to be taken into account in future service planning:

- **Population growth**: significant housing developments in many areas (mainly Charnwood, Melton and North West Leicestershire) will require monitoring to ensure service capacity keeps pace with the housing growth and associated demands as they are built.
- **Access in rural areas**: residents in Harborough and Melton face longer journey times and more difficult access to enhanced services.
- **Workforce and sustainability**: the pharmacy sector is facing workforce challenges that could affect future service continuity that need monitoring and addressing through the NHS workforce strategy.
- **Digital Services**: there are opportunities locally to expand digital prescription management and remote support, but this must be inclusive of digitally excluded populations.
- **Equity of Access**: analysis shows some disparities in walk and bus access by age, deprivation, and rurality, indicating the need for tailored solutions in disadvantaged communities. Some services, such as palliative care medicines supply and home delivery, are provided by few or single pharmacies in LLR, which rases questions about equity of access, particularly for patients living in remote areas.

7. Conclusions

The PNA concludes that there is **good provision of community pharmaceutical services** across the county of Leicestershire to meet the health needs of the population. The services are distributed across the localities, with good levels of access by residents to pharmacies in

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Leicestershire or, where available, across the County border. The assessment specifically concludes that:

- there are no identified significant gaps in provision of NHS Essential Services to meet the current and future (next three years) needs of the population, including provision during working and non-working hours,
- there are no identified gaps in the provision of Advanced or Enhanced Services at present or in the future (next three years) that would secure improvements or better access to services in Leicestershire, and
- no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in the future (next three years) to meet the needs of the County's population.

However, the **projected population increases and housing growth** in Leicestershire may lead to the need for more pharmacy provision and it is vital that local access to these services is monitored to ensure the expected level of provision throughout the three-year life cycle of this PNA.

The **changing role of community pharmacies in future healthcare**, particularly their integration with primary care offer, requires effective neighbourhood working arrangements and robust quality monitoring.

The PNA public engagement process highlighted a need to review some **accessibility** issues, particularly parking spaces outside pharmacies. While only a small minority of survey respondents used public transport to travel to their pharmacy, public, community and voluntary transport options should be kept under review.

The public feedback indicated a strong preference for bricks-and-mortar pharmacies, however, the trends in the use of **online and delivery services** should be monitored, and such services enhanced where possible.

Pharmacies will be vital in the **promotion of public health**, whether through healthy lifestyles advice or early preventative action. This will, in time, cut down the number of GP or urgent care engagements and unnecessary admissions to hospital. The Leicestershire Health and Wellbeing Board concludes that pharmaceutical services are currently generally well-placed to meet the health needs of residents. With strong geographical coverage, high satisfaction levels, and a wide and expanded range of services, pharmacies remain a very valued and accessible health resource.

Local demographic trends, workforce constraints, and varied access across geography and population groups necessitates **continued proactive monitoring and planning**. By continuing to invest in pharmacy services and supporting their integration into the local primary care offer,

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Leicestershire can ensure pharmaceutical provision remains equitable, resilient, and person-centred over the coming years.

6. Recommendations

Based on the assessment, the following recommendations are made to sustain and improve pharmaceutical access:

1. Maintain the current pharmacy provision in areas where demand is being met including more online access and home delivery services.
2. Continue to monitor population growth and housing plans in population growth zones and report on development progress and any associated pharmacy access issues.
3. Consider any options to improve evening and weekend access, particularly in districts with a high working-age population.
4. Continue to promote equity of access and look to ensure services reach vulnerable and hard-to-reach populations, including rural residents, carers, and those with mobility limitations.
5. Support the integration of pharmacies into wider health systems as appropriate, through an 'integrated primary care offer'.
6. Expand awareness of pharmacy delivered services among the public through better signage, promotion, and digital platforms.
7. In additional to the above recommendations, ensure period updates by the commissioner (ICB/NHSE/LCC as appropriate) to the Board on:
    - The impact of policy and funding changes on pharmacy provision
    - Regulatory changes impacting pharmacy provision – e.g. the new application route to redistribute core contractual hours
    - Significant changes to location and opening times of community pharmacies
    - Coverage and uptake of advanced and locally commissioned services (such a Pharmacy First)
    - Any continued recruitment issues experienced by pharmacies

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1. Introduction

1.1. Background

The purpose of the Pharmaceutical Needs Assessment (PNA) is to identify the pharmaceutical services currently available and assess the need for these services in the future. It is a crucial part of the market entry system and supports commissioning decisions based on patient needs.

All Health and Wellbeing Boards (HWBs) must prepare PNAs to national comparable standards every three years, with the ability to issue supplementary statements in response to any interim changes relevant to the granting of applications. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

PNAs aim to inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for the local population, within available resources, where these services should be, and inform decision making by NHS England and Improvement in response to applications made by pharmacists and dispensing doctors to provide a new pharmacy.

This edition of the Leicestershire PNA reviews pharmacy coverage (excluding internet pharmacies) and dispensing GPs in relation to the health needs of the people of Leicestershire. This includes looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them.

The Health and Social Care Act 2012 established Health and Wellbeing Boards. From April 2013, Health and Wellbeing Boards became responsible for developing and updating pharmaceutical needs assessments. At the same time responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement. Both HWBs and Local Pharmaceutical Committees (LPCs) were issued with appropriate national guidance on how to prepare and use PNAs in their localities.

If a person (a pharmacist, a dispenser of appliances or a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and are held by NHS England and NHS Improvement. This is commonly known as the NHS “market entry” system.

In order to be included on a relevant pharmaceutical list, the applicant applies by proving they are able to meet a pharmaceutical need as set out in the relevant Pharmaceutical Needs Assessment (PNA). There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only)

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basis.

The latest PNA for Leicestershire was produced in 2022 by the Leicestershire Health and Wellbeing Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish a revised assessment within three years of publication of their first assessment. This PNA replaces the 2022 document.

The national guidance recommends basing recommendations on service data for the latest available financial year, which would mean the services that were provided on the 31st of March 2024. However, the fast-moving changes in provision in more recent months, particularly for clinical services, dictated a further analysis of services and trends in their provision up to the end of December 2024, with clear indication where data are of a provisional nature.

1.2. Purpose of the PNA

The Pharmaceutical Needs Assessment is the key local tool for understanding the provision of pharmaceutical services in a local area as well as identifying and assessing which pharmaceutical services need to be provided by local community pharmacies and other providers in the future. It informs local commissioning decisions by NHS England, Integrated Care Boards and local authorities by identifying which pharmaceutical services should be commissioned within available resources, and their location.

PNA must be aligned to other relevant local assessments and plans for health and social care, such as the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy. It should also examine population demographics and available services in neighbouring areas that may affect local service need.

A key role of a PNA is to identify gaps in pharmaceutical service provision and inform decision making in response to applications made to NHS England by organisations to provide a new pharmacy.

National regulations require that a number of statements are contained within a PNA:

1. A statement of pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services.
2. A statement of pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.
3. A statement of pharmaceutical services that the Health and Wellbeing Board has

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identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access.

4. A statement of the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future.
5. Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Information that will be included or considered within the PNA includes:

- How the Health and Wellbeing Board has determined the localities in its area.
- How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic.
- A report on the consultation.
- A map that identifies the premises at which pharmaceutical services are provided.
- Information on the demography of the area.
- Whether there is sufficient choice with regard to obtaining pharmaceutical services.
- Any different needs of the different localities; and
- The provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas.

A number of added services have changed the way community pharmacies are perceived and relied upon. Pharmacies remained open during the height of the COVID-19 pandemic, enabling patients to access clinical expertise without an appointment. The more recent years have seen **a fast development of clinical services provided by local pharmacies**. This PNA seeks to build on the new emerging role of pharmacies in the local community.

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2. Local Health Priorities

2.1. National Context

NHS Long Term Plan (LTP)[2] was published in January 2019 to set out the priorities for healthcare for the next ten years. It includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. It acknowledges the essential role of pharmacists in delivering care in the community, uniquely placed to support urgent care and promote patient self-care and self-management. In envisages the creation of fully integrated community-based healthcare with developing truly multi-disciplinary teams. It also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as NHS Health Checks.

Core20PLUS5[3] aims to support the reduction of health inequalities nationally and locally (at ICS level), concentrating on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access (PLUS). It focuses on five clinical priority areas – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding.

The drive to modernise the NHS (the **Ten Year Health Plan**[4]) is to be based on three shifts - moving care from hospitals to communities, making better use of technology and focussing on preventing sickness.

2.2. Local Priorities

The Leicestershire **Joint Health and Wellbeing Strategy (2022-32)** was published in 2022. The Strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.

The Strategy is aligned with the Integrated Care System's requirement for the development of a Place Based Plan. A life course approach has been used to identify high level strategic, multi-organisational priorities for the next 10 years that will need to be addressed in order to improve the needs of the population and provide clear accountability to the Leicestershire Health and Wellbeing Board (Figure 1).

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Figure 1 Leicestershire Health and Wellbeing Strategy priorities for 2022-32

The **'One LLR' Our Primary Care Strategy 2022-2025**[5] set out a vision for primary care across LLR, building on existing local health and wellbeing strategies and place led plans. It acknowledged the importance of including urgent care, pharmacy, dentistry, and optometry services, not just general practice, to ensure better care continuity. It highlights the focus on achieving both nationally mandated deliverables and local primary care delivery priorities for LLR. Some of important goals in the contexts of pharmaceutical services include:

- Developing an integrated, multi-disciplinary model of care focused on prevention, self-care, and shared health outcomes.
- Implementing new care models for vulnerable and long-term conditions patients.
- Building services tailored to local neighbourhoods.
- Improving communication and engagement to encourage people to seek help when needed.
- Empowering people to manage their own health and support prevention and self-care.
- Providing care in appropriate locations, at the right time, and in the right way.
- Offering local primary care facilities with integrated teams and a range of services.

The vision takes into account the national context, ongoing initiatives and system challenges

across the NHS, as well as changing models of care (such as access to pharmacies through CPCS). It includes evolution of primary care to include wider care services, such as urgent care, pharmacy, dentistry and optometry.

It is based around three person-centred themes – (1) population, health quality, prevention, (2) joining up, and (3) access to care closer to home. Key priorities for delivery, in the pharmacy context, include the redesign of care pathways (to include CPCS, now Pharmacy First service), as well as easy and equitable access to a range of services and support. These will be enabled through better workforce development, estates and infrastructure, technology and innovation, governance and leadership, communications and engagement, and finance and contracting. Integration of pharmaceutical services into wider primary care lies at the heart of this Strategy.

Integration of community pharmacies into the front-line primary care service is one of the main priorities in the **Medicines Optimisation Partnership Operational Plan for 2025/26**. Expanding the range of services provided by pharmacies aims to reduce the demand on primary and secondary services. This could be achieved though growth of both self-referrals and referrals from GP practices into community pharmacy enhanced services. The key pharmacy integration programmes include:

- Pharmacy First service
- Community Pharmacy Blood Pressure Service
- Community Pharmacy Contraception Service (initiation and continuation of combined oral contraception)
- Independent prescribing pathway (IPP) - using prescribing pharmacists based in a community pharmacy to manage acute conditions, unavailable medicines and perform asthma reviews and medicines optimisation.
- Referrals for NHS Trusts
- Piloting of appointment booking system for Pharmacy First referrals from GP practices

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3. Pharmaceutical Services and Pharmacy Contractors

3.1. Services

3.1.1. The Pharmacy Contract

Under the Community Pharmacy Contractual Framework (CPCF) there are three tiers of community pharmacy services (the 'pharmacy contract'):

1. **Essential services** – core services that all pharmacies must provide, including dispensing (and repeat dispensing) of medicines and appliances, disposal of unwanted medicines, promotion of healthy lifestyles, signposting or support for self-care. The Discharge Medicines Service (DMS) is one of the essential services since 2021.
2. **Advanced services** – these are optional services that pharmacies may choose to provide under contract, examples include appliance use reviews (AUR), flu vaccinations, hypertension case-finding, Pharmacy First, pharmacy contraception service (PCS) or smoking cessation services (SCS).
3. **Enhanced services** – the third tier of pharmacy contract includes services which can be designed nationally (National Enhanced Service or NES) or locally (Local Enhanced Service or LES). The former is nationally specified and commissioned by NHS England, while the latter is designed locally, with input from the Local Pharmaceutical Committee. NES does allow for some flexibility in the local commissioning of the service, but conditions are standardised nationally.

3.1.2. Locally Commissioned Services

In addition to the three tiers of services described above, pharmacies can be commissioned locally, usually by the NHS or local authority, to provide services tailored to meet the specific needs of the local population. Examples include emergency hormonal contraception (EHC), needle and syringe exchange, supervised administration of methadone and other opioid substitutes or the take home naloxone programme.

Alongside services commissioned by the NHS and other public bodies they may also provide **private services** – services not commissioned by public bodies, e.g., travel health advice.

Further details of the current pharmacy services, including pharmacy contract tiers and locally commissioned services, are given in the Section **Error! Reference source not found.**, page 46.

There are four types of community pharmacy contractors:

1. **Community Pharmacies** – standard contract, those on a **pharmaceutical list** – healthcare professionals working for themselves or employees. They practice in

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pharmacy (the field of health sciences focusing on safe and effective medicines use).

2. **Dispensing Appliance Contractors (DAC's)** – only dispense prescriptions for appliances, not medicines. Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by GPs and specialist nurse prescribers. DACs operate nationally and supply the appliances directly to patient's homes. They provide essential services (dispensing, repeat dispensing, home delivery, urgent supply without prescription and signposting (product supply) and may opt to provide advanced services such as stoma customisation or appliance use review (AUR).
3. **Dispensing GPs** – GP practices can dispense medicines to patients who live more than 1.6 km away from a pharmacy (further details in 'Error! Reference source not found.').
4. **Local Pharmaceutical Service (LPS) contract** – allows NHS England to commission community pharmaceutical services tailed for the local needs. It provides more flexibility within the locally negotiated contract for a narrower or wider set of services, according to local requirements.
5. **Distance Selling Pharmacies (DSPs)** are able to provide the full range of essential, advanced and enhanced services to the population, without face-to-face contact. A DSP receives prescriptions either via the electronic prescription service or through the post, dispenses them at the pharmacy and then either delivers them to the patient or arranges for them to be delivered using a courier. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies (DSPs) in addition to the regulations governing all pharmacies. Thus, DSPs must provide Essential Services to anyone, anywhere in England, when requested to do so. They may choose to provide Advanced or Enhanced Services, but when doing so must ensure that they do not provide any element of the Essential Services whilst the patient is at the pharmacy premises. Since October 2026, DSPs may choose, but are not required, to install a consultation room at their pharmacy to allow the provision of Enhanced and Advanced Services on the premises. However, they must ensure that there are arrangements in place at the pharmacy which enable staff and patients to communicate confidentially remotely, by telephone or another live audio link, and a live video link. DSPs must have a website for patients and the public accessing their services to use, with an interactive page that is clearly promoted when they first access the website, and with a reasonable range of up-to-date materials that promote healthy lifestyles, by addressing a reasonable range of health issues.

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3.2. Services Excluded from this PNA

The PNA is set out by regulation to cover the services described in Section 2 above.

Other providers of pharmaceutical services in Leicestershire, not included in this report, are prison pharmacies and hospital pharmacies.

3.2.1. Prison Pharmacy

In Leicestershire, pharmaceutical services are provided in HMP Gartree, a category B men's prison located in Market Harborough. Health services provided within prisons require a pharmaceutical service to support the delivery of healthcare and the supply of medicines. The unique nature of the environment and the predominance of certain clinical services in some prisons, such as substance misuse services, means that these services are provided by contracted providers with a model that is determined to support the prison population safely.

3.2.2. Hospital Pharmacy

Around 20% of pharmacists work in hospitals and play an essential role in patient care. In Leicestershire, patients access acute care from a range of hospital providers (University Hospitals of Leicester NHS Trust, Community hospitals in Coalville, Hinckley, Loughborough, Lutterworth, Melton and Market Harborough and out of county providers). Whilst in hospital, patients' medicines are dispensed and managed by hospital pharmacists. A hospital pharmacy is a specialized pharmacy department, which prepares, compounds, stocks, and dispenses inpatient medications, often including specialized and investigational drugs not found in community pharmacies.

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4. Process of Developing the PNA

The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Leicestershire every three years, this edition's completion date being the 1 October 2025.

The Board has tasked the Leicester, Leicestershire and Rutland (LLR) PNA Reference Group to oversee and develop the draft PNA on their behalf.

The inter-agency PNA Reference Group was established because many of the relationships required for the PNA were Leicester, Leicestershire and Rutland (LLR) wide. The group included representation from the local NHS (LLR Integrated Care Board), HealthWatch, East Midlands Primary Care Team, LLR Local Medical Committee, Voluntary Action LeicesterShire, Leicestershire Equalities Challenge Group, as well LLR County and District Councils. The group's terms of reference are attached as Appendix A.

The PNA was subject to a 60-day statutory consultation period running from June to August 2025. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:

- Local Pharmaceutical Committee
- Local Medical Committee
- Integrated Care Board (LLR ICB)
- persons on the pharmaceutical lists and any dispensing doctors list for its area
- All LPS chemist in its area with whom NHS England and NHS Improvement has made arrangements for the provision of any local pharmaceutical services
- HealthWatch and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area
- NHS trust or NHS foundation trust in its area
- any neighbouring Health and Wellbeing Board

The full range of statutory bodies required were contacted and asked to participate in the consultation. In addition, the consultation was distributed and promoted to other groups likely to be interested. The results are set out later in this report.

Furthermore, through two surveys taking place through February, March and early April 2025, a consultation took place with local pharmaceutical professionals and service users to gather evidence to support the PNA.

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5. Health Needs of the Leicestershire Population

Although the most pertinent information to the PNA is included in this chapter, there are additional reports available to further enrich the evidence base for the health and wellbeing of the population, including Leicestershire's Joint Strategic Needs Assessment (JSNA) for 2022-2025, the Leicestershire Joint Health and Wellbeing Strategy 2022-2032[7], the Public Health Outcomes Framework (PHOF) report published for Leicestershire County Council[8], district profiles[9] and the Director of Public Health's Annual Reports.

These reports can be found here: https://www.lsr-online.org/health-and-wellbeing-leicestershire3

5.1. Population

The latest (2023) population estimates show that, compared to England and the East Midlands Region, Leicestershire has a higher percentage of people aged 65 years or more (Table 1). In Leicestershire, 21% of the population is aged 65 or over, compared to 18.7% across England. The ratio of those over 65 to the 16-64 age group is 34.1, compared to 29.7 for England ('old age dependency ratio' or OADR[1]). With changing patterns of retirement age OADR is becoming less useful as an economic measure but is serving here as a broad indicator of population age structure.

Table 1. Broad age group population comparison between Leicestershire, East Midlands and England (mid-2023 population estimates, ONS 2024)

Area	0-15		16-64		65-79		80+		Total	OADR
	No*	%	No*	%	No*	%	No*	%		
England	10,648	18.5%	36,259	62.9%	7,860	13.6%	2,923	5.1%	57,690	29.7
East Midlands	901	18.1%	3,103	62.2%	727	14.6%	260	5.2%	4,991	31.8
Blaby	19.8	18.8%	63.7	60.5%	15.8	15.0%	5.9	5.6%	105	34.1
Charnwood	31.4	16.7%	120.7	64.2%	26.3	14.0%	9.6	5.1%	188	29.8
Harborough	18.0	17.5%	61.8	60.2%	16.6	16.2%	6.3	6.1%	103	37.0
Hinckley & Bosworth	19.9	17.3%	68.9	60.0%	19.3	16.8%	6.8	5.9%	115	37.9
Melton	9.0	16.9%	31.4	58.9%	9.6	18.0%	3.3	6.2%	53	41.0
North West Leicestershire	19.5	17.7%	68.8	62.3%	16.7	15.2%	5.3	4.8%	110	32.1
Oadby and Wigston	11.1	18.7%	36.1	60.5%	8.6	14.4%	3.8	6.4%	60	34.4
Leicestershire	128.7	16.4%	460.0	62.7%	113.0	15.4%	41.0	5.6%	734	**34.1**

* In thousands

[1] Number of individuals aged 65 and over per 100 people of working age

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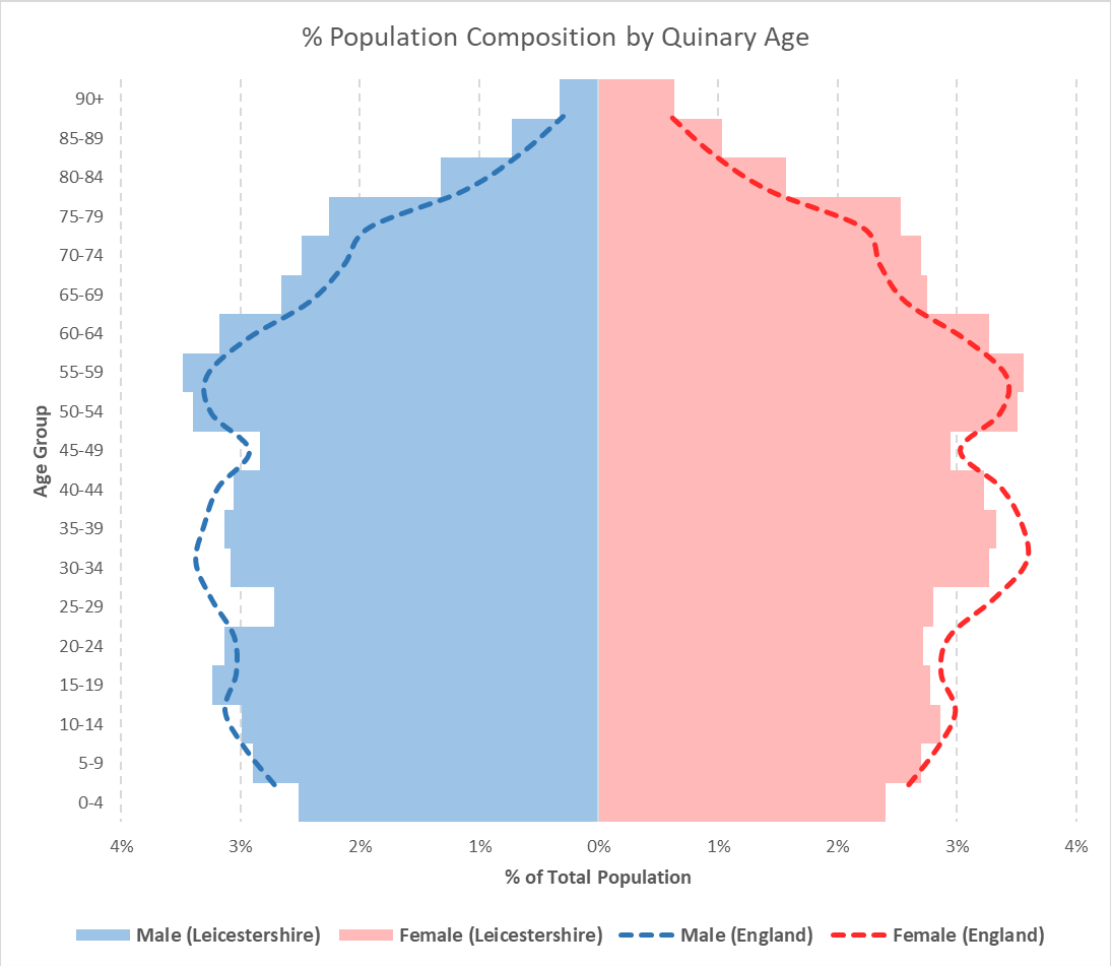
Leicestershire has proportionately more residents in older age groups, when compared to England. Conversely, there are less children and younger adults (Figure 2).

Figure 2. Age structure of the Leicestershire population - mid-2023 estimates



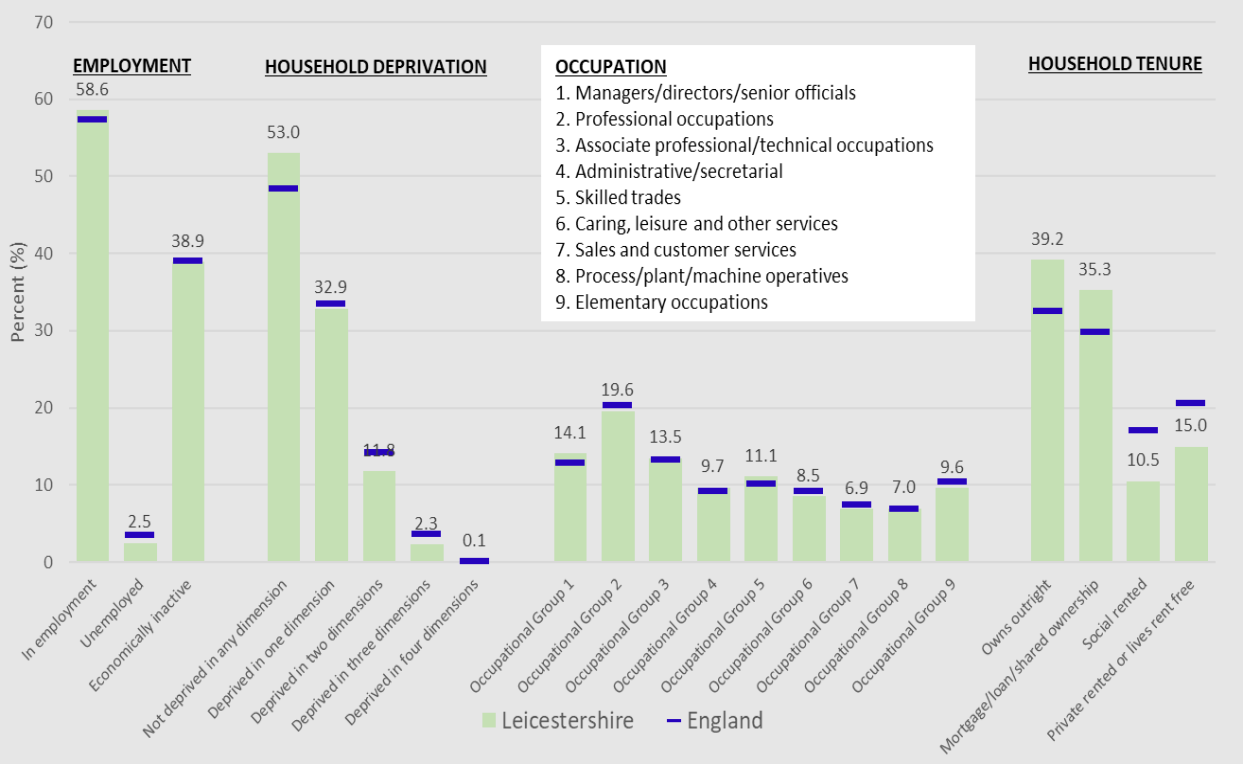
Source: Office for National Statistics 2024

5.2. Socio-Economic Deprivation

5.2.1. Census 2021

The broad socio-economic profile of the Leicestershire population, based on Census 2021, shows a higher proportion of households as not deprived in any dimension (53% vs 48% nationally), and less of those deprived in two or more dimensions. Also, a higher proportion of the Leicestershire population owned their homes outright or through mortgage or loan, with lower than national average rates of social or private renting (household tenure). Other indicators show broadly similar patterns to the national average (Figure 3).

Figure 3 Summary of socio-economic indicators from Census 2021



Source: Office for National Statistics 2023

5.2.2. Index of Multiple Deprivation

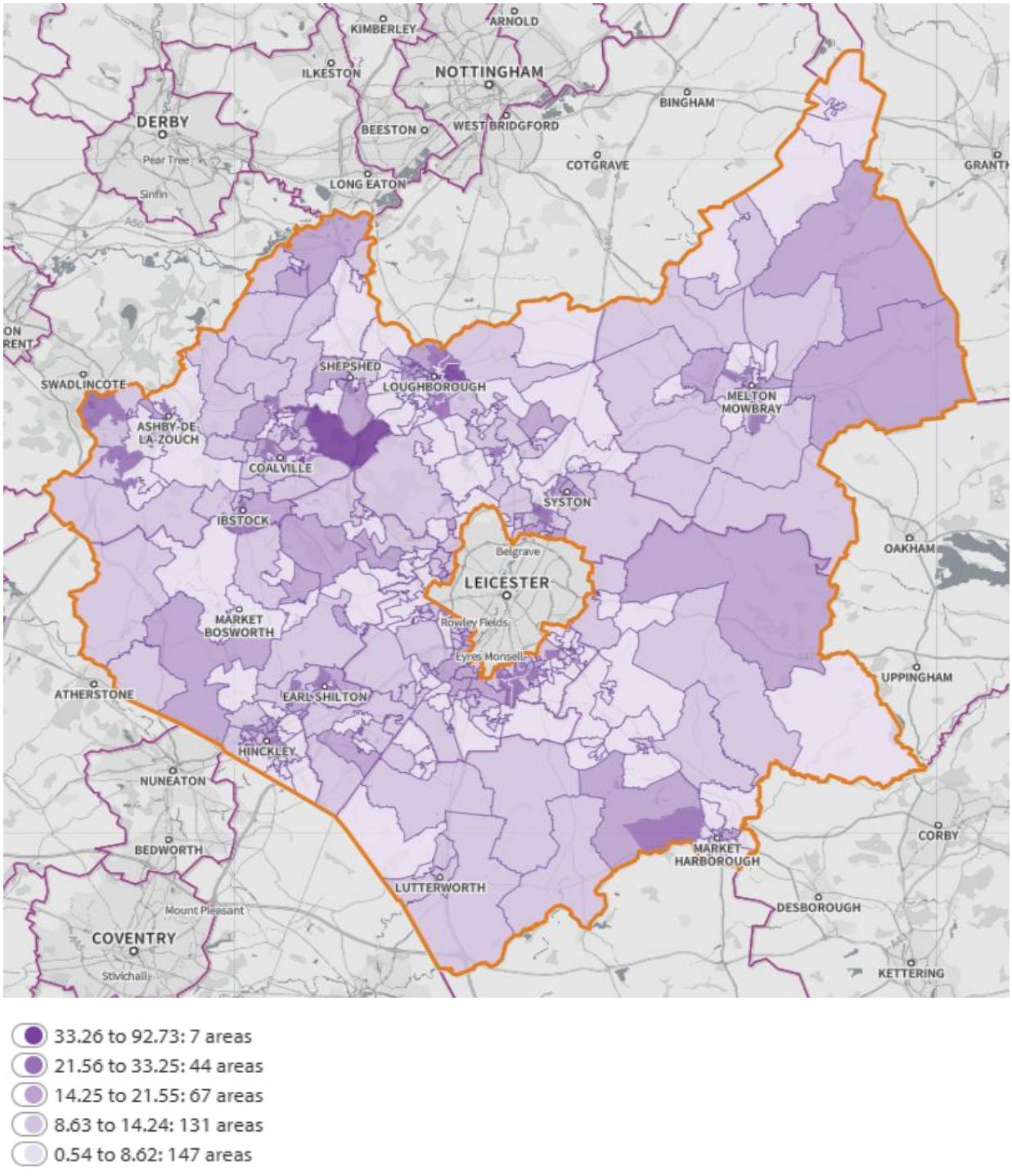
The indices of deprivation use several measures in each of seven "domains":

- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOPI)
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to housing and services
- Crime
- Living environment deprivation.

The average levels of deprivation across Leicestershire measured by the Indices of Multiple Deprivation (IoD)10 are not high when compared to the national figures, but there are pockets of deprivation across the county particularly in North West Leicestershire and Charnwood. Although a useful measure at a larger scale, IoD is known to be biased towards urban deprivation. As a large proportion of Leicestershire is rural in character, it has specific issues expressed better through the Barriers to Housing and Services domain of the IoD. Within this domain predominantly rural areas show significant problems rooted in poor access to housing

and services. Overall, the socio-economic deprivation is relatively low in Leicestershire, with pockets of deprivation in North West Leicestershire (3.5% of LSOAs classified within worst national decile) and Charnwood (2% of LSOAs highly disadvantaged); 7 of the Leicestershire LSOAs are in the worst national quintile (Figure 4).

Figure 4 IMD 2019 by national quintile



In summary:

- 2% of the population of Leicestershire (11,642) people live in areas categorised within the most deprived 20% (decile 1 and 2) of areas in the country.
- Three districts in Leicestershire; Charnwood, Hinckley and Bosworth and North-West Leicestershire, have areas which are in the most deprived 20% in the country.
- 11% of the Leicestershire population live in deciles 3 and 4 of deprivation (in the most deprived 20-40% of areas in England), accounting for over 76,000 people. All seven districts have people in this category of deprivation.
- Over two-thirds (71%) of the population of Leicestershire live in the least 20% deprived (deciles 9 and 10) and least 20-40% deprived areas in England.

However, consistent with their rural character, many areas in Leicestershire have problems with housing and access to services (Figure 5). Within Melton, 20% of all LSOAs fall within the worst national decile for this domain, 17% of Harborough LSOAS and 6% of those within Hinckley and Bosworth District.

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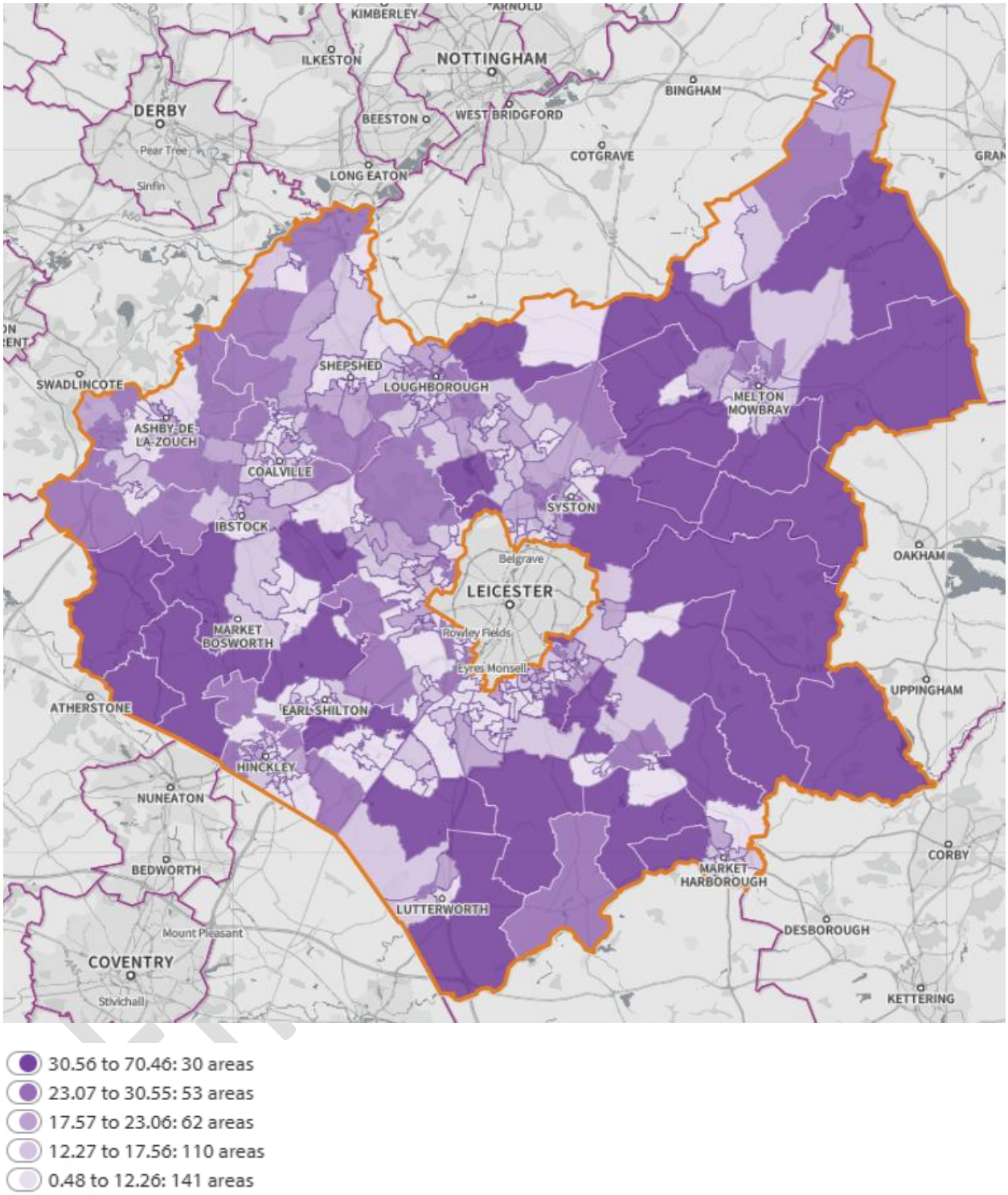
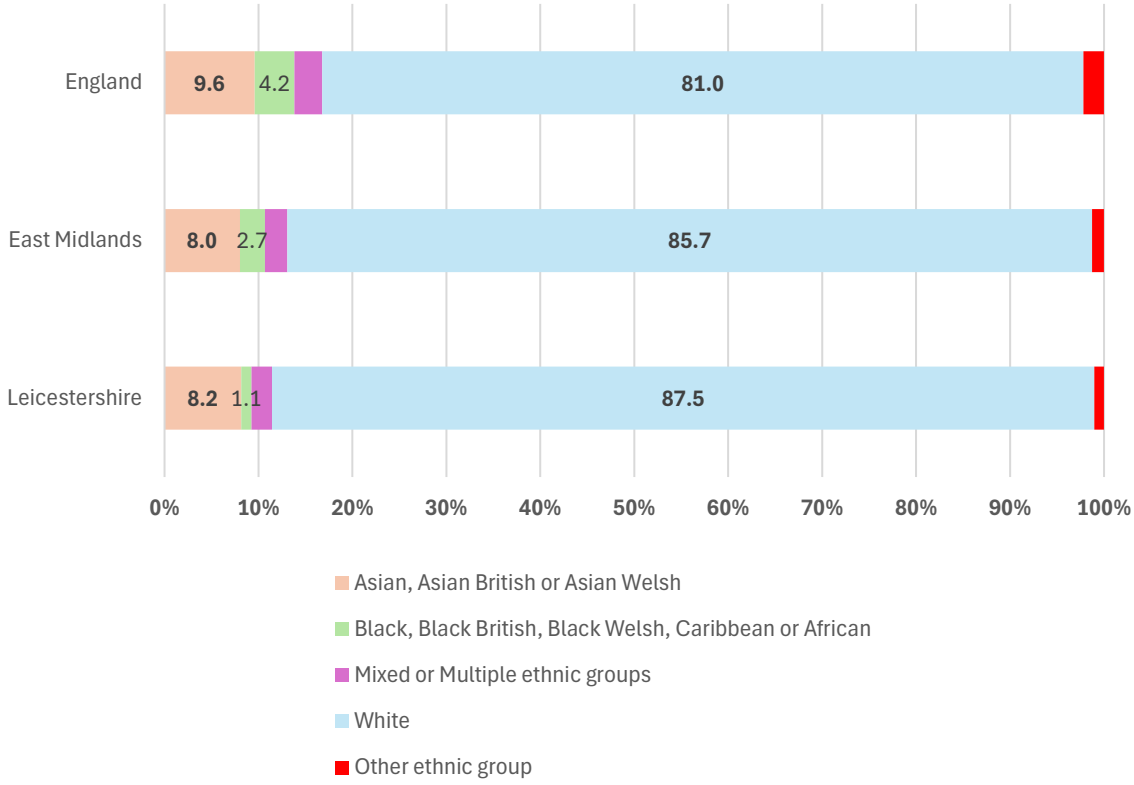
Figure 5 IMD 2019 - Barriers to Housing and Services domain only, by national quintile



5.3. Ethnicity

In 2021, the largest proportion (87.5%, N=632,426) of the Leicestershire population was of a white[2] ethnic background which is significantly more than the average for England (81%) (Figure 6). The total number in other ethnic groups was 88,938, with the proportion of Asian[3] population (8.2%), followed by mixed groups (2.2%), black[4] (1.1%) and other population groups (1%). In the decade since 2011 the size of the ethnic minority population of Leicestershire has increased from 55,722 to 88,938 (a 60% rise).

Figure 6 Ethnicity of Leicestershire population (Census 2021)



Source: NOMIS, Census 2021

The picture varies across Leicestershire districts with the lowest ethnic minority proportion in Melton (3.1%) and highest in Oadby and Wigston (36.6%) (Table 2).

[2] Includes the following categories – white English/Welsh/Scottish/Northern Irish/British, Irish and other white
[3] Includes Asian or Asian British groups – Bangladeshi, Chinese, Indian, Pakistani or other
[4] Includes black and black British, African, Caribbean and other black groups

Table 2 Ethnicity of Leicestershire districts' populations (Census 2021)

	Asian	Black	Mixed or Multiple	White	Other
Blaby	8.3	1.5	2.7	86.2	1.3
Charnwood	12.4	1.5	2.5	82.3	1.2
Harborough	5.4	0.7	2.1	91.0	0.8
Hinckley and Bosworth	2.8	0.6	1.8	94.3	0.6
Melton	1.2	0.4	1.3	96.9	0.3
North West Leicestershire	1.5	0.6	1.5	95.9	0.5
Oadby and Wigston	27.9	2.2	3.2	63.4	3.3
Leicestershire	**8.2**	**1.1**	**2.2**	**87.5**	**1.0**
England	**9.6**	**4.2**	**3.0**	**81.0**	**2.2**

Source: ONS 2025

5.4. Rurality

According to data from Census 2021, the majority (67.4%) of Leicestershire population lived in areas classified as urban (60% 'nearer to a major town or city' and 8% 'further from a major town or city'). Less than a third (32%) resided in areas classified as 'rural', with only 0.5% living in areas defines as 'larger' and 'further away from a town or city' (all in the district of Melton). Of the remainder, 20% lived in 'larger rural, near a main town or city', and 10% in 'smaller rural, near a main town or city'. This means that only about 2% of Leicestershire population are in areas classified as 'rural' and are 'further from a major town or city', according to the most recent area classification (Figure 7).

Figure 8 is a map of the rural-urban LSOA[5] classification, showing a relatively large proportion of the District of Melton, as well as parts of Harborough, within the 'larger rural, further away from a main town or city'.

[5] Lower Super Output Area

Figure 7 Population of Leicestershire and constituent Districts, by rural-urban classification 2021.

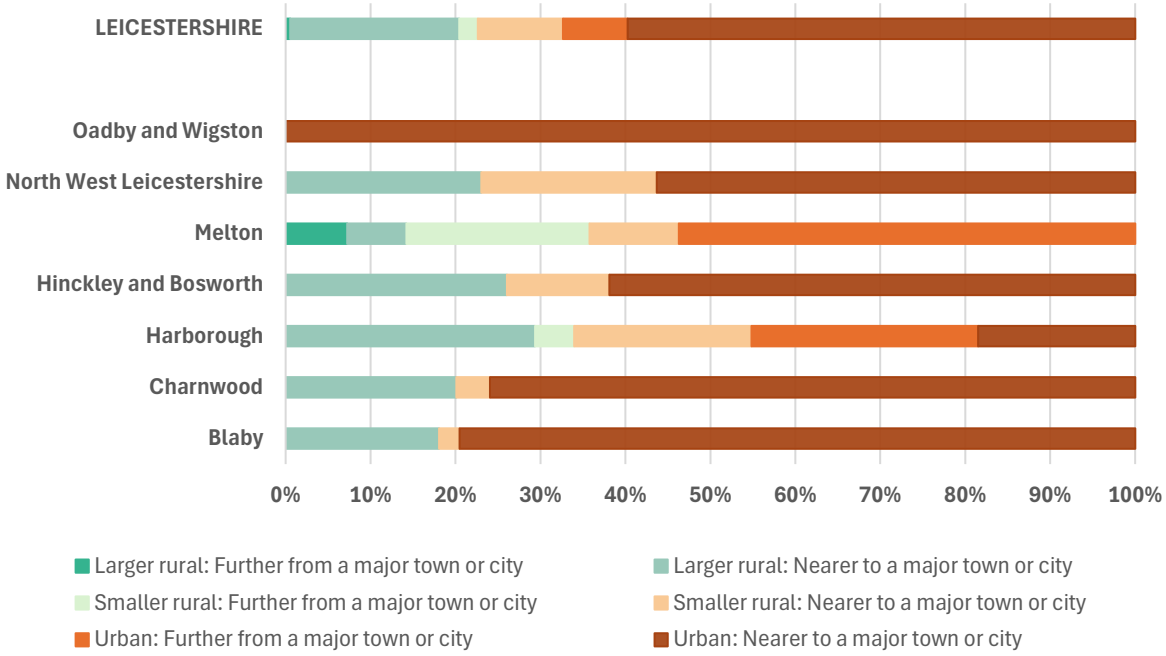
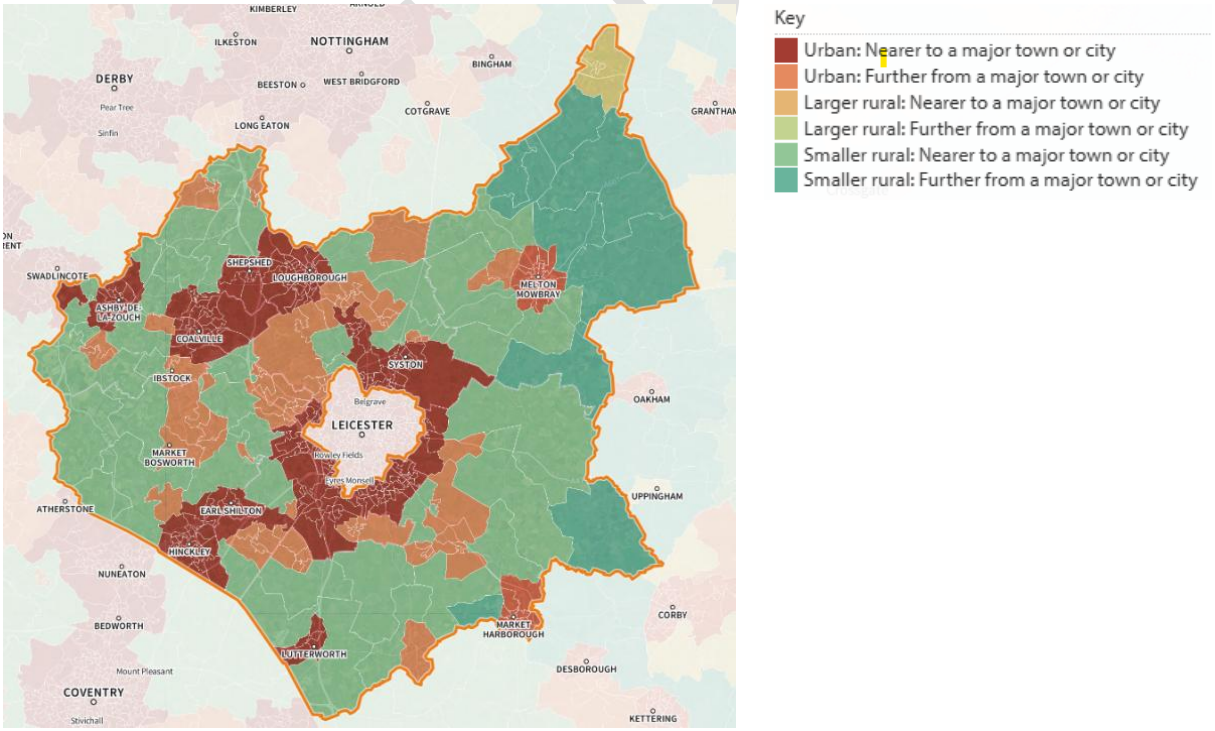


Figure 8. Census 2021-based rural-urban classification for Leicestershire



Source: ONS 2025

A detailed report on the demography of Leicestershire population can be found here: https://www.lsr-online.org/uploads/demography-2024.pdf?v=1727078295

5.5. Current Health Needs

5.5.1. Health Profiles

As part of the Public Health Outcomes Framework, health profiles are updated on a quarterly basis by the Office for Health Improvement and Disparities (OHID) and provide a useful summary of the health needs of the local population[11]. The health profiles for Leicestershire and the constituent districts are included in the Appendix. The key findings are summarised in this section (Table 3).

The health of people in Leicestershire is generally better than the England average. Leicestershire's deprivation score (12.3) is lower than the national average (21.7), however about 16.8% children live in relatively low-income families (between 11.6% in Harborough and 18.4% in Oadby and Wigston).

For **children and young people** there are a couple of areas for improvement. A higher than average proportion of women (by 2%) smoke at the time of delivery in Charnwood, Hinckley and Bosworth and North West Leicestershire, although the average for Leicestershire is not significantly higher than the national rate. Leicestershire also has lower rates of first breast feeding (by 5%), with four of out seven districts with significantly low rates.

Leicestershire has higher rates of **adult overweight and obesity** (66% vs 64% nationally), which are relatively high in North West Leicestershire (over 71%) and Melton (just under 70%).

Among the indicators of **disease and poor health** of note are significantly lower than average rates of early cancer diagnosis in Charnwood (8% below the national average) and Oadby and Wigston (11% below the national average). The rates of admission for intentional self-harm are higher than the national average in all but one district (Oadby and Wigston). In addition, the rate of alcohol-related admissions is higher than expected in North West Leicestershire (by 20%).

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Table 3 Health Profile Summary for Leicestershire and constituent Districts. Source: Office for Health Improvement and Disparities 2025

		England	Leicestershire	Blaby	Charnwood	Harborough	Hinckley & Bosworth	Melton	NW Leicestershire	Oadby & Wigston
Our Communities										
1	Deprivation score (IMD 2019)	21.7	12.3	10.6	13.2	8.0	13.5	12.5	14.6	13.0
2	Children in relative low-income families (under 16s)	19.8	16.8	15.8	18.1	11.6	17.7	18.1	17.7	18.4
3	Homelessness: households owed a duty under the HRA	12.4	6.8	9.6	*	6.3	9.4	14.6	7.0	11.7
4	Average Attainment 8 score	46.2	46.3	44.9	47.7	48.6	46.6	47.4	41.4	48.2
5	Violent crime*	34.3	17.1	15.5	14.7	15.0	22.5	16.2	20.7	17.7
6	Percentage of people in employment	75.7	81.5	84.7	81.0	78.9	82.6	74.4	83.1	83.3
Children and Young People										
7	Smoking status at time of delivery	7.4	8.0	6.8	9.1	6.7	9.4	6.4	9.4	6.4
8	Baby's first feed breastmilk	71.9	66.5	69.4	66.0	70.6	64.3	65.3	61.4	70.5
9	Year 6 prevalence of obesity (including severe obesity)	22.1	18.6	18.9	18.3	15.8	17.8	19.0	20.7	20.7
10	Admission episodes for alcohol-specific conditions (<18s)	26.0	13.0	*	9.6	17.0	15.0	*	15.9	*
11	Under 18s conception rate / 1,000	13.1	10.7	11.0	9.6	5.2	14.0	10.7	15.5	9.0
Adults and Lifestyle										
12	Smoking Prevalence in adults (aged 18+) - current smokers	11.6	9.5	11.2	6.2	9.9	8.9	9.6	9.9	17.4
13	Percentage of physically active adults	67.1	70.1	66.1	74.0	67.9	75.4	64.8	71.4	59.6
14	Overweight (including obesity) prevalence in adults	64.0	65.9	66.5	61.5	60.7	66.8	69.8	71.2	65.3
Disease and Poor Health										
15	Percentage of cancers diagnosed at stages 1 and 2	54.4	52.6	54.3	46.7	57.3	55.2	59.0	52.5	43.5
16	Emergency Hospital Admissions for Intentional Self-Harm	126	169	167	183	162	174	194	169	122
17	Admission episodes for alcohol-related conditions	475	467	437	468	453	419	509	568	423
18	QOF diabetes registration (%)	7.7	7.8	*	*	*	*	*	*	*
19	TB incidence (three year average)	7.6	4.1	5.5	5.2	2.7	2.4	3.9	2.2	8.7
20	New STI diagnoses (exc. Chlamydia < 25) per 100,000	520	304	317	357	290	259	238	304	291
21	Hip fractures in people aged 65 and over	558	566	530	536	531	643	585	539	619
Life Expectancy and Mortality										
22	Life expectancy at birth (male)	79.3	80.4	80.8	79.4	81.0	80.5	80.0	81.0	80.7
23	Life expectancy at birth (female)	83.2	83.7	84.2	84.2	84.0	83.0	83.2	83.0	84.0
24	Infant mortality rate	3.9	3.2	3.8	3.8	1.9	3.2	4.5	2.0	3.2
25	KSI casualties on England's roads	91.9	54.8	*	*	*	*	*	*	*
26	Suicide rate	10.7	10.3	9.9	10.0	12.1	10.0	13.5	9.1	9.0
27	Smoking attributable mortality	202	172	*	*	*	*	*	*	*
28	Under 75 mortality from cardiovascular disease	77.4	65.6	58.6	60.4	67.9	65.8	64.6	78.2	65.7
29	Under 75 mortality from cancer	121	110	93	115	116	122	89	120	97
30	Winter mortality index	8.1	8.6	10.8	9.0	7.0	15.8	-1.0	4.0	9.8

Significantly better than national average

Not significantly different

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Significantly worse than national average
Not RAG-rated

HRA = Homelessness Reduction Act

IMD = Index of Multiple Deprivation

* Hospital admissions for violence (inc. sexual violence)

KSI = Killed and seriously injured

5.5.2. Lifestyle Factors

Table 4 presents selected indicators from the health improvement domain of the Public Health Outcomes Framework published for local authorities[12].

As mentioned in the section above ('Health Profiles'), adult obesity in Leicestershire is significantly higher than the national average – in 2022/23 it was just under 66% against 64% in England.

Smoking and alcohol-related indicators are not significantly different to the national average, albeit the rates in 2022/23 were somewhat lower in Leicestershire.

Although the prevalence of overweight and obesity in children is significantly lower than the national rate, both at reception year and year 6 (by around 3%), year 6 prevalence is showing an upward trend in Leicestershire.

Both the happiness and anxiety scores in Leicestershire are similar to the national average.

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Table 4 Lifestyle Statistics for Leicestershire

Indicator	Time Period	Leicestershire		England	
Smoking Prevalence in adults (18+) – current smokers (APS) (2020 definition)	2023	9.5%	→	11.6%	→
Admission episodes for alcohol-related conditions (Narrow): (Persons) / 100,000	2022/23	467	→	475	→
Overweight (including obesity) prevalence in adults (18+)	2022/23	65.9%	-	64.0%	-
Reception: Prevalence of overweight (including obesity)	2023/24	19.9%	→	22.1%	↓
Year 6: Prevalence of overweight (including obesity)	2023/24	32.5%	↑	35.8%	→
Percentage of physically inactive adults (19+)	2019/20	18.9%	-	22.6%	-
Self-reported wellbeing – people with a low happiness score	2022/23	8.8%	-	8.9%	-
Self-reported wellbeing – people with a high anxiety score	2022/23	23.6%	-	23.3%	-

Source: Office for Health Improvement and Disparities: Public health profiles. © Crown copyright 2025 https://fingertips.phe.org.uk/

Recent Trend:

↑ increasing (getting worse)
↓ decreasing (getting better)
→ no significant change
\- cannot be calculated

Local Rate:

Statistically significantly better than national average
Statistically similar to the national average
Statistically significantly worse than national average

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5.5.3. Life Expectancy

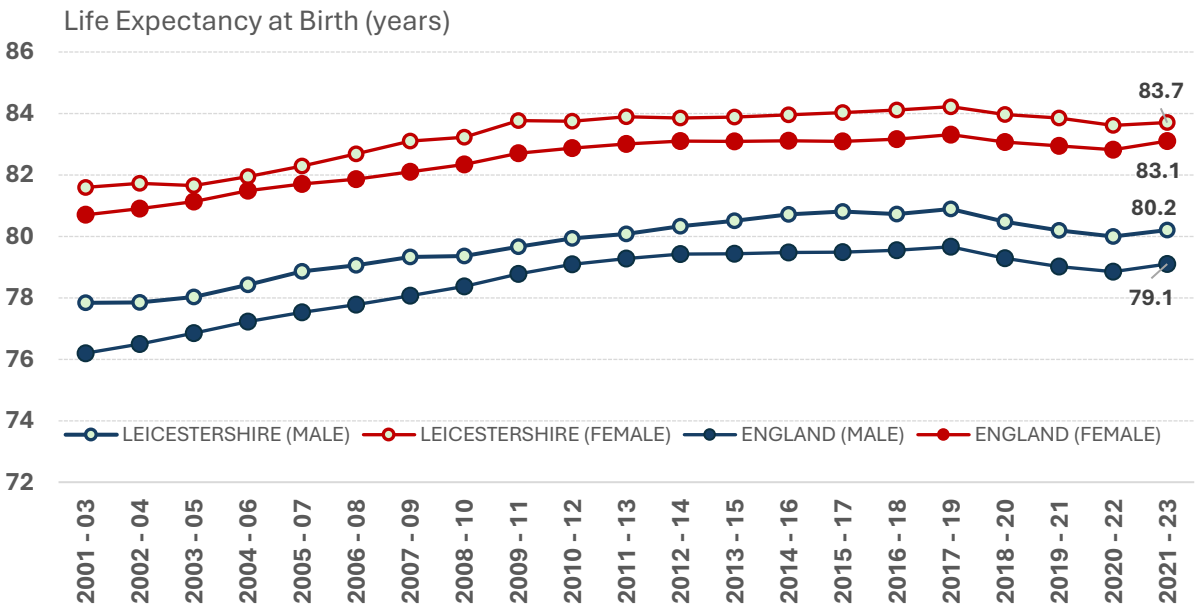
Based on mortality experienced by Leicestershire residents in the years 2021 to 2023, the local life expectancy for males is estimated at 80.2 years and for females at 83.7 years. Both estimates are significantly higher than the national figures of 79.1 and 83.1 years.

However, across England as well as in Leicestershire, life expectancy has been falling between 2017-19 and 2020-22, caused by a sharp increase in mortality (resulting in fall of life expectancy) in 2020, due to the COVID-19 pandemic (Figure 9).

It is also of note that the healthy life expectancy for Leicestershire residents is estimated at only 62.7 years for males and 62.6 years for females (statistically similar to the national average). Thus, men are estimated to have more than 16 years and women 21 years of ill-health in later

life.

Figure 9 Trends in Life Expectancy



Source: Office for Health Improvement and Disparities: Public health profiles. © Crown copyright 2025 https://fingertips.phe.org.uk/

5.5.4. Burden of Disease

Details of conditions on the Quality and Outcomes Framework register are given in Table 5 below.

- Hypertension, highest prevalence on Leicestershire registers - increased by 13,132 registered patients - from 15.2% in 2020/21 to 16.3% (N= 123,098) and significantly higher than England average.
- Diabetes, the second most prevalent condition (N=47,902) – from 7% to 7.7% for the population aged 17 years and above.
- Asthma, the third most prevalent condition (N= 50,041) – increased from 6.7% to 7.0% (by 4,503 cases).

Among the measured risk factors, the prevalence of smoking has shown an encouraging downward trend and was significantly lower than the national average. The prevalence of obesity was also lower, although the recent trends are not available for this indicator.

Note that none of these rates are age adjusted so may be misleading.

Table 5 Burden of disease - Quality and Outcomes registers for 2023/24 (Source: OHID 2025)

QOF Register	England (%)	Leicestershire (%)	Trend
Hypertension	14.8	16.3	
Smoking prevalence in adults - current smokers	14.7	12.6	getting better
Obesity (new definition)	12.8	11.8	*
Diabetes	7.7	7.7	
Asthma	6.5	7.0	*
Chronic Kidney Disease	4.4	4.6	
Coronary Heart Disease	3.0	2.9	
Atrial fibrillation	2.2	2.5	
Stroke	1.9	1.9	
COPD	1.9	1.7	
Heart Failure	1.1	1.4	
Depression (new diagnosis)	1.5	1.3	
Osteoporosis	1.1	1.1	
Rheumatoid Arthritis	0.8	0.9	
Mental Health	1.0	0.8	
Learning disability	0.6	0.4	

* cannot be calculated
recent trend increasing
recent trend decreasing
no significant change
significantly higher than national average
significantly lower than national average

5.6. Projected Health Needs

5.6.1. Population Projections

The most recent national and sub-national population projections are based on 2022 estimates published by the ONS, which in turn are based on Census 2021 population figures. According to the published projections, the population of England is expected to rise by 6.4% in the decade between 2022 and 2032. Two of Leicestershire districts are in the top ten local authorities in terms of population growth – North West Leicestershire's population is projected to rise by nearly 16% (4th highest nationally) and Harborough by over 14% (9th highest). None of the Leicestershire districts are expected to show a fall in population (NB there are only six such local authorities in England); the lowest growth in projected for Melton (5.2%) – the only local district with projected growth below the national average of 6.4%[13].

Looking at the decade between **2025 and 2035** (Table 6), the population of Leicestershire is projected to increase by 8.5% to 814.1 thousand in the next decade, an increase of 63.7 thousand. This increase is almost twice as high as the average for England (4.5%). For specific

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age groups:

- The highest change is expected in the oldest population group (80 and above), accounting for nearly 11,700 (56% increase) additional elderly people. This is above the projected average for England of 46.2% growth.
- Nationally, the projected reduction in the numbers of children (under the age of 16) is almost 8%, however, the fall in Leicestershire is projected to be just 2.2% (by less than 2,900).
- The projected growth for other age groups in Leicestershire is also higher than the national average, with the exception of people aged 65 to 84 (15.8% vs 16.3% nationally).

Table 6. Leicestershire population projections for 2025-2035, net and % population change

Age group	2022	2025	2027	2029	2031	2033	2035	Local Growth* # (000s)	Local Growth* %	England* %
00-15	127.0	128.9	128.4	127.8	127.4	126.6	126.0	-2.9	-2.2%	-7.9%
16-24	76.2	80.3	83.2	85.4	86.9	87.5	87.4	7.1	8.8%	3.0%
25-44	175.9	187.3	191.5	195.6	198.6	201.2	203.1	15.8	8.5%	4.8%
45-64	192.2	193.8	194.7	195.4	197.3	200.0	203.9	10.1	5.2%	1.8%
65-84	132.0	139.3	145.5	150.1	155.0	157.6	161.3	21.9	15.8%	16.3%
85+	19.5	20.8	21.5	24.1	26.3	30.2	32.4	11.7	56.1%	46.2%
Total	**722.9**	**750.4**	**764.8**	**778.5**	**791.4**	**803.1**	**814.1**	**63.7**	**8.5%**	**4.5%**

* Projected population change between 2025 and 2035

Source: Office for National Statistics 2025

For Leicestershire districts, the highest population growth between 2025 and 2035, is expected in North West Leicestershire (by 13.9%) and Harborough (by 12.8%); lowest in Oadby and Wigston (4.1%) (Table 7). Looking at the broad age groups:

- Harborough is predicted to experience the highest population growth for the over 65s (28% vs national 20.3%), with lowest growth of the number of older people in Oadby and Wigston (11.7%).
- The highest growth in working age group (16-64) is predicted in North West Leicestershire (12.4%) and Harborough (9.7%), while a small fall is predicter in Melton (-0.1%).
- The number of children (<16 years of age) is predicted to fall in all districts, with the exception of North West Leicestershire and Harborough (6.2% and 3.4% growth, respectively).

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Table 7 Projected population change in Leicestershire districts, by age group, between 2025 and 2035.

	<16		16-64		>65s		All ages	
	# (000s)	%	# (000s)	%	# (000s)	%	# (000s)	%
Blaby	-0.8	-3.9%	5.2	8.0%	3.9	17.1%	8.3	7.7%
Charnwood	-1.4	-4.4%	7.3	5.9%	7.7	20.5%	13.7	7.1%
Harborough	0.6	3.4%	6.1	9.7%	6.7	28.0%	13.5	12.8%
Hinckley & Bosworth	-1.0	-5.2%	4.0	5.6%	4.6	17.0%	7.5	6.4%
Melton	-0.8	-9.6%	0.0	-0.1%	3.5	25.9%	2.6	4.9%
NW Leicestershire	1.2	6.2%	8.7	12.4%	5.8	25.3%	15.7	13.9%
Oadby & Wigston	-0.7	-6.8%	1.7	4.8%	1.5	11.7%	2.5	4.1%
Leicestershire	**-2.9**	**-2.2%**	**33.0**	**7.2%**	**33.6**	**21.0%**	**63.7**	**8.5%**

Source: Office for National Statistics 2025

It is important to stress that, while the projections provide a good common framework for local planning, they are based on a number of necessary assumptions on future fertility, mortality and migration (internal, cross-border and international). They do not take into account housing or economic development in the area, or any policy which has not had effect on population trends[14].

5.6.2. Long Term Conditions

In the next decade (from 2025 to 2035) the number of older people with limiting long term illness is predicted to increase by almost a quarter (23.5%, over 18 thousand) (Table 8). This forecast includes nearly a 9.2 thousand increase on those whose day-to-day activities could be severely limited.

The highest increase is predicted for North-West Leicestershire (28.3%), the lowest for Oadby and Wigston (13.9%).

The forecasts are strongly linked to older population projections (ONS 2018-based) – the variation is thus linked to the age structure of the district population.

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Table 8 Future impact of chronic illness - Leicestershire population aged 65 and over with a limiting long term illness whose day-to-day activities are limited (a little or a lot)

	Limited a little			Limited a lot			Total		
	2025	2035	change (%)	2025	2035	change (%)	2025	2035	change (%)
Blaby	5,895	7,022	19.1	5,119	6,329	23.6	11,014	13,351	21.2
Charnwood	9,708	11,820	21.8	8,011	10,058	25.6	17,719	21,878	23.5
Harborough	5,888	7,329	24.5	4,494	5,828	29.7	10,382	13,157	26.7
Hinckley and Bosworth	7,245	8,713	20.3	6,289	7,923	26.0	13,534	16,636	22.9
Melton	3,396	4,260	25.4	2,620	3,389	29.4	6,016	7,649	27.1
North West Leicestershire	6,309	8,001	26.8	6,165	7,998	29.7	12,474	15,999	28.3
Oadby and Wigston	3,351	3,779	12.8	2,957	3,407	15.2	6,308	7,186	13.9
Leicestershire	41,833	50,899	21.7	35,708	44,877	25.7	77,541	95,776	23.5

Figures may not sum due to rounding.
Source: POPPI 2024

At a national level, the population projections and current morbidity trends point toward a significant rise in the numbers of people with several chronic conditions (both mental and physical) in the near future[15]. In addition to the overall population increase over the next ten years, statistical models based on national surveys[16] allow for approximate projections of morbidity and multi-morbidity for Leicestershire.

According to the ONS 2018 population projections, the local population aged 65 and above is likely to increase between 2023 and 2033 by at least 37 thousand. It is estimated that the vast majority (82% or 30.3 thousand) will have at least two chronic conditions, with more than a quarter (26%, nearly 9.6 thousand) projected to suffer from four or more chronic diseases (Figure 10).

In addition to the older population increase, these models predict the percentage rise in the prevalence of specific chronic conditions. For Leicestershire, it is estimated that, by 2033, there could be an additional 27 thousand residents (aged 65 and over) suffering from arthritis, 22 thousand with hypertension, 15 thousand additional cases of cancer, 14 thousand with respiratory conditions and 11 thousand with diabetes.

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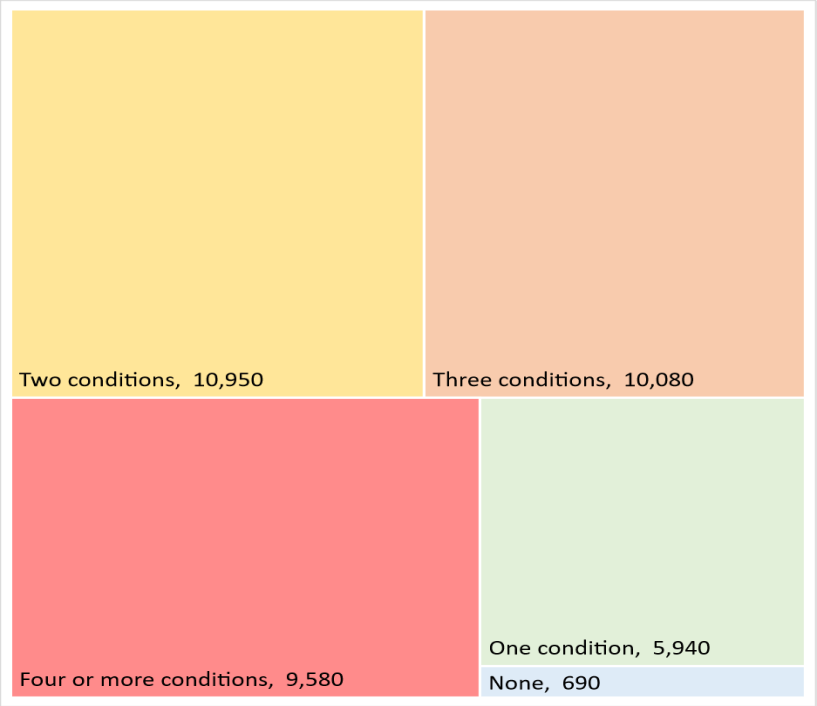
Figure 10 Projected increase in morbidity and multi-morbidity for the Leicestershire population aged 65 and above in the decade between 2023 and 2033.



5.6.3. Housing Needs

In 2018 Leicester City Council, Leicestershire County Council, the seven local borough and district authorities and the former Leicester and Leicestershire Enterprise Partnership (LLEP) agreed a non-statutory Strategic Growth Plan, putting forward the proposals for future development, including housing provision, needed to support population change, meet housing needs and support economic growth until 2050.

In 2022 a Housing and Economic Needs Assessment (HENA) and Housing Distribution Paper was published. This took account of changing market dynamics and the declared unmet housing need in Leicester City of 1,169 dwellings per annum within Leicester and Leicestershire. This unmet need to the year 2036 was redistributed within the Housing Market Area (comprising Leicester City and the 7 district and borough councils) and saw a 30% increase in the minimum number of houses that would need to be delivered in Leicestershire.

In December 2024, Government published a new National Planning Policy Framework and a new Standard Method for calculating housing need, which was then further revised in March 2025. This reduced the minimum housing need in Leicester City by 884 dwellings per annum, whilst the overall Housing Market Area total increased by 122 dwellings per annum (2%).

Table 9: Local Housing Need and proposed redistributed housing provision

	Local Housing Need (dwellings per annum) (2022-Standard Method)*	2022 Proposed redistributed housing provision (dwellings per annum)*	Local Housing Need (dwellings per annum) (2025 Standard Method)**
Blaby	341	687	534
Charnwood	1,111	1,189	982
Harborough	534	657	723
Hinckley & Bosworth	472	659	659
Melton	231	300	363
North West Leicestershire	372	686	610
Oadby & Wigston	188	240	384
Leicestershire Total	**3,249**	**4,418**	**4,333**
Leicester	2,464	1,295	1,580
Leicester and Leicestershire Total	5,713	5,713	5,835

**Source: Leicester & Leicestershire Housing & Economic Needs Assessment Housing Distribution Paper (June 2022)*
***Source: MHCLG, Standard Method calculation (March 2025)*

The updated National Planning Policy Framework in December 2024 gave provision for transitional periods to the new Standard Method, meaning that some of the authorities across Leicester and Leicestershire are still working to the redistributed housing figures outlined in 2022 Housing Distribution Paper, whilst some will be required to use the new 2025 Standard Method figures as a starting point.

Table 10 shows the indicative planned housing growth in Leicestershire districts over the three years to the end of March 2029. Figure 11 shows a map of the main areas being developed for housing over that same period.

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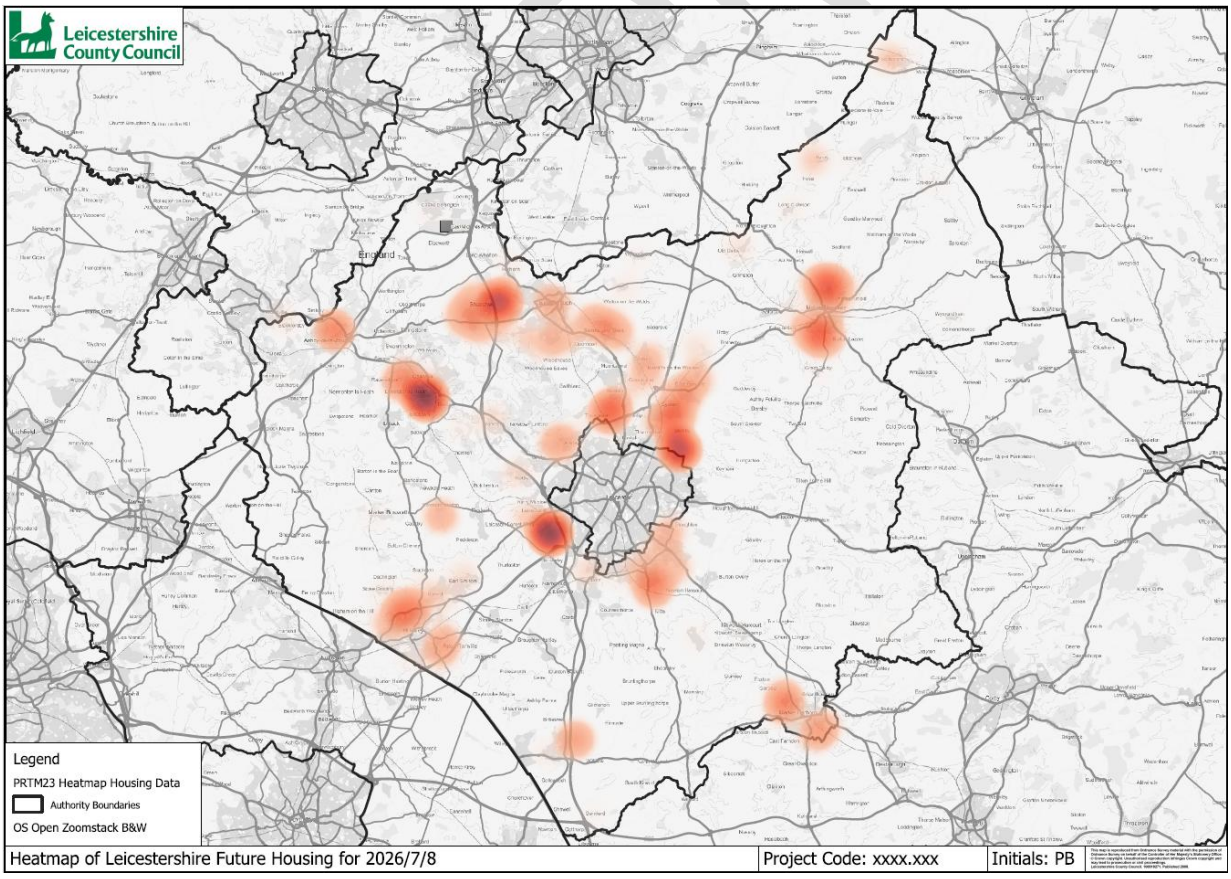
Table 10: Indicative planned housing delivery in Leicestershire districts for 2026/7-2028/9 (figures rounded to the closest 5)

District	Average number of dwellings planned to be completed per annum (2026/27-2028/29)
Blaby	415
Charnwood	2,060
Harborough	560
Hinckley and Bosworth	595
Melton	725
North West Leicestershire	720
Oadby and Wigston	340
Totals	**5,415**

Source: Figures derived from respective planning portal data and are indicative

Figure 11: Map of indicative planned housing delivery in Leicestershire districts for 2026/27-2028/29



The areas with highest numbers of houses planned for Charnwood (on average 2,060 per year), followed by Melton (725 per year) and North West Leicestershire (720 per year).

In Charnwood, the main development areas include three Sustainable Urban Extensions; Garendon Park (West of Loughborough), Thorpebury (North East of Leicester) and Broadnook Garden Village (North of Birstall Direction of Growth). Melton Borough will see expansion of Melton Mowbray through its North and South Sustainable Neighbourhoods whilst in North West Leicestershire, development is concentrated in the Coalville urban area, including the build out of Hugglescote Grange and Swinfen Vale (South East Coalville). In Harborough district, development will focus around Market Harborough whilst in Hinckley & Bosworth, developments include the Land North of Normandy Way in Hinckley. Also of note is the continued development of New Lubbesthorpe in Blaby and the build out the 'Wigston Direction for Growth' in the designated area south-east of Wigston.

Although the new housing developments are likely to provide for the future local population growth, estimated by the ONS, additional migration needs to be monitored. It is essential that new housing developments take into account the availability of local pharmaceutical services.

5.7. Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework (CPCF) is the agreement between NHS England and pharmacy contractors in England that governs the services provided by community pharmacies and how they are funded. The CPCF sets out the services that need to be provided, how quality is assured and other expectations, such as safety17.

From the 1st of April 2023, Integrated Care Boards have been responsible for the commissioning of Pharmaceutical Services, while NHS England has the responsibility to identify national priorities, setting outcomes and negotiating national contractual frameworks, such as the CPCF.

Many services provided by community pharmacists are commissioned locally according to the needs of the area. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including LLR ICB and NHS England Midlands.

All contracted pharmacies need a responsible pharmacist on site at all times. Their role includes securing the safe and effective running of the pharmacy (including during absences); it doesn't have to be the owner of the pharmacy.

5.8. Prescribing Activity

There were over 14.79 million items prescribed in 2023/24 in Leicestershire which is substantially higher than 13.19 million in 2020. This figure represents 20 items per head of population in 2023/24. The lowest rate was in Oadby and Wigston (17.7) and highest in Hinckley and Bosworth (24.2) (Table 11).

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Table 11 Rate of prescribing (total items prescribed in 2023/24) in Leicestershire

District	Items prescribed	Registered population (2024)	Rate (items per head of population)
Blaby	1,947,962	101,841	19.1
Charnwood	3,710,785	202,240	18.3
Harborough	2,092,345	96,828	21.6
Hinckley and Bosworth	2,742,914	113,509	24.2
Melton	893,299	47,778	18.7
North West Leicestershire	2,231,763	109,274	20.4
Oadby and Wigston	1,173,672	66,361	17.7
LEICESTERSHIRE	**14,793,340**	**737,831**	**20.0**

Source: NHS Business Services Authority. English Prescribing Dataset (EPD) 2024

Almost a third of all prescribed items (32.1%, over 4.76 million) were for cardiovascular conditions, followed by 18% (2.67 million) for central nervous system and 11.4% for endocrine conditions (Table 12).

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Table 12 Items prescribed in Leicestershire in 2023/24, by BNF chapter

BNF Chapter	Items Prescribed	% of Total
Cardiovascular System	4,755,509	32.1
Central Nervous System	2,665,584	18.0
Endocrine System	1,679,700	11.4
Gastro-Intestinal System	1,357,353	9.2
Respiratory System	900,976	6.1
Nutrition and Blood	717,099	4.8
Appliances	481,200	3.3
Infections	418,126	2.8
Obstetrics, Gynaecology and Urinary-Tract Disorders	400,869	2.7
Musculoskeletal and Joint Diseases	390,189	2.6
Skin	282,492	1.9
Eye	205,081	1.4
Immunological Products and Vaccines	142,427	1.0
Ear, Nose and Oropharynx	133,364	0.9
Stoma Appliances	102,409	0.7
Malignant Disease and Immunosuppression	58,602	0.4
Dressings	35,064	0.2
Incontinence Appliances	33,137	0.2
Anaesthesia	28,940	0.2
Other Drugs and Preparations	5,218	0.0
LEICESTERSHIRE Total	14,793,340	100.0

Source: NHS Business Services Authority. English Prescribing Dataset (EPD) 2024

Similar prescribing patterns were observed in Leicestershire districts (Figure 12); the proportionately lowest CVS prescribing was in Melton (less than 30%) and highest in Harborough (34.1%). CNS highest in Melton (19.6%) and lowest in Oadby and Wigston (16.5%) – again this may be age related.

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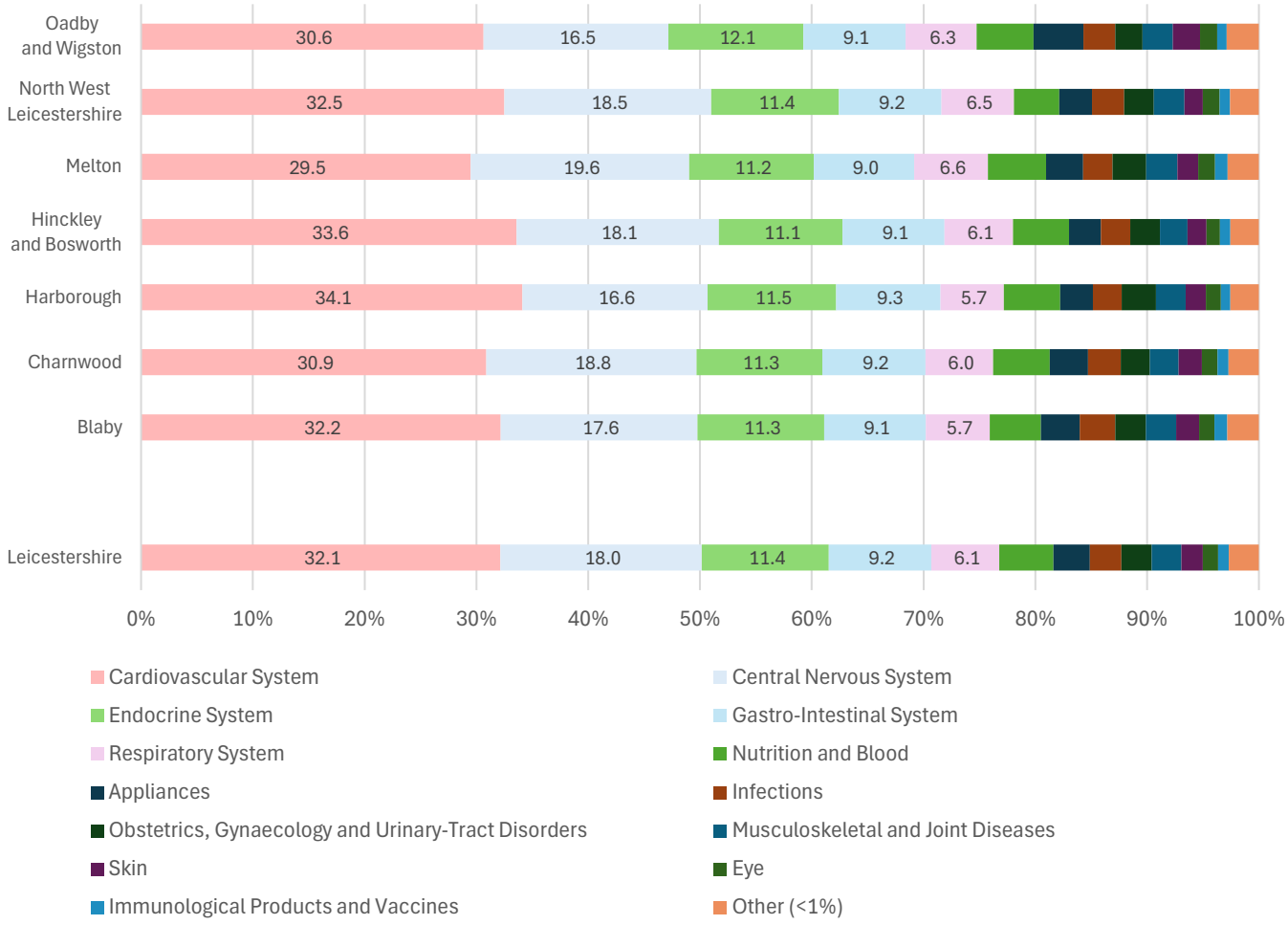
Figure 12 Prescribing patterns across Leicestershire districts in 2023/24



Source: NHS Business Services Authority. English Prescribing Dataset (EPD) 2024

5.9. Access to Pharmacies

In addition to local pharmacies described in this section, Leicestershire residents have access to all 4,096 Distance Selling Pharmacies (DSPs) across England. DSPs were described in the section 4, page 22.

5.9.1. Location

In September 2024 there were 133 community pharmacies located in Leicestershire, 1 DAC and 16 dispensing General Practices[7]. Their locations are presented on Figure 13. The highest

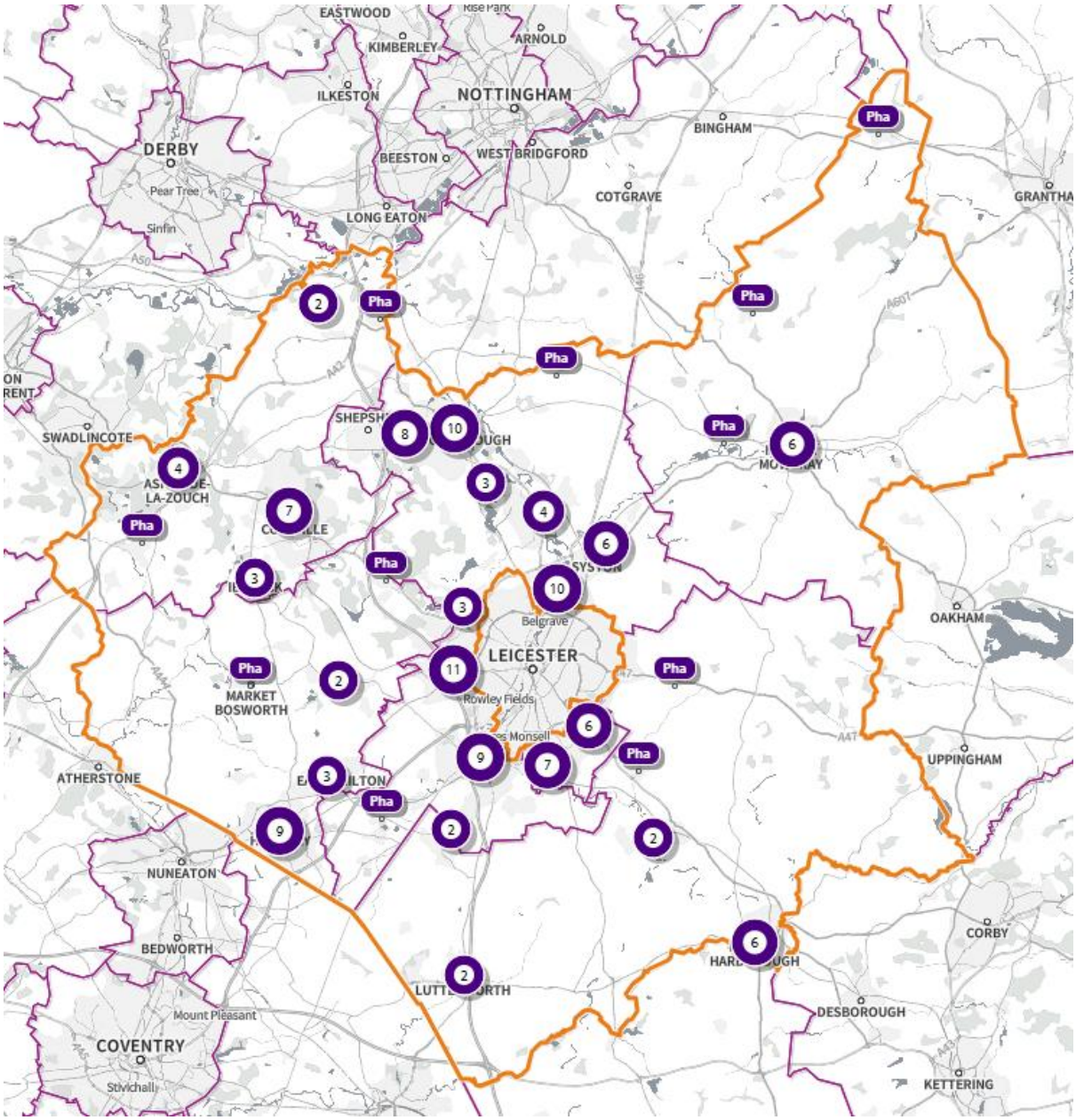
[6] In 2023/4, source: NHSBCS - General Pharmaceutical Services - 2015/16 to 2023/24 - Number of Pharmacies by attribute

[7] This has risen to 20 in March 2025 (SHAPE 2025)

number is in Charnwood (N=43), lowest in Melton (N=9) – see Table 13 in the section below, which discusses the population coverage for Leicestershire and its districts.

There were also five *distance selling pharmacies* (DSP) in Leicestershire in September 2024, 3 in Charnwood, one in Hinckley and Bosworth and one in Oadby and Wigston.

Figure 13 Location of pharmacies in Leicestershire



Source: NHSBSA Consolidated Pharmaceutical List 2024/25Q2 and SHAPE

5.9.2. GP Dispensing

A Dispensing Doctor is a GP Practice which can dispense medicines to certain patients under specific criteria - the patient must live more than a 1.6 km (1 mile) from a retail pharmacy, or the area must be designated as a 'reserved location'. Additionally, the dispensing practice must be situated in an approved location. The patient must be on the dispensing doctor's dispensing list.

The purpose of GP dispensing is to help with access to full pharmaceutical services for patients living in rural areas.

Currently (March 2025), there are 20 dispensing GP practices within Leicestershire borders (Figure 14 shows their location relative to the rurality of the area in 2021). This total includes 5 in Harborough, 5 in North West Leicestershire, 4 in Melton, 3 in Hinckley and Bosworth, 2 in Blaby and one in Charnwood. Most of those GP practices are located within rural areas of the County.

Within a 5 km buffer from the County boundary there are further 12 dispensing GP practices – including 3 from the eastern border of the district Melton, 4 close to the border of Harborough, 3 Hinckley and Bosworth and 2 close to North West Leicestershire and Charnwood.

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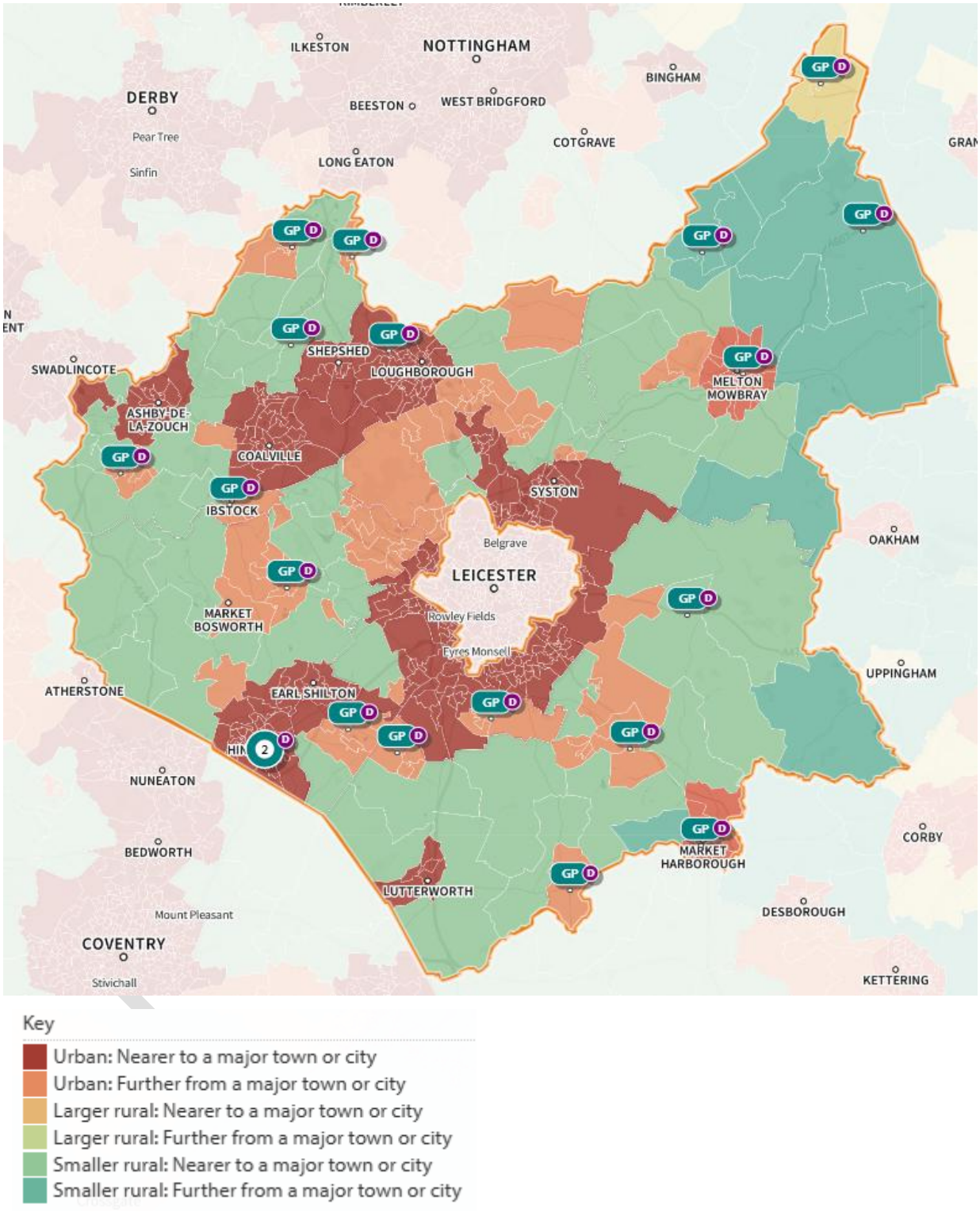
Figure 14 Dispensing GP practices located in Leicestershire and urban-rural classification (2021)



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2025

5.9.3. Population Coverage

In England in 2023/4 there were 12,009 community pharmacies which indicates, on average 2.1 pharmacies per 10,000 population (57,690,300 population estimate in 2023).

Across Leicestershire, the rate varies between 1.3 in Harborough and 2.3 in Charnwood, with the county average of 1.8 per 10,000 population (Table 13). The overall rate is slightly lower than 1.9/10,000 calculated for the previous PNA (2022). Adding the number of GP practices providing dispensing services, gives a rate of 2.0 per 10,000 population across Leicestershire, with lowest rate of 1.8 (Harborough, Hinckley and Bosworth, and North-West Leicestershire) and highest in Blaby (2.2).

Table 13 Community pharmacies in Leicestershire with population rate

District	Community Pharmacies	Dispensing GP Practices*	Population**	Pharmacies per 10,000	Pharmacies and Dispensing GPs per 10,0000
Blaby	21	2	105,278	2.0	2.2
Charnwood	43	1	188,010	2.3	2.3
Harborough	13	5	102,581	1.3	1.8
Hinckley and Bosworth	18	3	114,970	1.6	1.8
Melton	9	2	53,237	1.7	2.1
North West Leicestershire	17	3	110,316	1.5	1.8
Oadby and Wigston	12	0	59,623	2.0	2.0
Leicestershire	**133**	**16**	**734,015**	**1.8**	**2.0**

** NHS Digital, NHS Payments to General Practices 2022/23*
***ONS Mid-2023 Population Estimate*

5.9.4. Opening Times

Pharmacy opening hours are part of pharmacies' terms of service. Most pharmacies must open for 40 core contractual hours

NHS England is responsible for administering opening hours for pharmacies, this is handled locally by ICBs (delegated responsibility). A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB[18].

The **weekly opening hours** of Leicestershire community pharmacies are summarised in Table 14. All of the districts have at least one 100-hour pharmacy; number varies between one in Oadby and Wigston, and Melton and five in Charnwood. Except for one contractor in Charnwood all are open for at least 40 hours per week.

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During the week, 28% of community pharmacies open before 9 am and 81% close at 6 pm or later.

Of those, 17 are providing services on **weekday evenings** (Monday to Friday, after 7 pm), 97 are open on **Saturdays** and 21 on **Sundays**. 17 practices are open after 7pm on Saturdays and 2 on Sunday night (Table 15).

Table 14 Weekly opening hours for Leicestershire community pharmacies

District	Less than 40 hours	40-71 hours	72-100 hours	Total
Blaby	1	18	3	21
Charnwood		37	5	43
Harborough		11	2	13
Hinkley and Bosworth		16	2	18
Melton		8	1	9
North West Leicestershire		15	2	17
Oadby and Wigston		11	1	12
Leicestershire	**1**	**117**	**16**	**133**

Source: NHSBSA Consolidated Pharmaceutical List – 2024/25Q2

Table 15 Evening and weekend opening times of Leicestershire pharmacies

District	Weekday Evening	Saturday	Sunday	Saturday Night	Sunday Night
Blaby	3	18	3	3	1
Charnwood	5	26	5	5	0
Harborough	2	9	5	2	0
Hinkley and Bosworth	3	13	3	3	1
Melton	1	8	1	1	0
North West Leicestershire	2	14	1	2	0
Oadby and Wigston	1	9	3	1	0
Leicestershire	**17**	**97**	**21**	**17**	**2**

Source: NHSBSA Consolidated Pharmaceutical List – 2024/25Q2

5.9.5. Drive and Walk Time Analysis

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool, it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and dispensing GPs 1.6km outside of the Leicestershire boundary have been included in this analysis. It is important to note that not everyone will access their nearest pharmacy and may choose to access a

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pharmacy outside their local area.

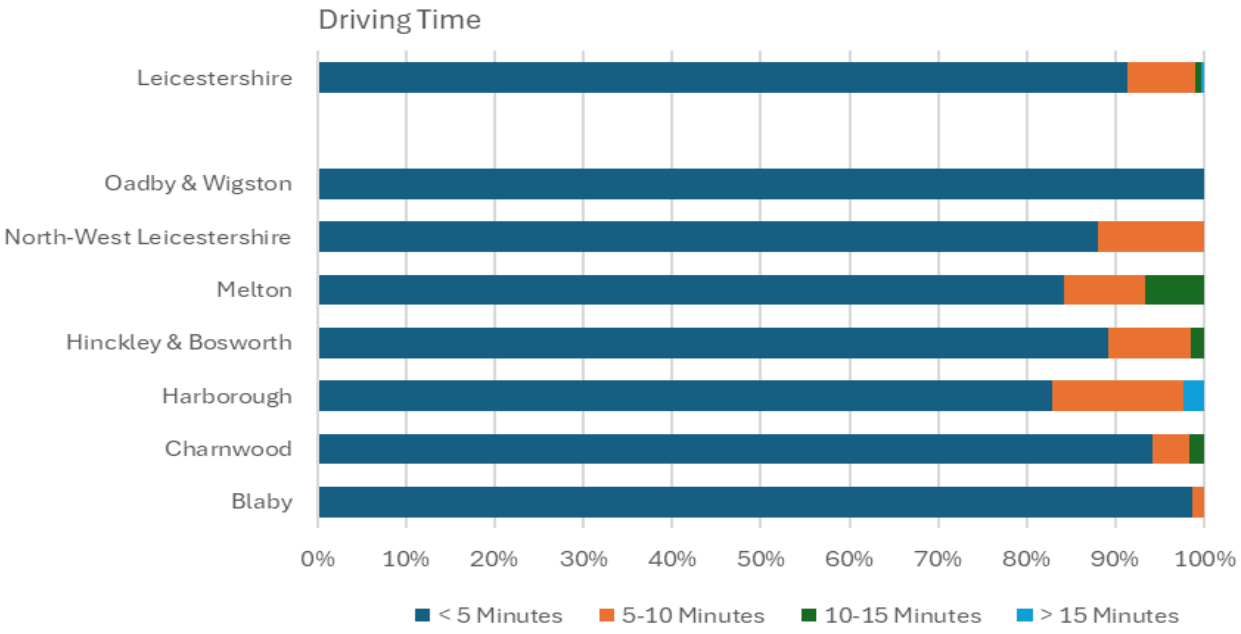
The main report presents the main results of the analysis, the detailed tables are included for reference in the **Appendix** (https://www.lsr-online.org/pna-for-2025). Please refer to those for the actual population numbers rather than the proportion presented here.

Drive Times

Overall, 91.3% of the Leicestershire population live within a five-minute drive time of a pharmacy or dispensing GP practice and 0.3% of the population (2,421 people) live outside of the 15-minute drive time boundary.

All the population outside the 15 minutes' drive time live in the district of Harborough with 2.4% of Harborough's population living more than 15 minutes' drive from a pharmacy or dispensing GP. In contrast, the whole population of Oadby and Wigston live within a 5-minute drive of a pharmacy or dispensing GP practice (Figure 15).

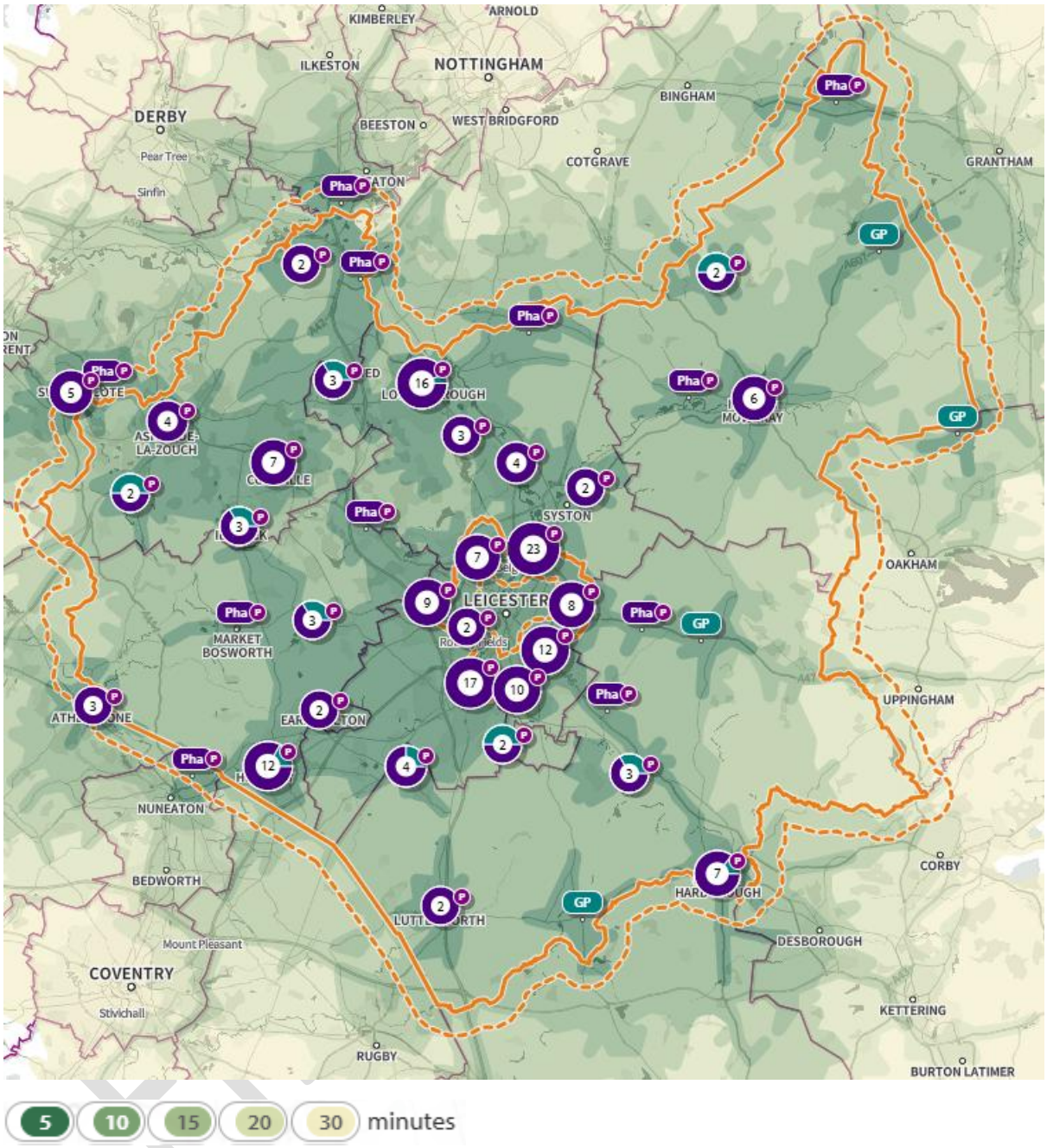
Figure 15 Population proportion by drive-time to the nearest pharmacy or dispensing GP



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

The drive-time map for Leicestershire pharmacies is shown in Figure 16.

Figure 16 Drive time to nearest pharmacy (Pha) or a dispensing general practice (GP) in Leicestershire

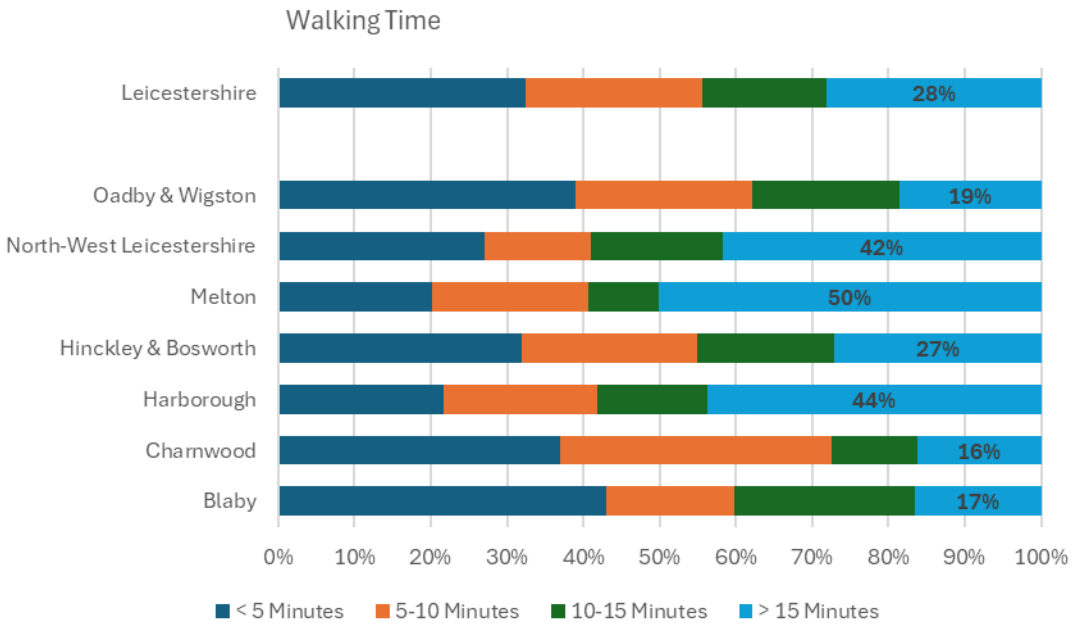


Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Walk Times

Overall, just under a third (32.4%) of the county's population live within a 5-minute walk from a pharmacy, 55.6% live within a 10-minute walk, over 70% (71.9%) live within a 15-minute walk, and over a quarter (28.1%) live more than a 15-minute walk away. In particular, just over half of Melton's population (50.2%) live more than a 15-minute walk away (Figure 17).

Figure 17 Walking time to a pharmacy by district



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Figure 18 shows a map of walk time to the nearest pharmacy or dispensing GP.

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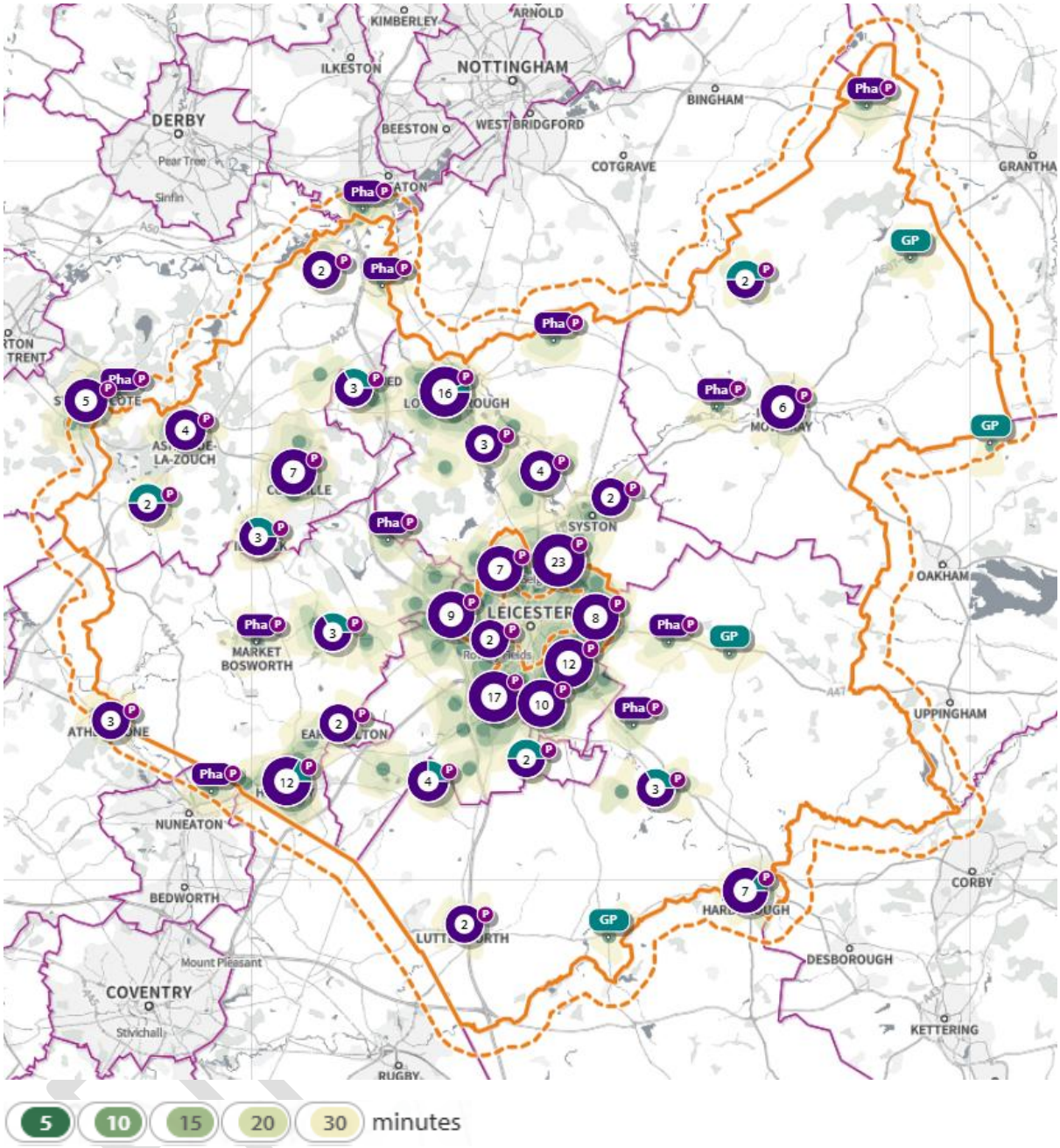
Figure 18 Walking time to the nearest pharmacy (Pha) or a dispensing GP practice (GP)



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Public Transport

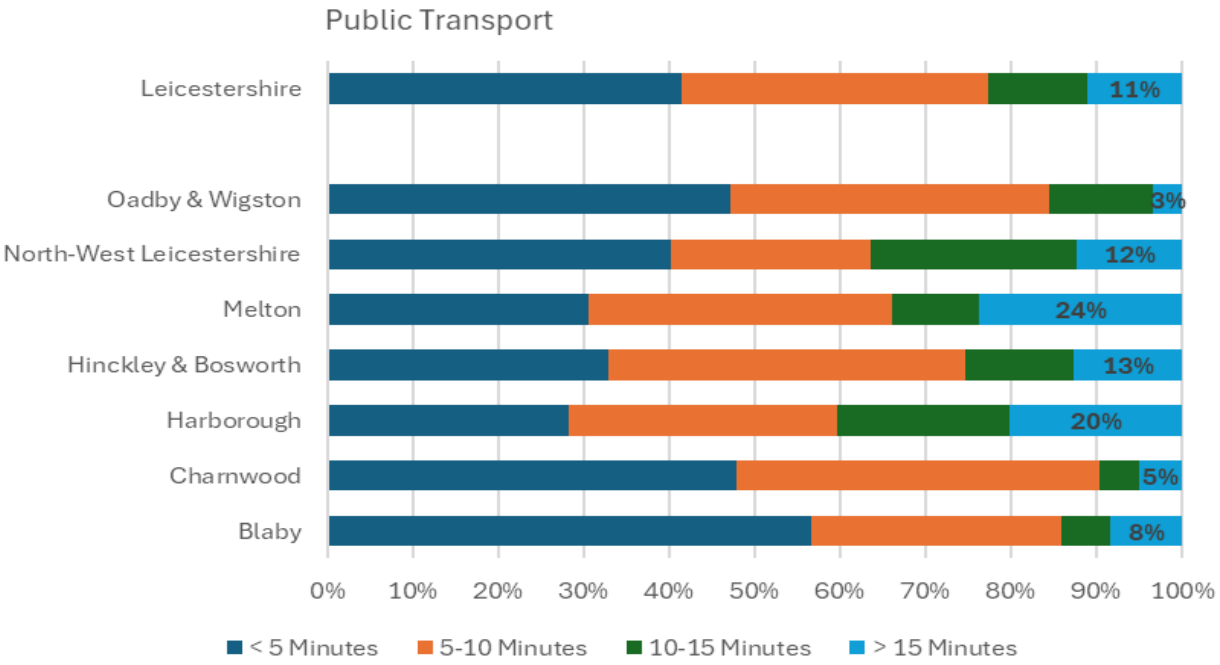
There is a range of public transport services available across the county. These can be viewed at the Leicestershire County Council website: https://www.leicestershire.gov.uk/roads-and-travel/buses-and-public-transport.

Overall, only 11.1% of the county's population live more than 15-minutes by public transport from a pharmacy or dispensing GP practice on a weekday morning, 88.9% live within a 15-

minute journey, 77.3% live within 10 minutes and 41.5% live within a 5-minute journey time (Figure 19).

Weekend and afternoon public transport services will present a different percentage of the population within these journey times.

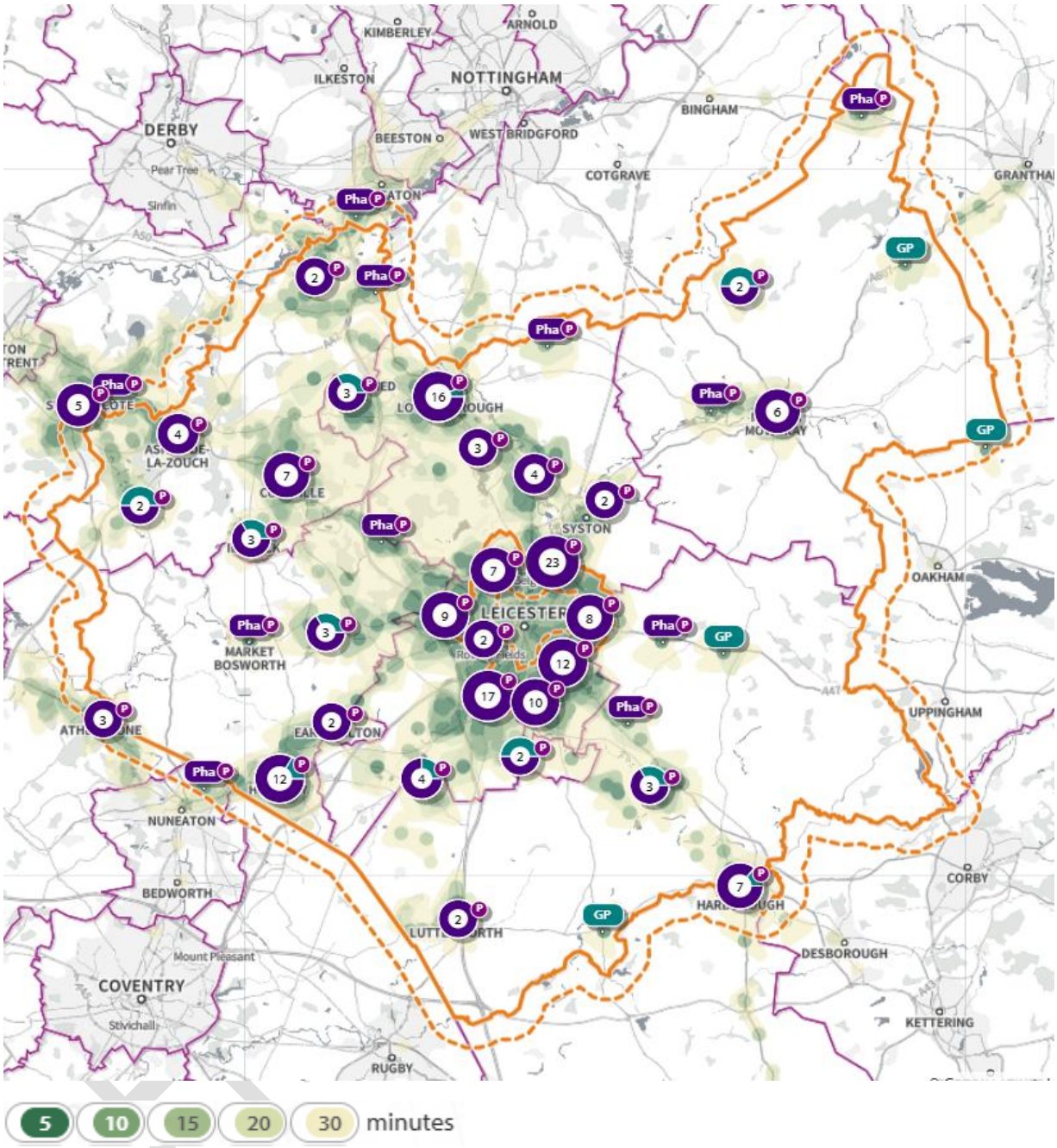
Figure 19 Public transport time by district



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Figure 20 contains a map of travel time by public transport.

Figure 20 Public transport time to the nearest pharmacy (Pha) or a dispensing general practice (GP) on weekday morning



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

5.9.6. Equality of Access

This section of the report looks at the relationship between drive, walk and public transport times and aspects of the population across Leicestershire, namely age, deprivation, and rurality, in order to detect potential inequalities of access. Overall, there were **no substantial inequalities between the groups** – a summary of findings is presented below, with some

additional details in the Appendix.

Age

There were no significant differentials in **drive times** between the age groups, with only 0.3% - 0.4% requiring more than 15 minutes' drive to the nearest pharmacy or dispensing GP.

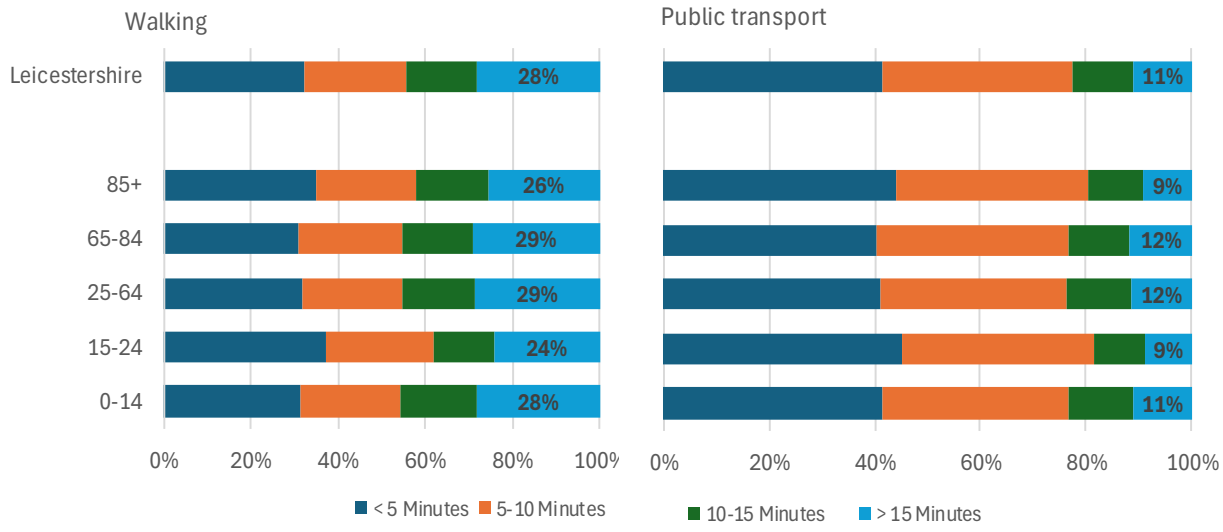
Walking and public transport access is shown in Figure 21.

Over half (61.9%) of the population aged 15-24 live within a 10-minute **walk** from their nearest pharmacy or dispensing GP practice, compared with 54.9% of the population aged 65-84 years.

Although over a quarter (28.1%) of Leicestershire's population live more than a 15-minute walk from a pharmacy or dispensing GP practice, this proportion is slightly higher for 65–84-yearolds (29.2%).

Under half of the population (41.5%) live less than 5 minutes by **public transport** on weekday mornings from a pharmacy or dispensing GP practice. This proportion is somewhat higher for 15–24-year-olds (45.1%).

Figure 21 Equality of access by age - walking and public transport



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Deprivation

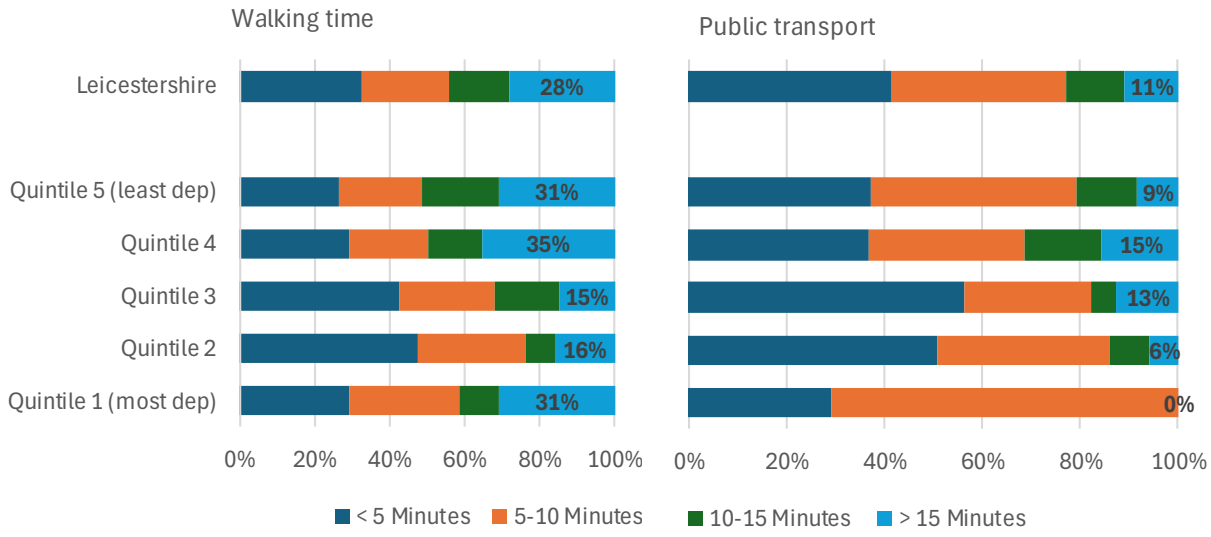
There were no significant differentials in drive times between the deprivation groups, with only 0.9% of population (N=2,421) in the least deprived quintile requiring more than 15 minutes'

drive to the nearest pharmacy or dispensing GP. Across all deprivation quintiles, 99-100% of the population can access pharmaceutical services within 10 minutes' drive.

With regards to walk time and public transport access (Figure 22):

- 30.6% of people living in Leicestershire's most deprived areas live more than a 15-minute walk from the nearest pharmacy or dispensing GP practice.
- 100% of those living in the most deprived areas in Leicestershire are within a 10-minute public transport journey on a weekday morning of a pharmacy or dispensing GP practice.

Figure 22 Equality of access by deprivation - walking and public transport



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Rurality

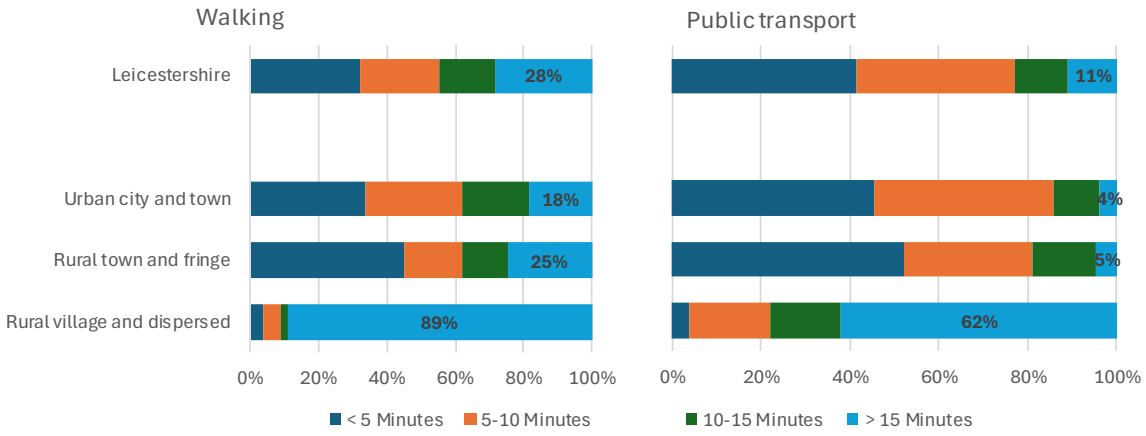
100% of those living in 'urban city and town' and 'rural town and fringe' areas in Leicestershire are within a 10-minute drive of a pharmacy or dispensing GP practice.

With regards to walk time and public transport access (Figure 23):

- 2.7% of those living in 'rural village and dispersed' areas are more than a 15-minute drive from a pharmacy or dispensing GP practice.
- 89.1% of those living in 'rural village and dispersed' areas in Leicestershire are more than a 15-minute walk from a pharmacy or dispensing GP practice.
- 62.2% of those in 'rural village and dispersed' areas in Leicestershire are more than a 15-minute public transport journey on a weekday morning from a pharmacy or

dispensing GP practice.

Figure 23 Equality of access by rural/urban classification – walk and public transport times

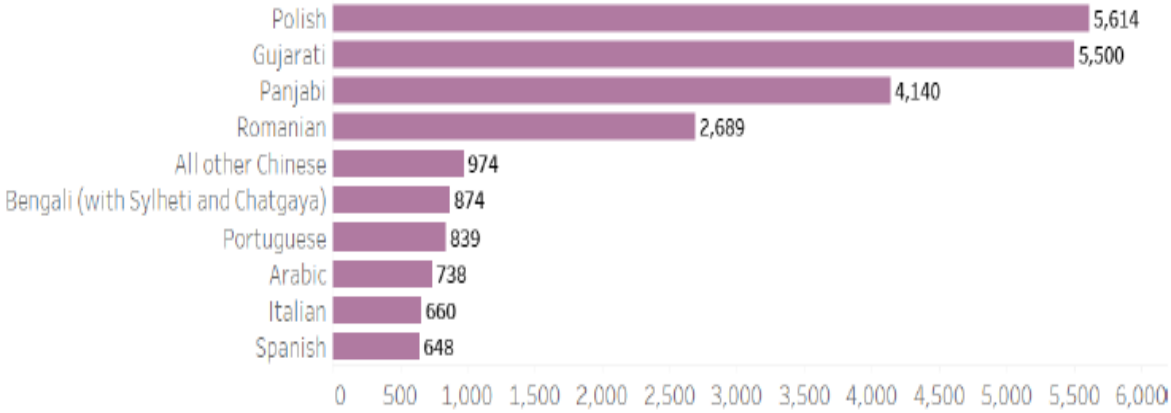


Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Language

In 2021(Census 2021), the main second language spoken in Leicestershire was Polish (5.6 thousand residents), followed by Gujarati (5.5 thousand) and Panjabi (4.1 thousand) (Figure 24).

Figure 24 Main language of non-English speaking population of Leicestershire



Source: ONS Census 2021

The highest proportion of non-English speakers was in Oadby and Wigston (10.1% of

population) where Panjabi and Gujarati were the second and the third main spoken languages.

There was also a relatively high proportion of non-English speakers in Charnwood (6.7%) and Blaby (5.3%). In these two districts Gujarati and Polish, and Panjabi and Polish were most common second and third languages (Table 16).

In the remaining districts, less than 3% of the population were non-English speakers.

Table 16 Second and third languages spoken in Leicestershire districts (Census 2021)

District	English (%)*	2nd Main Language (%)		3rd Main Language (%)	
Blaby	94.70%	Panjabi	1.09%	Polish	0.93%
Charnwood	93.30%	Gujarati	1.65%	Polish	0.73%
Harborough	97.20%	Gujarati	0.38%	Panjabi	0.35%
Hinckley & Bosworth	97.20%	Polish	0.75%	Romanian	0.36%
Melton	97.10%	Polish	1.51%	Romanian	0.16%
North West Leicestershire	97.00%	Polish	1.16%	Romanian	0.43%
Oadby & Wigston	89.90%	Panjabi	3.00%	Gujarati	2.27%

* Proportion of population with English as main language

5.9.7. Cross Border Provision

The population of Leicestershire can access any pharmacy services, whether from community or distance selling provider. The choice can be dictated by proximity to the place of work rather than residence, thus it is important to take into account cross-border provision. Leicestershire borders with a number of health areas, including Leicester, Rutland, Lincolnshire, Northamptonshire, Warwickshire, Derbyshire and Nottinghamshire (Figure 25).

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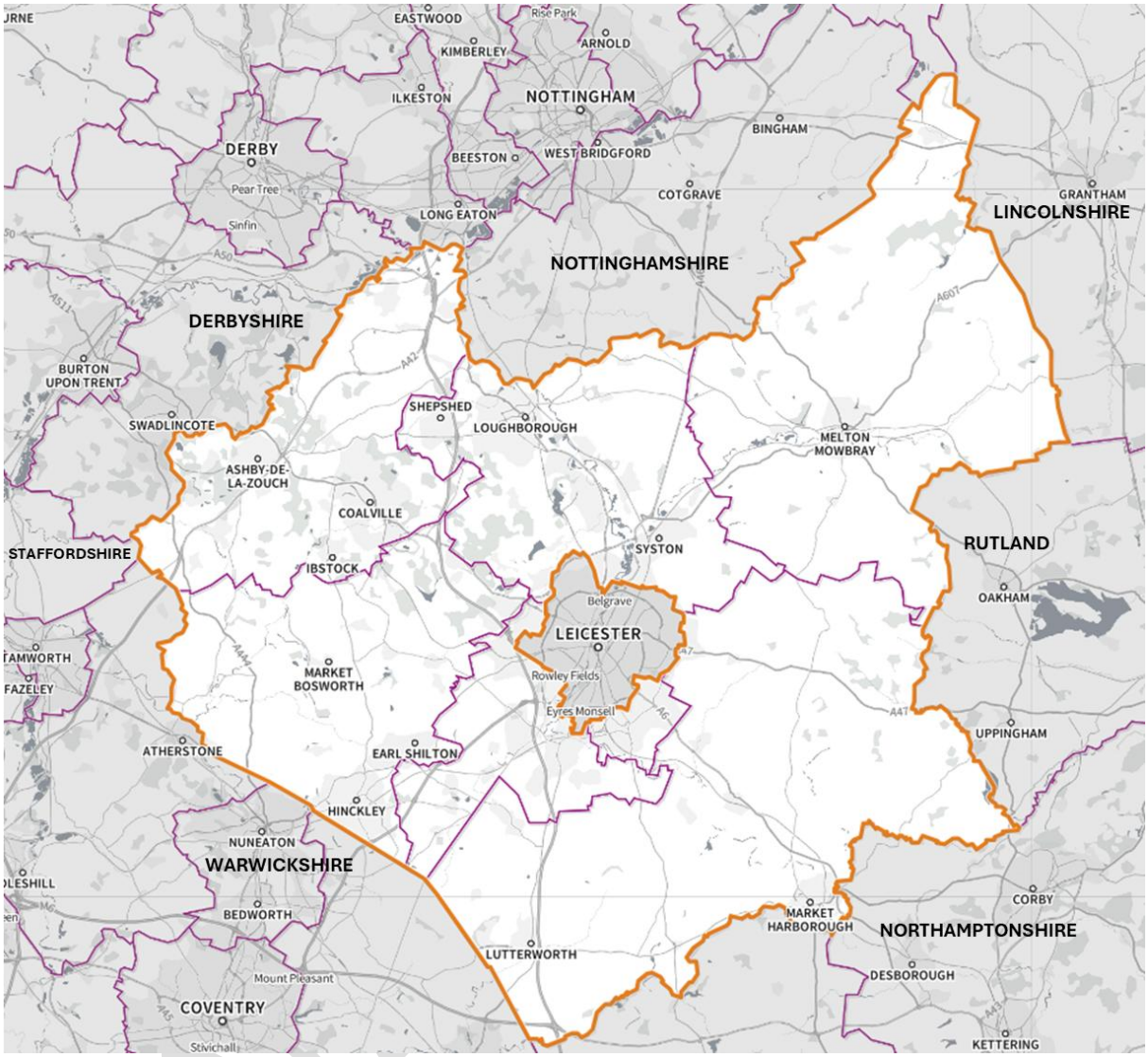
Figure 25 Neighbouring local authorities



Leicester

Leicester borders with the four of Leicestershire districts - Blaby, Oadby and Wigston, Harborough and Charnwood. There are significant population flows between Leicestershire and Leicester City (e.g. work or education) with many county residents accessing services in the city and vice-versa. The draft 2025 PNA for Leicester states that no significant gaps in pharmaceutical services were detected, with higher rates of provision per head of population than England's average. However, some of the city areas have fewer pharmacies (North West and West localities) and projected pharmacy closures could have further impact on accessibility of pharmacy services. Thus, continuous engagement and joint planning (LLR-wide) are needed to ensure equity of pharmaceutical service provision.

Rutland

Leicestershire districts of Harborough and Melton border with Rutland and both Counties are within the same ICB location, with Leicester City. Rutland residents are likely to use Leicestershire pharmacies, while a relatively small area in the east of Leicestershire may access pharmacies located in Rutland. The three pharmacies in Oakham are within easy reach from the southern parts of Melton district, and two Uppingham pharmacies can provide services for the eastern parts of the district of Harborough.

The draft 2025 PNA for Rutland states that no gaps in pharmaceutical services were detected, although continuous engagement is needed to maintain accessibility in rural areas of the County.

Lincolnshire

Lincolnshire borders with Melton District. The north-east areas of the district, particularly those close to the border, have 10+ pharmacies in Grantham within 10km of the district's border, Grantham being shorter distance than Melton Mowbray town itself.

The draft 2025 Lincolnshire PNA[19] states that the existing evidence does not identify any gaps in the provision of necessary services through community pharmacies and there is no current or future need for improved access to necessary services within existing community pharmacies in any District of Lincolnshire.

Northamptonshire

Northamptonshire borders with the Harborough district. Pharmacies in Corby (14+) are relatively easy access for the residents of Harborough district (within 7 km of the district's border).

Two draft PNAs for Northamptonshire:

- North Northamptonshire – no current gaps in the provision of necessary pharmaceutical services have been identified, however, better access would be secured by their provision in East Northamptonshire on Sunday, and the future population growth (particularly among the elderly) needs to be kept under review[20].
- West Northamptonshire – the current provision of pharmaceutical services across West Northants is deemed sufficient for the needs of the population within the lifetime of the PNA. In addition, the Health and Wellbeing Board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment[21].

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Warwickshire and Coventry

Warwickshire borders with North West Leicestershire, Hinckley and Bosworth, Blaby, and Harborough districts.

There are several locations within Warwickshire which could potentially service Leicestershire residents, all within 8 km from Leicestershire borders, including Rugby (11 pharmacies), Nuneaton, Atherstone or Tamworth.

The draft 2025 PNA for Warwickshire and Coventry concluded that there were no gaps in pharmaceutical provision and sufficient provision of advanced pharmaceutical services within Warwickshire or Coventry[22].

Staffordshire

Staffordshire has a relatively short border with North West Leicestershire. The draft of Staffordshire PNA for 2025 states that the provision across the County is generally matched to needs, although there are some gaps in service, for example smoking cessation is available in a lower percentage of pharmacies than other services and there is no needle exchange service in community pharmacies in South Staffordshire, although there will be access in neighbouring areas. There is also no palliative care service in community pharmacies in Newcastle-under-Lyme and there are no NHS Health Checks in community pharmacies in East Staffordshire, Lichfield, Staffordshire Moorlands or Tamworth[23].

Derbyshire and Derby

Derbyshire borders with North West Leicestershire, and there are several locations with pharmacies within relatively easy reach for its residents (within 8 km from the district border) – includes Swadlincote (six pharmacies), Burton-on-Trent (nine) and potentially parts of the city of Derby (14 pharmacies within 8 km radius).

The consultation PNA draft for Derbyshire and Derby states that the current provision of community pharmaceutical services adequately meets the pharmaceutical need in the Derby HWB area and in the Derbyshire HWB area. Whilst pharmaceutical need is adequately met, it is recognised that for some populations and for those living in some areas – notably, some deprived areas of Chesterfield without access to a car and South Derbyshire as a whole – may face challenges in accessing pharmacy services[24].

Nottinghamshire

Nottinghamshire borders with North West Leicestershire, Charnwood and Melton. Leicestershire residents can access a numbers of pharmacies in locations adjacent to Nottingham, such as Long Eaton (nine pharmacies) or Stapleford.

The draft Nottinghamshire PNA 2025 concludes that there are no identified gaps in provision of

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NHS Necessary Services to meet current and future needs of the population. This includes provision during working and non-working hours. Similarly, no gaps in the provision of Advanced or Enhanced Services are reported that would secure improvements or better access to services in Nottinghamshire[25].

5.10. Essential Services

Essential services are mandatory; they are required of all community pharmacies within the NHS Community Pharmacy Contractual Framework (CPCF) [26].

Core Functions encompass the fundamental tasks of a pharmacy, including:

1. **Dispensing medicines and medical appliances** - the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
2. **Repeat dispensing**, including electronic repeat dispensing (**eRD**) - management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. The service specification for repeat dispensing covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.
3. **Discharge Medicines Service (DMS)** - service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital.
4. **Disposal of unwanted medicines** - acceptance of unwanted medicines by someone living at home, in a children's home or in a residential care home which require safe disposal.
5. **Promoting healthy lifestyles** - provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to have, or be at risk of, certain conditions, e.g. diabetes or coronary heart disease; and participating in health campaigns where requested.
6. **Clinical governance** - pharmacies must have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services (use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction).
7. **Support for self-care** - provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

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8. **Signposting to other services** - provision of information on other health and social care providers or support organisations to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy.

5.10.1. Discharge Medicines Service (DMS)

DMS became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021 (2020/21 Q4).

This service was introduced to reduce the risk of medication problems when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

There has been a significant rise in the number of claims for this service in Leicestershire between 2021/22 and 2023/24 - activity more than doubled overall (a 132% increase), and about three-fold in Blaby, and Oadby and Wigston (Table 17). Although the data are only for half of 2024/25, it appears that activity has risen even further in the current financial year.

Table 17 Discharge Medicine Service claims in Leicestershire (complete and incomplete).

	2021/22	2022/23	2023/24	2024/25 (Q1-2)	Change*
Blaby	285	340	853	791	199%
Charnwood	403	501	1033	971	156%
Harborough	87	95	225	264	159%
Hinckley & Bosworth	310	264	540	491	74%
Melton	128	129	186	171	45%
NW Leicestershire	346	382	721	638	108%
Oadby & Wigston	66	100	214	217	224%
Leicestershire	**1,625**	**1,811**	**3,772**	**3,543**	**132%**

* between 2021/22 and 2023/24

5.11. Enhanced Services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the **National Enhanced Service** (NES). Under this type of service, NHS England commissions an Enhanced

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Service that is nationally specified. There is currently one NES commissioned; this is the COVID-19 Vaccination Service.

5.11.1. COVID-19 Vaccination Service

The vaccination service was first commissioned as a Local Enhanced Service (LES) by NHS England regional teams in consultation with Local Pharmaceutical Committees. In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES), which is nationally specified. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

Between 1st of April 2023 and 31st of March 2024, 98,380 vaccinations were given by 47 participating Leicestershire pharmacies (Table 18). The vaccinations were assigned to localities by postcode of pharmacy location, which may not reflect the population coverage, particularly for pharmacies close to district boundaries.

Table 18 COVID-19 vaccinations in 2023/24 – pharmacies located in Leicestershire

	Pharmacies	Vaccinations
Blaby	10	10,117
Charnwood	11	33,225
Harborough	6	15,897
Hinckley and Bosworth	9	18,220
Melton	3	9,009
North West Leicestershire	4	8,669
Oadby and Wigston	4	3,243
LEICESTERSHIRE	**47**	**98,380**

Source: NHS England

Phase 5 of the vaccination service, the Autumn 2022, Spring 2023, Autumn/Winter 2023/24 and Spring 2024 booster programmes were all commissioned as a NES.

For the **2025 Spring and Summer vaccination campaign** – 78 Leicestershire pharmacies are reported as 'active'8 – 13 out of 21 total in Blaby, 25/43 in Charnwood, 9/13 in Harborough, 13/18 in Hinckley and Bosworth, 4/9 in Melton 6/16 in North West Leicestershire and 8/12 in Oadby and Wigston. The cohorts for the spring 2025 programme cover adults aged 75 years and over, residents in a care home for older adults, and individuals aged 6 months and over who are immunosuppressed.

[8] Source: SHAPE 2025

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5.12. Advanced Services

Advanced services are optional, pharmacies can choose to offer these services, provided they meet specific requirements. They are also specialized, requiring additional training or resources for pharmacists, and can include:

- Appliance use reviews
- Flu vaccinations
- Hypertension case-finding - identification and management of high blood pressure.
- New Medicine Service - supporting patients newly prescribed a medicine.
- Lateral Flow Device Service - testing for certain illnesses.
- Pharmacy Contraception Service (PCS) - provides contraception advice and service.
- Pharmacy First Services
- Smoking Cessation Service (SCS): Helps patients quit smoking.
- Community Pharmacist Consultation Service (CPCS): Allows referrals from other parts of the health system for urgent care needs.

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

The current list includes[27] appliance use reviews (AUR), flu vaccination, hypertension case-finding, new medicine (NMS), lateral flow device (LFD), pharmacy contraception (PCS), pharmacy first (PF), smoking cessation (SCS) and stoma customisation services.

A number of services have been discontinued; however, data are included here for clarity where historical trends are presented.

Data presented are from the **Clinical Services Statistics (Community Pharmacy England)** - https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/.

This site provides quarterly statistics for clinical services provided by community pharmacies in England from April 2021 onwards (available up to September 2024, at the time of writing). For the purpose of this report, data were aggregated and analysed at county and district levels.

In addition, where available, these are for the last Q3 of 2024/5 (October-December 2024) from local sources. At the time of writing, local data are **provisional** but is generally regarded as a minimum (likely to rise by another 10% when figures are finalised).

5.12.1. Access to Advanced Services

Of the 131 Leicestershire pharmacies, most signed up for blood pressure checks, eight out of

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ten for contraception services (same for the LFD service), while only a third signed up for smoking cessation services (Table 19).

Table 19 Providers signed up to services in September 2024

	All	BP Checks		SCS		PCS		LFD	
	Num	Num	%	Num	%	Num	%	Num	%
Blaby	21	21	100%	9	43%	18	86%	16	76%
Charnwood	43	39	91%	13	30%	35	81%	36	84%
Harborough	13	13	100%	7	54%	12	92%	11	85%
Hinckley & Bosworth	18	18	100%	6	33%	15	83%	18	100%
Melton	9	8	89%	1	11%	7	78%	6	67%
NW Leicestershire	16	16	100%	3	19%	13	81%	11	69%
Oadby & Wigston	11	11	100%	3	27%	10	91%	11	100%
LEICESTERSHIRE	**131**	**126**	**96%**	**42**	**32%**	**110**	**84%**	**109**	**83%**

SCS = Smoking Cessation Service
PCS = Pharmacy Contraception Service
LFD = Lateral Flow Device Service

Appliance Use Reviews (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, if appropriate, they can be provided by telephone or video consultation.

AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use; identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient; advising the patient on the safe and appropriate storage of the appliance; and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

There are no data on AURs since 2020/21 either at the premises or in the patient's home.

Flu Vaccination Service

The aim of the seasonal influenza vaccination programme is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. Each year from the autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

Community pharmacy has been providing flu vaccinations under a nationally commissioned

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service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Pharmacy owners are encouraged to proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

Table 20 presents the numbers of flu vaccinations for the recent quarters.

Table 20 Flu vaccination claims in Leicestershire (none prior to 2023/4)

	2023/24				2024/25		
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**2023/4 Total**
Blaby	-	2,600	5,265	41	-	2	7,906
Charnwood	-	5,914	12,306	171	-	12	18,391
Harborough	-	3,003	6,774	168	-	0	9,945
Hinckley & Bosworth	-	2,263	4,596	38	-	2	6,897
Melton	-	1,053	2,010	28	-	0	3,091
NW Leicestershire	-	2,644	4,508	47	-	1	7,199
Oadby & Wigston	-	1,362	2,950	49	-	0	4,361
Leicestershire		**18,839**	**38,409**	**542**		**17**	**57,790**

Hypertension Case-Finding Service

The service, also referred to as NHS Blood Pressure Check Service (BPCS), was commissioned as an Advanced Service from 1st October 2021. The aim of the service is to prevent cardiovascular disease (CVD) and related mortality, as well as positively impact health inequalities in the population. CVD is a key driver of health inequalities, accounting for around 25% of the life expectancy gap (27% in men and 24% in women) between rich and poor populations in England.

The service aims to:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm the diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements (ABPM). These requests can be in relation to people either with or without a diagnosis of hypertension; and
- Provide another opportunity to promote healthy behaviours to patients.

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In Leicestershire, there has been a steady increase in BP checks – from under 17 thousand in 2022/23 to over 31 thousand in 2023/24. Given only three quarters of data for 2024/25, the forecast could be over 44 thousand for the current year (Table 21). In March 2025, 125 pharmacies were signed up to provide this service.

Table 21 Hypertension case finding service through clinic BP checks and ambulatory blood pressure monitoring (ABPM) in Leicestershire

Clinic BP Checks	2021/22	2022/23	2023/24	2024/25			Change**
				Q1	Q2	Q3*	
Blaby	3,076	5,227	6,277	1,624	1,807	2,005	39%
Charnwood	764	4,075	8,556	3,115	3,232	3,008	206%
Harborough	149	1,909	4,941	1,536	1,427	1,787	232%
Hinckley & Bosworth	404	1,559	2,124	638	925	408	69%
Melton	71	949	1,782	861	984	1,264	337%
NW Leicestershire	225	1,206	3,957	1,582	1,255	986	323%
Oadby & Wigston	153	1,305	2,342	1,211	1,208	1,094	259%
Leicestershire	**4,842**	**16,230**	**29,979**	**10,567**	**10,838**	**10,552**	**163%**

ABPM	2021/22	2022/23	2023/24	2024/25			Change**
				Q1	Q2	Q3*	
Blaby	36	255	389	98	129	139	91%
Charnwood	22	122	146	72	95	152	249%
Harborough	17	10	145	24	55	45	1,553%
Hinckley & Bosworth	9	81	104	49	55	40	137%
Melton	2	9	47	27	48	23	1,352%
NW Leicestershire	25	146	283	117	118	93	200%
Oadby & Wigston	1	20	81	41	50	52	853%
Leicestershire	**112**	**643**	**1,195**	**428**	**550**	**544**	**216%**

* provisional local data
**average quarterly number in 2024/25 vs average quarterly in 2022/23

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New Medicine Service (NMS)

This service was introduced on 1st October 2011. The service provides support for people with long term conditions who have been newly prescribed a medicine to help improve medicines adherence and self-manage their condition. This service is initially focused on particular patient groups and conditions.

Sub-optimal medicines' use can lead to inadequate management of long-term conditions and non-adherence to appropriately prescribed medicines is a global health problem of major

relevance to the NHS. Pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The service is usually delivered in three stages, starting with patient engagement (new medicine dispensed as usual, with the provision of advice about its use, and the patient offered the opportunity to use the NMS), intervention (advice and assessment of adherence, and any other support required) and follow up – using an interview schedule.

In Leicestershire the volume of the service has almost doubled between 2021/22 and 2023/24, from 29.7 thousand claims to over 59 thousand. Given the numbers recorded in the first two quarters of the current financial year, the trend is likely to increase further. The biggest relative increase was in Harborough (more than three-fold) and North-West Leicestershire (three-fold) (Table 22).

Table 22 New Medicines Service in Leicestershire

	2021/22	2022/23	2023/24	2024/25 (Q1-2)	Change*
Blaby	4,943	6,194	9,756	5,783	97%
Charnwood	8,502	10,441	14,300	9,085	68%
Harborough	2,238	3,749	7,432	5,038	232%
Hinckley & Bosworth	5,762	6,572	8,324	5,113	44%
Melton	1,805	2,345	3,173	2,084	76%
NW Leicestershire	3,763	7,466	11,197	6,438	198%
Oadby & Wigston	2,615	3,653	4,884	3,613	87%
Leicestershire	**29,628**	**40,420**	**59,066**	**37,154**	**99%**

* percentage change between 2021/22 and 2023/24

Lateral Flow Device (LFD) Service

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced Service from 6th November 2023.

In March 2024 it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service, with further updates in May 2024[28].

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. The LFD service was introduced to provide eligible patients with access to LFD tests. If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible.

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A similar service was previously commissioned, which was known as the **COVID-19 Lateral Flow Device Distribution Service** (publicly known as Pharmacy Collect). However, that service was decommissioned on 31st March 2022.

In Leicestershire, 83% of providers sign up to this service, with almost 2.4 thousand claims between July and September 2024 (approximately 800 per month) (Table 23).

Table 23 Lateral Flow Device Services in Leicestershire – quarterly claim totals

	2023-24		2024-25	
	Q3	Q4	Q1	Q2
Blaby	-	482	544	692
Charnwood	-	564	675	445
Harborough	-	169	158	209
Hinckley & Bosworth	-	86	107	82
Melton	-	272	504	422
NW Leicestershire	-	56	91	487
Oadby & Wigston	-	36	35	42
Leicestershire	**-**	**1,665**	**2,114**	**2,379**

Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.

The service also provides an opportunity for signposting service users into local sexual health services in line with NICE guideline NG 10229.

A majority (84%) of local contractors signed up to the PCS service (Table 19) and about 700 of claims are submitted monthly (Table 24), with increasing rates of services across all districts.

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Table 24 Pharmacy Contraception Services (PCS) in Leicestershire

	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	104	296	359	436	4.2
Charnwood	-	243	298	287	432	1.8
Harborough	-	15	107	148	212	14.1
Hinckley & Bosworth	-	135	204	317	382	2.8
Melton	-	20	52	85	101	5.1
NW Leicestershire	-	262	455	484	486	1.9
Oadby & Wigston	-	35	56	81	131	3.7
Leicestershire	**-**	**814**	**1,468**	**1,761**	**2,180**	**2.7**

* local data (provisional)
**Q3 2024/25 vs Q4 2023/24

Pharmacy First Service

The NHS Pharmacy First Service incorporates the previous Community Pharmacist Consultation Service and builds on it to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. It enables the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions.

Pharmacy First Service commenced on **31st January 2024**. It was announced as part of an agreement setting out how the £645 million investment pledged within the Delivery Plan for recovering access to primary care would be used to support community pharmacy services.

The Advanced Service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Acute otitis media (1-17 years)
- Infected insect bite (1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated UTI (women 16-64 years)

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

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The service also incorporates the elements of the **Community Pharmacist Consultation Service**, i.e. **minor illness consultations** with a pharmacist and the **supply of urgent medicines** (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

Currently, all pharmacists providing the service must use the PGDs and clinical protocol.

Table 25 Pharmacy First Services in Leicestershire - total number of claims

PF Total	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	1,242	1,710	1,692	1,932	1.6
Charnwood	-	705	1,354	1,553	1,982	2.8
Harborough	-	932	1,318	1,441	1,486	1.6
Hinckley & Bosworth	-	588	803	1,001	1,197	2.0
Melton	-	192	252	293	264	1.4
NW Leicestershire	-	628	831	991	1,086	1.7
Oadby & Wigston	-	273	499	569	750	2.7
Leicestershire	**-**	**4,560**	**6,767**	**7,540**	**8,697**	**1.9**

* local data (provisional)
**Q3 2024/25 vs Q4 2023/24

Figure 26 below shows quarterly patterns by condition – there is an overall increase in consultations with some understandable seasonal fluctuations.

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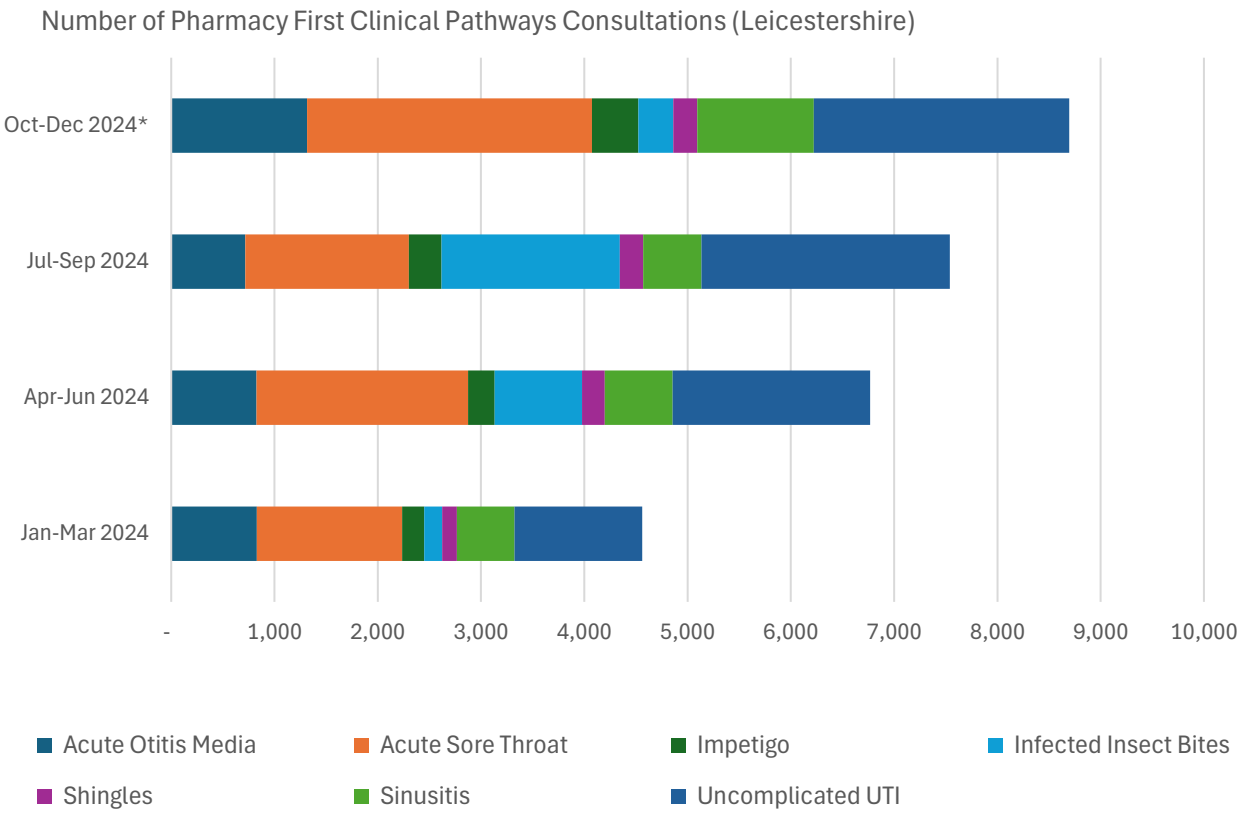
Figure 26 PF consultations in Leicestershire by condition



* local data (provisional)

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Table 26 Pharmacy First - minor illness consultations in Leicestershire

Minor Illness	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	1,500	2,241	1,387	1,881	1.3
Charnwood	-	732	741	480	802	1.1
Harborough	-	302	283	223	152	0.5
Hinckley & Bosworth	-	534	434	280	387	0.7
Melton	-	224	271	147	213	1.0
NW Leicestershire	-	475	674	512	533	1.1
Oadby & Wigston	-	409	440	361	791	1.9
Leicestershire	**-**	**4,176**	**5,084**	**3,390**	**4,759**	**1.1**

* local data (provisional)
**Q3 2024/25 vs Q4 2023/24

Table 27 Pharmacy First – supply of urgent medicines and appliances in Leicestershire

Urgent medical	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	213	337	340	485	2.3
Charnwood	-	406	697	781	905	2.2
Harborough	-	238	350	482	441	1.9
Hinckley & Bosworth	-	145	297	325	357	2.5
Melton	-	75	132	173	197	2.6
NW Leicestershire	-	147	218	233	273	1.9
Oadby & Wigston	-	203	377	378	315	1.6
Leicestershire	**-**	**1,427**	**2,408**	**2,712**	**2,973**	**2.1**

* local data (provisional)
**Q3 2024/25 vs Q4 2023/24

Almost all pharmacies in Leicestershire provide this service - In January 2025, only two pharmacies in Leicestershire were listed as not providing Pharmacy First (one in North West Leicestershire and one in Charnwood)[9].

Smoking Cessation Service (SCS)

In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model

[9] Source: SHAPE April 2025

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of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital.

The early findings from the pilot indicated that a consistent, national offer could be achieved through community pharmacy, and that it could create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support into the community. The SCS was therefore added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of Year 3 (2021/22) of the five-year CPCF deal.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. The service can only be provided by a pharmacist or a pharmacy technician.

The numbers recorded for this service in Leicestershire are low - 2 in 2022/23, 41 in 2023/24 and 38 in 2024/25 (first two quarters only).

Stoma Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

The rates of SAC services have been reducing across Leicestershire, from 131 in 2021/22 to 49 in 2023/24. In the first half of 2024/25 there were just 19 SAC consultations reported (Table 28).

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Table 28 Stoma Appliance Customisation services in Leicestershire - annual

	2021/22	2022/23	2023/24	2024/25 (Q1-2)
Blaby	24	18	4	-
Charnwood	58	48	38	19
Harborough	13	10	3	-
Hinckley & Bosworth	8	1	-	-
Melton	6	6	1	-
NW Leicestershire	12	6	1	-
Oadby & Wigston	10	9	2	-
Leicestershire	**131**	**98**	**49**	**19**

5.12.2. Discontinued/decommissioned Services

C-19 Lateral Flow Distribution Service

This service was decommissioned on 31st March 2022

Community Pharmacist Consultation Service (CPCS)

Introduced in November 2020 this service replaced the NHS Urgent Medicine Supply service pilot. General practices and NHS 111 could refer patients for minor illness consultation at pharmacies offering CPCS. Pharmacy First replaced this service on 31st January 2024 therefore the data for this service goes up to this point.

The historical volume of the service in Leicestershire is presented below as comparison to the new Pharmacy First Service. The rates were rising steadily between 2021/2 and 2023/24. In 2023/24 there were over 23.9 thousand consultations in Leicestershire (plus 4.5 thousand PF consultations); this is comparable to 14.2 thousand PF consultations in the first half of 2024/25 (Table 29).

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Table 29 Historical trends in CPCS in Leicestershire

CPSC	2021/22	2022/23	2023/24
Blaby	3,834	5,970	8,946
Charnwood	1,801	2,885	3,808
Harborough	872	987	1,810
Hinckley & Bosworth	1,483	2,039	2,365
Melton	723	1,223	1,148
NW Leicestershire	1,519	4,333	3,749
Oadby & Wigston	1,160	1,306	2,088
Leicestershire	**11,392**	**18,743**	**23,914**

Hepatitis C Testing Service

This service was decommissioned on 31st March 2023.

There were no data recorded for Leicestershire for this service since 2021/22.

Pandemic Delivery Service

This service was decommissioned on 31st March 2022.

5.13. Quality Assurance

In England, the quality of community pharmacies is assured through the Pharmacy Quality Scheme (PQS) and the Community Pharmacy Assurance Framework (CPAF), which form parts of the Community Pharmacy Contractual Framework (CPCF) and are designed to reward pharmacies that deliver quality criteria in clinical effectiveness, patient safety and patient experience.

The Pharmacy Quality Scheme (PQS) supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors who deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience30. NHS England, in collaboration with internal and external stakeholders, develops the PQS annually, with the most recent document replacing guidance issued for all previous schemes.

At the time of writing, the latest edition available is that for 2023/24, with 2024/25 still under negotiation. It consists of one gateway criterion and three quality domains. Each domain within the PQS has a designated maximum number of points. Ther gateway criterion is at least 15 New Medicine Service (NMS) consultations, there are also two quality criteria for the medicines' safety and optimisation domain, five for respiratory domain, and one for the prevention domain.

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NHS England's regional teams use the **Community Pharmacy Assurance Framework (CPAF)** to monitor community pharmacy owners' compliance with the terms of the Community Pharmacy Contractual Framework (CPCF). They have the responsibility for monitoring the provision of Essential and Advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements.

As a result of NHS regulations introduced at the end of 2020, contractors must complete the screening questionnaire within the required time period each year and, if required, the full CPAF questionnaire.

5.14. Locally Commissioned Services (LCS)

These include additional services that are commissioned locally, usually by the NHS or local authority, to meet the specific health needs of local populations. A number of these services are commissioned from community pharmacies.

The services that are currently commissioned by Leicestershire County Council are:

- Emergency Hormonal Contraception (EHC)
- Needle and syringe exchange for people with drug addictions (via Turning Point)
- Supervised administration of methadone and other substitutes (via Turning Point)
- Take Home Naloxone Programme
- H. Pylori C13 Urea Breath Test Service – Leicester only
- Urgent Supply and Home Delivery of Palliative Care and Specialised Medicines

The numbers of pharmacies signed up to provide LCS in 2024/25 are given in Table 30.

Table 30 Number of pharmacies providing locally commissioned services in 2024/25

District	Take Home Naloxone	Needle Exchange	Supervised Consumption	EHC
Blaby	-	3	10	4
Charnwood	2	4	21	7
Harborough	-	3	6	2
Hinckley and Bosworth	1	4	13	5
Melton	-	3	7	0
North-West Leicestershire	1	4	14	6
Oadby and Wigston	-	2	8	4
LEICESTERSHIRE	**4**	**23**	**79**	**28**

Source: Turning Point 2025

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5.14.1. Emergency Hormonal Contraception (EHC)

Although currently commissioned by the local authority (Leicestershire County Council), from October 2025, EHC is expected to be added to the advanced, nationally commissioned, Pharmacy Contraception Service (PCS) (See 5.12, page 71).

The service is for the provision of free Emergency Hormonal Contraception (EHC) to women in the community pharmacy setting. This is combined with sexual health advice aiming to:

- improve access to emergency contraception, safer sex and sexual health advice,
- reduce the number of unintended pregnancies in the client group by use of EHC.
- refer all clients accessing this service into mainstream contraceptive services for ongoing contraceptive needs.
- increase the knowledge of risks associated with sexually transmitted infections (STIs).
- refer clients at risk of STIs to an appropriate service; and
- increase knowledge, especially among young people, of the availability of EHC from the community pharmacy setting.

Services include the provision of levonorgestrel ('Levonelle'/'Ella') or ulipristal acetate (UPA), under a patient group direction (PGD), and consultation with a client. UPA can be effective up to 120 hours after unprotected sexual intercourse, while levonorgestrel up to 96 hours, although 17-96 hours use is off label (UPA preferred in such cases).

Time trends in **UPA supply** by Leicestershire pharmacies is shown in Table 31. The total annual numbers thus reduced slightly from around 700 in 2022/22 and 2022/23, to 631 in 2023/24. The 2024/25 data cover only the first three quarters of the current year, the total for the full year is estimated at approximately 615 (total for Leicestershire), expected to be even lower than in previous year.

Numbers for **levonorgestrel supply** have been reducing substantially, from 193 in 2020/21 to 54 in 2023/24 and an estimated total 50 for the whole of 2024/25 (Table 32).

Numbers of **consultations** also seem to be reducing - after relatively low numbers for 2020/21 (COVID-19 pandemic), from 873 consultation in 2021/22 down to estimated 670 for 2024/25 (Table 33).

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Table 31 Time trends in pharmacy emergency UPA supply in Leicestershire

	2020/21	2021/22	2022/23	2023/24	2024/25*
Blaby	55	57	40	18	18
Charnwood	141	339	465	440	260
Harborough	39	19	0	1	0
Hinckley and Bosworth	53	56	54	60	55
Melton	1	0	0	0	0
North-West Leicestershire	66	67	44	63	49
Oadby and Wigston	69	157	104	49	49
Leicestershire	**424**	**695**	**707**	**631**	**431**

* April to December 2024 only

Source: Leicestershire County Council (Pharmoutcomes), 2025

Table 32 Time trends in pharmacy emergency levonorgestrel supply in Leicestershire

	2020/21	2021/22	2022/23	2023/24	2024/25*
Blaby	37	17	4	6	10
Charnwood	60	93	13	5	1
Harborough	9	2	2	2	0
Hinckley and Bosworth	17	8	3	10	9
Melton	1	0	0	0	0
North-West Leicestershire	21	21	12	11	4
Oadby and Wigston	49	27	32	20	11
Leicestershire	**194**	**168**	**66**	**54**	**35**

* April to December 2024 only

Source: Leicestershire County Council (Pharmoutcomes), 2025

Table 33 Time trends in pharmacy EHC client consultations in Leicestershire

	2020/21	2021/22	2022/23	2023/24	2024/25
Blaby	92	74	44	24	28
Charnwood	204	438	484	447	261
Harborough	49	21	2	3	0
Hinckley and Bosworth	70	67	57	71	66
Melton	2	0	0	0	0
North-West Leicestershire	88	88	57	74	53
Oadby and Wigston	119	185	137	70	61
Leicestershire	**624**	**873**	**781**	**689**	**469**

* April to December 2024 only

Source: Leicestershire County Council (Pharmoutcomes), 2025

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Age and ethnicity

For the whole period (April 2020-December 2024), the majority of activity (88%) involved women over the age of 18, 9% (N=333) for those aged 16 to 17, and 3% (N=123) for those aged less than 16. Data are not presented for individual years, as numbers become small for some age groups. The highest proportion of under 16s was in Harborough (Figure 27). The highest rates for 18-20s were in Charnwood (most likely high numbers of university-age population).

For the same period, 72.6% (N=2,735) of patients were of white ethnicity, 12.5% were Asian or Asian British (N=469), 6% Black or Black British (N=225) and 3.2% of mixed ethnicity (N=121 (Figure 28).

Figure 27 Emergency hormonal contraception - age (April 2020-December 2024)

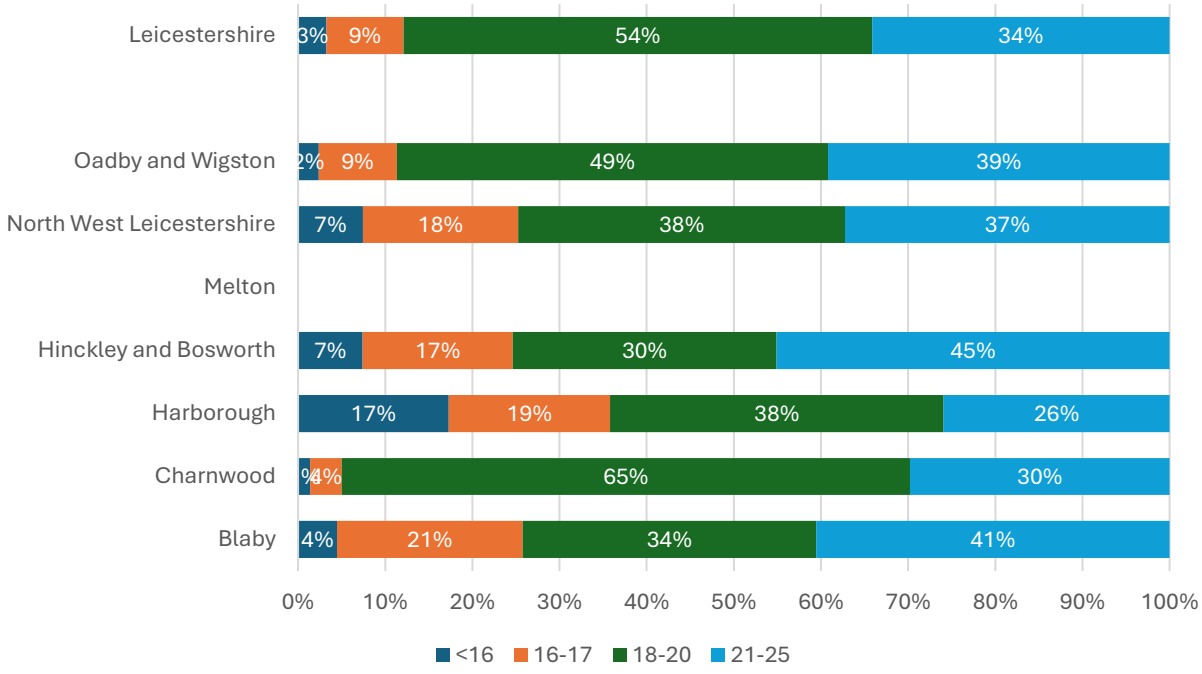
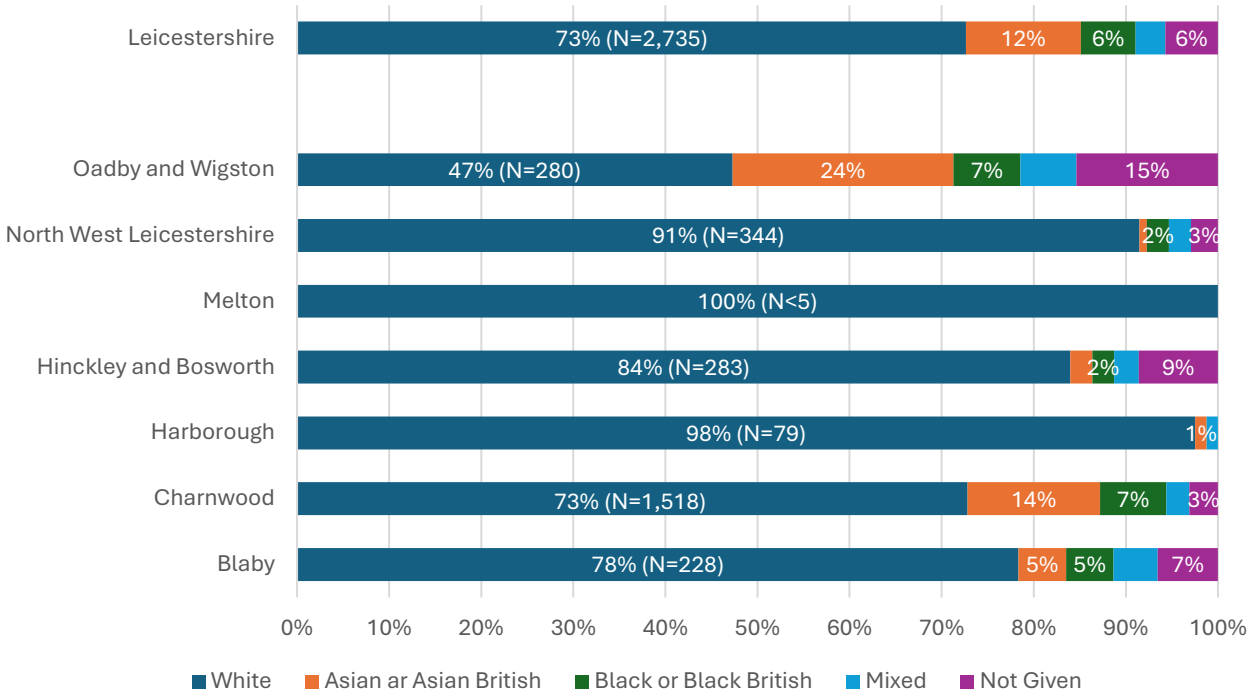


Figure 28 Emergency hormonal contraception - ethnicity (April 2020-December 2024)



From October 2025, with the new CPCF, Emergency Hormonal Contraception will be added to the Pharmacy Contraception Service (See 5.12, page 71).

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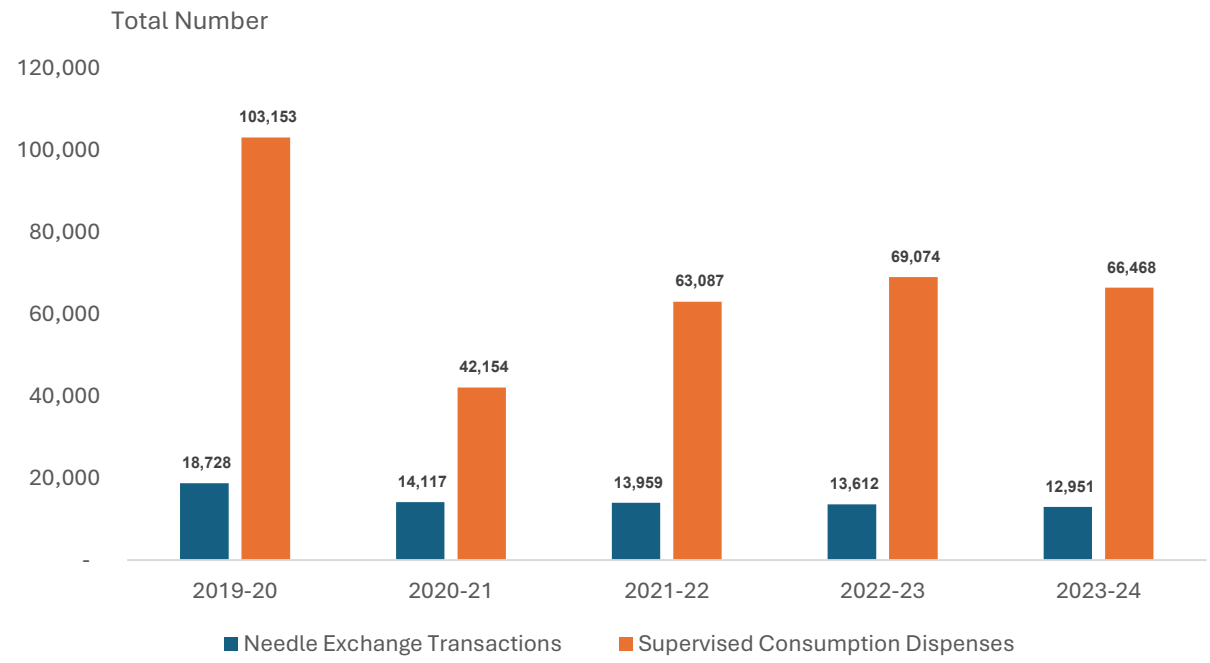
5.14.2. Needle Exchange and Supervised Consumption

Figure 29 Overall trends in needle exchange and supervised consumption in Leicestershire



Source: Turning Point 2025

Supervised administration of methadone and other substitutes

There has been a reduction from over 103 thousand supervised consumption dispenses in 2019/20 to just under 66.5 thousand in 2023/24 across Leicestershire, with similar annual pattern across the districts (Table 34 and Figure 29).

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Table 34 Supervised consumption dispenses 2019/20 to 2023/24 by district

District	2019-20	2020-21	2021-22	2022-23	2023-24
Blaby	7,892	3,437	5,787	6,024	6,057
Charnwood	37,787	18,707	27,259	30,153	28,435
Harborough	14,574	2,797	3,987	6,015	5,672
Hinckley and Bosworth	14,351	7,215	9,071	6,477	6,857
Melton	6,658	4,808	4,771	4,578	3,788
North-West Leicestershire	15,785	4,526	10,126	12,386	12,106
Oadby and Wigston	6,106	664	2,086	3,441	3,553
Leicestershire	103,153	42,154	63,087	69,074	66,468

Source: Turning Point 2025

Needle and syringe exchange for people with drug addictions

As for supervised consumption, there has been a reduction from over 18.7 thousand needle exchanges in 2019/20 to just under 13 thousand in 2023/24 across Leicestershire (Table 35 and Figure 29).

Table 35 Trends in needle exchange provision in Leicestershire districts

District	2019-20	2020-21	2021-22	2022-23	2023-24
Blaby	1,534	1,290	963	1,026	1,361
Charnwood	7,007	5,282	4,655	4,769	4,554
Harborough	1,818	967	1,258	1,318	851
Hinckley and Bosworth	1,938	1,101	1,635	1,625	1,435
Melton	5,494	4,833	4,917	4,279	4,019
North-West Leicestershire	622	482	463	538	685
Oadby and Wigston	315	162	68	57	46
Leicestershire	18,728	14,117	13,959	13,612	12,951

Source: Turning Point 2025

5.14.3. Take Home Naloxone Programme

Naloxone is a medicine which reverses the effects of opioid drugs like heroin and methadone (opioid antagonist). It is a first aid emergency medicine, available in the UK as an injection and as a nasal spray. In the UK, naloxone can be supplied without prescription by certain groups including pharmacy teams who provide opioid substitution therapy (e.g. methadone) or needle

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exchange. The law doesn't specify who it can be supplied to; guidance suggests supply should include people who use drugs, family, friends and carers of people who use drugs, hostel staff and outreach workers. Naloxone can currently be administered by anyone in an emergency but can only legally be supplied without prescription by a drug and alcohol treatment service to a person to take home for future use.

Across England in 2023, a total of 2,551 drug-poisoning deaths involved opiates; this was 13% higher than in 2022. Nationally, the age-standardised rate of deaths involving an opiate has risen more than five-fold, from 8.4 per million population in 1993 to 43.8 in 2023.

In 2023/24, Leicestershire pharmacies dispensed naloxone 147 times (including 131 through Charnwood and 14 through North-West Leicestershire pharmacies), and 75 times between April and December 2025. Thus, figures for the current financial appear to be lower (predicted 115 for the full 2024/25, assuming 35% for the last quarter, as in 2023/24).

Four pharmacies provide this service – 2 in Charnwood, one in NWL and one in Hinckley and Bosworth.

5.14.4. H. Pylori Breath Test

Is currently provided by a number of LIPCO (Leicestershire Independent Pharmacy Company) pharmacies in the Leicester area only. Service is only commissioned for Leicester residents.

5.14.5. Palliative Care – Urgent Supply and Home Delivery

The service ensures rapid access to specified palliative pathway medicines, such as pain relief or antibiotics (oral and injection), for the LLR population. It includes delivery to the patient's address within three hours of receiving the prescription by the pharmacy, between 7 am and 11 pm Monday to Friday.

Between October 2020 and September 2024, 11 Leicestershire pharmacies held stock for the urgent supply and home delivery of palliative care and specialised medicines service (rising to 12 for a number of months). Trends in the number of dispensed items, at half-yearly intervals for all LLR pharmacies (classified by pharmacy location) is shown on Figure 30. It shows a fall in dispensed items from about 37 per month up to October 2021 (possibly reflecting COVID 19 restrictions) to a more stable average of 17 per month from October 2021. The majority of medicines were dispensed by Leicestershire pharmacies in that period.

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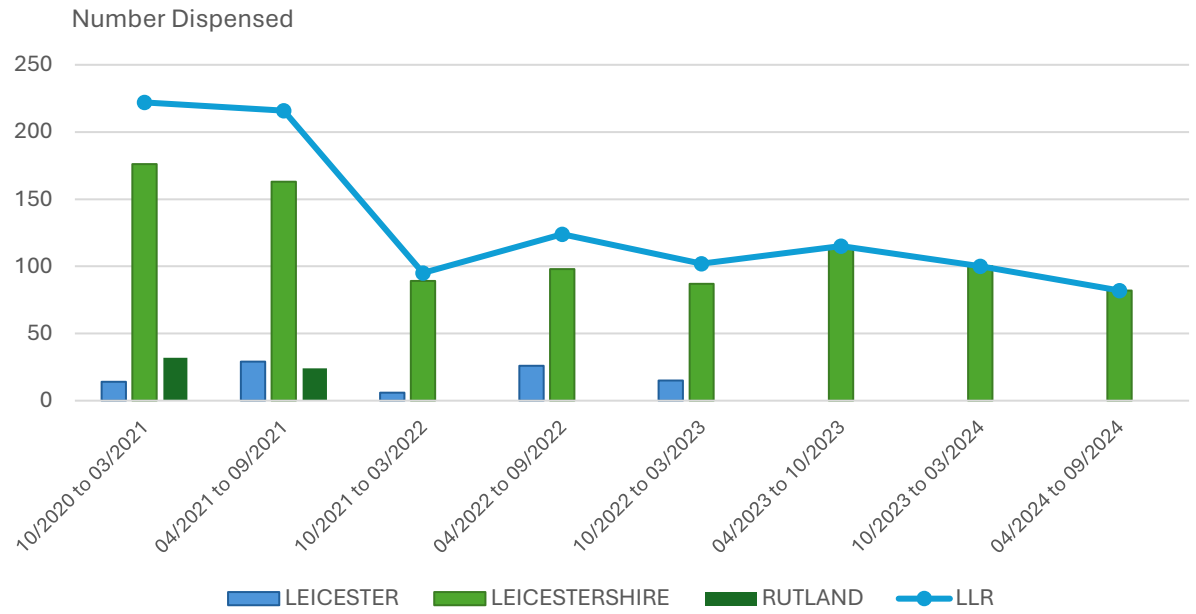
Figure 30 Past trends in palliative care dispensing activity across LLR pharmacies (October 2020 to September 2024)



Source: LLR ICB Medicines Optimisation 2025

The service was recommissioned in 2024, as a pilot for 2 years, and as result from October 2024 only one pharmacy in Leicester (**Omcare Late Night Pharmacy**) provides this service for all residents of Leicester, Leicestershire and Rutland. Omcare Pharmacy is open from 7am to 10pm Mon-Fri, and 7am to 8pm Sat, and 1am-7pm on Sunday. From data available, there were 58 deliveries of urgent end of life medications between 1st October - 17th March to Leicestershire residents.

5.15. Digital Developments

PharmOutcomes[31] is a web-based platform used by community pharmacies to record and manage patient services. It helps track service effectiveness, streamline management, and facilitates analysis for both local and national level reporting[32]. It allows pharmacies to document and manage various services like flu vaccinations, consultations, and hospital discharge referrals. It has a role in service design and customisation, audit and management, EMOP (Electronic Medicines Optimisation Pathway) support, invoicing, data analysis and report, as well as evidence gathering on community pharmacy services.

Since 2016, community pharmacies are able to access an electronic **Summary Care Record (SCR)**[33] for patients. SCR is a national database that holds electronic records of important patient information such as current medication, allergies and details of any previous bad reactions to medicines, created from GP medical records. It can be seen and used by authorised

staff involved in the patient's direct care, such as accident and emergency services, 111, ambulance, community care, GPs, hospital services, primary care, substance misuse, maternity and other direct care providers. Its aim is to make care safer, reduce the risk of prescribing errors and help to avoid delays to urgent care.

The **Electronic Prescription Service (EPS)**[34] allows prescribers to send prescriptions electronically to a dispenser, such as a pharmacy, nominated by the patient. This makes the prescribing and dispensing process more efficient and convenient for patients and healthcare workers. EPS is already widely used in primary care with over 95% of all prescriptions now being produced electronically. It is widely used in primary care, but its capability has been expanded to secondary and community care, including acute, community hospital trusts, and mental health trust.

Digital Leicestershire[35] is a programme led by Leicestershire County Council, is improving Leicestershire's digital connectivity and ensure easier access to public services, particularly in rural locations. Under the Government's £5bn Project Gigabit aimed at delivering gigabit-capable broadband to hard-to-reach communities, Leicestershire initiative was the first in the country to be rolled out. By March 2024, it connected 43 public sector sites (schools, libraries, waste sites and depots) with gigabit-capable broadband, improving digital inclusion across the County.

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5.16. CPCF Arrangements for 2024/25 and 2025/26

The new funding and other arrangements for community pharmacies were agreed in March 2025, giving community pharmacy a largest uplift in funding across the whole of NHS (a 30% when compared to 2023/24)[36]. The settlement recognises the key role of the community pharmacies in future health care, securing further funds for continuation of Pharmacy First and other Primary Care Recovery Plan services.

Upcoming changes include the addition of antidepressants to the New Medicine Service (NMS) and Emergency Hormonal Contraception (EHC, currently commissioned locally) to the nationally commissioned Contraception Service (planned for October 2025).

It also includes some regulatory changes such as more scope to amend core opening hours, stopping NMS subcontracting, maximum of four health campaigns (incl. two from ICB) or DSPs no longer being able to provide Advanced or Enhanced services on their premises. The Pharmacy Quality Scheme (PQS) is to be smaller than usual in 2025/26, including elements from previous schemes to support embedding of quality improvements.

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6. Stakeholder Views

6.1. PNA Pharmacy Professional Survey

This section summarises the results of the PNA Professional Survey which was run between 3rd of February to 11th of August 2025. The full results are available in the APPENDIX.

A total of **42 Leicestershire pharmacies** responded to the survey, 95% (N=40) of responding pharmacies were community pharmacies, and two were DSPs. The majority of those who responded (80%), get more than five thousand enquiries per year.

Most of pharmacies (69%, N=29) of respondents said they felt able to maintain the **current level of service**, with 17% (N=7) stating they did not. Respondents in the latter group most commonly quoted limited funding, problems with ensuring appropriate level of staffing and high running costs as primary reasons for their response ("*There is a lot of pressure on pharmacies to provide services for limited funding. Funding for the services is not sustainable*").

Almost a third (29%, N=12) of respondents stated that they planned to **expand their business**, while 62% (N=26) planned to continue the same level of service. Only one stated that they were planning to reduce the level of operation. Commonly quoted areas for expansion included both private and NHS services, opening new consultation rooms, investing in new staff or providing additional services to Care and Nursing Homes.

Judging the general **pharmaceutical services' provision** within 3-mile radius, nine out of ten respondents thought it was good or very good in terms of location, number of pharmacies and range of services provided.

69% (N=29) of pharmacies had one **consultation** area, while 31% had two or more, the majority having wheelchair access (98%) and handwashing facilities(75%) in the room or close by; however, only a quarter (24%) had toilet facilities for those attending the consultation. On average, pharmacies gave 29 consultations per week (range: 1-80). Almost a third (32%) of pharmacies planned to increase consultations in the next 12 months.

Of the **facilities** available to help people access services, most pharmacies (91%) provided large-print labels/leaflets, 57% had wheelchair ramp access, 48% hearing loop and 43 %provided dementia-friendly space. However, only less than a quarter had automatic door assistance, small proportion having a bell at the front door (17%) or a disabled toilet facility (7%). Two pharmacies stated they had none of these facilities. Just a quarter (24%) of pharmacies were entitled to Pharmacy Access Scheme payments.

In about half of pharmacies (57%) Gujarati and/or Punjabi were spoken, while in 43% Urdu. Polish was spoken in 10% of pharmacies. Most of pharmacies (64%) used a **language** service, such as Google Translate, or patients were served by a member of staff who could speak that

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language (41%).

Over a half (56%) of pharmacies relied on locum pharmacists, relief pharmacist (49%) and 5% on other locum pharmacy staff. About a third of those who felt this was applicable to them experienced **difficulties recruiting** community pharmacists, with about a quarter having difficulty recruiting pharmacy technicians, counter assistants or dispensers. One in five experienced difficulty recruiting into apprenticeship in any pharmacy role, and 5% into delivery driver positions.

Less than a quarter (24%) of pharmacies offered independent private prescribing, such as private PGD services, and 10% independent NHS prescribing. A large proportion of pharmacies (85%) intended to change their **independent prescribing** practice, whether expanding or reducing.

Less than a third (N=12, 29%) felt that that there were services, they currently did not provide, that would benefit the local population, including prescribing for H. Pylori, travel clinic, ear wax removal or weight management. Lack of funding, complicated tendering, digital access issues and staffing were quoted as barriers to providing such services.

60% (N=25) of respondents said their pharmacy dispensed appliances, the majority providing all appliances listed in the drug tariff.

A majority (93%, N=39) of pharmacies offered delivery services (free of charge in 97% of these pharmacies). Less than a half (43%, N=18) of pharmacies noticed an increase in demand for online services and 51% (N=21) for delivery services. Most pharmacies looked into expanding their **online and/or delivery services**, with only 17% planning no such expansion.

There were mixed responses to the question on the potential impact of online ordering and internet-based pharmacies on local pharmacy provision, including negative impact through commercial competition and/or lack of follow-up care of many patients, and positive impact through giving patients more options and easier access. The respondent highlighted the need to better regulate these services and reviewing business rates, to ensure a level playing field.

In general, the pharmacies were keen to provide additional services such as private prescribing, aesthetics, patient discharge services, travel clinics, weight management or ear wax removal. One of the comments called for pharmacist clinical discretion over treatment.

6.2. PNA Pharmacy Public Survey

This section summarises results of the PNA Public Survey which was run between 3rd of February to 30th of April 2025. The detailed results available in the **APPENDIX (Section 6**: **Pharmaceutical Needs Assessment Public Survey 2025 – LLR Combined Results**).

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A total of **739 Leicestershire residents** responded to the survey, 74% (N=547) were Charnwood residents, 11% from North West Leicestershire (N=79), with other districts contributing to a much lesser degree. This raises questions about representativeness across Leicestershire districts. Over a half (53%) of respondents were 65 or above, 38% were 45-64 and 8% 25-44; the majority (63%) women; 95% declared themselves to be white, 4% Asian or Asian British.

Overall, 86% agreed, whether 'very' or 'fairly' that their pharmacy provided a **good service**, with 8% disagreeing. 85% agreed that advice received was clear, with 4% disagreeing.

The majority of respondents (90%) were getting their medication directly from a pharmacy, with 4% using GP dispensaries and 4% delivery. The majority of Leicestershire respondents (98%) were usually using Leicestershire pharmacies, with only 2% usually using pharmacies located in Leicester.

Almost a half (48%) of respondents used a car as a **means of transport** (including 41% as drivers); and 46% were walking. Only 1% of respondents were using public transport to get to the pharmacy; remaining 3% had their medicines usually delivered home. In the majority of cases (98%) the travel involved less than 30 minutes, including 80% less than 15 minutes. Only 1% of respondents travelled for more than 30 minutes to get to a pharmacy. The majority of those who have their medicines delivered, this is by necessity (e.g. disability) rather than choice/convenience.

Where applicable, the rates of satisfaction with **advice about taking medicines** (percentage of those reporting being very/fairly satisfied) were as follows – 81% for pharmacies, 90% for GP dispensing and 64% for online pharmacies. Conversely, 7% were dissatisfied (very/fairly) with pharmacies, 4% with GP dispensing and 15% with online pharmacies.

The majority (89%) of respondents use pharmacies on the weekdays (9am-6pm), 6% on Saturdays and 4% on weekdays evening. Overall, 80% agreed (strongly/tend to) that **opening hours** met their need, with 2% stating that their needs were not met. The majority of respondents (98%) reported that it was easy (very/fairly) for them to find a pharmacy. None of respondents found it very difficult. It was easiest to find a pharmacy during a weekday (98%), relatively easy (55%) at weekend, but difficult (58%) after 6 pm on a weekday and on Bank Holidays (72% found it very or fairly difficult). The main themes for responses to open questions about pharmacy opening times were that more convenient opening times on weekdays would be useful, but it was generally appreciated that pharmacies generally opened on Saturdays. There was a generally good level of satisfaction with opening hours in Leicestershire, although some respondents were concerned with the reduced opening hours ('late opening – earlier closing') and Saturday closures, resulting in difficulties in collecting medications.

In the future, the majority of respondents (97%) plan to visit a pharmacy in person and 90% stated that they are not likely to ask for a prescription by post. Furthermore, 80% stated they

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are not likely to use online services and 76% perceived home delivery services as not important.

For the majority (92%) the availability of medication at a pharmacy was very important, as were quality of service (90%) and availability of private areas (83%). Only 1% thought that availability of information in other languages was important.

With regards to **additional services** provided by pharmacies, 84% of respondents were aware that pharmacies provide minor ailment advice, 70% of disposal of unused medicines service, 69% flu vaccinations and 68% BP checks, for example. Respondents mentioned using pharmacies for flu/COVID vaccinations, blood pressure monitoring, medication checks and general health advice. However, only 12% were aware of weight management, 13% physical exercise and 16% of healthy eating advice (e.g. *"Didn't know about the services until this survey."*). Leicestershire respondents expressed additional need for minor health support, repeat prescription service and medication delivery.

The survey aimed to assess the needs of some groups, such as carers, those caring for a terminally ill relative or friend, and people with additional physical or communication needs. Although the results are based or relatively lower number (in Leicestershire there were 71 respondents caring for a terminally ill person and 206 carers in general), 68% (140/206) of **carers** stated that their pharmacy always met their needs, with further 23% (48/206) stating that their needs were met sometimes. There was a general recognition of staff efforts to adapt carer needs or medication issues and supportive interactions with staff (e.g. *"Staff offer advice and help when something isn't available."*), however some respondents noted gaps in stock of medicines. Those with additional **physical access needs** (N=59 in Leicestershire) noted problems with parking and proximity to a pharmacy as main issues, while those with **communication needs** (N=10 in Leicestershire), hearing impairment was the main problem (e.g. *"Difficult for deaf people to use pharmacy independently."*).

In summary, there is a good level of satisfaction with the services provided by local pharmacies, with respondents preferring to use local (Leicestershire) 'brick-and-mortar' pharmacies in person and not planning use online/distance options in the near future. The most important aspect seems to be the quality of the service and the availability of the medication. Pharmacies are harder to find after hours on weekday and on Bank Holidays. While residents are aware of additional clinical services provided by pharmacies, they are less aware of public health, and lifestyle advice.

6.3. Responses to Statutory Consultation

The majority of **Leicestershire responses** were official (N=15, 65%), with the remainder personal or professional views (N=6).

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The majority (N=16[10], 70%) of respondents were pharmacists or appliance contractors, other responses included two from the neighbouring HWB areas (Nottinghamshire and Leicester), two from Leicestershire district councils, there were also responses from the ICB, Healthwatch, local NHS trust and a member of the public.

All respondents to the online survey (N=22) agreed that the **purpose of the PNA** was clearly explained (N=10, 46% agreed strongly), finding the document self-explanatory, detailed and comprehensive, and giving emphasis on important aspects such as health inequalities and the evolving nature of community pharmacy services. 91% of respondents (N=20/22) thought that the report adequately reflected the **current community pharmacy provision** in Leicestershire, stating that the document provided a thorough assessment of current service provision. One of the respondents suggested some examination of the provision of disabled parking in the vicinity of pharmacies. None of the respondents suggested any additional services not highlighted in the report.

96% of respondents viewed the coverage of the **population needs** as adequately covered in the report (32% agreed strongly, 64% tended to agree with one response neutral). The respondents valued the focus in the report on disparities in service provision and on future housing developments and growing service demand in the future. The low response to the professional services was noted, but the extended engagement was appreciated by one of the respondents.

Although the majority of respondents did not find any **gaps or issues not mentioned** in the report (N=19, 86% answered 'No' or 'Don't know'), suggestions included more focus on future staffing and resilience risks, re-consideration of services rationalised into one location (e.g. palliative care service), ensuring access to pharmacies in new housing developments and clear communication to the public around the services available to them through community pharmacy. Other suggestions included looking at differences in services' uptake locally and out-of-area, as well as on future impact of population growth on service demand.

None of the respondents disagreed with the **conclusions and recommendations** of the report – 29% (N=6) agreed strongly, 57% (N=12) tended to agree and 14% neither agreed nor disagreed. Respondents stated that the assessment seems to have been "conducted thoroughly", and the recommendations are "practical and forward-thinking". The respondents valued the focus on the equality of local provision, flagging the importance of monitoring, particularly considering population growth. Some opportunities for refinement and reinforcement include strengthening future-focused analysis, improving stakeholder engagement and embedding enhanced service evaluation into the report.

The response from LLR Integrated Health Board strongly advocated the inclusion of community pharmacy in local Core20PLUS5 strategies and broader health equity initiatives. The five priority

[10] Three were under 'other ' category

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areas emphasised by the LLR ICB included:

- **Service integration and expansion**, through primary care networks and neighbourhood health delivery models, to actively support prevention, early intervention and chronic disease management.
- Further support to **innovative service delivery** to relieve pressure on other services, such as GP and urgent care. This includes increasing availability of independent prescribing in community pharmacy.
- **Digital enablement**, including digital integration of community pharmacies into the healthcare system.
- Strengthening of pharmacies' role in supporting the **promotion of public health**.
- Regular review of ongoing housing development and population growth to ensure **effective planning for growth**.

The majority of respondents (N=18, 86%) agreed that the PNA has given **enough information to help plan future services and support pharmacies** and DACs, although it was suggested that more detail on forward planning for growth, pharmacy workforce considerations, challenges faced by DACs and future needs for these services would enhance the PNA process in the future.

Two of the respondents (9%) had suggestions for **additional inclusions in the PNA** in the future, including more detailed analysis of parking availability, and ensuring better representation of all districts in the public survey (strong response from two districts but not from others).

7. Gaps in Current Provision

This section discusses potential gaps in current provision of pharmaceutical services in Leicestershire identified in this review of the PNA.

Gaps can be looked at from a number of perspectives[37] - geographically (whether residents have sufficient access to a pharmacy driving, walking or by public transport – location and spread of premises), whether there are geographical gaps in provision of specific services and whether there are accessibility issues resulting from gaps in pharmacy opening times.

7.1. Location of Premises

The geographical analysis of travel time to pharmacies in Leicestershire indicates just two areas in the East of Harborough and Melton districts where travel time to a Leicestershire or

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borderline pharmacy is over 20 minutes (Figure 16, page 56), however, these areas are within a relatively short drive from Oakham and Uppingham with a number of pharmacies there. Furthermore, these areas are very sparsely populated – only in Harborough there is a small proportion of population with more than 15 min drive to a pharmacy (Figure 15, page 55).

In conclusion, there is generally very good access to community pharmacies across all Leicestershire Districts.

7.2. Opening Times

During weekdays there is a good coverage of services with eight out of ten pharmacies open till 6 pm or later and over a quarter (28%) open before 9 am. The access is more restricted at weekends, particularly on Sunday night (only two pharmacies open, one in Blaby and one in Hinckley and Bosworth).

7.3. Equality of Access

The analysis of equality of access to pharmaceutical services in Leicestershire has found no disparities by age or deprivation, however, those living in rural settings have much longer travel times, particularly when using public transport or walking to a pharmacy.

7.4. Services

7.4.1. Essential Services

Combining all three providers of essential pharmaceutical services (community pharmacies, distance selling pharmacies and dispensing GPs), the residents of Leicestershire have similar **levels of access** (2.0 providers per 10,000 population) to the England average of 2.1 of community pharmacies per 10,000 population (par 5.9.2, page 51). Both dispensing GPs and distance selling pharmacies are important providers of essential services for the rural population of Leicestershire. It is important to note that this is very broad indicator of access and it needs to be treated with great caution.

Whilst current access to pharmacy provision is largely good, with the projected **increases in population** that are anticipated in Leicestershire, the areas of Harborough, Hinckley and Bosworth, and North-West Leicestershire should in particular be kept under review to ensure that the provision remains adequate to meet the future needs of the populations in these areas. The large amount of housing development in the county should also be kept under review and taken into consideration as this may present particular geographical areas of need for further pharmaceutical services.

Although no gaps have been identified in the provision of essential services during normal

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working hours or outside of normal working areas across the whole Health and Wellbeing Board area and no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access, housing and population growth need to be kept under review with a focus on Harborough, Hinckley and Bosworth and North West Leicestershire.

7.4.2. Advanced and Enhanced Services

The analysis shows no significant gaps in the provision of advanced or enhanced services in Leicestershire, with a majority of community pharmacies signed up to provide these services. An exception is the Smoking Cessation Service (SCS) with about a third of pharmacies signed up (lowest - 11% in Melton).

7.4.3. Locally Commissioned Services

The analysis shows no significant gaps in the provision of locally commissioned services in Leicestershire. From October 2025 EHC (Emergency Hormonal Contraception) will be commissioned nationally together with the Advanced Pharmacy Contraception Service.

Two services where access by Leicestershire residents could be an issue are - H. Pylori Breath Test Service which is only available in Leicester (for Leicester residents) and the Urgent Supply and Home Delivery Service for palliative care which is currently provided by only one pharmacy (based in Leicester) across the whole of LLR.

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8. Conclusions

The LLR PNA Reference Group agreed on the following conclusions of this PNA, providing a continuous level of funding and reflecting future population changes.

Currently, there is a good provision of a variety of pharmaceutical services across the county of Leicestershire to meet the health needs of the population. The services are distributed across the localities, with good levels of access by residents to pharmacies in Leicestershire or, where available, across the County border.

However, the projected population increases and housing growth in Leicestershire may lead to the need for more pharmacy provision and it is vital that access is monitored to ensure the expected level of provision throughout the three-year life cycle of this PNA.

The key role of community pharmacies in future healthcare, particularly their contribution to the integrated local primary care offer, will require effective neighbourhood working arrangements. This is directed by both national and local priorities (see Section 2, page 18).

Some services, such as palliative care supply (see section 5.14.5), are provided by few or single pharmacies, which rases questions about equity of access, particularly for patients living in remote areas. Although there is no clear indication that population is underserved, the professional engagement process suggested the need to review the rationale behind centralising such services.

The PNA public engagement process also highlighted a need to review some accessibility issues, particularly parking space outside pharmacies (see 6.2). While only a small minority of survey respondents used public transport to travel to their pharmacy, public, community and voluntary transport options should also be kept under review, as the need for public transport may change over time.

While the public feedback indicated a strong preference for brick-and-mortar pharmacies, the trends in the use of online and delivery services should be monitored, and such services enhanced where possible.

Most of users are aware of the additional services provided by pharmacies, however there is a need to enhance their awareness of health promotion (e.g. exercise or healthy weight advice). Pharmacies will be vital in the promotion of public health, whether through healthy lifestyles advice or early preventative action. This will, in time, cut down the number of GP or urgent care engagements and unnecessary admissions to hospital. In September 2023, the Nuffield Trust and King's Fund published a research report outlining the possible future of community pharmacy[38], predicting that community pharmacy teams will be an integral part of a local integrated primary care offer, allowing people access to care in their own neighbourhoods and supporting people with ongoing care needs in addition to preventive and acute care through

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taking a co-ordinated and active role in the work of PCNs. Areas for engagement include:

- Preventing ill health and supporting wellbeing, with a particular focus on reducing health inequalities. This can be achieved through public health interventions such as smoking cessation advice, weight management and alcohol advice, targeted health checks and screening offering joined-up women's health services, evidence-based advice on vitamin supplements, and playing an increasing role in providing opportunities for early detection.
- Providing clinical care for patients through Pharmacy First service, prescribing medications to treat these when clinically appropriate, supporting the identification and management of some common long-term conditions such as asthma and diabetes, disease monitoring and optimising the use of medicines and devices, case-finding, initial prescription and titration for hypertension, plus ongoing management of hypertension.
- Supporting people to access and to live well with their medicines and treatments, including new and advanced therapies whenever they emerge, through medicines optimisation services, wider use of pharmacogenetics and greater personalisation of medications, providing in-reach services to settings such as care homes to support providers in optimising medicines management.

The increasing role of community pharmacy in the integrated primary care was recognised in the recent CPCF settlement for 2024/25 and 2025/26 described in more detail in 5.16, page 94.

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8.1. Statements of the PNA

The PNA is required to state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

The regulations require the following statements[37]:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services
- the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service – *i.e. gaps in the provision of necessary services*
- the pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access – *i.e. other, already existing, relevant services, advanced, enhanced or locally commissioned*
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future *i.e. other, potential services, that would secure improvements in access*
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

For the purposes of this PNA, pharmaceutical services are classified into Essential, Advanced, Enhanced and Locally Commissioned (LCS) Services, in line with the CPCS classification used by the local services and commissioners.

8.1.1. Provision of Essential Services

There is a sufficient provision of essential pharmaceutical services for the population of Leicestershire.

8.1.2. Gaps in Provision of Essential Services

No gaps were identified in the provision of Essential Services during normal working hours or outside working hours across Leicestershire to meet the needs of the population currently or in the next three years (lifetime of this PNA) across Leicestershire.

Recommendation – continuing to review implementation of housing developments and needs arising therefrom.

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8.1.3. Other Services

Advanced Services

According to the information available, there are no gaps in the provision of Advanced Services at present or within the next three years that would secure improvements or better access to services in Leicestershire.

Enhanced Services

According to the information available, there are no gaps in the provision of Enhanced Services at present or within the next three years that would secure improvements or better access to services in Leicestershire.

Locally Commissioned Services

According to the information available, there are no gaps in the provision of Locally Commissioned Services at present or within the next three years that would secure improvements or better access to services in Leicestershire.

8.1.4. Gaps in Other Services

According to the information available and the results of the engagement process (public and professional pharmacy survey as well as a statutory consultation), the PNA concludes that there are no gaps in other services that could affect pharmacy service provision in Leicestershire.

9. Recommendations

Based on the results of this Pharmaceutical Needs Assessment, a number of recommendations to maintain a good level of pharmaceutical service provision while enhancing equity and promotion of these services in health and healthcare management for the local population are suggested. They include:

- Ensure **effective planning for growth**, including maintenance of current pharmacy provision in areas where demand is being met and reviewing **coverage in areas of faster population growth**, particularly housing developments, with close monitoring of population growth and housing plans in population growth zones. The areas with highest numbers of houses planned for the next three years are Charnwood, Melton and North West Leicestershire. Also to ensure maintenance and improvements in access to the two services mentioned at 7.4.3 above (H. pylori testing and palliative care).
- Consideration of any actions needed to **improve evening and weekend access**,

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particularly in districts with a high working-age population.

- Ensuring services continue to reach out to **vulnerable and hard-to-reach populations,** including rural residents, carers, and those with mobility limitations.
- Supporting the **integration of pharmacies into wider health systems**, particularly the integrated primary care offer. Services such as Pharmacy First have a significant potential for enhancing clinical care and public health locally. This includes continuing **support to innovative service delivery** to relieve pressure on other systems, including general practice and urgent care.
- Strengthening the role of pharmacies in in supporting **promotion of public health**. This includes increasing awareness of services aiming at health promotion and lifestyle management, through local and/or national campaigns.
- To ensure equity of provision, in the face of ongoing changes in pharmaceutical services and increasing use and demand for clinical services, **periodical updates** be made to the Health and Wellbeing Board by pharmacy commissioners (ICB/NHSE/LCC as appropriate), including the following aspects:
    - The impact of any **closures, consolidations or openings** of community pharmacies affecting Leicestershire population
    - The potential impact of **policy and funding changes** on pharmacy provision
    - **Regulatory changes** impacting pharmacy provision – e.g. the new application route to redistribute core contractual hours
    - **Location and opening times** of community pharmacies in areas of fast population growth
    - Uptake of **advanced and locally commissioned services** , such as Pharmacy First , contraception and hypertension case-finding services, considering cross-border provision, particularly in areas of higher need/demand
    - Any **difficulties** experienced by pharmacies, such as recruitment issues, use of private consultation rooms or timely access to some medicines and their potential impact on services
    - Any issues identified in the availability of public, community and voluntary **transport provision** to pharmacy and GP dispensing locations

Action it is also recommended to increase the use of pharmacy services in **promoting health and health management**. ICB/NHSE/LCC (as appropriate) should periodically update the Leicestershire Health and Wellbeing Board on the following:

- Progress with any relevant local **campaigns**, particularly jointly defined and/or run by

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NHSE, ICB and LA Public Health.

- Any **strategic developments** ensuring increasing the role of pharmacies in preventing ill-health, supporting the wellbeing of the population and providing clinical care for patients.
- Progress in **integrating and expanding** pharmacy services through primary care networks and neighbourhood health delivery models, locally and ensuring strategic engagement of pharmacy staff.

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Glossary of Terms

AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
DHU	Derbyshire Health United
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GP	General Practitioner
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LCC	Leicestershire County Council
LCS	Locally Commissioned Services
LLR	Leicester, Leicestershire and Rutland
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NIAVS	National Influenza Adult Vaccination Service
NMS	New Medicines Service

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OHID	Office for Health improvement and Disparities
ONS	Office for National Statistics
OOH	Out of Hours
PGD	Patient Group Direction
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
QOF	Quality Outcomes Framework
SCR	Summary Care Record
SCS	Smoking Cessation Service
UPA	Ulipristal acetate
UTI	Urinary Tract Infection

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APPENDIX B

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

From the office of: Prof Nil Sanganee, Chief Medical Officer, LLR ICB
Email: paul.gilbert7@nhs.net
Based At: County Hall, Leicester
Our Ref: Leicestershire PNA 2025

4th August 2025

Mike Sandys
Director of Public Health
Leicestershire County Council

Dear Mike,

Re: Consultation Response – Leicestershire Pharmaceutical Needs Assessment (PNA) 2025

Thank you for the opportunity to respond to the Leicestershire Pharmaceutical Needs Assessment (PNA) 2025 consultation. We welcome the continued commitment to assessing and improving pharmaceutical services across the county and we are broadly supportive of the draft's conclusions and recommendations.

Community pharmacy remains a cornerstone of healthcare provision for Leicestershire residents. The accessibility of pharmacies—both geographically and in terms of opening hours—continues to be a strength, and we are pleased to note that no significant gaps in the provision of essential pharmaceutical services have been identified.

However, tackling the stark health inequalities across Leicestershire requires a proactive and integrated approach and community pharmacies are uniquely positioned to support this effort. Their presence in the most deprived areas, their ability to offer care without appointment, and their multilingual teams make them vital partners in tackling health inequities. We strongly advocate for their inclusion in local Core20PLUS5 strategies and broader health equity initiatives.

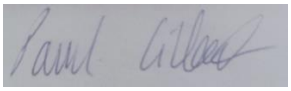
We also wish to emphasise the following priorities:

- **Service Integration and Expansion**: We strongly endorse the need for greater integration of community pharmacy within primary care networks (PCNs) and the emerging neighbourhood health delivery models and plans to support prevention, early intervention and chronic disease management. Services such as Pharmacy First, Community Pharmacy Contraception Service and the Hypertension Case Finding must be scaled and tailored to local needs. We fully support active collaborative working between community pharmacy teams and other health and care partners to maximise impact.
- **Innovation:** We need to further support innovative service delivery through the community pharmacy network and the PNA needs to reflect this ambition. Consideration should be given to additional services that relieve pressures on other services wider than just GP practices, for example urgent and emergency care services. This includes maximising the opportunities presented by increasing availability of independent prescribers in community pharmacy.

- **Digital Enablement**: As healthcare becomes increasingly digital, we support the recommendation to tackle inequities in digital literacy, but to do this, commissioners need to ensure that community pharmacies are digitally integrated to work seamlessly with partners, and service design should include community pharmacy digital integration from the outset.
- **Promotion of public health:** We commend the recognition of pharmacies role in supporting public health, and where possible would like to see these sustained and strengthened. These services directly support the Health and Wellbeing Partnership's life course priorities but coverage and quality need regular review.
- **Planning for Growth**: With ongoing housing development and population growth, it is vital that pharmacy provision is regularly reviewed to ensure it meets evolving community needs and we support the recommendation for an annual report of pharmacy services.

We look forward to working collaboratively with patients, Leicestershire County Council, NHS partners and the Local Pharmaceutical Committee (LPC) to ensure that community pharmacy continues to evolve and thrive as a key component of our healthcare system.

Yours sincerely



Paul Gilbert
Community Pharmacy Clinical Lead
NHS Leicester, Leicestershire and Rutland
Integrated Care Board (LLR ICB)

Prof Nil Sanganee
Chief Medical Officer
NHS Leicester, Leicestershire and Rutland
Integrated Care Board (LLR ICB)

Agenda Item 8

HEALTH AND WELLBEING BOARD: 25 SEPTEMBER 2025

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

JOINT LOCAL HEALTH & WELLBEING STRATEGY 2022-2032 REVIEW

Purpose of report

1. The purpose of this report is to seek approval from the Health & Wellbeing Board (HWB) on recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review and agree the approach to the next phase of activity.

Recommendation

2. The HWB is recommended to:

- Approve the recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review;

- Approve the approach to the next phase of the review including indicative timescales.

Policy Framework and Previous Decision

3. Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act (2012) and were operational within each local authority from 1st April 2013. HWBs are responsible for a number of statutory duties, which includes the development and publication of a JLHWS.

4. The 10-year JLHWS for Leicestershire was approved by the Health and Wellbeing Board in February 2022.

5. It is worth highlighting that at the same time the Health and Care Act 2022 amended section 116A of the Local Government and Public Involvement in Health Act 2007, to replace references to ‘clinical commissioning groups’ with ‘integrated care boards’ (ICBs), it also renames 'joint health and wellbeing strategies' (JHWS) to 'joint local health and wellbeing strategies' (JLHWS).

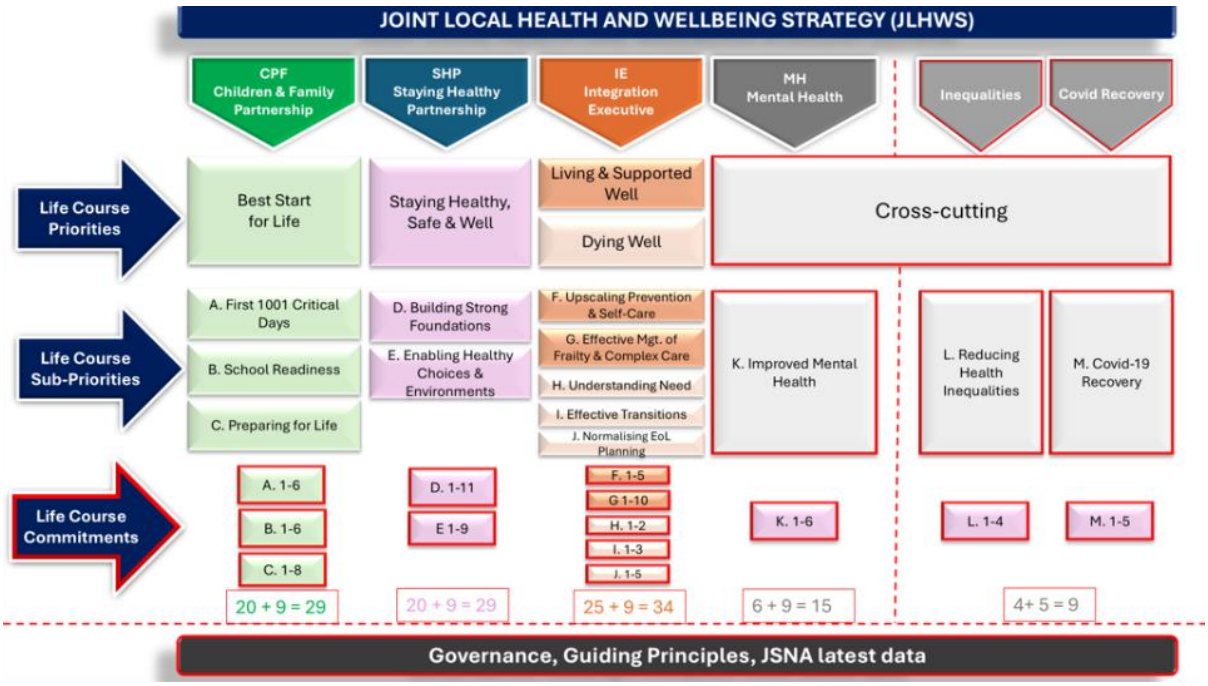
Background

6. The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the Joint Strategic Needs Assessment (JSNA) to improve the health, care and wellbeing of local communities and reduce health inequalities. The strategy comprises of four strategic priorities (that take a life course approach), three cross-cutting priorities, ten sub-priorities and eighty commitments.

7. Four Health and Wellbeing Board subgroups are responsible for delivering against each strategic priority cited below, as well as two crosscutting priorities (Health Inequalities and Covid-19 recovery). The sub-groups are also responsible for providing regular progress updates to the HWB:

- **The Children and Family Partnership Board** – Best Start for Life.
- **The Staying Healthy Partnership Board** – Staying Healthy, Safe and Well.
- **The Integration Executive** - Living and Supported Well and Dying Well.
- **The place-based Mental Health Group** – Improving Mental Health (as a crosscutting theme).

8. Illustrated below is a diagram showing the subgroups and the life course priorities and cross cutting priorities they are currently responsible for. It outlines the four-life course strategic priorities, the 10 sub-priorities and associated commitments (80 in total). Additionally, the diagram demonstrates the three cross-cutting priorities, underpinning governance, guiding principles, and the supporting JSNA data that inform and guide the work being undertaken. Those areas highlighted in red are in scope of the review.



9. The 10-year JLHWS was approved by the HWB in February 2022 with the view that a review will take place every 3 years to ensure that the priorities and commitments remain relevant.

10. It was agreed by HWB members at a development session in July 2023 that the life course approach was the right approach. This approach also aligns with the priorities within the LLR Integrated Care Strategy therefore the aim of the review is to focus on the JLHWS commitments within each strategic life course priority as opposed to the life course priorities and sub-priorities themselves.

11. It was agreed at the meeting of the HWB on 5 December 2024 that the review will commence in February 2025 and conclude by September 2025 and the sub-groups will analyse the commitments and advise the HWB of any proposed deletions, alterations and/or additions with a rationale. These will be considered by the HWB at its meeting on 25 September 2025.

Purpose of the Review

12. The purpose of the review is to ensure the strategy remains relevant and effective in addressing current and emerging health and wellbeing priorities. By evaluating commitments against the latest data and other key evidence, the review will identify whether the commitments remain appropriate. It will also assess cross-cutting priorities to assess their relevance whilst providing an opportunity to incorporate new priorities and associated commitments. The review will also provide valuable insights to guide both ongoing activities and the development of future work.

Approach to the Review

13. The review commenced in February 2025 following approval from the Health and Wellbeing Board (HWB). Governance for the review has been designed to be agile, with HWB providing strategic oversight and retaining responsibility for approving and signing off the final strategy. The process has been led by a Steering Group made up of diverse representation across system, place and neighbourhood and the voluntary sector. This broad and inclusive approach ensured the right stakeholders were engaged at the right time, supporting a flexible and responsive process. The steering group has been co-chaired by representatives from Leicestershire County Council (LCC) and the Integrated Care Board (ICB).

14. A review of commitments was undertaken by each subgroup during May and June 2025, with all subgroup members invited to participate in dedicated review workshops. To support meaningful engagement and inform proposed changes, additional stakeholders with responsibility for, or a significant interest in the

strategy were also invited. Ample notice and flexibility were provided to encourage attendance, with workshops delivered in a hybrid format (online, in person and mixed) to ensure broad accessibility. Stakeholders represented a wide cross-section of system, place and neighbourhood and encompassed voices from the voluntary sector.

Data Packs

15. Data packs were produced for each subgroup, containing the latest Joint Strategic Needs Assessment (JSNA) indicators for Leicestershire. These packs showed whether indicators had remained stable, improved, or worsened over time and included relevant recommendations from recent JSNAs. As all proposed changes to commitments required a clear and evidence-based rationale, the data provided a valuable foundation to support informed decision-making within each subgroup.

Key Themes Identified

16. During the review of the current commitments, each subgroup used the latest data and insights to assess relevance and clarity. A number of key themes emerged across the subgroups and are described below:

    - Commitments contained a mix of actions, success measures, or high-level visions, rather than clear and consistent statements.
    - Some commitments were outdated and referenced strategies or documents that were no longer in use.
    - Duplication existed across several commitments reducing clarity and focus. This made them difficult to manage and track progress effectively.
    - Some commitments overlapped with or were more appropriately aligned to broader cross cutting priorities.
    - Data and insights highlighted emerging needs demonstrating that new commitments needed adding or existing ones refining to reflect current challenges and opportunities.
    - Some commitments were too broad or high level making it challenging to define concrete actions and align them with success measures capable of demonstrating meaningful impact on health and wellbeing.

17. In conclusion, aligned with the evidence and identified need, the majority of the strategy remains relevant and fit for purpose. However, refinement was required to enhance clarity and effectiveness. Certain components are better framed as commitments, reflecting core values and long-term priorities, while others align more naturally with the action plans to guide implementation. Additionally, some elements are more appropriately defined as success measures to support monitoring and evaluation. This realignment will ensure

that the strategy remains focused, actionable, and responsive to the evidence and evolving context.

Proposals

18. The following section of the report outlines the key recommendations made by each subgroup as part of the review process. These recommendations reflect the insights gained from data analysis, stakeholder engagement and the evaluation of existing commitments. Full details of original strategic commitments and subgroup recommended changes can be found in **Appendix 1**

19. The sections below provide a high-level summary of the recommended changes.

Children & Family Partnership

20. The Children and Family Partnership is responsible for delivering on the 'Best Start for Life' strategic priority and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Best Start for Life:

Sub- Priorities	Agreed Areas of Focus/Themes
1001 critical Days	• Infant Feeding • Access & support to the right services for early development, health & wellbeing & maternal health and wellbeing
School Readiness	• Building the foundations for school readiness, speech & language, emotional wellbeing and good health • Helping families to access & understand the most appropriate services and entitlements
Preparing for Life	• Uptake of vaccinations, boosters and screening • Supporting health and independence, transitions & future wellbeing

Staying Healthy Partnership

21. The Staying Healthy Partnership is responsible for delivering on the 'Staying Healthy, Safe and well' strategic priority and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Staying Healthy Safe & Well:

Sub- Priorities	Agreed Areas of Focus
Building Strong Foundations	• Health & equity in all policies • Healthy environments (placemaking) • Healthy workplaces & local economy • Healthy homes • Healthy & safe communities
Enabling Healthy Choices & Environments	• Enabling healthy choices & behaviours • Healthy weight, food & nutrition

Integration Executive

22. The Integration Executive is responsible for delivering on the 'Living & Supported Well' and 'Dying Well' strategic priorities and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Living & Supported Well:

Sub- Priorities	Agreed Areas of Focus
Up Scaling Prevention & Self Care	• Empowering self-care • Falls prevention & management • Access to housing, care & tools to support independence • Access to care services • Support for carers
Effective management of Frailty & Complex Care	• Early identification of need • Joined up services to support independent living • Care in the community / care closer to home

Dying Well:

Sub- Priorities	Agreed Areas of Focus
Understanding the Need	• Understanding the need • Support with planning • Coordinated & streamlined services
Normalising end of Life Planning	
Effective Transitions	• Access to information • Bereavement support for carers

Mental Health Place Based Group:

23. The Mental health Place-based Group is responsible for delivering on the 'Improving mental health' cross cutting priority and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Improving Mental Health:

Sub- Priorities	Agreed Areas of Focus
Improving mental Health	• Prioritising mental & physical health equally • Preventing suicide • Dementia support • Access to mental health services including effective transitions • Mental health promotion & prevention

Health Inequalities - Cross Cutting Priority:

24. All subgroups reviewed the cross-cutting priority of health inequalities as part of the strategy review. There was a strong consensus that this priority should be strengthened through inclusion of an overarching strategic commitment. In addition, each subgroup agreed to develop its own tailored plan to address health inequalities within their specific population or area of focus. This approach ensures both collective accountability and targeted action, supporting more effective and equitable outcomes across the system.

COVID-19 Recovery - Cross Cutting Priority:

25. All subgroups also reviewed the existing cross cutting priority on COVID-19 Recovery. There was collective agreement that this should no longer remain a standalone priority, as the context has evolved significantly since the height of the pandemic. Instead, the subgroups supported replacing this with a broader more future focused strategic commitment to health protection. This shift reflects a more comprehensive approach to managing ongoing and emerging risks to the health of the public, ensuring resilience and preparedness across the system.

Consultation/Patient and Public Involvement

26. A comprehensive public consultation was carried out when the strategy was first developed three years ago, therefore it was approved by HWB at its meeting on 5 December 2024 that it was not considered necessary to repeat the process as the current programme of work was a review rather than a full refresh. Instead, the review drew on existing insights from a co-ordinated

approach between Healthwatch Leicestershire and Voluntary Action Leicestershire.

27. The Health Overview and Scrutiny Committee reviewed proposed changes to the Joint Local Health and Wellbeing Strategy (JLHWS) at a meeting on 3 September 2025 and raised the following points:
    - Loss of focus on key health issues: Concerns were expressed about tracking progress if specific health issues were removed. It was clarified that issues are not being removed but streamlined in the commitments, with detail retained in accompanying delivery plans that will follow on from the review. This allows flexibility to address emerging issues. It was also clarified that the proposal to remove some commitments is because they are already being effectively managed through an alternative Board and/or governance structure. This avoids duplication of accountability and ensures clearer oversight.
    - Lack of focus on health and wellbeing post-retirement: Reassurance was provided that the strategy takes a life-course approach and therefore spans all ages. However, it was acknowledged that there was a need to make this clearer when the strategy is updated.
    - Lack of focus on the impact of sedentary lifestyles on health and wellbeing: Reassurance was provided that the strategy does have a focus on the physical and mental health impacts of sedentary behaviour and this will be strengthened further through development of the delivery plans.

Resource Implications

28. The refinement of commitments will have several important implications for the next phase of work. These include:

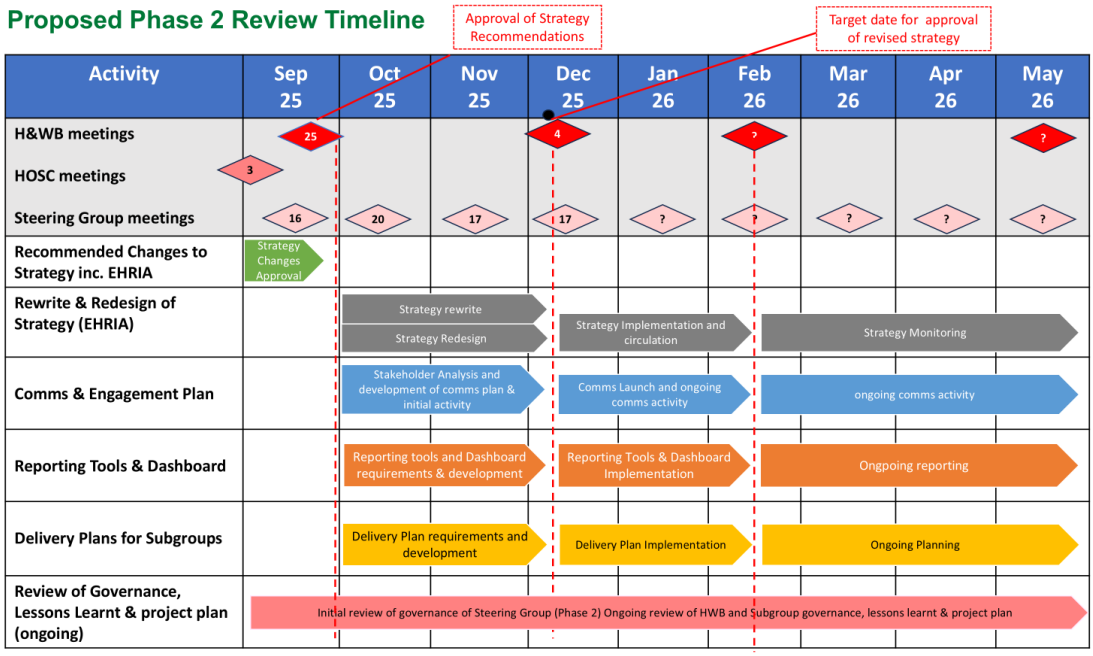
    - Time and resource across the partnership to update and redesign the strategy in a clear, coherent and accessible format.
    - Effective communication of the updated strategy to ensure a shared understanding and ownership across partners.
    - Development of a delivery plan to ensure the revised commitments are translated into measurable outcomes.
    - A review of existing governance arrangements to ensure they remain fit for purpose and are capable of supporting effective delivery and oversight of strategy.
    - Development of reporting templates and performance dashboards across all governance levels that provide timely information and demonstrate impact of initiatives.

Timetable for Decisions

29. The next phase of the review will require the initiation of a number of workstreams indicated below:

- Strategy rewrite & redesign;
- Governance review;
- Communication & engagement strategy;
- Delivery plan development;
- Reporting templates and dashboard development.

30. The indicative timeline for the next phase of activity is illustrated below:



31. Final changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 including strategy redesign will be presented to the Health and Wellbeing Board on 4 December 2025.

Conclusion

32. The purpose of this report is to seek approval from the Health & Wellbeing Board (HWB) on recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review and agree approach to the next phase of activity.

Background papers

Joint Health and Wellbeing Strategy 2022-2032:
https://www.leicestershire.gov.uk/sites/default/files/2024-04/JointHealthandWellbeing-Strategy-2022-2032.pdf

Circulation under the Local Issues Alert Procedure

N/A

Appendices

Appendix 1 - Full details of original strategic commitments
Appendix 2 - EHRIA

Officers to contact

Mike Sandys, Director of Public Health

Email: Mike.sandys@leics.gov.uk

Joshna Mavji, Assistant Director of Public Health

Email: Joshna.mavji@leics.gov.uk

Relevant Impact Assessments

Equality Implications

33. An Equality Impact Assessment was undertaken in 2022 at the time the Strategy was developed and remains valid (Current EHRIA can be viewed in **Appendix 2**). At this stage, only a light touch update is considered necessary to ensure alignment with the current strategic context. Over time, as individual initiatives are designed and implemented through the associated action plans, each will be subject to its own comprehensive EHRIA to assess and mitigate any potential impacts.

Human Rights Implications

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

Partnership Working and associated issues

35. The JLHWS review focuses on the commitment from partners in delivering the strategic objectives to improve the health and wellbeing of Leicestershire residents

Risk Assessment

36. A full risk assessment has been managed as part of the project

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APPENDIX 1

Life Course Priority - Best Start for Life

	STRATEGIC SUB-PRORITY - 1001 Critical Days		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will embed the Governments vision for 'The best start for life. A vision for the 1,001 critical days' through a local 1001 Critical Days Children's Manifesto and communication campaign.	**REMOVE**	N/A
2	We will have joined up, accessible pre -school services, family hubs, an empowered workforce and clear local and national direction, vision and service improvement. This will include an integrated Early Years Pathway to identify and support vulnerable children.	**CHANGE**	We will have joined up, accessible pre -school services, an empowered workforce, clear direction, vision and continuous improvement of services.
3	Embed the additional 3-4 month and 3.5 year checks into our public health nursing service.	**REMOVE**	N/A
4	We will invest in evidenced based breastfeeding support for mothers across Leicestershire. Supporting them to initiate and continue breastfeeding for as long as they choose. Support will be prioritised for those in white other ethnic groups and younger mothers.	**CHANGE**	We will invest in evidence-based breastfeeding support to enable parents to initiate and continue breastfeeding for as long as they choose, promoting healthy infant development and maternal wellbeing
5	We will work to further increase uptake of childhood immunisations programmes especially boosters due at age 1 and 2 years.	**REMOVE**	N/A
6	We will empower families to feel confident and supported to develop and grow . This will include support to access the most appropriate services for emotional health and wellbeing, minor aliments (including gastro, respiratory/ bronchitis and head injuries) and home safety.	**CHANGE & NEW**	We will empower families to feel confident and supported to develop and grow. This will include support to improve health literacy and access to the most appropriate health and wellbeing services We will ensure services are provided to support perinatal maternal mental health to support the best outcomes for the first 1001 critical days.

	STRATEGIC SUB-PRORITY - School Readiness		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**

1	We will take a proportionate universalism approach and focus on narrowing the development gaps that affect children and families who are at the greatest disadvantage (e.g. those who access FSM, live in poverty or have a poor home environment, have SENDs and/or are in our care).	**REMOVE**	N/A
2	We will support parents and families to build on their understanding of children's needs so that they are able to understand what good looks like and get their children off to a good development start.	**CHANGE**	We will encourage parents to promote positive home learning environments that will support readiness for school, emotional wellbeing and good health and contribute to positive health outcomes for children.
3	We will provide support to embed physical activity into young children's lives through interventions that improve fine and gross motor skills.	**REMOVE**	N/A
4	We will ensure access to support early development of speech, language and communication.	**CHANGE**	We will develop a speech, language and communication pathway
5	We want to help families access free high-quality childcare and early education that is fully inclusive and accessible.	**CHANGE**	To promote the benefits of funded high quality childcare and early education to increase take up of FEEE
6	We will support improving maternal mental health and physical activity to allow parents and carers to be in the best position they can be to support their children.	**CHANGE**	We will enable families to access services that promote maternal physical & emotional wellbeing and improve understanding of health & development

	STRATEGIC SUB-PRORITY - Preparing for Life		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** **(Steering Group agreed to be refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will work with young people, partners, parents and schools to increase HPV and Covid-19 Vaccination uptake.	**CHANGE**	We will work with young people, families and professionals to improve uptake of immunisations and boosters, supporting life-long health & resilience
2	We will investigate the causes of the increasing levels of children in care and work with families to prevent this whenever possible.	**REMOVE**	N/A
3	We will ensure there are opportunities for all 16-17 year olds to gain education, employment and training.	**REMOVE**	N/A

4	We will develop the Healthy Schools and secondary school children's public health service to help build informed, healthy, resilient young people that have skills to stay safe from harm and are ready to enter the adult world.	**REMOVE**	N/A
5	We will ensure there is appropriate emotional and mental health support for children and young people as part of the Covid recovery.	**CHANGE**	We will ensure there is appropriate emotional and mental health support for children and young people and continue to have a good understanding of the key issues that impact their emotional and mental health
6	We will ensure that children and young people have access to the services they need to gain and maintain an active lifestyle and healthy weight.	**CHANGE**	We will ensure that children and young people grow up in the environment they need to achieve and maintain a life long active lifestyle and healthy weight.
7	We will support the workforce to embed a Trauma Informed Approach to reduce the impact of Adverse Childhood Experiences on later life.	**REMOVE**	N/A
8	We will ensure that children with SEND and learning disabilities have access to the support they need and a seamless transition into adult services.	**CHANGE & NEW**	We will provide timely and effective health and wellbeing support to enable children and young people with SEND and complex needs to thrive and belong in their communities and to transition well into adulthood. We will raise awareness of the effect of screen time on the health, wellbeing and safeguarding of young children

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Life Course Priority - Staying Healthy, Safe & Well

	STRATEGIC SUB-PRIORITY - Building Strong Foundations		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** **(Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will work with partners to deliver the Leicestershire wider determinants action plan, this will include a Health and Equity in all Policies approach to all we do	**CHANGE & NEW**	We will prioritise a health & equity in all policies approach to all we do We will work together to shape healthy places and create strong, connected and resilient communities where everyone can thrive
2	We will further grow Leicestershire's economy and support recovery from the Covid pandemic including work with the Leicester and Leicestershire Enterprise Partnership, Levelling Up and having economic growth for all. We will support those in poverty to access the support to gain employment and eligible benefits and hardship.	**CHANGE**	We will work with partners & employers to create healthier, fairer and inclusive workplaces that enable more people to access, stay-in and thrive in work
3	We will work to ensure everyone has 'good work' for them. Supporting people to enter and maintain good employment/skills and support those with health and care needs to keep their jobs, with particular attention to sickness absence (due to musculoskeletal and mental health conditions) and an aging workforce. We will also consider the role of workplaces in supporting health and wellbeing	**CHANGE**	As Above
4	We want everyone to have access to a good home. We will work with partners to ensure high quality new and current housing that has access to green space and supports good health and wellbeing. We will also work to collaboratively prevent homelessness whenever possible.	**CHANGE**	We will work together to improve the quality of and access to homes which are safe, warm and support good health
5	We will work with system partners to support adults with mental health challenges to live independently.	**TRANSFER**	N/A
6	We will effectively and equitably plan for our growing and older population to ensure everyone has access to the services, transport and infrastructure they need.	**REMOVE**	N/A
7	We will work with Community Safety Partnerships to maintain low levels of crime and support community cohesion including work to reduce domestic violence and implement the Domestic Abuse Act 2021.	**CHANGE**	We will work together to create healthy, safe, inclusive and resilient communities
8	We will implement the Air Quality and Health Action Plan.	**REMOVE**	N/A

9	We will collaborate with the Leicestershire planning system and developers to explore a new approach to the design of our residential, employment and town centre environments to increases active travel, green infrastructure and reduction in motorised transport	**REMOVE**	N/A
10	We will support families out of fuel poverty and into affordable warmth	**REMOVE**	N/A
11	We will review the health impacts of climate change to support wider environmental workstreams to embed a health lens into their approach	**REMOVE**	N/A

	STRATEGIC SUB-RIORITY - Enabling Healthy Choices & Environments		
	Original Commitments in Leicestershire 2022 Strategy		**Suggested Wording** **(Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will increase knowledge and access to prevention services through embedding Making Every Contact Count training and a social prescribing approach across our collective workforce.	**CHANGE**	We will Create an environment to support & empower healthy choices and reduce unhealthy and risk taking behaviours
2	We will deliver targeted, effective and consistent health and wellbeing communications to empower Leicestershire to make healthy choices, including how to access services.	**REMOVE**	N/A
3	We will work with partners to deliver the Leicestershire Healthy Weight strategy, Food Plan and Active Together Partnership Physical Activity Framework	**CHANGE**	We will take a whole systems approach to creating healthier food environments, promoting good nutrition and supporting active lifestyles
4	Through the Leicestershire Sexual Health Strategy, we will improve sexual health outcomes including chlamydia detection, HIV testing and combatting the increasing levels of abortion.	**REMOVE**	N/A
5	We will further develop the ABCD, strengths-based approach to build social capital and strong, connected and resilient communities.	**REMOVE**	N/A
6	We will work with businesses to support enabling healthy choices through their shop/ supermarket.	**REMOVE**	N/A
7	We will work to further develop active travel across Leicestershire including a review of connected and walkable neighbourhoods and rural connectivity to understand how these impacts on healthy behaviour and environments.	**REMOVE**	N/A

8	We will work with planners and licensing officers to further build a healthy environment across Leicestershire reviewing fast food outlet and alcohol premise density.	**REMOVE**	N/A
9	We will invest in improving vaccination and screening rates (including cancer and health check coverage). This will include understanding the reasons for the decline in cancer screening rates and a targeted approach for those populations most at risk of premature mortality from cancers.	**REMOVE**	N/A

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Life Course Priority - Living & Supported Well

	STRATEGIC SUB-PRIORITY - Up Scaling Prevention & Self Care		
	Original commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will empower patients to self-manage their long-term condition(s) through a variety of routes for different needs, including the use of expert patient programmes, social prescribing, digital approaches, assistive technology, accessible diagnostics and support.	**CHANGE**	We will empower patients to self-manage their long-term condition(s)through a variety of routes for different needs, in partnership with health proactive care.D5:D9
2	We will deliver the Adults and Communities strategy including building asset-based approaches and social prescribing to work with and for people and communities.	**REMOVE**	N/A
3	We will reduce the number of falls that people over 65 experience, including people in residential and nursing care homes.	**CHANGE**	We will strengthen services to reduce the risk and impact of falls
4	We will support the Adults and Communities Accommodation Strategies and Investment Prospectus to ensure people living with disability and long term conditions have access to the right housing, care and support.	**CHANGE**	We will support people with disabilities and long-term conditions to live independently through access to suitable housing, care, equipment, adaptations, technology and personalised support.
5	We will work to improve access to health and care services including primary care and appropriate funding support.	**CHANGE NEW**	We will make the best use of available resources to improve access to health & care services We will support carers to improve their quality of life, be included in decisions about the person they care for, and easily access information they need

	STRATEGIC SUB-PRIORITY - Effective Management of Frailty & Complex Care		
	Original commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will build on the LLR Population Health Management framework and development programme, translating implications to Leicestershire to identify those at greatest risk of poor health outcomes including multiple hospital admissions.	**CHANGE**	We will build on the LLR Population Health Management framework to create a proactive care model, identifying needs earlier in order to avoid crisis
2	We will provide joined up services that support people and carers to live independently for as long as possible, including those with dementia. Supported by integrated health and social care workforce this will ensure that the patient sees the right person for your problem at the right time.	**CHANGE**	We will provide joined up services that support people and carers to live Independently for as long as possible in the place people call home. This will be supported by a joined up and coordinated workforce to ensure that the person sees the right services at the right time.

3	We will deliver an effective health and care integration programme that will deliver the Home First step up and step down approach for Leicestershire.	**REMOVE**	N/A
4	We will seek to develop a more qualitative, holistic approach to care planning and risk management, exploring ways in which this could be delivered by a wider range of professionals across Leicestershire through Integrated Neighbourhood Teams.	**CHANGE**	We will develop care in the community models which include proactive management of conditions including asset-based approaches; working closely with voluntary sector support where possible
5	We will improve the quality and coverage of joined up care planning for the most vulnerable including strengthening care planning links across primary and secondary care to achieve 95% of the vulnerable population having a care plan in place.	**REMOVE**	N/A
6	We will continue to implement the LLR Carers strategy for Leicestershire and strengthen links with the LLR Carers Board.	**REMOVE**	N/A
7	We will work to measure and reduce the number of emergency bed days people with Long Term Conditions experience.	**REMOVE**	N/A
8	We will offer a two hour crisis response for people that may otherwise need to attend hospital (target 80% by April 2022).	**REMOVE**	N/A
9	We will reduce the number of permanent admissions to residential and nursing homes.	**REMOVE**	N/A
10	We will ensure eligible people receive reablement within 2 days of discharge.	**REMOVE**	N/A

Life Course Priority - Dying Well

	STRATEGIC SUB-PRIORITY - Understaning the Need		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will carry out a Joint Strategic Needs Assessment chapter looking at end of life specifically.	**REMOVE**	N/A
2	We will seek to gather views from people to understand what dying well means to them and how this could be achieved.	**REMOVE**	N/A

	STRATEGIC SUB-PRIORITY - Effective Transitions		
	Original Commitments in Leicestershire 2022 Strategy		**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will seek your views on what planning and services for late and end of life should look like and how you should be informed about your choices.	**REMOVE**	N/A
2	We will ensure there is a clear transition in care planning from living with long term conditions into the later and end of life.	**CHANGE**	We will ensure people, families and professionals have access to the right information and support to enable clear, confident decision making and smoother transitions at end of life
3	We will ensure there is appropriate support for carers following the bereavement of a loved one so they can have a supportive transition into the next stage of their lives.	**CHANGE**	We will ensure that carers are supported through bereavement with appropriate, timely & compassionate support that acknowledges the transition from a caring role

	STRATEGIC SUB-PRIORITY - Normalising End of Life Planning		
	Original Commitments in Leicestershire 2022 Strategy		**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will offer care plans and ReSPECT plans to all vulnerable people, with a take up target of 95%.	**CHANGE**	We will prioritise end of life planning as a core part of personalised care, ensuring partners are informed, confident, educated and equipped to support open, compassionate conversations that help make planning a normal part of life.
2	We will use our better understanding of needs through the JSNA chapter to consider other aspects of end-of-life planning.	**CHANGE**	We will use evolving data and insights to continuously improve our understanding of what it means to die well, ensuring this shapes how needs are recognised and responded to
3	We will develop a social marketing campaign based on insight to normalise end of life planning.	**REMOVE**	N/A

4	We will educate our workforce so that everyone understands how to support people at end of life.	**REMOVE**	N/A
5	We will improve co-ordination of care at end of life, as measured through patient feedback	**CHANGE**	We will improve co-ordination of care at end of life, between health and care partners to offer more streamlined support

Cross-Cutting Priority - Mental Health

	CROSS CUTTING SUB-PRIORITY - Improved Mental Health		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will prioritise Mental Health on an equal basis to physical health in plans, investment and focus, considering the links between physical activity and good mental health and how mental health is linked to other conditions.	**CHANGE**	We are committed to advocating for the equal prioritisation of mental health alongside physical health in system planning, investment and service delivery, recognising that mental health as a key driver of overall health outcomes.
2	We will seek to co-produce a Prevention Concordat for Better Mental Health for Leicestershire to align organisations to further support mental health and wellbeing and prevent poor mental health.	**REMOVE**	N/A
3	We will continue to focus on maintaining low rates of suicide and impact of suicide, supporting work of the LLR Suicide Strategy.	**CHANGE**	We are committed to reducing suicide and save lives through sustained mental health action, early intervention and partnership working aligned with local and nationalprevention strategies.
4	We will continue to support the system work on children and young people's emotional health and well being.	**CHANGE NEW**	We will continue to work as a system to improve access to mental health and emotional wellbeing support for children and young people across LLR, whilst working to improve pathways between services to ensure a more seamless journey and experience. We will ensure seamless, person-centred transitions for young people moving from child to adult mental care services
5	We will listen and respond to the Leicestershire population in the 'Step up to Great Mental Health' consultation and propose to deliver a variety of changes for our population through the LLR and Leicestershire specific Step up to Great Mental Health programme and associated Mental Health investment.	**REMOVE**	N/A
6	We would support key recommendations of the Dementia JSNA Chapter and LLR Dementia Strategy (due to be reviewed in 2023). This will include improving dementia diagnosis rates and ensuring clear links between healthy lifestyle and risk of dementia through MECC Plus and Health Checks	**CHANGE**	We are committed to supporting the mental health & wellbeing of people living with or affected by dementia, through prevention, early intervention & integrated support

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Cross-Cutting Priority - Health Inequalities

	CROSS CUTTING SUB-PRIORITY- Health Inequalities		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We want equitable access, excellent experiences and optimal outcomes for all those using health and care services across Leicestershire. To do this we will embrace a proportionate universalism' approach where interventions are targeted to enable a 'levelling up' of the gradient in health outcomes. This means that although there will be a universal offer of services to all, there will be justifiable variation in services in response to differences in need within and between groups of people, that will aim to bring those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes. (I.e. developing the national CORE20PLUS5 initiative.)	**CHANGE**	We want equitable access, excellent experiences and optimal outcomes for those using mental & physical health and care services across Leicestershire
2	We will embed a Health Equity in all policies approach, utilising anchor institutions, training our leaders on health inequalities and ensuring we are collating data to analyse health inequalities effectively.	**REMOVE**	N/A
3	Within the NHS we will also prioritise the five key clinical areas of health inequalities including early cancer diagnosis (screening & early referral), hypertension case finding, chronic respiratory disease (driving Covid & Flu vaccination uptake), annual health checks for people with serious mental illness and continuity of maternity care plansxii.	**REMOVE**	N/A
4	We will review the health inequalities across Leicestershire in particular understanding the impact of Covid-19 on our most disadvantaged populations including those living in the most deprived areas or groups (including military and veterans, carers, those with a disability and LGBTQ+).	**REMOVE**	N/A

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Cross-Cutting Priority - COVID-19

	CROSS CUTTING SUB-PRIORITY - Covid-19 Recovery		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will support our population to get timely access to the Covid-19 vaccinations that are appropriate to them.	**REMOVE**	N/A
2	We will ensure our health and care services are equipped to manage the impact of Covid-19 directly and indirectly for the longer term.	**REMOVE**	N/A
3	We will use the results from the Covid-19 Impact Assessment to target specific interventions and vulnerable groups throughout the wider strategy implementation.	**REMOVE**	N/A
4	We will support Leicestershire to live with Covid-19 circulating within our population in the longer term.	**REMOVE**	N/A
5	We will ensure we maintain a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.	**CHANGE**	We will ensure we maintain a collaborative health protection approach and response ready for future as part of crisis management plans

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APPENDIX 2

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that, as an Authority, we do not discriminate and we are able to promote equality, diversity and human rights.

Please refer to the EHRIA guidance before completing this form. If you need any further information about undertaking and completing the assessment, contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Leicestershire Joint Health and Wellbeing Strategy
Department and section:	Public Health – Partnership Strategy led by Health and Wellbeing Board
Name of lead officer/ job title and others completing this assessment:	Vivienne Robbins – Public Health Consultant Sally Vallance – Senior Planning Manager Leicester, Leicestershire and Rutland CCG's Jo Hewitt – Health and Wellbeing Board Manager
Contact telephone numbers:	0116 3055384
Name of officer/s responsible for implementing this policy:	Leicestershire Health and Wellbeing Board Members and partner organisations
Date EHRIA assessment started:	December 2021

Date EHRIA assessment completed:	

Section 1: Defining the policy

Section 1: Defining the policy
You should begin this assessment by defining and outlining the scope of the policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

1	*What is new or changed in the policy? What has changed and why?* The Leicestershire Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the local authority and clinical commissioning group as part of the work of the Health and Wellbeing Board (HWB). The current strategy is due to expire in 2022 and as a result work to prepare the new strategy is underway. The timeframe has been brought forward align with the Integrated Care Systems (ICS) responsibilities for a 'Place Led Plan' which examines the health needs of the County population and allows development of one clear vision for Leicestershire. The strategy is being developed through a review of need, using quantitative data, engagement findings and service feedback to identify where the greatest need, weaker performance and health inequalities exist. It also takes account of the policy framework and priorities locally and nationally as part of the ICS. These will all help to inform the priorities selected in the strategy. As a 10 year strategy, it goes on to propose a set of strategic commitments to address these priorities. It is likely that the strategy will influence changes to a range of health and care services, resource allocation and policy over the next 10years. As these are planned for, an EHRIA will be completed by the lead agency for the specific change as necessary.
2	*Does this relate to any other policy within your department, the Council or with other partner organisations? If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* The JHWS is an umbrella strategy that makes reference to and draws from other strategies within the Council and partner organisations. No changes to these are occurring at this time but changes are expected in the future, influenced by the JHWS. As these changes occur, an EHRIA will be completed if necessary.
3	*Who are the people/ groups (target groups) affected and what is the intended*

	change or outcome for them? The new strategy will have a potential impact on all people living in Leicestershire as it looks at need during all life stages (from pre-birth through to death). This will include people from all the protected characteristics and geographical areas across Leicestershire. The intention of the strategy is to 'give everyone in Leicestershire the opportunity to thrive and live happy, health lives.' Some of the actions to achieve this will be applicable to all residents of Leicestershire whilst others will be targeted at specific cohorts where they have poorer outcomes. The intention will be to reduce health inequalities and to improve the quality of health for all Leicestershire residents. A proportionate universalism approach is proposed as part of the cross cutting theme to reduce health inequalities across Leicestershire. Due to the finite resources across the health and care system, it is possible that the strategy will lead to other changes (commissioning/decommissioning decisions, changes in policy or practice and re-allocation of resources). It is possible that these changes could draw focus, service or funds away from existing causes and towards the new priorities depending on the evidence base and local need. Where this is the case, an EHRIA would be undertaken to inform the decision at the time. Collaboration and engagement with the local population will also be a key element of the strategy delivery and work of the evolving HWB.
4	Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

	Yes	**No**	**How?**
Eliminate unlawful discrimination, harassment and victimisation	Yes		It is possible that health inequalities are arising as a result of unlawful discrimination, harassment and victimisation. If this is identified as part of the work to develop or implement the strategy, then this will be highlighted, and action taken as necessary.
Advance equality of opportunity between different groups	Yes		The strategy has a clear cross cutting theme to improve healthy life expectancy and reduce health inequalities between different groups across Leicestershire. Through identifying where inequality is occurring, the strategy will then focus key partners on addressing this through specific actions in the delivery plan. The partnership approach allows for the sharing of knowledge, information and successes and provides a focused approach to tackling some of the harder issues to address. The delivery plan will also be regularly reviewed and evaluated throughout the life span of the strategy.
Foster good relations	Yes		Much of the work identified in the strategy involves communities, neighbourhoods,

	between different groups			existing services and volunteers. These are all vital in fostering good relationships between different groups and the collective focus on addressing health inequalities should be embedded in the promotion of good relationships and community support for all, with a proportionate universalism approach ensuring additional support is provided for those most in need. There are also clear commitments within the strategy regarding building strong communities, resilience and social capital amongst communities.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for a policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 **A: Research and Consultation**			
5.	Have the target groups been consulted about the following?	**Yes**	**No ***
	a) their current needs and aspirations and what is important to them;	**Yes**	
	b) any potential impact of this change on them (positive and negative, intended and unintended);		**No**
	c) potential barriers they may face		**No**
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? Eg carers equalities meeting	**Yes**	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	**Yes**	
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		

	The draft JHWS was approved for formal consultation at the HWB in November 2021. This consultation will remain open until the 23rd January 2022 is available at the link below. https://www.leicestershire.gov.uk/have-your-say/current-engagement/joint-health-and-wellbeing-strategy As part of this consultation demographic data on the person's characteristics are reported and used to review the communication approach for the consultation. (For example, targeting more males and younger people or those from specific ethnic minorities to reply.) Further support is also available for in terms of an easy read version, video introduction and access to a paper copy of the survey. The survey has been shared with over 150 partners for further discussion with the staff and wider organisations. To reach our local communities the survey has been published on social media and the Local Area Coordinators across Leicestershire are also proactively taking the consultation out to local seldom heard communities. The strategy will also be presented at some wider stakeholder meetings such as the LLR Carers Group and Leicestershire Equalities Challenge Group.

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to:	**Yes**	**No**
	a) monitor impact (positive and negative, intended and unintended) for different groups;	**Yes**	
	b) enable open feedback and suggestions from different communities	**Yes**	
Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.			

Section 2 **C: Potential Impact**				
10.	Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may ***potentially*** be affected by the policy and describe any positive and negative impacts, including any barriers.			
		Yes	**No**	**Comments**
	Age	**Yes**		The strategy talks about different life stages which often (not always) reflects different age groups. It also uses some indicators which are reflective of certain ages e.g. hip fractures in over 65's. The commitments differ according to these life stages and therefore the impact will be different according to which life stage you are at. However, the overall outcome of the strategy is to improve health life expectancy and reduce health inequalities for all people of all ages in Leicestershire.

	Disability	**Yes**		The strategy makes reference to people with long term conditions (LTC's), some of which will be the cause of a disability. The strategy makes commitments to people with LTC's to improve the way we prevent deterioration, support and treatment throughout our system. The strategy also makes reference to CYP with a learning disability where we understand there is a need to provide additional support as they transition into adulthood. Evidence has also shown that people with learning disabilities have worse outcomes than the general population with regards to life expectancy and Covid related hospitalisations and deaths and that targeted work is therefore required to address this inequality.
	Gender Reassignment	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but further detail may be found through specific service EHRIA throughout the strategy.
	Marriage and Civil Partnership	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	Pregnancy and Maternity	**Yes**		The strategy makes specific reference to pregnancy and maternity in the 'Best Start for Life' priority 1,001 critical days. It will therefore be examining areas for improvement in health outcomes and making commitments to this group to take the priorities forward for example supporting maternal mental health, breastfeeding support etc.
	Race	**Yes**		Although the strategy does not directly refer to specific racial groups, we do know that some inequalities and health issues are more prevalent in certain racial groups. There is also evidence that some of these inequalities have been exasperated through the Covid-19 pandemic, for example poorer health outcomes have been seen in the Black and Asian ethnic groups. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service delivery that will impact on racial groups differently. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved and mitigate any negative impacts where possible.
	Religion or Belief	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	Sex	**Yes**		Although the strategy does not directly refer to sex (other than when linked to pregnancy and maternity), we do know that some inequalities and health issues are more prevalent in one sex than another. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-

				focus of service that will impact on sexes differently. A proportionate universalism approach will be applied as needed, for example to increase access to males for primary care or screening programmes. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved.
	Sexual Orientation	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but it will be reviewed through future EHRIAs
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**Yes**		Evidence shows us that that many of the inequalities experienced and identified are more prevalent within deprived or disadvantaged communities. This strategy identifies reducing health inequalities as a key cross cutting theme. These may be geographical inequalities relating to deprivation or the rural nature of Leicestershire or specific vulnerable groups. A proportionate universalism approach will be embedded across the strategy to ensure an equitable approach to service delivery and actions. Within the strategy specific reference and priority actions are also made to looked after children, those with free school meals, learning disabilities, long term conditions and carers. This strategy should therefore have a positive impact for many of these groups.
	Community Cohesion	**Yes**		Much of the work identified in the strategy involves developing cohesive and resilient communities, asset based approaches, neighbourhoods, existing services and volunteers. The strategy will also use the 'Our communities approach 2022-2025' as an enabler to ensure true local engagement and collaboration with our communities. These elements of the strategy should bring about a positive impact across our local communities.

11.

Are the human rights of individuals ***potentially*** affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]

	Yes	**No**	**Comments**
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	**Yes**		Whilst the strategy does not directly address this issue, it does

				examine health inequalities which can ultimately affect life expectancy. There are also services relating to termination of pregnancy that would be included within the scope of the strategy.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way		**No**	
	Article 4: Right not to be subjected to slavery/ forced labour	**Yes**		The strategy does support a priority area about support Leicestershire residents to have 'good work' that supports their health and wellbeing**.**
	Article 5: Right to liberty and security		**No**	
	Article 6: Right to a fair trial		**No**	
	Article 7: No punishment without law		**No**	
	Article 8: Right to respect for private and family life	**Yes**		The strategy will aim to give every child the best start for life This will include further developing strong, informed and supportive families**.**
	Article 9: Right to freedom of thought, conscience and religion		**No**	
	Article 10: Right to freedom of expression	**Yes**		As part of the wider HWB evolution we will aim to engage with the local population more proactively to ensure we accurately hear their views on their health and wellbeing.
	Article 11: Right to freedom of assembly and association		**No**	
	Article 12: Right to marry		**No**	
	Article 14: Right not to be discriminated against	**Yes**		Whilst the strategy does not directly examine whether people are being discriminated against, it is possible that some health inequality is caused by discrimination and that this would be uncovered and addressed through the strategy.
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		**No**	

	Article 2: Right to education	**Yes**		The strategy will support a best start for life for children and good work which will include ensuring they have access to education, employment and training as appropriate to the person's age.
	Article 3: Right to free elections		**No**	

Section 2
D: Decision

13.	Is there evidence or any other reason to suggest that: a) the policy could have a different affect or adverse impact on any section of the community; b) any section of the community may face barriers in benefiting from the proposal	**Yes**	**No**	**Unknown**
				Yes
				Yes

13.	Based on the answers to the questions above, what is the likely impact of the policy			
	No Impact ☐	**Positive Impact** ☐	Neutral Impact ☐	☒ **Negative Impact or Impact Unknown**

Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.

14.	Is an EHRIA report required?	**Yes** ☒	No ☐

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report ***is required***, continue to Section 3 on Page 7 of this document.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report ***is not required***, continue to Section 4 on Page 14 of this document.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think ***thoroughly*** about the impact of the policy and to critically examine whether it is ***likely*** to have a positive or negative impact on different groups within our diverse communities. It should also identify any barriers that may adversely affect under-represented communities or groups that may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3
A: Research and Consultation

When considering the target groups, it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, ***how*** have you now explored the following and ***what*** does this information/ data tell you about each of the diverse groups? a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)

A) In order to develop the strategy, a range of stakeholder engagement over the previous 3 years was gathered and reviewed. This contributed to the development of the proposals. In addition, consultation on the vision and priorities was carried out during winter 2021/22. Consultation responses will be collated and interpreted to understand the views of specific community and vulnerable groups

B) No direct negative impacts have been assessed as a result of this strategy. However, it is possible that by setting priorities, the strategy will begin to drive changes in services commissioned, resource allocation and partner focus. This would inevitably need to be balanced by decommissioning and resource disinvestment in non-priority areas. There is the potential for loss of provision or funds in the non-priority areas and therefore a negative impact on the populations currently accessing those services. It is not possible to know at this stage what these negative impacts would be but an EHRIA should be undertaken on future decisions of this nature. The strategy also takes a proportionate universalism approach to minimise the impact on vulnerable groups and ensure services and resource are allocated according to local need.

C) As the strategy is so wide ranging, there are numerous barriers that could be faced by different communities and individuals as we try to implement it. It will be important for the agencies and partnerships to consider these potential barriers as they plan for the work, using a co-production approach whenever possible. Again, the EHRIA process should help to guide as we begin to translate these priorities into action and we start to initiate service changes or take funding decisions.	
16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?
It will be important for the delivery plan leads to consider this question as they start to plan for and implement actions. This will be reported to the Health and Wellbeing board on a quarterly basis, which a more thorough review on an annual and three yearly term. There are some aspects of the strategy where we have identified a need to better understand something through a JSNA chapter or needs assessment e.g. dying well and what people may want from this. This better understanding will include the perspective of different groups. The HWB is also developing a communication and engagement strategy that will support an ongoing conversation and evaluation of the strategy with our local population and specific vulnerable groups. For other priorities, we already have a good understanding of prevalence within or impact on different groups. In these instances, we will need to consider how to use this knowledge to inform our actions. As before, we will continue to review our knowledge base and impacts of any changes through the EHRIA process as required.	
When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.	
17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, ***how*** have you further consulted with those affected on the likely impact and ***what*** does this consultation tell you about each of the diverse groups?
The strategy covers all residents of Leicestershire and therefore has the potential to impact on all protected characteristics. A formal consultation exercise is currently underway, and the strategy will be amended as needed following these responses. The HWB is also developing a communication and engagement strategy that will support an ongoing conversation and evaluation of the strategy with our local population and specific vulnerable groups.	
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	Yes. Some of these groups are already identified in the strategy e.g. people's views on what dying well means to them. For other groups, we may not have identified a gap yet but may uncover this as we do more work e.g. investigations into hip fractures may uncover a need to understand how this varies across

	genders etc. Due to the nature of the 10 year strategy it is anticipated that priorities and actions will evolve over time. As this occurs the strategy will be reviewed in line with the latest evidence and JSNA chapters which include qualitative feedback from our local communities.

Section 3 **B: Recognised Impact**		
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are ***likely*** to be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.	
		Comments
	Age	The strategy talks about different life stages which often (not always) reflects different age groups. It also uses some indicators which are reflective of certain ages e.g. hip fractures in over 65's. The commitments differ according to these life stages and therefore the impact will be different according to which priority or commitment detailed and which life stage you are at. However the overall outcome of the strategy is to improve health life expectancy and reduce health inequalities for all in Leicestershire.
	Disability	The strategy makes reference to people with long term conditions (LTC's), some of which will be the cause of a disability. The strategy makes some commitments to people with LTC's to improve the way we prevent deterioration, support and treatment throughout our system. The strategy also makes reference to CYP with a learning disability where we understand there is a need to provide additional support as they transition into adulthood. Evidence has also shown that people with learning disabilities have worse outcomes than the general population with regards to life expectancy and Covid related hospitalisations and deaths.
	Gender Reassignment	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but further detail may be found through specific service EHRIA throughout the strategy
	Marriage and Civil Partnership	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	Pregnancy and Maternity	The strategy makes specific reference to pregnancy and maternity in the 'Best Start for Life' priority 1,001 critical days. It will therefore be examining areas for improvement in health outcomes and making commitments to this group to take the priorities forward for example supporting maternal mental health, breastfeeding support etc.

	Race	Although the strategy does not directly refer to specific racial groups, we do know that some inequalities and health issues are more prevalent in certain racial/ ethnic groups. There is also evidence that some of these inequalities have been exasperated through the Covid-19 pandemic, for example poorer health outcomes have been seen in the Black and Asian ethnic groups. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service delivery that will impact on racial groups differently. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved and mitigate any negative impacts. The strategy takes a proportionate universalism approach to ensure all action and service provision is based on local need.
	Religion or Belief	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but individual service EHRIAs may identify issues which will be mitigated wherever possible.
	Sex	Although the strategy does not directly refer to sex (other than when linked to pregnancy and maternity), we do know that some inequalities and health issues are more prevalent in one sex or gender than another. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service that will impact on sexes differently. A proportionate universalism approach will be applied as needed, for example to increase access to males for primary care or screening programmes. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved.
	Sexual Orientation	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but it will be reviewed through future EHRIAs
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or	Evidence shows us that that many of the inequalities experienced and identified are more prevalent within deprived or disadvantaged communities. This strategy identifies reducing health inequalities as a key cross cutting theme. These may be geographical inequalities relating to deprivation or the rural nature of Leicestershire or specific vulnerable groups. A proportionate universalism approach will be embedded across the strategy to ensure an equitable approach to service delivery and actions. Within the strategy specific reference and priority actions are also made to looked after children, those with free school meals, learning disabilities, long term conditions and carers. This strategy should therefore have a positive impact for many of these groups.

	disadvantaged communities	
	Community Cohesion	Much of the work identified in the strategy involves developing cohesive and resilient communities, asset based approaches, neighbourhoods, existing services and volunteers. The strategy will also use the 'Our communities approach 2022-2025' as an enabler to ensure true local engagement and collaboration with our communities. These elements of the strategy should bring about a positive impact across our local communities.

20. Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are ***likely*** to apply to the policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?

	Comments
Part 1: The Convention- Rights and Freedoms	
Article 2: Right to life	Whilst the strategy does not directly address this issue, it does examine health inequalities which can ultimately affect life expectancy. There are also services relating to termination of pregnancy that would be included within the scope of the strategy.
Article 3: Right not to be tortured or treated in an inhuman or degrading way	
Article 4: Right not to be subjected to slavery/ forced labour	
Article 5: Right to liberty and security	
Article 6: Right to a fair trial	
Article 7: No punishment without law	
Article 8: Right to respect for private and family life	
Article 9: Right to freedom of thought, conscience and religion	
Article 10: Right to freedom of expression	As part of the wider HWB evolution we will aim to engage with the local population more proactively

		to ensure we accurately hear their views on their health and wellbeing.
	Article 11: Right to freedom of assembly and association	
	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	The strategy will support a best start for life for children and good work which will include ensuring they have access to education, employment and training as appropriate to the person's age.
	Article 3: Right to free elections	

Section 3 **C: Mitigating and Assessing the Impact**	
Taking into account the research, data, consultation and information you have reviewed and/ or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.	
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.
We do not anticipate there will be adverse impact or discrimination of the overall JHWS. However, implementation of the specific commitments and actions in the delivery plans may impact on different parts of the local community differently. We will therefore ensure that all significant service change/ reconfiguration etc completed separate EHRIAs to understanding and mitigate the impacts of the commitment. These will be considered and reviewed in the annual performance report that is submitted to the HWB.	
NB: i) If you have identified adverse impact or discrimination that is ***illegal***, you are required to take action to remedy this immediately. ii) If you have identified adverse impact or discrimination that is ***justifiable or legitimate***, you will need to consider what actions can be taken to mitigate its effect on those groups of people.	
22.	Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. a) include any relevant research and consultation findings which highlight the

	best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why
We do not anticipate there will be potential barriers or negative impacts of the overall JHWS itself. However implementation of the specific commitments and actions in the delivery plans may impact on different parts of the local community differently, that may create barriers or unforeseen negative impacts. We will therefore ensure that all significant service change/ reconfiguration etc completed separate EHRIAs to understanding and mitigate the barriers or negative impacts of the commitment. These will be considered and reviewed in the annual performance report that is submitted to the HWB.	
Section 3 **D: Making a decision**	
23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.
The overall aim of the Leicestershire JHWS is 'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives' This includes aiming to improve healthy life expectancy and reduce health inequalities across Leicestershire. Therefore the overall strategy itself aims to improve outcomes for the whole Leicestershire population. However it is acknowledged that implementation of this high level strategy is likely to result in changes to commissioning of services, service redesign and potentially decommissioning of services. An EHRIA will be completed for each specific service change to ensure any negative impacts are mitigated against.	

Section 3 **E: Monitoring, evaluation & review of the policy**	
24.	*Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?* The EHRIA will be reviewed on an annual basis as part of the annual JHWS performance report. This will be considered and discussed at the HWB. Further EHRIAs will be completed as part of the implementation of the JHWS and these will be picked up through individual organisations and commissioning and project management arrangements. There will also be quarterly performance reports on the progress of the JHWS that will show any specific EHRIA issues as they emerge through the output and outcome data. When the JHWS completed a more thorough evaluation every 3years the overall EHRIA will be reviewed and updated as necessary.

25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems* The recommendations from this EHRIA will be considered as part of the development of the JHWS, delivery plan and programme management approach. The EHRIA recommendations will be reviewed on an annual basis as part of the annual JHWS performance report. This will be considered and discussed at the HWB. Further EHRIAs will be completed as part of the implementation of the JHWS and these will be picked up through individual organisations and commissioning and project management arrangements. When the JHWS completed a more thorough review every 3years the overall EHRIA will be reviewed and updated as necessary.

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure equality and human rights are considered throughout implementation of the JHWS.	Ensure EHRIAs are completed and mitigating actions implemented for all significant service redesigns or changes that are implemented as part of the overall JHWS.	100% EHRIA completed for all significant service redesigns in accordance with the lead agencies responsibilities and policies on this	Senior responsible officer for each priority area/ commitment.	As part of the planning for any significant service redesign or change.
	Ensure the EHRIA and recommendations are reviewed on annual basis as part of the JHWS annual performance report to the HWB.	Annual review of EHRIA and update to HWB.	Vivienne Robbins/ Jo Hewitt	April 2023
	More thorough review of the EHRIAs as part of the three-year evaluation of the JHWS and review of its priorities.	Refresh EHRIA as part of JHWS refresh.	Vivienne Robbins/ Jo Hewitt	April 2025

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via web@leics.gov.uk for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening ☐

Equality and Human Rights Assessment Report ☐

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair): …
……

Date: 3rd February 2022……

healthwatch Leicester and Leicestershire

HEALTH AND WELLBEING BOARD: 25th SEPTEMBER 2025

REPORT OF HEALTHWATCH LEICESTER AND LEICESTERSHIRE

ANNUAL REPORT AND FORWARD PLAN 2024-25

Purpose of report

1. The purpose of the report is to present to the Health and Wellbeing Board with Healthwatch Leicester and Leicestershire's (HWLL) Annual Report for 2024-25; summarising the activities and impact of HWLL over the past year as a joint Leicester and Leicestershire commissioned Contract. The report also provides a summary of the HWLL Business/forward plan for 2025-26.

Recommendation

2. The Health and Wellbeing Board are asked to note the contents of this report, the HWLL Annual Report 2024-25 and the forward plans for 2025-26.

Policy Framework and Previous Decision

3 The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services.

4 The main statutory functions of HWLL are set out below:

a. Gather and share the views of members of the public who use health and social care services.
b. Influence the planning, commissioning, delivery, re-design and scrutiny of health and social care services.
c. Assess the standard of local health and care provision and make recommendations for improvement based on the views of service users.
d. Help people access and make choices about health and care services.
e. Is representative of local people, representing the diversity of the community it serves and different users of services in the way in which it exercises its functions.
f. Has powers to request information from commissioners and providers of health and social care and to enter health and social care premises, known as "Enter & View" visits.
g. Has a seat on Leicester City and Leicestershire County Health & Wellbeing Boards (HWBB).
h. Signposts people to information about local health and care services and how to access them.

i. Is able to alert Healthwatch England (HWE), or the Care Quality Commission (CQC) where appropriate, to specific care providers, health or social care matters.
j. Has a duty to produce an annual report on their activities and finance and send a copy of their annual reports to NHS England, relevant Clinical Commissioning Groups/Integrated Care Systems (ICS) and HWE, among others specified in previous legislation.

Background

3. The HWLL Contract is held by Leicester City Council and Leicestershire County Council under a formal joint working agreement.

4. A three year contract was awarded to Voluntary Action LeicesterShire (VAL) in April 2023.

5. HWLL promotes improvements in health and social care services improving outcomes for local people in Leicester and Leicestershire by ensuring services are designed around the needs and experiences of local people.

Annual Report and Annual Business Plan

6. The annual report outlines HWLL statutory activities undertaken and the impact on service commissioning and delivery.

7. The report gives examples of the work undertaken with statutory partners and illustrates how HWLL has worked to support the public in accessing information on health and social care services.

8. HWLL Annual Business Plan sets out HWLL focus and strategic direction for 2025-26. The plan outlines the steps HWLL will take over the next 12 months to support delivery of our statutory duties and contract.

9. The full Annual Report 2024-2025 can be found here: Front and Centre: Unlocking the power of people-driven care

10. HWLL Business Plan 2025-26 is reviewed quarterly alongside Key Performance Indicators and Outcome Indicators at pre-arranged contractual meetings with VAL and HWLL Chair and Vice-Chair.

Consultation/ Patient and Public Involvement

11. Key engagement activities in 2024-25 included:

a. 10434 people engaged sharing their experiences of health and social care services over the past year helping to highlight what still needs to improve.

b. 9259 people came to us for advice, information and signposting on local services on a range of topics. This included support with GP appointments, dental care, social care and support for long-term conditions. 464 of those individuals were directly supported through the signposting helpline.
c. 24 reports were published about the improvements people would like to see to health and social care services.
d. 20 Enter and View visits were conducted with recommendations for providers to respond including Care Homes, CAMHS, Gynaecology services, Children's ED Department and GP Practices.
e. 18 #SpeakUp events were hosted to gather topic based public feedback across the City and County, 11 of these were in the County.
f. To better understand rural issues, in addition to ensuring all seven district/ boroughs had presence throughout the year we held targeted events in: Oadby and Wigston, Hinckley and Bosworth, Ashby (NWL), Syston, Sileby, Coalville, Shepshed, Stoney Stanton (Blaby), Measham, Melton and Market Harborough.

Impact

12. To deliver our statutory obligations HWLL maintains links with key stakeholders, including departmental links within the local authorities, Public Health, Adult Social Care and representation at the Leicester, Leicestershire and Rutland Integrated Care Board and attending relevant meetings. Ensuring we contribute to plans and decisions around health and social care services.

13. HWLL Collaborates with other Healthwatch's to ensure the experiences of people in Leicester and Leicestershire influence decisions made about services at the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) level.

14. Our work with the Adult Emergency Department (ED) last year led to improvements for patients. Building on this success we visited the Children's Emergency Department. The visit shared positive experiences as well as highlighting opportunities to further enhance the experiences for families and children. This feedback has led to a detailed action plan produced by University Hospitals of Leicester NHS Trust (UHL). Improvements already implemented include clearer communication on waiting times via updated screens, better signage, restocking of PPE and water stations and plans for a dedicated private space for sensitive conversations. Broken toys are being repaired, and staff are being supported to enhance the patient experience during busy periods.

15. We know from experience that emergency departments are often used because people cannot access care in the community. We have been working closely with the Integrated Care Board to help shape the new pre-hospital model of care aiming to improve access and reduce pressure on hospitals. Our insights on patient experience and local need have helped to shape a more

responsive service proposal.

16. Our visit to the Child and Adolescent Mental Health Service (CAMHS) has enabled HWLL to work in partnership with Leicestershire Partnership NHS Trust (LPT) on implementing improvements for young people at The Beacon Unit. Including improvements to food provision, staff input and recruitment and better use of facilities. More broadly we are working closely with LPT around access and appropriate communication for families and how to better support men's mental health.

17. To support the improvement of hospital experiences of people with learning disabilities we visited wards within Leicester Royal Infirmary engaging with people with learning disabilities and their carers as well as targeted outreach through the Voluntary Community and Social Enterprise sector and day services tailoring events to gather information. Recommendations were presented to UHL and have been included in the Learning Disability Action Plan, including staff training, reviewing how care bags are used and supporting carers.

18. We conducted a survey to understand the impact of changes to local bus routes, which have left some Ibstock and Heather residents struggling to reach essential health services over half of respondents reported reduced access to GP and pharmacy care, with older and less mobile people most affected.

Forward Plan 2025-26

19. HWLL priorities for 2025-26 are shaped by extensive public engagement, including online surveys and consultation, targeted outreach and our successful 'Have your Say' conference and Speak Up events. Of the 1738 responses we collated, 67% was from the County.

20. The key three themes identified were:

    a. GP Access: GP appointments remain a number one issue across the County and City. We will work closely with the Integrated Care Board (ICB) to share intelligence and to deliver a GP Access Survey. We will conduct Enter and View visits at practices to identify best practice and areas of improvement and share this with the ICB for quality improvement.
    b. Mental Health: mental health remains a key concern for both adults and young people. We have plans to work with LPT to review referral pathways and Neighbourhood Mental Health Cafes. To identify gaps/ barriers and better understand need.
    c. Adult Social Care: we will listen to people's experiences of care pathways and service quality to understand need and build trust between the public and providers. We will work in partnership with care providers and local authorities to ensure a collaborative approach.

21. All priorities will have a spilt between County and City planned activities to enable a distinction between urban and rural issues.

22. Current planned activities include:

a. Every Woman's Health Matters Survey. This engagement programme will gather real stories and ideas from women, girls and local communities. This work is part of a wider effort to combine data and personal experiences, helping us improve how women experience care.
b. 20 Enter and View visits planned to include care homes and GP practices.
c. 5 follow up visits to assess progress and improvements.
d. 3 Surveys on:
    i. Experiences of Hospital Discharge
    ii. Deaf Community – experience of health and care services
    iii. Stakeholder Survey – targeting stakeholders on our relations and evidence.

Resource Implications

23. We are funded by Leicestershire County Council and Leicester City Council.

24. We employ 7 staff and 29 volunteers.

a. 1 FTE Manager;
b. 1 FTE Information, Advice and Data officer;
c. 1 FTE Enter and View officer (volunteering management);
d. 1 0.6 FTE Media and communications officer;
e. 1 FTE Outreach Officer City;
f. 1 0.7 FTE Outreach Officer County (covers 4 areas);
g. 1 0.63 FTE Outreach Officer County (covers 3 areas);
h. 1443 volunteer hours per year.

Future of Healthwatch

25. The Department of Health and Social Care in England commissioned an independent review of patient safety across health and social care. The review was carried out by Dr Penny Dash and looked at 6 bodies and how they worked within the wider health and care landscape. One of these bodies was Healthwatch. The outcome of the review was published in July 2025 and the report can be found here: Review of patient safety across the health and care landscape - GOV.UK Dr Dash made 9 recommendations.

26. The government announced its response to the Dash review:

a. It accepts all of Dr Dash's recommendations, including proposals for Healthwatch functions related to healthcare to be combined with the involvement and engagement functions of Integrated Care Boards and for functions related to social care to transfer to local authorities.
b. It will enact primary legislation to make these changes, but in the meantime, local authorities should continue to make contractual arrangements to ensure that an effective Local Healthwatch organisation operates in each local authority area and delivers the activities set out in the legislation.
c. The Government will provide funding for Local Healthwatch services in 2025-26 during the Autumn via the Local Reform and Community Voices grant, and funding for 2026-27 will be confirmed in due course.
d. Department of Health and Social Care will work with us, Ministry of Housing, Communities and Local Government and stakeholders to develop the details and legislation required to deliver the recommendations in the Dash review.

Relevant Impact Assessments

Equality Implications

27. VAL is committed to promoting equality and welcomes diversity in all aspects of its service delivery. We operate in a diverse community and our aim is to harness the talent within the community to help improve our service provision further. We understand that our services have to be delivered in a different way to meet the legitimate needs of different communities.

28. We are committed to preventing and eliminating discrimination, harassment and victimisation of any form, fostering good relations between all our people, advancing equality of opportunity for all and welcoming diversity.

29. We operate an Equality and Diversity Policy in service delivery and employment. VAL aims to provide appropriate service delivery to very diverse communities. VAL aims to recruit a staff and volunteer(s) team that reflects and is understanding of that diversity. This means that services have to be delivered in a different way to meet the legitimate needs of different communities. VAL will ensure it will recruit to each project/post staff with the appropriate understanding and specific skills needed.

30. In pursuit of this diversity VAL will ensure that no job applicant, volunteer, employee, user of services or member is discriminated against directly, indirectly, by association or perception because of disability, gender (including gender reassignment), race, colour, nationality, ethnic or national origin, marital status or civil partnerships, responsibility for dependents, sexuality, pregnancy or maternity, age, trade union activity, political or religious, agnostic or atheist beliefs and (unrelated to the post) criminal convictions.

31. We will not tolerate any form of harassment or victimisation.

Human Rights Implications

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

Officer to contact

Hardip Kaur Chohan

Director of Operations and Services

0116 257 5050

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APPENDIX

Fiona Barber

Vice Chair, Healthwatch Leicester and Leicestershire

September 2025

healthwatch Leicester and Leicestershire

Purpose

- Summarise Healthwatch Leicester and Leicestershire activities and impact 2024-25
- Present forward plan 2025-26
- The Health and Wellbeing Board are asked to note report and plans

Your Local Healthwatch Leicester and Leicestershire

- Statutory Functions: Health and Social Care Act 2012
- Funding and host organisation
- Independent and hold statutory powers
- Local Champion for patients and public voice ensuring peoples experiences influence and help to improve health and social care provision
- Share our findings at key strategic meetings across Leicester and Leicestershire

Engagement and Activity 2024-25

- 10434 people engaged
- 9259 people came to us for advice, information and signposting
- 24 reports published
- 20 Enter and View were conducted with recommendations for providers
- 18 #SpeakUp events
- County events delivered: Charnwood and Loughborough, Oadby and Wigston, Hinckley and Bosworth, Ashby, Syston, Sileby, Coalville and Shepshed in addition to ensuring all seven district/ boroughs had presence.

Impact

- Representation at key strategic and board meetings
- Collaborative approach with stakeholders ‘critical friend’
- Children’s Emergency Department
- Children’s and Adolescent Mental Health Service
- Pre-hospital model of Care
- Learning Disabilities

Forward Plan 2025-26

GP Access

Getting a GP appointment remains the number one issue for local people. We'll keep listening to communities to understand their experiences of booking, getting advice and accessing care.

Mental Health

Mental health remains a key concern for both adults and young people. We'll listen to people's stories about what's working and what isn't, especially in underrepresented communities.

Adult Social Care

We'll engage with people who use care services and their families to understand what's working and what needs to change.

- Planned activities
  Surveys | Enter & View visits | Events

Insights will be shared with providers and commissioners to help shape better support across the system.

For more information

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Get involved

Community Champions

Community events

Volunteer opportunities - www.healthwatchll.com/get-involved/

Sign up for our newsletter - https://healthwatchll.com/

Share local feedback – www.healthwatchll.com/have-your-say/

healthwatch

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HEALTH AND WELLBEING BOARD – 25 SEPTEMBER 2025

REPORT OF THE INDEPENDENT CHAIR OF THE LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD

LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024-2025, STRATEGIC PLAN 2025-2031 AND BUSINESS PLAN 2025-2027

Purpose of report

1. The purpose of this report is to present to the Health and Wellbeing Board the Annual Report of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2024-2025, and the Leicester, Leicestershire and Rutland Safeguarding Adults Boards' Strategic Plan 2025-2031, including the Business Plan for 2025-2027.

2. The LRSAB Annual Report is the report of the Safeguarding Adults Board (SAB) Independent Chair who must publish an annual report on the effectiveness of safeguarding adults in the local area. This is a statutory requirement under the Care Act 2014.

3. The Annual Report, Strategic Plan and Business Plan are shared with the Health and Wellbeing Board to highlight safeguarding matters relevant to the work of the Health and Wellbeing Board and support understanding across partnerships and effective partnership working across systems.

Recommendation

4. It is asked that the Health and Wellbeing Board notes the Leicestershire and Rutland Safeguarding Adults Board's Annual Report for 2024-2025, Leicester, Leicestershire and Rutland Safeguarding Adults Boards' Strategic Plan 2025-2031 and Business Plan for 2025-2027 and takes into account the key points of relevance relating to health and wellbeing.

Policy Framework and Previous Decision

5. The LRSAB is a statutory body established as a result of the Care Act 2014. The main purpose of the SAB is to ensure effective, co-ordinated multi-agency arrangements for the safeguarding of adults.

6. SABs have three core duties. They must:
   - Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
   - Publish an annual report detailing how effective their work has been;

- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

7. The LRSAB has a Strategic Plan for 2025-2031. This is a shared plan with the Leicester SAB. It fulfils the first of the three core duties. The previous Strategic Plan for 2020-2025 was presented to the Health and Wellbeing Board on 9 July 2020. The new Strategic Plan is presented today.

8. The Business Plan supports the Strategic Plan. The 2023-2025 Business Plan was presented to the Health and Wellbeing Board on 31 October 2023. The new Business Plan is presented today.

9. The LRSAB and the Leicestershire and Rutland Safeguarding Children Partnership share some operational arrangements. They also share some partnership structures with the Leicester Safeguarding Children Partnership and Leicester Safeguarding Adults Board.

10. It is a statutory requirement for the Chair of the SAB to publish an Annual Report into the effectiveness of safeguarding adults' arrangements in the local area. This report must be reported to the Leader of the Council together with the Chief Executive of the Local Authority, the Chairman of the Health and Wellbeing Board, the Police and Crime Commissioner and local Healthwatch.

11. In Leicestershire and Rutland there is, in addition, a protocol between both safeguarding boards and the Health and Wellbeing Board that requires the presentation of the Business Plans of the safeguarding boards with an expectation that the Health and Wellbeing Board will consider any implications of these plans for the health and well-being strategies of the county.

Background

LRSAB Annual Report 2024-2025

12. The key purpose of the Annual Report is to assess the impact of the work undertaken in 2024-2025 on service quality and on safeguarding outcomes for adults in Leicestershire and Rutland. Specifically, it evaluates performance against the priorities that were set out in the Business Plan 2023-25.

13. The full version of the Annual Report 2024-2025 is provided as Appendix A.

14. The key messages from the LRSAB to the Leicestershire Health and Wellbeing Board are:

    - The proportion of safeguarding alerts becoming safeguarding enquiries (also known as the conversion rate) in Leicestershire fell from 46% in 2023-2024 to 36% in 2024-2025, in part due to the greater increase in alerts (+68%) compared to enquiries (+32%). A "safeguarding concern" (known locally as an alert) is made to raise concerns that an adult is experiencing, or at risk of abuse or neglect. A concern may arise because of a disclosure, an incident, or other signs or indicators. A concern can be raised by anyone including the person at risk, family, friends, professionals, and other members of the public. Where concerns require further investigation under Section 42 of the Care Act 2014, a

"safeguarding adults enquiry" is initiated. This enables concerns to be addressed promptly, minimising risk. Leicestershire was in the top quartile in 2023-2024 national data. The national data for 2024-2025 has not yet been published; Leicestershire is expecting that the 36% for this year will bring it closer to the national average. Locally, it is comparable to Leicester City and Rutland.

- A new feature of the work undertaken by the SAB is to oversee and include rough sleeping within its assurance role.

- New Leicester, Leicestershire and Rutland safeguarding adults' resources for members of the public have been launched, which have been co-produced with the Leicester City Making It Real group. The Making it Real Group is made up of people who draw on social care or who care for someone who does, as well as people who work in social care. By working with people with lived experience, the SABs have produced user-friendly and accessible resources. They are available via the following link – https://lrsb.org.uk/leaflets

- It is evident that the Self-Neglect business priority, in place for 2023-2025, achieved a good level of assurance and so it has not been carried over to the 2025-2027 Business Plan. It is acknowledged, though, that self-neglect is a prevalent type of abuse recorded in SARs nationally. Additionally, the local work completed in 2024-2025, with the publication of the Responding to Self-Neglect (including Hoarding) Guidance, represents a significant procedural change. It will take some time for the new process and guidance to become embedded. https://www.llradultsafeguarding.co.uk/wp-content/uploads/2018/11/Self-Neglect-and-Hoarding-Guidance.pdf In 2025-2026, an audit on the new Self-Neglect guidance will be completed once it has been in place for a year. The audit will test if the new guidance is embedded and what difference it is making.

- Mental Capacity has been an ongoing theme in multi-agency audits and SARs, both nationally and locally. A lot of work has been completed around this theme. While the business priority will not be carried forward to 2025-2027, the work on this theme will continue because it is acknowledged that Mental Capacity Act learning and development is a process and not about a one-off learning event. Additional bespoke training courses have been commissioned for 2025-2026 to address themes identified in local SARs. An audit on the Mental Capacity Act, following up from one completed in 2023-2024, will be completed in 2025-2026. The aim is to understand what change there has been since the last audit and subsequent work across the partnerships.

- Training on Domestic Abuse in older adults and safeguarding adults, the third business priority for 2023-2025, will continue across the partnership within individual agencies. Additionally, there was a presentation on the learning from the Research Project completed by Durham University, and supported by the SABs, and the local response and picture at Safeguarding Matters Live (online briefing for multi-agency practitioners)

in July 2025. The whole event was focused on Domestic Abuse and Safeguarding.

- One SAR was published in 2024-2025, SAR "Godavari", which is referred to in the Annual Report. During 2024-2025, the LRSAB received four new referrals for consideration of a SAR. Three cases met the criteria for a SAR and reviews have been commenced. One case did not meet the criteria for a SAR.

Strategic Plan 2025-2031

15. The Strategic Plan was developed with input from the local Healthwatch and is underpinned by a robust evidence base, making use of available intelligence. It sets out how adults at risk of abuse or neglect across Leicester, Leicestershire and Rutland will be helped and protected. The strategy outlines the governance, and partnership working required to deliver the Leicester and Leicestershire and Rutland SABs' objectives and sets out short and longer-term actions to achieve them.

16. The Strategic Plan 2025-2031 is provided as Appendix B to this report.

Business Plan 2025-2027

17. The Leicester and Leicestershire and Rutland SABs' Business Plan sets out the key deliverables and activities required regarding the Boards' priorities for 2025-2027. The priorities are:

    - Equality, diversity and inclusion;
    - Timeliness and proportionality;
    - Impact of learning.

18. The Business Plan is included within the Strategic Plan 2025-2031, which is provided as Appendix B to this report.

Consultation/Patient and Public Involvement

19. The Annual Report includes a summary of the consultation and engagement work the SAB have carried out with adults with care and support needs and practitioners.

20. All members of the SAB have had opportunities to contribute to and comment on drafts of the Annual Report.

21. Prior to publication, the LRSAB Annual Report was considered by the Adults and Communities Overview and Scrutiny Committee and Cabinet. Both welcomed the report.

Resource Implications

22. There are no resource implications arising from this report, as this is a retrospective report covering April 2024 to March 2025.

23. The LRSAB operates within a budget to which partner agencies contribute.

24. SAB partners have, along with Safeguarding Children Partnership statutory partners, set a single agreement of principles to share the operating costs of the Safeguarding Children Partnership and SAB for Leicestershire and Rutland.

25. As part of this agreement, the County Council contributed £46,375 to the SAB in 2024-2025. This is 30% of the total funding for the SAB (£154,808). This matches the contribution from 2023-2024.

26. Expenditure has increased this year by £16,711. Staffing costs increased because of the agreed Local Government pay award (as the staff are hosted by the Local Authority). Expenditure on SARs decreased due to the number of reviews already being in an advanced stage and alternative methodologies being used, as appropriate. Costs have risen and the SAB spent a little more than it received from partners' contributions. The shortfall was made up from reserves. Although costs have increased, despite budget constraints, the SAB has still achieved an increased training programme linked to the Mental Capacity Act Business Priority and launched new safeguarding adults' resources.

27. As of 1st April 2025, the SAB's reserve funds stand at £117,721. This amount has been held due to a foreseen increase in costs and has meant that partners have not been asked for an increase in contributions; however, this surplus will eventually be used and therefore all partners will be expected to ensure that the LRSAB is self-sufficient.

28. Leicestershire County Council hosts the Safeguarding Partnerships Business Office that supports the SAB and the Safeguarding Children Partnership.

Timetable for Decisions

29. The Annual Report was published on 23 September on the Safeguarding Board's website www.lrsb.org.uk. Comments from the Health and Wellbeing Board will feed into the planning and reporting process for the coming year.

Background papers

30. Report to the Health and Wellbeing Board on 26 September 2024: https://democracy.leics.gov.uk/documents/s185513/LRSAB%20Annual%20Report%202023-24_HWB%201.pdf

Circulation under the Local Issues Alert Procedure

31. None.

Appendices

32. Appendix A: Annual Report of the Leicestershire and Rutland Safeguarding Adults Board 2024-2025

    Appendix B: Leicester, Leicestershire and Rutland Safeguarding Adults Boards' Strategic Plan 2025-2031

Officer to contact

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Relevant Impact Assessments

Equality Implications

33. The LRSAB seeks to ensure that a fair, effective and equitable service is discharged by the partnership to safeguard adults. At the heart of the work is a focus on any individual or group that may be at greater risk of safeguarding vulnerability. The Annual Report includes a summary analysis of the characteristics of the subjects of SARs.

Human Rights Implications

34. There are no Human Rights implications arising from this report.

Health Implications

35. Safeguarding is everyone's responsibility. Health and care needs can be linked to safeguarding risk for adults and children and the health and care system can support the prevention of, identification of and response to safeguarding risk.

36. The Care Act 2014 requires that a SAB develops and actively promotes a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:
    - The safety of people who use services in local health settings, including mental health;
    - The safety of adults with care and support needs living in social housing;
    - Effective interventions with adults who self-neglect, for whatever reason;
    - The quality of local care and support services;
    - The effectiveness of prisons in safeguarding offenders;
    - Making connections between adult safeguarding and domestic abuse.

Crime and Disorder Implications

37. The LRSAB works closely with Community Safety Partnerships in Leicestershire to scrutinise and challenge performance in community safety issues that affect the safeguarding and well-being of individuals and groups, for example domestic abuse and Prevent. The LRSAB also supports Community Safety Partnerships in carrying out Domestic Abuse Related Death Reviews, previously called Domestic Homicide Reviews, and acting on their recommendations.

APPENDIX A

Safeguarding Adults Board
LEICESTERSHIRE & RUTLAND

Leicestershire & Rutland

Safeguarding Adults Board Annual Report - 2024-25

A Message from the Independent Chair

It is a privilege to introduce the Annual Report for Leicestershire and Rutland Safeguarding Adults Board (L&R SAB) for 2024/2025.

The Report highlights the work that the Board has been engaged with over the year. I am grateful to all partners for their ongoing contribution to the Board. The work of the SAB is delivered through several subgroups chaired by partners.

It is important to lead the L&R SAB in the delivery of priorities as part of the continuous learning journey for all engaged in adults' safeguarding and the well-being of the residents of Leicestershire and Rutland.

The Report provides information about how partners have continued to provide care and support to people and respond to the changing safeguarding needs and risks that occur alongside the ever-changing demands and pressures upon their organisations, which is evidenced in the data and information provided. A new feature of the work undertaken by the SAB is to oversee and include rough sleeping within its assurance role.

Self-Neglect and Mental Capacity have remained a significant focus this year and addressing the issues they raise for people and communities. Continued development was supported by the multi-agency audits to ensure continual improvements in understanding and responses to these challenging areas of safeguarding.

Following research with Durham University, referred to in previous Annual Reports, the SAB partners are delivering to improve the responses to older people who suffer from domestic abuse, to ensure this is recognised and responded to within a safeguarding context to keep people safe where possible and receive the support they require.

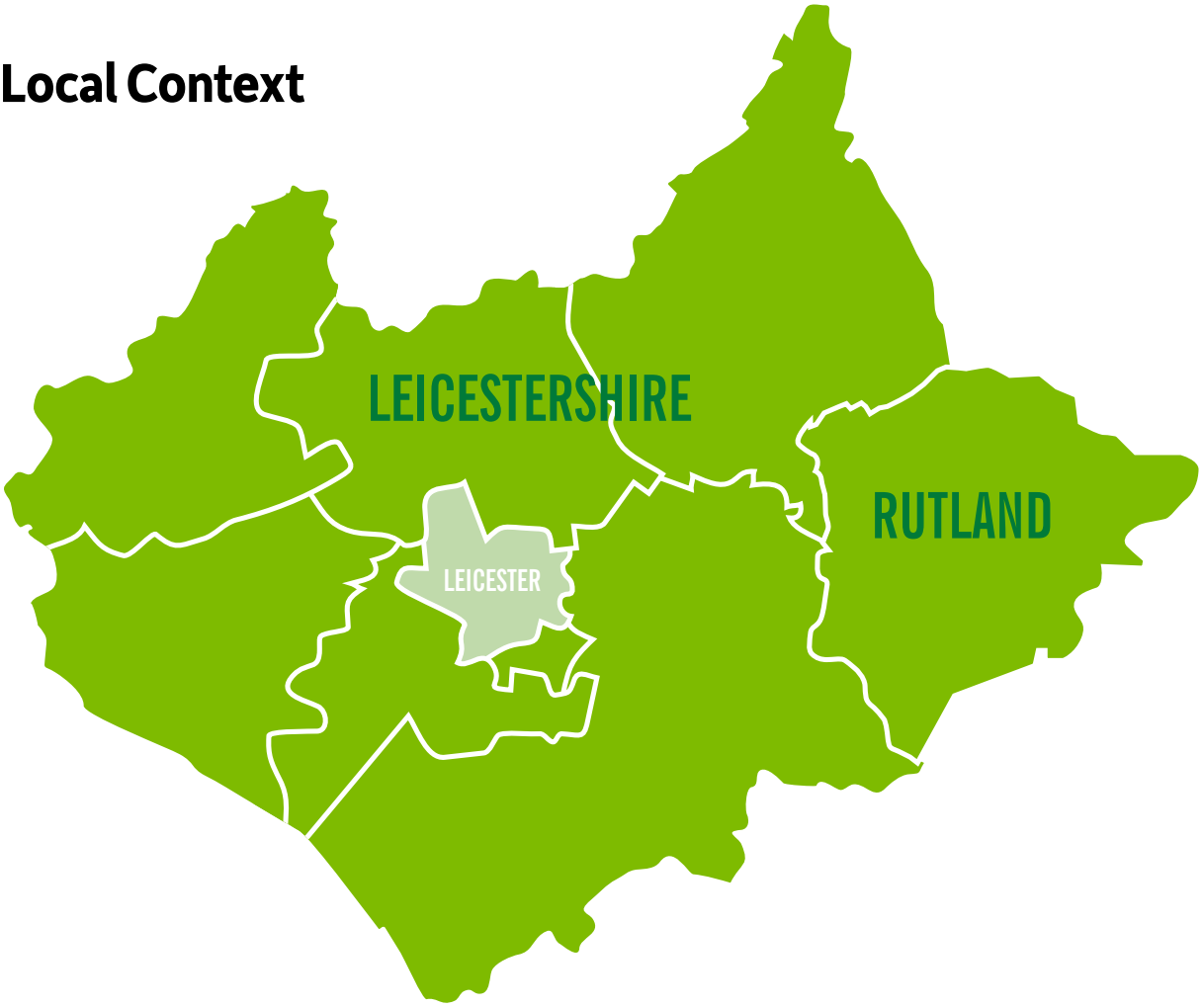
It is important we continue to learn from Safeguarding Adults Reviews (SARs), and you will note that we published SAR Godavari, referred to later in this Report. Along with the second National Analysis of Safeguarding Adults Reviews (2019-2023), the SAB has considered the evidence and impact of the learning to prevent abuse and neglect. Actively hearing the voice of those involved in safeguarding and implementing effective learning from this is critical to the Board's assurance function.

Finally, I would like to thank the Board Manager, Gary Watts, and the Team for efficiently and effectively managing the business of the Board.

I would also like to acknowledge the work of the staff and managers across all statutory, voluntary and community partners who have been committed to working together to keep people safe in Leicestershire and Rutland.

Seona Douglas
Independent Chair, Leicestershire and Rutland

Local Context



The sources of information for this section are the local Joint Strategic Needs Assessments (JSNAs), which analyse the health needs of populations.[1]

1 See https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained.

Leicestershire

Leicestershire, not including Leicester City, is made up of seven council areas: Blaby District Council, Charnwood Borough Council, Harborough District Council, Hinckley & Bosworth Borough Council, Melton Borough Council, North West Leicestershire District Council and Oadby & Wigston Borough Council.

The Leicestershire Joint Strategic Needs Assessment (JSNA) 2022-2025,[2] specifically the Demography chapter published in August 2024,[3] states that:

- The total population of Leicestershire in 2023 was 734,015, an increase of 1.5% since 2022. There were approximately 8,475 more females (371,245) than males (362,770).
- In 2023 Charnwood was estimated to have the largest population (188,010) of the Leicestershire districts, followed by Hinckley and Bosworth (114,970). Melton had the smallest population (53,237).
- Compared with England, the population of Leicestershire is older, with higher proportions of the population aged 40-64 (32.5% in the county compared with 31.8% in England) and 65 and over (21.0% compared with 18.7% for England).
- Overall, the Leicestershire population is weighted towards older adults (those aged 50-64) with a considerable proportion in the 65+ age bands as a result of increased birth rate in the post-war period.
- The majority of the county population (87.5%) belongs to the white ethnic group (including the white Irish ethnic group). This equates to 623,429 people. The next largest ethnic group in Leicestershire is the Asian ethnic group (8.2%), followed by the mixed or multiple ethnic group (2.2%) and the black ethnic group (1.1%).
- According to the 2019 Indices of Deprivation, Leicestershire is not deprived overall; the county is ranked 137th out of 152 upper tier authorities in England for Multiple Deprivation, where 1st is the most deprived. However, pockets of significant deprivation exist; four neighbourhoods in the county fall within the most deprived decile in England. These areas can be found in Loughborough and Coalville.

2 https://www.lsr-online.org/leicestershire-2022-2025-jsna

3 Leicestershire Joint Strategic Needs Assessment 2022-25, Demography (August 2024), pages ii-v.

Rutland

The Rutland Joint Strategic Needs Assessment (JSNA) 2022-2025,[4] specifically the Demography and Growth chapter published in May 2023,[5] states that:

- According to the 2021 Census, the total population of Rutland in 2021 was 41,049, an increase of 9.8% since 2011. This rate of increase is well above the national increase of 6.6%.
- There were approximately 1,095 fewer females (19,977) than males (21,072).
- In 2021, 4.0% of the population were aged 0-4 (1,639 people), 17.7% were aged 5-19 (7,273 people), 53.0% were working age (21,747 people aged 20-64) and 25.3% were older than 65+. This includes 3.5% of the total population that was aged 85 and over (1,447 people).
- Overall, the Rutland population is weighted towards older adults (those aged 50 plus) with 25.3% in the 65+ age bands compared to 18.4% in England.
- The vast majority of the county population (94.8%) belong to White ethnicities, including White British and White Irish. This equates to 38,909 people. The next largest ethnic group in Rutland is Mixed or Multiple Ethnic Group, which constitutes 1.8% of the population, followed by Asian with 1.5%, Black, with 1.3% and Other Ethnic Group with 0.5%.
- Rutland is ranked 303rd out of 317 local authorities in England for Multiple Deprivation, where 1st is the most deprived. Though there are pockets of rural and other elements of deprivation in areas of the county. One neighbourhood in the county falls within the 50% most deprived in England.

4 https://www.lsr-online.org/joint-strategic-needs-assessment

5 Rutland Joint Strategic Needs Assessment 2023, Demography and Growth (May 2023), pages iii, 9 and 19.

The Safeguarding Adults Board

The **Care Act 2014** stipulates that each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area.

The three core duties of a Safeguarding Adults Board, outlined by the **Care and Support Statutory Guidance**, are to:

- Publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this.
- Publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.
- Conduct any safeguarding adults review in accordance with Section 44 of the Care Act 2014.

The work of the Safeguarding Adults Board is informed by the six key principles which underpin all adult safeguarding work, as set out in the Care and Support Statutory Guidance:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability.

The Leicestershire & Rutland Safeguarding Adults Board brings together organisations across the counties of Leicestershire and Rutland to oversee the multi-agency approach to safeguarding adults with care and support needs. The Safeguarding Adults Board:

- Sets how organisations should work together to safeguard adults with care and support needs
- Provides multi-agency training and development resources to support good safeguarding
- Tests how well organisations are working together and the difference this is making
- Reviews serious safeguarding incidents to identify improvements needed
- Uses learning and feedback to improve and develop how agencies work together to safeguard adults.

Ministerial Guidance

In a joint letter, dated 20th May 2024, the Minister for Housing and Homelessness and the Minister for Social Care required that Safeguarding Adults Boards should also:

- Aim to make specific reference to rough sleeping and homelessness in their strategic plans and reports
- Act as an active presence in system-wide governance discussions
- Designate a named board member for rough sleeping
- Commission safeguarding adults reviews in cases of deaths involving rough sleeping (where the criteria outlined in the Care Act 2014 are met)
- Promote workforce literacy around understanding safeguarding, relevant legislation, perceived stigma, multiple disadvantage, and the roles and responsibilities of various stakeholders in supporting individuals rough sleeping.

Following this guidance, both Leicestershire County Council and Rutland County Council have designated a named board member for rough sleeping.

Governance and Structure

The local safeguarding adults arrangements are led by the statutory safeguarding partners – the Leicester, Leicestershire and Rutland Integrated Care Board (ICB), Leicestershire Police, Leicestershire County Council and Rutland County Council – and Independent Chair in accordance with the Care Act 2014.

The Independent Chair for Leicestershire and Rutland is jointly appointed by the Leicester Safeguarding Adults Board. The Independent Chair has a critical role to lead collaboratively, give advice, support and encouragement but also to offer constructive challenge and hold partner agencies to account and ensure that interfaces with other strategic functions are effective whilst also acting as a spokesperson for the Safeguarding Adults Boards.

The Board partner agencies from the statutory, voluntary and independent sectors come together to seek assurance that the persons thought to be at risk stay safe, are effectively safeguarded against abuse, neglect, discrimination, are treated with dignity and respect and enjoy a high quality of life.

The Safeguarding Adults Board members are made up of several organisations across Leicestershire and Rutland. A notable addition this year is a named board member for rough sleeping from each Local Authority. The full membership of the partnership can be found on the Safeguarding Adults Board website: **https://lrsb.org.uk/sab-membership-list**

The engagement of all partners, at a Board and subgroup level, is monitored to ensure full representation and engagement in working to ensure prevention and protection of people at risk of harm, which is at the heart of the Safeguarding Adults Board's work. Details of attendance at Board meetings across 2024-2025 and the governance of the Board and its subgroups are available at **Appendix 1**.

The Leicestershire & Rutland Safeguarding Adults Board is funded by contributions from the safeguarding partners. Further information about finance and the budget is available at **Appendix 2**.

This is the statutory annual report of the Leicestershire & Rutland Safeguarding Adults Board outlining the work it has carried out during 2024-2025. For more information on how the Board works, please visit **https://lrsb.org.uk/adults**

Safeguarding Data

A “safeguarding concern” (known locally as an alert) is made to raise concerns that an adult is experiencing, or at risk of abuse or neglect. A concern may arise because of a disclosure, an incident, or other signs or indicators. A concern can be raised by anyone including the person at risk, family, friends, professionals, and other members of the public.

Where concerns require further investigation under Section 42 of the Care Act 2014, a “safeguarding adults enquiry” is initiated. This enables concerns to be addressed promptly, minimising risk.

Leicestershire

Safeguarding Enquiries and Alerts

	2023-2024	2024-2025
Total number of concerns (alerts) raised	1732	2909
Total number of enquiries	796	1052
Conversion rate of concerns to enquiries	46%	36%

Enquiries by Age

	Number of enquiries in 2024-2025*
18-64	340
65+	602

* The numbers do not equal total enquiries, as there can be more than one enquiry in the year per person. This is a count of people.

Concerns (Alerts) and Enquiries by Ethnicity

	Concerns (Alerts) 2024-2025	Enquiries 2024-2025
White	90.1%	91.8%
Asian	2.9%	2.9%
Black	0.9%	1.0%
Mixed	0.4%	0.6%
Other ethnic group	0.5%	0.5%
Not known	5.3%	3.2%

Concluded Enquiries by Types of Abuse, as defined by the Care Act 2014 Statutory Guidance
(more than one type of abuse can be recorded against enquiries so percentages will not add up to 100%)

	2023-2024	2024-2025
% of completed enquiries which record – Physical Abuse	28%	31%
% of completed enquiries which record – Domestic Abuse	11%	8%
% of completed enquiries which record – Sexual Abuse	6%	8%
% of completed enquiries which record – Psychological Abuse	25%	22%
% of completed enquiries which record – Financial or Material Abuse	24%	22%
% of completed enquiries which record – Modern Slavery	<1%	<1%
% of completed enquiries which record – Discriminatory Abuse	<1%	<1%
% of completed enquiries which record – Organisational Abuse	5%	5%
% of completed enquiries which record – Neglect and Acts of Omission	35%	39%
% of completed enquiries which record – Self-Neglect	2%	5%

Top 5 locations that abuse took place in 2024-2025

	Percentage in 2024-2025
Own home	44.9%
Care home residential	36.3%
Home of the person allegedly causing harm	6.1%
Care home – nursing	4.0%
Other	3.9%

Making Safeguarding Personal

	2023-2024	2024-2025
% of incidents risk removed	30%	30%
% of incidents risk reduced	67%	66%
% of incidents risk remained	3%	5%
% of Making Safeguarding Personal outcomes achieved *fully or partly	95%	95%

In 2023-2024, there was a big change in Leicestershire's figures due to adjustments in recording and the process for recording alerts and enquiries.

For alerts, they were previously capturing any concern for welfare contacts in the figures (it was 5005 in 2022-2023), but this was thought to be incorrectly inflating the numbers of people who were being considered through a safeguarding lens, rather than through the provision of information or where care and support was required.

Leicestershire are now capturing only those contacts when safeguarding adults' issues are indicated. Despite this change the number of alerts rose from 1732 in 2023-2024 to 2909 in 2024-2025. This increase may be influenced by the recent promotion of safeguarding awareness across organisations, and external agencies in Leicestershire.

For enquiries, halfway through 2023-2024, the internal process was changed to open all enquiries after initial screening, which has caused an increase in enquiries reported. The number of enquiries increased from 796 in 2023-2024 to 1052 in 2024-2025.

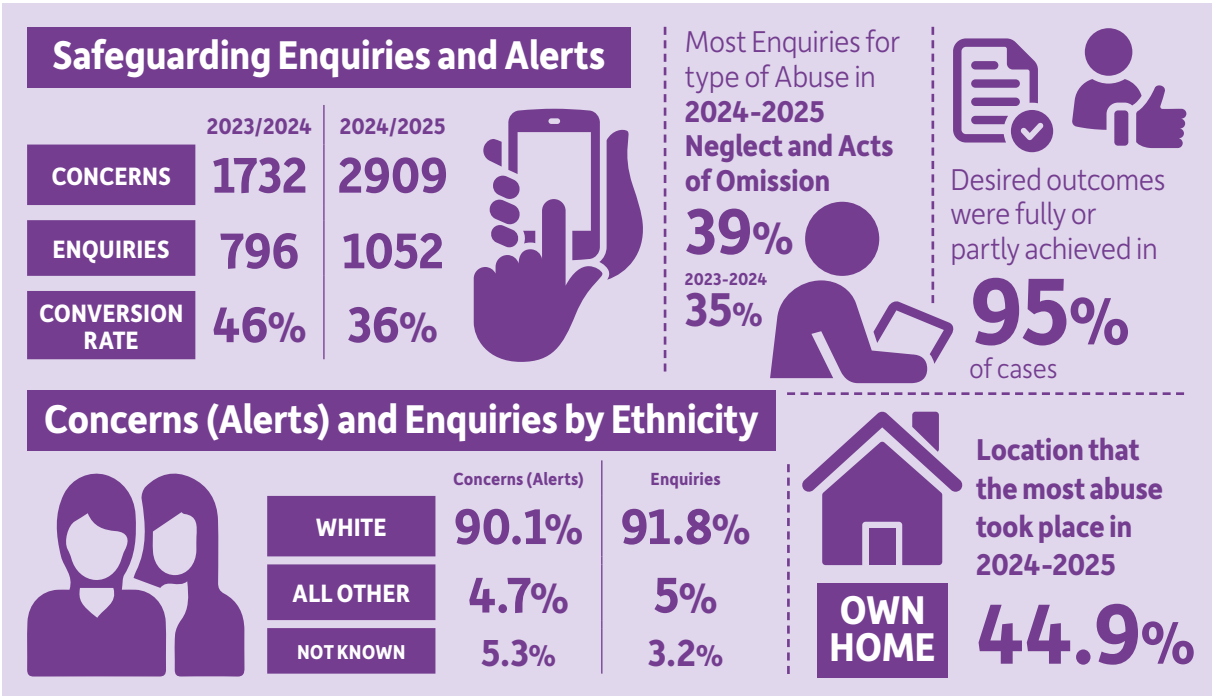
The proportion of safeguarding alerts becoming safeguarding enquiries (also known as the conversion rate) fell from 46% in 2023-2024 to 36% in 2024-2025, in part due to the greater increase in alerts (+68%) compared to enquiries (+32%).

Leicestershire was in the top quartile in 2023-2024 national data. The national data for 2024-2025 has not yet been published; Leicestershire are expecting that the 36% for this year will bring them closer to the national average. Locally, they are comparable to Leicester City and Rutland.

It is notable that almost twice as many enquiries are in relation to the over 65 age group. Most of both alerts and enquiries are about people from a white ethnic background. Most of the reported abuse is taking place in people's own home (44.9%) or in residential care homes (36.3%).

The most common category of abuse in 2024-2025 remained neglect and acts of omission. Leicestershire expects this to be in line with other Local Authorities across the country, as this was the case in 2023-2024.

In safeguarding enquiries, where the individual (or their representative) was asked for their desired outcomes, these desired outcomes were fully or partly achieved in 95% of cases.



> ***"I would like to say that I found the carers very friendly and chatty, and that is important to me, as I am that kind of person."***
>
> ***"I have got the most special care workers. All very kind and thank them for all they do."***
>
> ***"The carers who visit me daily and support me to live independently are unfailingly polite and cheerful. I look forward to their visits and really appreciate their patience and help."***
>
> ***"Adult Social Care and Help Home First put me in touch with so many avenues of help."***
>
> **Feedback from people who use Leicestershire services**

Rutland

Safeguarding Enquiries and Alerts

	2023-2024	2024-2025
Total number of concerns (alerts) raised	458	487
Total number of enquiries	51	79
Conversion rate of concerns to enquiries	11%	16%

Enquiries by Age

	Number of enquiries in 2024-2025
18-64	15
65+	46

Concerns (Alerts) and Enquiries by Ethnicity

	Concerns (Alerts) 2024-2025	Enquiries 2024-2025
White	84%	90%
Asian	<1%	0%
Black	<1%	0%
Mixed	<1%	0%
Other ethnic group	<1%	2%
Not known	14%	8%

Concluded Enquiries by Types of Abuse, as defined by the Care Act 2014 Statutory Guidance
(more than one type of abuse can be recorded against enquiries so percentages will not add up to 100%)

	2023-2024	2024-2025
% of completed enquiries which record – Physical Abuse	14%	26%
% of completed enquiries which record – Domestic Abuse	3%	21%
% of completed enquiries which record – Sexual Abuse	3%	0%
% of completed enquiries which record – Psychological Abuse	3%	15%
% of completed enquiries which record – Financial or Material Abuse	22%	21%
% of completed enquiries which record – Modern Slavery	0%	0%
% of completed enquiries which record – Discriminatory Abuse	0%	0%
% of completed enquiries which record – Organisational Abuse	3%	13%
% of completed enquiries which record – Neglect and Acts of Omission	51%	56%
% of completed enquiries which record – Self-Neglect	0%	3%

Making Safeguarding Personal

	2023-2024	2024-2025
% of incidents risk removed	21%	74%
% of incidents risk reduced	79%	15%
% of incidents risk remained	0%	0%
% of Making Safeguarding Personal outcomes achieved *fully or partly	88%	85%

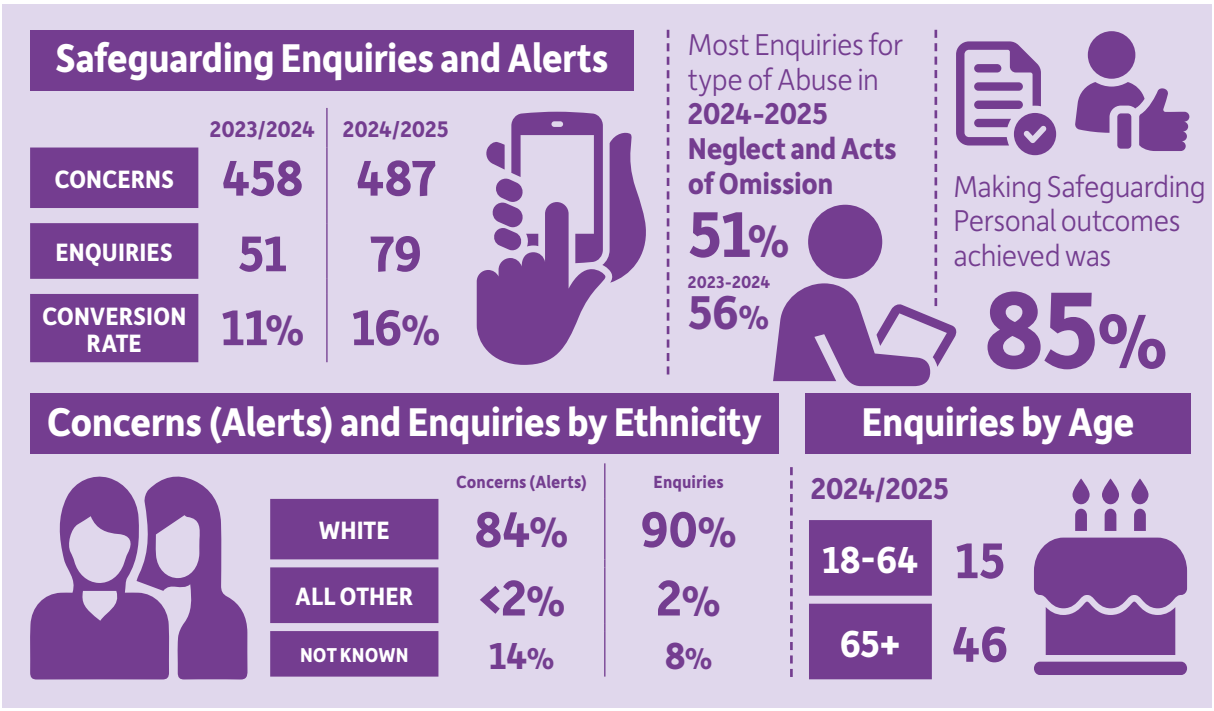
The number of alerts has slightly increased from 458 in 2023-2024 to 487 in 2024-2025, whilst the number of enquiries has risen from 51 in 2023-2024 to 79 in 2024-2025. The conversion rate of concerns to enquiries stands at 16%. This figure is lower than the national conversation rate; however, is indicative of Rutland's preventative approach to adult safeguarding. Reporting is encouraged for lower-level concerns so that supportive and preventative interventions can be provided.

The reason for increases in alerts and enquiries has been a result of quality concerns within the local care home sector, particularly relating to medication errors. Rutland have also seen an increase in domestic abuse concerns, which has contributed to the overall increase in concerns and enquiries.

Towards the end of 2022-2023, Rutland started recording, where appropriate, more than one category of abuse against enquiries, whereas previously they would only record one. This approach to recording was embedded throughout 2023-2024 and 2024-2025. It is reflected in several types of abuse seeing an increase in recording and provides a true reflection of the abuse that occurred.

The highest category of abuse remains neglect and acts of omission. Following increases in financial abuse, with consecutive rises from 2021-2022 to 2022-2023 to 2023-2024, there has been a proportionate decrease in 2024-25. Enquiries categorised as domestic abuse have increased in 2024-2025, which is indicative of awareness raising campaigns and work undertaken internally to respond to concerns of elder abuse.

"Risk remained" in 0% of cases in 2024-2025 and the percentage of Making Safeguarding Personal outcomes achieved was 85%.



> ***"It went well – beneficial as I wasn't aware of what was happening and was good to get the report on what was happening."***
>
> ***"I was part of the decision to go ahead with the investigation. It was good to see that they did follow up work. They did go to extra lengths to make sure that I was comfortable with everything. The team were very good".***
>
> **Feedback from people who use Rutland services**

Meeting our Strategic Priorities

The Leicestershire & Rutland Safeguarding Adults Board set a joint **Strategic Plan for 2020-2025** with the Leicester Safeguarding Adults Board. The strategic plan was developed with input from Healthwatch, and was underpinned by a robust evidence base, making use of available intelligence. It set out how adults at risk of abuse or neglect across Leicester, Leicestershire and Rutland would be helped and protected.

The strategic priorities were:

Core Priorities:

1. Ensuring Statutory Compliance – carrying out the required functions of the SAB
2. Enhancing Everyday Business of our partners

Developmental Priorities:

3. Strengthening User and Carer Engagement
4. Raising awareness within our diverse communities
5. Understanding how well we work together
6. Prevention – helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

A new **Strategic Plan for 2025-2031** will be published in 2025-2026.

The Safeguarding Adults Board also sets Business Plans to progress work as part of the Strategic Plan. The Business Plan considers the data, feedback from organisations, safeguarding adults reviews, learning and people's views to define specific areas of work with a two-year-plan to allow time to embed the outcomes of the key deliverables and, subsequently, analyse the impact of these outcomes.

The work on these business plan priorities is embedded within the assurance, training, procedure and review work of the Safeguarding Adults Board, outlined further in the following sections of this report.

The business plan priorities for 2023-2025 were Self-Neglect, Mental Capacity Act and Domestic Abuse. Further detail on these is provided later in the report.

Core Priority 1: Ensuring statutory compliance

Safeguarding Adults Reviews

Safeguarding Adults Boards have a statutory duty under Section 44 of the Care Act 2014 to undertake Safeguarding Adults Reviews (SARs) into cases where individuals with care and support needs have been seriously harmed or died, and abuse or neglect is suspected. When these reviews are undertaken, they are focused on identifying how multi-agency safeguarding systems and practice can be improved in future.

Key decisions and actions taken

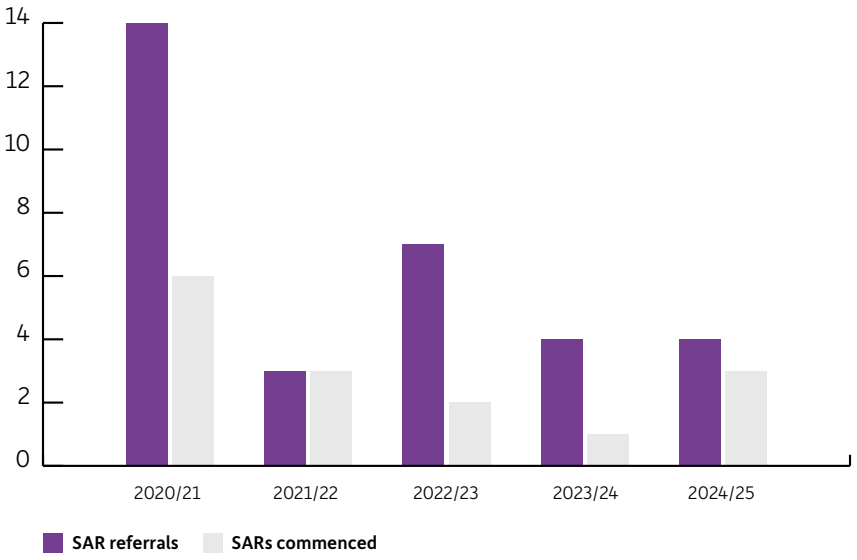
During 2024-2025, the Leicestershire & Rutland Safeguarding Adults Board received four new referrals for consideration of a Safeguarding Adults Review (SAR). This is in line with the four referrals received in 2023-2024. Two decisions were pending from 2023-2024 referrals, as they were submitted late in the business year.

Of the six cases considered in 2024-2025, it was agreed that:

- Three of these met the criteria for a Safeguarding Adults Review and reviews have been commenced
- One case did not meet the criteria for a Safeguarding Adults Review
- Decisions are still pending on the other two cases.

The decisions were agreed by the Independent Chair of the Safeguarding Adults Board.

The chart below shows the number of referrals and Safeguarding Adults Reviews commenced[6] each year for the past five years. In some cases, a Safeguarding Adults Review may have been referred in one year and commenced in the next year.



During 2024-2025, the Safeguarding Adults Board continued work on two other Safeguarding Adults Reviews, with one review put on hold due to criminal processes.

6 A case is classed as commenced when it has been agreed to meet Safeguarding Adults Review criteria (Section 44 of the Care Act 2014).

One Safeguarding Adults Review was completed and was published on our website in April 2024. Further information about the review published in 2024-2025 is available at **Appendix 3**.

Of the seven people considered as subjects of reviews agreed, on hold, under way or published during 2024-2025:

- Three of the subjects have been male and four female
- Two were aged over 65 and one was aged under 25
- Four of the subjects have been White British, two Asian and one of White and Black mixed heritage
- Three have been self-neglect cases and one has involved an adult with a learning disability.

The Leicestershire & Rutland Safeguarding Adults Board publishes Safeguarding Adults Review reports on its website for one year. It also adds its published reviews to the **National Safeguarding Adults Review (SAR) Library** developed by the National Network for Chairs of Adult Safeguarding Boards.

Actions from reviews

Action plans are in place to respond to and monitor areas of learning from Safeguarding Adults Reviews. They are deemed to be completed when appropriate outputs have been achieved for all actions recorded and they have been presented to the Safeguarding Adults Board for agreement/assurance.

During 2024-2025, the Safeguarding Adults Board has completed all action plans implemented following Safeguarding Adults Reviews, apart from one which resulted from the most recently published review. With the action plan still ongoing, only one action remains.

Learning from Safeguarding Adults Reviews has been implemented across 2024-2025:

- It has informed the refresh and rebranding of local self-neglect guidance, with the Vulnerable Adults Risk Management process being replaced by the **Responding to Self-Neglect (including Hoarding) Guidance** from 1st December 2024.
- It has influenced the content of the mental capacity training courses offered across the year by the Safeguarding Adults Boards, with Edge Training, the commissioned provider of the training, agreeing to weave in local learning from SARs across LLR and local procedures to personalise their standard course materials.
- It has informed the content of the **Special Issue of Safeguarding Matters on the Mental Capacity Act**, published in November 2024.
- It has led to awareness raising around when a pressure sore becomes a reportable safeguarding concern and changes to national guidance.
- It has influenced work taking place in partner agencies regarding the quality of referrals and correct referral routes, which should lead to more appropriate and timely referrals being made to the correct agency.

Dissemination of learning

The Safeguarding Adults Board shared key messages from Safeguarding Adults Reviews through its quarterly **Safeguarding Matters newsletter** and **Safeguarding Matters Live events**, as well as the regular Safeguarding Matters Digest emails. Safeguarding Matters has a wide reach, with over 4700 visits to the newsletter's webpage during 2024-2025. To support workers to put learning from reviews into practice, the Board continues to use **7-Minute Briefings**. These concise documents are focused on encouraging reflection and development within teams and by individuals to develop practice in response to the learning.

How we are measuring impact

The Safeguarding Adults Assurance Framework (SAAF) in 2024-2025 was completed via a frontline practitioner survey. Some of the questions posed related to learning from Safeguarding Adults Reviews and were used to establish the level of understanding around key themes, such as when and how to seek Care Act advocacy services for adults with needs for care and support; what is meant by a Whole Family Approach when working with a multi-generational household; understanding of the term 'dual diagnosis' in relation to the Mental Capacity Act; and understanding of diagnostic overshadowing when working with adults who have learning disabilities. For details of the results of the SAAF, please see the section on Core Priority 2.

In a survey completed by Leicestershire Adults and Communities staff in August/September 2024, they were asked about how effective Leicestershire County Council are in using the learning from Safeguarding Adults Reviews to inform best practice. 78% agreed that this is effective.

Qualitative data is collated from feedback to multi-agency training delivered by the Safeguarding Adults Board. See the section on Core Priority 2 for further detail.

Second National SAR Analysis

Leicestershire & Rutland Safeguarding Adults Board provided data and information for the Second National Analysis of Safeguarding Adults Reviews in England. It was funded by Partners in Care and Health (PCH), supported by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). Its purpose was to identify priorities for sector-led improvement as a result of learning from SARs completed between 2019 and 2023, a period that included the Covid-19 pandemic. 31 priorities were produced, some of which are suitable to be taken forward locally.

A summary of the findings of the Second National Analysis of Safeguarding Adults Reviews was presented in Safeguarding Matters Live in July 2024.

Some of the priorities that the Leicester and Leicestershire & Rutland Safeguarding Adults Boards will be taking forward jointly include:

- Continue to promote the SAR library
- SARs should seek to build on previously completed reviews
- Develop and/or review a protocol for decision-making when the criteria for more than one type of review appear to be met
- Promote engagement by SABs with community safety and other partnerships to promote awareness of forced marriage, female genital mutilation, county lines and radicalisation as invoking adult safeguarding concerns
- To engage people who have been involved in safeguarding and their carers in the work of the Safeguarding Adults Board, to understand their perspective and to aid development and learning for all partners strategically and in cooperation with the safeguarding pathway.

Core Priority 2: Enhancing Everyday Business

Multi-Agency Safeguarding Procedures

Leicestershire and Rutland Safeguarding Adults Board works with Leicester Safeguarding Adults Board to maintain up-to-date multi-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our dedicated website called the MAPP (Multi-Agency Policies and Procedures): **www.llradultsafeguarding.co.uk/**.

Throughout 2024-2025, these policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

Updates were made to the following procedures:

- Guidance for the Oversight Process of S42 Enquiries in NHS Settings
- Advance Care Planning
- Deprivation of Liberty Safeguards
- Disclosure and Barring
- Forced Marriage
- Identifying Adults who are Vulnerable to Radicalisation and Violent Extremism
- Modern Slavery
- No Recourse to Public Funds

New procedures have been published on:

- Working with People who have Lasting Power of Attorney
- Professional Curiosity
- Inherent Jurisdiction of the High Court
- Pressure Ulcers: Safeguarding Adults Protocol
- Self-Neglect and Hoarding
- Kindness, Respect and Compassion
- Safeguarding Children
- Serious Violence Duty

A full list of new chapters and amendments made can be found on the '**Amendments**' page of the **Leicester, Leicestershire and Rutland Multi-Agency Policies and Procedures**.

Individuals can receive alerts regarding procedure updates by **registering with the MAPP**. If they have any comments or feedback on the procedures, they can use the **contact form**.

Learning, Development and Training

The Leicestershire & Rutland Safeguarding Adults Board's training co-ordination and delivery function is shared with the Leicester Safeguarding Adults Board to support consistent and effective partnership working. The work of the Leicester, Leicestershire & Rutland SABs' Learning & Development Subgroup is underpinned by the **Learning and Development Training Strategy 2024-2026**.

Whilst it is the responsibility of partner organisations to ensure their own staff are appropriately trained in matters of adult safeguarding, it is the responsibility of the Learning and Development Subgroup to receive assurance from organisations that they know what levels of training are expected for their staff, have audited their needs, and that they are delivering the appropriate training in the areas of understanding abuse, raising awareness, responding effectively and prevention.

The Learning & Development Subgroup continues to support up-to-date training in single agencies, including all key partners and many care providers, through providing a **Competency Framework** to support individuals and organisations to undertake their safeguarding roles and responsibilities in a confident and competent manner. They disseminate learning from reviews and updates to procedure and legislation.

The Learning and Development Subgroup is also responsible for promoting multi-agency training within the partnership, promoting learning from Safeguarding Adults Reviews (SARs) and considering any specialist multi-agency training that may be required across the partnership relating to the Board's priorities.

A blended approach to learning is adopted, incorporating video resources and resource packs alongside online training sessions. This allows for a wide reach.

During 2024-2025, the Learning & Development Subgroup:

- Supported the launch of the LLR SABs' **Responding to Self-Neglect (including Hoarding) Guidance** during National Safeguarding Adults Week 2024 (18th-22nd November), by producing a **PowerPoint**, a **7-Minute Briefing on Self-Neglect** and a **7-Minute Briefing on Hoarding**, and an **introductory briefing video**, delivered by the Chair of the subgroup, which was used during three online briefings for practitioners.
- The briefing video is now available on the LLR SABs' YouTube channel as is a **Self-Neglect animation**, which was developed by North East SAR Champions and adapted by the Leicester, Leicester and Rutland Safeguarding Adults Boards, with their permission. Additionally, a **Hoarding video**, produced by the Hoarding Peer Group called "My Space at my Pace", has been shared on the YouTube Channel with the group members' permission. This group is supported by Leicestershire Fire & Rescue Service (LFRS). The video has been made to raise awareness of how people with hoarding behaviours feel and can be made to feel by others because of their circumstances.

- Commissioned Mental Capacity Act (MCA) Training, delivered by Edge Training, which covered the following areas: Mental Capacity Act basic awareness; Mental Capacity Act in practice; Advanced Mental Capacity Act training; Self-Neglect and the Mental Capacity Act.

- 24 sessions, which were a mixture of online and in-person sessions, were delivered over a 12-month period commencing from March 2024. The Subgroup commissioned 18 basic sessions (basic awareness and in practice), which included the fundamental principles to ensure practitioners are trained in the basics, and 6 advanced sessions.

Data about 18 "basic" sessions delivered during 2024-2025

Basic Awareness sessions:

- 172 people attended (out of a possible 225 places)
- Of the 53 spaces not filled, these were largely due to on-the-day drop out.

In Practice sessions:

- 140 people attended (out of a possible 200 places)
- Of the 60 spaces not filled, these were largely due to on-the-day drop out.

All courses had waiting lists, some of which exceeded 60 staff.

The Safeguarding Adults Boards ensure that all agencies raise awareness about the importance of attendance at multi-agency training.

Due to the high volume of interest in the 2024-2025 Mental Capacity Act (MCA) sessions, the Safeguarding Adults Boards have commissioned some further events for staff working across LLR for 2025. Additional bespoke courses have been commissioned on:

- Assessing a person's capacity, particularly those who are affected by substance and alcohol misuse/ fluctuating capacity
- Best Interest decisions and principles
- Capacity Assessments – the principles and when to carry them out
- MCA assessment recording and decisions
- Capacity and drugs/alcohol misuse
- Fluctuating capacity
- Legal literacy in respect of coercion, executive functioning or fluctuating capacity.

- Produced a series of documents for practitioners entitled “Mental Capacity Act and safeguarding adults: what good looks like”. They were adapted from documents produced by Durham SAB. They were published in November 2024 on the Multi-Agency Policies and Procedures (MAPP), alongside the existing “How To” guides. They now sit on their own sub-section of the MCA procedure. The documents focus on different elements of the MCA, including:
  - About Capacity, the Act and the Court of Protection
  - Assessment Form and Expected Standards
  - Best Interest Decision Making Process
  - Capacity Assessments
  - Next of Kin, Living Wills, Attorneys, Deputies and Office of the Public Guardian
  - Preferred communication and all practicable steps
  - Building Communities of Practice (CoP) in your area.

Further documents are planned including one on MCA and Coercive Control.

- Re-launched a free MCA Forum for providers in 2025, with events to be held in Leicester, Leicestershire and Rutland. This was previously a Leicester City Forum only. The first forum took place in February 2025 in Leicester. Three more events will be held throughout the year.
- Continued to link in with the Performance Subgroup to receive training compliance data to gain a clear understanding of the range of staff making use of these opportunities.

Trainers’ Network

The Leicester, Leicestershire & Rutland Safeguarding Adults Boards’ Trainers’ Network is a forum that brings together individuals that deliver any learning and development activities relating to safeguarding adults. Individuals that complete the Train the Trainer course delivered by the Leicestershire Social Care Development Group (LSCDG) are invited to join the Network.

During 2024-2025, the Trainers’ Network was re-launched with two events, one online and one in person. Topics covered included updates on local and national policies and procedures and where to access these, learning from Safeguarding Adult Reviews (SARs) and audits, and the training materials available from the Leicestershire Social Care Development Group (LSCDG).

Resources

The Leicester, Leicestershire & Rutland Safeguarding Adults Boards provide numerous learning and development resources and these are available and promoted via the Safeguarding Matters newsletter, Safeguarding Matters Live events, Safeguarding Matters Digest emails and YouTube Channel. Further information is provided in **Appendix 4**.

Training Impact

During 2024-2025, more than 80 people requested they be added to the Safeguarding Matters distribution list, with nearly 800 people now signed up.

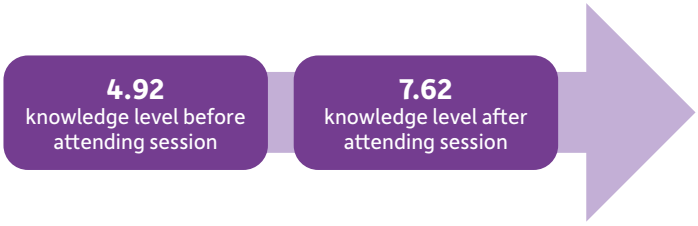
Over the two Safeguarding Matters Live events, one in June and one in December, 795 practitioners attended.

> ***"I not only enjoyed all presentations, but it also helped me make a decision regarding a safeguarding I needed to raise last night. Thank you for being there with all these valuable messages you have provided us with."***
>
> **Feedback from attendee of Safeguarding Matters Live**

The **Safeguarding Basic Awareness PowerPoint**, aimed at people who may work in a voluntary capacity or staff requiring a basic induction to children's and adults' safeguarding, has been visited over 9600 times this year on the website.

Regarding the impact of the MCA training delivered in 2024-2025, overall, evaluation of both the "Basic Awareness" and "In Practice" training was very positive with 97% and 96% of attendees respectively answering "Yes" to the question "Did you feel the course met its objectives?". Attendees were asked to rate their knowledge level of the Mental Capacity Act before and after the events, with 1 indicating low level knowledge and 10 the highest level. The average results demonstrate a clear increase in confidence following the training.

Basic Awareness training



In Practice training

> ***"I will definitely be trying to input what I have learned today when completing assessments."***
>
> ***"When completing templates, I will look more closely at the MCA part. I now complete the form with more information so that anyone looking will know my reasons behind the decision and know that this can change."***
>
> ***"Enables me much more to guide and inform providers I support in this area who are dealing with some very complex issues. The section on when to assess capacity was useful."***
>
> ***"I hope to have greater awareness of how we can support our people with learning disabilities to assess their capacity in decision specific ways."***
>
> **Feedback from attendees of MCA training, in response to the question "how do you plan on using the learning from this event in your day-to-day role?"**

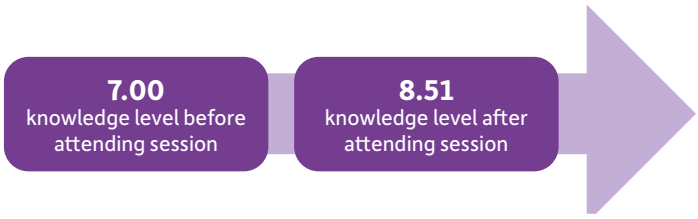
Developmental Priorities 1 & 2: Strengthening User and Carer Engagement & Raising awareness within our diverse communities

The Leicester, Leicestershire & Rutland Engagement & Communications Subgroup continues to oversee the Safeguarding Adults Boards' promotion of adult safeguarding during National Safeguarding Adults Week. In 2024, this took place between 18th-22nd November. They produced a resource pack for organisations and partners.

They also supported three "See Something Say Something" campaigns in 2024-2025. These campaigns are two weeks long. The group provides assets and suggested messages to partners and stakeholders so that they can support the campaign from their social media platforms.

'What is Adult Safeguarding?' online information sessions have been regularly delivered to support those who work in Leicester, Leicestershire & Rutland, including to community members and groups. In 2024-2025, six sessions were delivered and over 80 people attended.

Attendees of the sessions are asked to provide feedback. In response to the question, "Did you find the way the information was presented accessible and easy to understand?", with 1 being not accessible and 10 very accessible, the average score was 9.43. Attendees are also asked to rate their knowledge of adult safeguarding before and after the events, with 1 indicating low level knowledge and 10 the highest level. The average results demonstrate an increase in confidence following the sessions.



> ***"I attend a church where vulnerable people are present. Often the things they say are concerning so it's good to know a bit more about what to do."***
>
> ***"This will help me spot neglect or abuse whilst volunteering with our organisation."***
>
> ***"Be more familiar on signs of abuse and raise concerns when notice."***
>
> ***"Good refresher course"***
>
> **Responses from attendees of the "What is Adult Safeguarding?" information session about how attending the session will help them going forward**

During 2024-2025, the Engagement & Communications Subgroup launched new Leicester, Leicestershire & Rutland safeguarding adults' resources for members of the public, co-produced with the Leicester City Making It Real group. The Making it Real Group is made up of people who draw on social care or who care for someone who does, as well as people who work in social care. By working with people with lived experience, the Safeguarding Adults Boards have produced user-friendly and accessible resources. They are available on our **Leaflets webpage**.

Since the launch of the new resources, another Safeguarding Adults Board has contacted us requesting our permission to base their leaflets on ours.

> ***"I have absolutely loved working with you, and on such an important document. I am really proud of what we have achieved together and hope it encourages people to report."***
>
> ***"It is a brilliant piece of work, it's to the point, and tells you what you need to know and what to do."***
>
> **Views of Making it Real group on developing and sharing the LLR Safeguarding Adult Resources**

> ***"Thanks for the quality of the materials that you have provided us with to promote awareness of safeguarding both within our organisation and to external agencies. The materials have helped us to deliver clear and consistent information regarding Safeguarding."***
>
> **Feedback received on the new LLR Safeguarding Adult resources**

In terms of accessibility, Safeguarding Adults Board leaflets can be made available in other languages. The Leicestershire & Rutland Safeguarding Partnerships website has a translation button on every webpage, allowing the user to select an appropriate language for their needs. In 2024-2025, Leicestershire produced a series of information videos to help people needing to access adult social care services. To support the accessibility of these videos, they worked with Sign Solutions to add British Sign Language (BSL) interpretation into them. The videos cover topics such as **Care and support assessment**, **Coming out of hospital**, **Eligibility for care and support**, **Getting help to stay at home**, and **What is a Carer's Assessment**.

Developmental Priority 3: Understanding how well we work together

Quality assurance and service improvement

The Leicester and Leicestershire & Rutland Safeguarding Adults Boards use their **Quality Assurance Framework** to support assessment of whether local safeguarding arrangements for adults are effective and deliver the outcomes that people want.

Performance data

The Leicester, Leicestershire & Rutland Safeguarding Adults Boards' Performance Subgroup collects, manages and discusses performance data and intelligence relating to safeguarding adults across the partnership.

A high-level dashboard helps the Safeguarding Adults Boards understand any fluctuation on the patch, and ensures action is taken to reduce risks or understand and consider the practice that lies under the data, to ensure partners meet their legal duties and to seek assurance about partnership working and impact. The core dashboard stays consistent, with metrics that underpin the business plan priorities added and reviewed as priorities change.

Data is collated and discussed on a quarterly basis to identify performance challenges and potential areas of good practice so that, where necessary, action can be taken to learn from or to improve safeguarding experience and to identify data approaches.

Examples of issues explored in 2024-2025 include:

- A recognition that the conversion rates from 'alert' to 'enquiry' varied between councils, leading to work to increase the consistency of recording. This has meant that we can more accurately benchmark activity within LLR.
- Identification of data about mental capacity, which helps us to understand whether people who lack capacity have support during their safeguarding episode. Whilst performance is strong, a deep dive was commissioned to understand any practice issues for the small number of people where this support was not recorded.
- A recognition that councils are not always meeting the timeliness metrics set for making threshold decisions within 5 days. This led to work to understand why this was, with further work planned during 2025-2026 on the timeliness of the 'steps' along the safeguarding pathway.

Self-Assessment

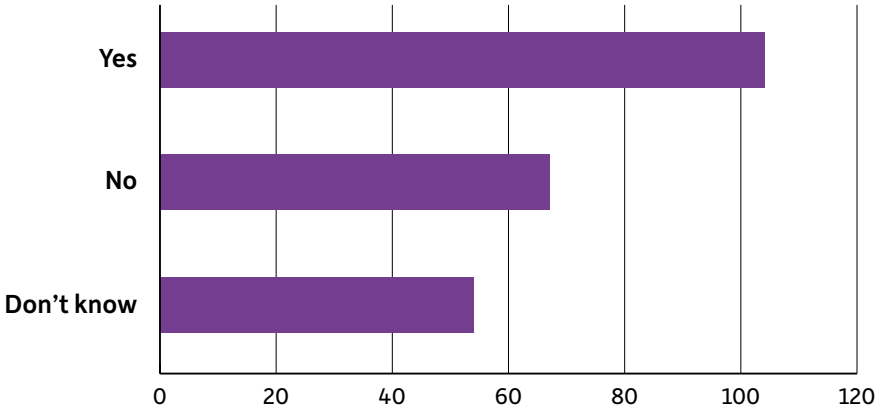
In previous years, the safeguarding partners and specific relevant agencies have carried out a Safeguarding Adults Assurance Framework (SAAF) self-assessment audit of their safeguarding effectiveness. For 2024-2025, to enhance the process of obtaining safeguarding assurance from agencies, it was agreed to undertake SAAF self-assessments using a different methodology.

A survey of frontline staff and managers was carried out to enable the Safeguarding Adults Boards to obtain assurance of the impact of recommendations and actions resulting from safeguarding reviews and multi-agency audits.

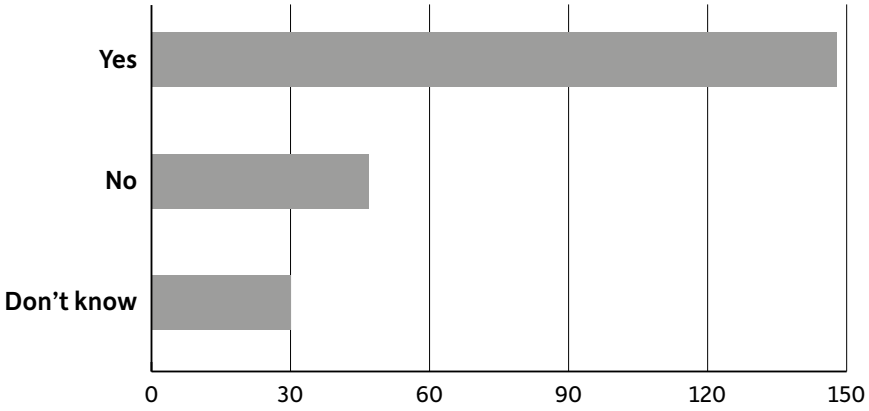
- There was a total of 226 responses to the SAAF online practitioner survey.
- There was a good mix of responses across Leicester, Leicestershire and Rutland agencies and departments.
- The survey was used as an awareness raising tool by including links to the relevant resources within the questions.
- Questions were asked about awareness and understanding of key safeguarding adults' themes.

The responses to questions about advocacy and carers are provided below. These have been key themes in both local Safeguarding Adults Reviews and multi-agency audits.

Do you know when and how to seek Care Act advocacy services for adults with needs for care and support?



Do you understand how to seek support for carers?



The results have been analysed and presented to the Safeguarding Adults Boards. They have been disseminated to subgroups for them to consider further work required on key themes.

Audits

The Leicester and Leicestershire & Rutland Safeguarding Adults Boards carried out two multi-agency audit processes during 2024-2025.

The audit process brings together safeguarding leads from different agencies to give a multi-agency view on practice in safeguarding, to identify areas of good practice and areas for learning and improvement. The audits focus on themes or parts of the safeguarding process. Practitioners are invited to give a frontline perspective on cases.

Learning from audits leads to recommendations and actions that are progressed and monitored. The learning is disseminated and informs changes required at both a system and practice level.

Self-Neglect Audit

The first audit, completed in Quarter 1/2, focused on self-neglect. The theme was selected as it linked to the business plan priority.

In Leicester, Leicestershire and Rutland, during the audit's scoping period, if an adult was identified as self-neglecting, had been assessed as lacking capacity in terms of the risks within the situation, and the risks were high, a Section 42/Safeguarding should have been progressed. Where the adult had capacity to understand the risks, and the risk was high, the multi-agency process should have been followed.

A Vulnerable Adults Risk Management (VARM) audit was completed by the LLR SABs' Multi-Agency Audit Subgroup in 2018, and the purpose of this audit was to analyse the quality of self-neglect practice since that time. A mixture of Section 42/Safeguarding Self-Neglect enquiries and multi-agency VARMs were audited.

The audit was completed with a view to making recommendations to the group then working on the planned new Self-Neglect Guidance, which would replace the VARM process locally.

The findings were:

- Overall, it was highlighted that relational practice leads to good outcomes and this should be celebrated.
- All cases were correctly identified as self-neglect cases and, in general, the appropriate process was used.
- The VARM cases highlighted some issues around the thresholds for this process.
- In most of the cases, consent was considered appropriately.
- The person was involved in all cases and, overall, the voice of the adult was captured in records.
- Several different issues were identified regarding advocacy.
- There were also some concerns about family/carer engagement, with issues identified regarding relational practice, working in the round, and employing a Whole Family approach.

Actions and Outcomes
The LLR SABs' Multi-Agency Audit Subgroup shared the learning from this audit with the group working on the new "LLR SAB Responding to Self-Neglect Guidance" and templates. There is more in the new guidance about risk levels and different types of services. It was published in December 2024.
As of 2024-2025, the LLR SABs' Performance Subgroup is collecting data around advocacy.
The LLR SABs' Learning & Development Subgroup has approached POhWER (advocacy service) about including a video from them on the LLR SABs' YouTube Channel.
The LLR SABs are tracking and seeking assurance from all the current work being carried out around carers.

Safeguarding Safety Plans Audit

The second audit, completed in Quarter 3/4, focused on Safety / Protection / Safeguarding Plans. The theme for this audit was selected based on learning from previous multi-agency audits.

The audit considered concluded safeguarding enquiries where a safety plan was in place at closure.

The findings were:

- In most of the cases, the initial/immediate safety plan was deemed to be appropriate and proportionate, with a view to reducing risks for the person involved.
- In most cases, the ongoing protection plan/safety plan was of a good standard, with clear and appropriate actions that could lead to change in the longer term.
- There was a range of single-agency and multi-agency plans put in place. In some cases, a single-agency plan was appropriate but, with others, it was suggested that other agencies should have been involved. Most commonly, the Police and GP Practice were omitted but should have been considered.
- In most cases, there had been no repeat safeguarding referrals and no evidence of additional safeguarding concerns in relation to issues that the safety plan sought to address.

Action and Outcome
A Safeguarding Bitesize Learning resource has been designed and disseminated with tips and guidance about involving GP Practices in safeguarding meetings.
The Principal Social Workers will meet to go through their safety plan templates. A Safeguarding Safety Plan audit has been added to the timetable for a review audit.

Other assurance work

Safe Care at Home Review

The **Safe Care at Home Review** was published in June 2023. This was a joint review led by the Home Office and Department of Health and Social Care (DHSC) into the protections and support for adults abused, or at risk of abuse, in their own home by people providing their care.

In light of some of the issues raised in this national review, the Leicester and Leicestershire & Rutland Safeguarding Adults Boards agreed to partnership agencies assessing themselves against the eight key findings. It was felt that this would provide a local overview, identifying good practice and any challenges to address considering the review. It was acknowledged that agencies may already be addressing the issues; however, the Safeguarding Adults Boards needed to understand the gaps and decide if there were actions for them or specific organisations.

In 2023-2024, the agencies assessed themselves against each area and provided a Red, Amber, Green (RAG) rating. In 2024-2025, they updated their assessments and, overall, there was an improvement from last year, with no red rated areas and an increase in green rated areas, particularly around types of harm and relevant legislation being understood by frontline professionals; frontline professionals having the necessary tools to fully protect and support people with care and support needs who are, or are at risk of being, abused in their own home by the person providing their care; and data being available and utilised on the prevalence of abuse in care relationships.

It has been acknowledged that there remain some gaps in assurance and, even though improvements have been made, more work still needs to be done. Therefore, the assessments will be reviewed again in 2025-2026.

Local response to Rough Sleeping

Following the 2022 '**Ending Rough Sleeping for Good**' strategy, a Joint Ministerial Letter was sent from the Department for Levelling Up, Housing & Communities and the Department of Health & Social Care in May 2024 to all Safeguarding Adults Boards with recommendations for how Safeguarding Adults Boards can support individuals rough sleeping.

It has been established that there were no deaths of homeless people in Leicestershire or Rutland during 2024. We will continue to monitor this. The LLR Homeless Mortality Project is now up and running and will be able to provide an annual review to the Safeguarding Adults Boards. The Boards received reports on the intensive support provided to Leicester's Target Priority Group, including from the Local Authority's Transitions Team, as well as a report on the Leicestershire & Rutland Rough Sleeping Initiative (RSI), including the work of the Outreach Team, Supported Letting Workers and Off the Streets Accommodation.

Developmental Priority 4: Prevention – helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

Business Plan Priorities

The Leicestershire & Rutland Safeguarding Adults Board worked with the Leicester Safeguarding Adults Board to identify shared priorities for the **Joint Business Plan 2023-25**. The annual Business Plan was replaced with a two-year-plan to allow time to embed the outcomes of the key deliverables and, subsequently, analyse the impact of these outcomes. The business priorities were identified as a result of local and national learning.

The work on these business priorities was embedded within the assurance, training, procedure and review work of the Boards outlined further in the previous sections of this report.

Updates on this joint business plan were provided throughout the business year to the Boards. Progress on the following priorities was monitored throughout the year and assurance secured that actions were making a positive difference to the lived experience of local adults with care and support needs.

Self-Neglect: Seek assurance that local safeguarding partners are working together to effectively safeguard adults who self-neglect.

What we did in 2024-2025:

- Completed a multi-agency Self-Neglect audit. The learning was fed into the group who were producing the new Self-Neglect Guidance. For further details about the findings of the audit, please see the section on Developmental Priority 3.
- Replaced the Vulnerable Adults Risk Management (VARM) process with the **Responding to Self-Neglect (including Hoarding) Guidance**. This was launched during National Safeguarding Adults Week 2024 (18th-22nd November), with three online briefings for practitioners, with the change being implemented from 1st December 2024.
- Published other new resources around this guidance: a **PowerPoint**, an **introductory briefing video**, a **7-Minute Briefing on Self-Neglect**, a **7-Minute Briefing on Hoarding** and a **Self-Neglect animation**.
- Promoted the change in guidance via numerous forums, including the LLR Safeguarding Children Partnerships and Safeguarding Adults Boards Voluntary & Community Sector (VCS) Safeguarding Forum and the LLR SABs' Trainers' Network.

Outcomes and Impact:

- The local Safeguarding Adults Boards decided to move away from the Vulnerable Adults Risk Management (VARM) process, putting high risk cases into the social care safeguarding process. This change was informed by local learning from Safeguarding Adults Reviews and multi-agency audits.
- The title of the new guidance includes "Self-Neglect" to clearly show it is a response to that category of abuse in the Care Act 2014. It makes the distinction between high risk/significant harm/injury or death.
- Around 650 people attended across the three training briefings on the new Self-Neglect guidance.
- The Self-Neglect animation has been viewed over 600 times on the LLR SABs YouTube Channel.
- ***"Thank you. Self-neglect and hoarding is a recurring issue and the self-neglect and hoarding toolkit will be useful."*** – feedback from member of the Voluntary and Community Sector Forum on the Self-Neglect Guidance

Moving Forwards:

It is evident that this business priority has achieved a good level of assurance and so it will not be carried over to the 2025-2027 Business Plan.

It is acknowledged, though, that self-neglect is a prevalent type of abuse recorded in Safeguarding Adults Reviews nationally. The Second National Analysis of SARs notes that *"Comparison between the first and second national analyses shows a marked rise in [...] self-neglect (from featuring in 45 per cent of SARs to now featuring in 60 per cent)".*[7] Additionally, the local work completed represents a significant procedural change. It will take some time for the new process and guidance to become embedded.

In 2025-2026, an audit on the new Self-Neglect guidance will be completed once it has been in place for a year. The audit will test if the new guidance is embedded and what difference it is making.

7 "Second National Analysis of Safeguarding Adult Reviews: Final Report: Stage 1 Analysis", Local Government Association and Association of Directors of Adult Social Services (Partners in Care and Health) (June 2024), page 23, available via **https://www.local.gov.uk/publications/second-national-analysis-safeguarding-adult-reviews-april-2019-march-2023**

Mental Capacity Act: Seek assurance that local safeguarding partners are using the Mental Capacity Act to effectively safeguard adults where appropriate.

What we did in 2024-2025:

- Delivered MCA Training specific to the learning needs of the Safeguarding Adults Boards. Training delivered was a mixture of online and in-person sessions to multi-agency audiences.
- Published a suite of documents for practitioners entitled "**Mental Capacity Act and safeguarding adults: what good looks like**".
- Re-launched a free MCA Forum for providers, with events to be held in Leicester, Leicestershire and Rutland.
- Established a Community of Practice, made up of named individuals from the Learning and Development Subgroup.
- Published a **Special Issue of Safeguarding Matters on MCA** in November 2024. It included learning from reviews and multi-agency audits. MCA "Myth Busters" have been included in print issues of Safeguarding Matters since 2024.
- Received assurance regarding referrals submitted to the Deprivation of Liberty Safeguards (DoLS) Team from University Hospitals of Leicester NHS Trust (UHL). This team covers both Leicestershire and Rutland referrals.

Outcomes and Impact:

- The multi-agency training commissioned and offered by the Safeguarding Adults Boards is delivered by subject experts. Links are made between theory and practice. Different types of training have been delivered for different audiences and the training packages have filled different knowledge gaps for different people.
- Multi-agency MCA training has been delivered to over 300 people in 2024-2025, covering a range of practitioners. The training has been positively received and there is evidence that it has increased the level of knowledge of those that attended. Feedback indicates an increase in discussions around MCA; improved confidence in the workforce; increased legal literacy; and a greater ability to analyse MCA in practice and improving the theory to practice gap. For further details, please see the section on Core Priority 2.

  Below are examples of feedback from attendees of MCA training, in response to the question "how do you plan on using the learning from this event in your day-to-day role?":

  "To help me to continue to develop my understanding of the MCA and how to apply it in the situations I meet in my role. I hope to be able to continue going back to the resources to help me reflect on how I apply the principles of the Act to my work."

  "To reflect on learning and start attending MCA assessment sessions with experts at work, and then reflect on the practice and my thoughts about what I would have done/questions asked etc. To eventually feel comfortable enough to lead an assessment with support initially, and then solely."

  "Sharing knowledge and reflection with the team and in practice."
- There is now a large and continuously growing range of learning and development resources available on the theme of mental capacity. These can be used in team meetings or by individual practitioners as part of their continuous professional development.

  Below are some comments from practitioners about why they have shared learning and development resources with their services / teams / people:

  "So they can act on information and share wider with other system partners."

  "As they work with families, I want to make sure that they remain professionally curious around adult safeguarding issues when working with families."

  "There is always a need to revisit foundational understanding of safeguarding principles and to continuously raise knowledge and understanding to improve outcomes."
- 27 delegates attended the first MCA Forum for providers, held in Leicester. Attendees were satisfied with the event and their expectations were met. 100% said they would be able to implement what they learned into their practice.

  Feedback from attendees of the MCA Forum for providers about what they liked most about the session included:

  "Interactive opportunities to learn"

  "Clarity of the 5 principles and application of MCA in real life situations"

  "Scenarios and simple explanations"

  "Being provided with useful resources to take back to my workplace. The trainer was extremely knowledgeable and engaging."
- Practitioners, who are part of the Community of Practice, are able to take learning back to their organisation and add it to their training.
- The Deprivation of Liberty Safeguards (DoLS) report found that referrals were appropriate, and that the working relationship between UHL and the Local Authorities is good, with a focus on longer-stay patients being the priority. It has been agreed that DoLS referrals should be reviewed annually.

Moving Forwards:

Mental Capacity has been an ongoing theme in multi-agency audits and Safeguarding Adults Reviews, both nationally and locally. The Second National Analysis of SARs highlighted that 58% of SARs noted *"absence of attention to mental capacity"*.[8]

A lot of work has been completed around this theme. While the business priority will not be carried forward to 2025-2027, the work on this theme will continue because it is acknowledged that MCA learning and development is a process and not about a one-off learning event.

Additional bespoke training courses have been commissioned for 2025-2026 to address themes identified in local Safeguarding Adults Reviews. An audit on the Mental Capacity Act, following up from one completed in 2023-2024, will be completed in 2025-2026. The aim is to understand what change there has been since the last audit and subsequent work across the partnerships.

8 "Second National Analysis of Safeguarding Adult Reviews: Final Report: Stage 2 Analysis", Local Government Association and Association of Directors of Adult Social Services (Partners in Care and Health) (June 2024), page 30, available via **https://www.local.gov.uk/publications/second-national-analysis-safeguarding-adult-reviews-april-2019-march-2023**

Domestic Abuse: Understand local response to domestic abuse in older people and safeguarding adults.

What we did in 2024-2025:

- Received a research report relating to the subsequent publication "Domestic abuse against older adults – What can s42 case files tell us?"[9] carried out by Durham University and supported by the Leicester, Leicestershire & Rutland Safeguarding Adults Boards.
- Fed the recommendations from the research project into the Leicester, Leicestershire & Rutland Domestic Abuse and Sexual Violence Group. This is a group that is chaired by a member of the Safeguarding Adults Boards but that does not sit under the SABs' governance structure.
- Formed a Task & Finish Group to address the learning from the research project and compiled an action plan to consider the position of partnership agencies regarding the 13 recommendations made by the research project. This is RAG (red, amber, green) rated and is reviewed quarterly by the Safeguarding Adults Boards.

Outcomes and Impact:

- The Safeguarding Adults Boards have a clearer understanding of the local position regarding the recommendations formulated by the Research Project regarding:
  - » Training and understanding of professionals across all sectors
  - » Ensuring our policies and practice are up to date
  - » Polyvictimisation / types of abuse
  - » Age stereotyping
  - » Mental Capacity
  - » Strategy discussions
  - » Confidence to ask questions of elders, especially regarding sexual abuse
  - » Data – storage and sharing

The RAG rated action plan shows a positive picture.

The short video, produced by Norfolk Safeguarding Adults Board, for Leicester, Leicestershire & Rutland about Domestic Abuse in Older People, entitled "**Hidden Harms**" and published last year, has been well received and widely viewed, with nearly 800 views on the LLR SABs YouTube Channel since its launch.

Moving Forwards:

Training across the partnership will continue within single agencies. Additionally, there will be a presentation on the learning from the Research Project and the local response and picture at Safeguarding Matters Live in July 2025. The whole event will be focused on Domestic Abuse and Safeguarding.

9 Hannah Bows, Paige Bromley, Bridget Penhale, "Domestic abuse against older adults – What can s42 case files tell us?", The British Journal of Social Work, 2025, bcaf074, **https://doi.org/10.1093/bjsw/bcaf074**

Priorities moving forwards

The Leicestershire & Rutland Safeguarding Adults Board has developed a new joint **Strategic Plan for 2025-2031** with the Leicester Safeguarding Adults Board. The Strategy provides the framework for forward priorities of the two Boards and contains the current business plan.

The three priorities in the **Business Plan for 2025-2027** are:

Equality, diversity and inclusion

Timeliness and proportionality

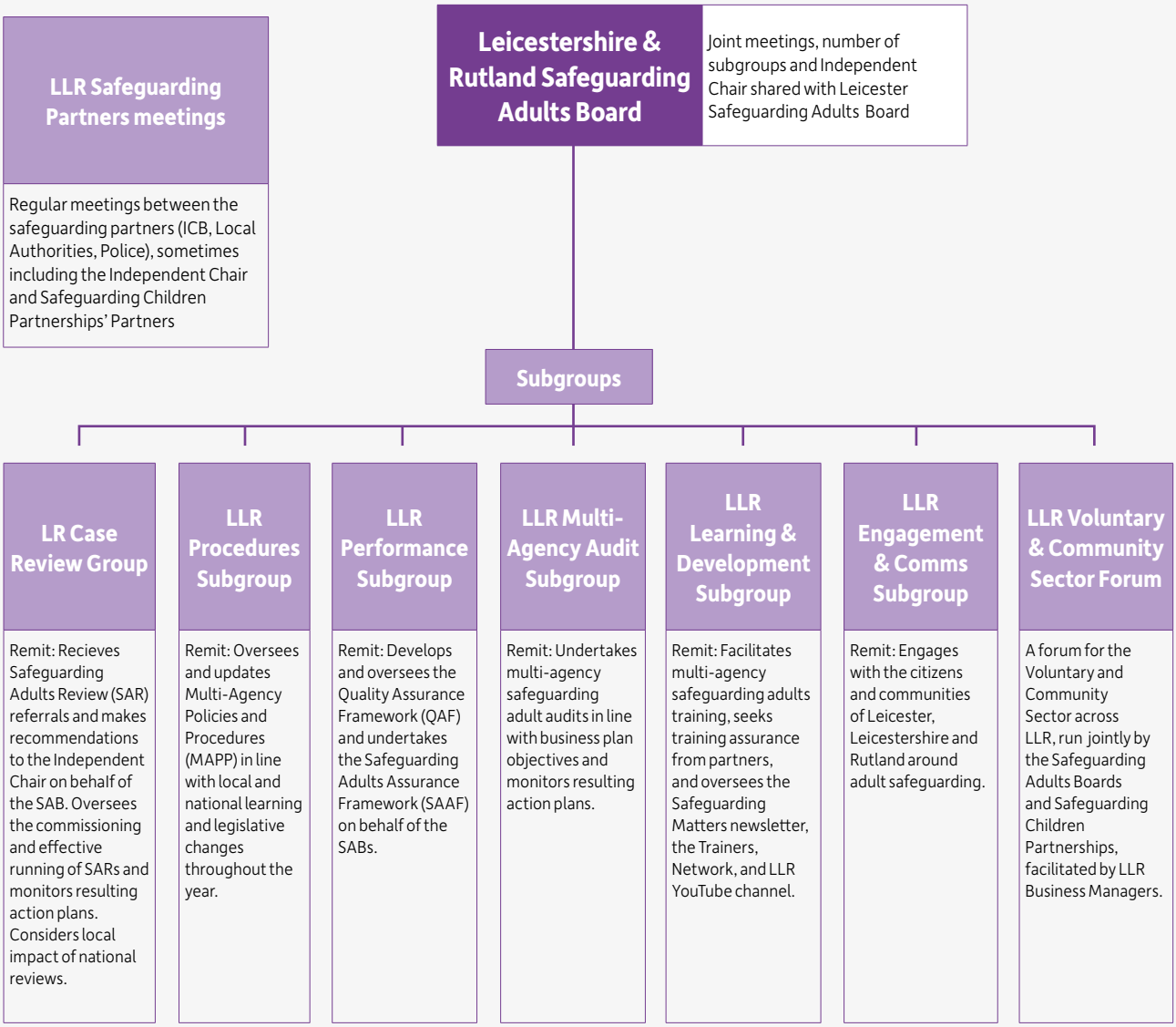
Impact of learning

For each of these areas, we have set out actions, leads, due dates and outcomes / impact measures. This will enable us to monitor progress and secure assurance that our actions are making a positive difference to the lived experience of adults with care and support needs.

The Safeguarding Adults Board will also work to continue to meet its statutory responsibilities and continue to develop its approach to learning and improving safeguarding of adults.

Appendix 1 – Leicestershire & Rutland Safeguarding Adults Board and its subgroups

The structure chart below demonstrates the governance of the Board and its subgroups.



The table below provides details of agencies that are represented on the Leicestershire & Rutland Safeguarding Adults Board and their attendance at Board meetings in 2024-2025. It may be that the Lead Officer delegated attendance to another officer.

Agency	Attendance at meetings					
	May 2024	June 2024	September 2024	November 2024	January 2025	March 2025
Leicestershire Adult Social Care	✓	✓	✓	✓	✓	✓
Rutland Adult Social Care	✓	✓	✓	✓	✓	✓
District and Borough Councils	Apologies	✓	✓	✓	✓	✓
Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)	✓	✓	✓	✓	✓	✓
Leicestershire Partnership NHS Trust (LPT)	✓	Apologies	✓	✓	✓	✓
University Hospitals Leicester NHS Trust (UHL)	Apologies	✓	Apologies	Apologies	✓	✓
East Midlands Ambulance Service (EMAS)	✓	✓	✓	✓	✓	Apologies
Leicestershire Police	✓	✓	✓	✓	✓	✓
HMP Prisons	Apologies	✓	✓	✓	✓	✓
Probation Service LLR	Apologies	✓	✓	✓	✓	Apologies
Leicestershire Fire and Rescue Service (LFRS)	✓	✓	✓	Apologies	Apologies	Apologies
Department of Work and Pensions	Apologies	✓	✓	✓	✓	✓
EMCARE	Apologies	✓	Apologies	Apologies	✓	Apologies
Healthwatch	✓	Apologies	✓	✓	✓	✓
Leicestershire Lead Member	✓	✓	✓	✓	✓	Apologies
Rutland Lead Member	✓	✓	Apologies	✓	✓	✓

Appendix 2 – **Finance**

The work of the Safeguarding Adults Board is supported by the Leicestershire & Rutland Safeguarding Partnerships Business Office that also supports the Safeguarding Children Partnership and carries out Domestic Homicide Reviews. The Safeguarding Adults Board is funded by contributions from its partners.

A single funding arrangement for the Safeguarding Adults Boards and Safeguarding Children Partnerships for 2020 onwards has been agreed between the statutory partners for the Safeguarding Adults Boards and the Safeguarding Children Partnerships for Leicester, Leicestershire & Rutland.

The contributions from partners for the Leicestershire & Rutland Safeguarding Adults Board for 2024-2025 can be seen below alongside contributions for the previous year:

	2023-2024	**2024-2025**
Leicestershire County Council	£46,375	£46,375
Rutland County Council	£20,267	£20,267
Leicestershire Police	£44,083	£44,083
Leicester, Leicestershire & Rutland Integrated Care Board (LLR ICB)	£44,083	£44,083
Total income for SAB	**£154,808**	**£154,808**

Expenditure for the Safeguarding Adults Board was apportioned as follows:

	2023-2024	**2024-2025**
Staffing	£130,010	£147,241
Independent Chairing	£9,997	£9,968
Support Services	£0	£0
Operating Costs	£6,076	£7,180
Engagement	£75	£2,800
Case Reviews	£4,320	£0
Total Expenditure	**£150,478**	**£167,189**

Staffing costs increased because of the agreed Local Government pay award (as the staff are hosted by the Local Authority). Expenditure on Safeguarding Adults Reviews decreased due to the number of reviews already being in an advanced stage and alternative methodologies being used, as appropriate.

Costs have risen and we spent a little more than we received from partners' contributions. The shortfall was made up from reserves. Although costs have increased, we believe that the output of the Board demonstrates value for money. Despite budget constraints, we have still achieved an increased training programme linked to the Mental Capacity Act Business Priority and launched new safeguarding adults' resources.

Appendix 3 – Safeguarding Adults Review completed in 2024-2025 by Leicestershire & Rutland Safeguarding Adults Board

Safeguarding Adults Reviews are published on our website for 1 year and are available **here**.

Past reviews are still available and accessible via the **National Safeguarding Adults Review (SAR) Library**.

Safeguarding Adults Reviews can be labelled using codes and pseudonyms, as agreed with family members where possible.

SAR "Godavari" – published 18.04.24

Godavari was an elderly woman who had several physical health problems and received support at home regarding mobility and personal care. She lived with her two adult children – one was her main carer and the other had their own care needs. When Godavari died, there were concerns about the multi-agency support provided to the family.

Learning

- Practitioners must be aware of when, how and where to refer safeguarding issues regarding pressure sores – see the Leicester, Leicestershire & Rutland Safeguarding Adults Boards Thresholds Guidance.
- Practitioners must ensure they are using the correct referral routes for services – if a referral is not sent to the appropriate service, this can lead to delay and/or confusion.
- If there is any doubt that a person has capacity, then a Mental Capacity Assessment should be carried out and the results clearly documented.
- When working with someone who lives in a multi-generational household, practitioners should take a Whole Family approach and liaise with other agencies/workers to understand the family picture.
- Practitioners should always try to ascertain a person's views on their care, even when they are supported by a carer. Opportunities should be taken to speak to the adult alone. Where English is not the person's first language, an interpreter should be considered.
- Refusal of services by a carer should raise concern.

Appendix 4 – **Learning & Development Resources**

The **LLR SABs' YouTube channel** continues to develop a bank of safeguarding videos and other resources that can be utilised by partners for learning and development – for example, in single agency training and supervision. It is used to share local and national learning content, especially that which aligns with the Safeguarding Adults Boards' Business Plan priorities.

During 2024-2025, three print issues of the **Safeguarding Matters newsletter** were published, with a focus on disseminating learning from reviews and audits and promoting procedural updates. The November 2024 issue was a **Special Issue on the Mental Capacity Act**.

Following the successful launch of **Safeguarding Matters Live** in 2022-2023, two events were held in July 2024 and December 2024. These are live online briefings for all staff across the children's and adults' multi-agency partnerships. They share learning from reviews and audits, procedure and guidance updates, and resources to support practice. The slides from the events are made available via our website and sessions are available to watch on the YouTube Channel. Topics covered in 2024-2025 included Hoarding and the Mental Capacity Act (MCA) and the Second National Safeguarding Adults Review (SAR) Analysis, with the winter event focusing on Safeguarding and the Internet.

The Safeguarding Matters Digest is a regular email, which is used to disseminate local and national safeguarding information in a concise and regular format. In June 2024, special digests were disseminated on Carer's Week and Learning Disability Week.

The Safeguarding Matters newsletters and Live PowerPoints and videos are available via our website and YouTube channel. Individuals can request to be added to the distribution list so that they are informed of publication and event dates by emailing **lrspbo@leics.gov.uk**. The Safeguarding Matters Digest is disseminated via email to those that have signed up to receive it. To be added to the distribution list, individuals can email **lscpb@leicester.gov.uk**.

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APPENDIX B

Safeguarding Adults Board
LEICESTERSHIRE & RUTLAND

Leicester Safeguarding Adults Board
WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

LRSAB and LSAB

Strategic Plan 2025-2031

Foreword from LSAB and LRSAB Independent Chair

This document is the strategic plan for Leicester Safeguarding Adults Board (LSAB) and Leicestershire and Rutland Safeguarding Adults Board (LRSAB) 2025 – 2031. The strategic plan was developed with input from the local Healthwatch and is underpinned by a robust evidence base, making use of available intelligence. It sets out how adults at risk of abuse or neglect across Leicester, Leicestershire and Rutland will be helped and protected.

Leicester has a population of around 368,000, is the most densely populated local authority area across the East Midlands, and celebrates being one of the most diverse cities in England. It is the 32nd most deprived of 317 local authority district areas and is significantly more deprived than surrounding areas.

Leicestershire has a population of around 712,300 with around 31% of the population living in rural areas and 69% living in urban areas. Overall Leicestershire is not a deprived area however pockets of significant deprivation do exist.

Rutland is England's smallest county and has a population of around 41,000. It is a rural area, and the fourth least densely populated local authority area in the East Midlands, with low levels of deprivation overall. From 2011 to 2021 there has been an increase of 31.2% in people aged 65 years and over living in Rutland.

Our communities are diverse and working in partnership is beneficial for effective safeguarding. As a statutory safeguarding adults partners Leicestershire Police is the local police force across all three local authority areas alongside Leicester, Leicestershire and Rutland Integrated Care Board (ICB). To help and protect adults at risk of abuse and neglect across the localities this strategic plan places a focus on:

- Leadership and partnership
- Performance, quality, and audit
- Meeting statutory responsibilities
- Hearing from people who use our services
- Prevention including awareness raising within our diverse communities

This strategy outlines the governance, and partnership working required to deliver LSAB and LRSAB objectives and sets out short and longer-term actions to achieve them.

Implementing the plan will require commitment and partnership working from Board members including providing high levels of support and of challenge. By helping local people to understand what adult safeguarding is, how concerns can be reported, and how agencies will respond, we also aim to build empowered communities.

Seona Douglas
Independent Chair, LRSAB and LSAB

Introduction

This strategic plan sets out local safeguarding adults arrangements as determined by the statutory safeguarding partners and independent chair in accordance with the Care Act 2014[1] and the care and support statutory guidance[2]. The strategic plan is signed off through the appropriate governance process for local statutory safeguarding adults partners: Leicester, Leicestershire and Rutland Integrated Care Board (ICB), Leicestershire Police, Leicestershire County Council, Leicester City Council, and Rutland County Council.

Alison Greenhill, Chief Operating Officer of Leicester City Council

Caroline Trevithick, Chief Executive of Leicester, Leicestershire and Rutland Integrated Care Board

John Sinnott, Chief Executive of Leicestershire County Council

Mark Andrews, Chief Executive of Rutland County Council

David Sandall, T/Chief Constable of Leicestershire Police

[1] https://www.legislation.gov.uk/ukpga/2014/23/contents

[2] https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

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Legislation and Statutory Guidance

The Care Act 2014 section 3 outlines that a SAB must publish for each financial year a plan which sets out (a) its strategy for achieving its objective, and (b) what each member is to do to implement that strategy. In preparing its strategic plan, the SAB must (a) consult the Local Healthwatch organisation for its area, and (b) involve the community in its area.

Care and support statutory guidance tells us that the strategic plan should address both short and longer-term actions and that it could cover 3-5 years in order to enable the Board to plan ahead as long as it is reviewed and updated annually. The plan should be free from jargon and written in plain English with an easy read version available.

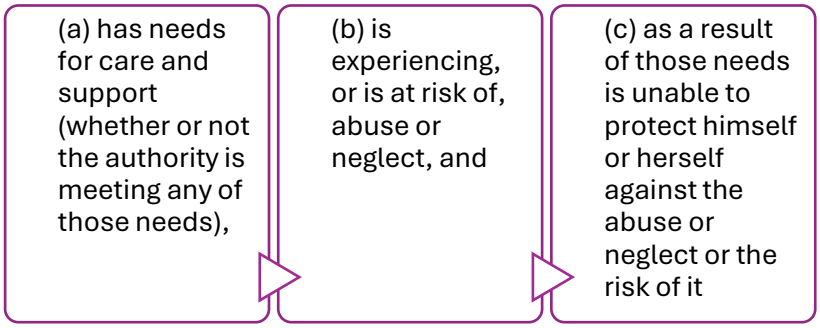
The three core duties of a SAB outlined by the care and support statutory guidance are to:

1. Publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this.
2. Publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.
3. Conduct any safeguarding adults review in accordance with Section 44 of the Care Act 2014.

This strategy is underpinned by the six key principles set out in care and support statutory guidance. These six principles underpin all adult safeguarding work and are provided in Appendix 1.

Objective of a SAB

Section 43 of the Care Act 2015 outlines that the objective of a SAB is to help and protect adults in its area in the circumstances described in section 42(1) which are: where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –



The way in which a SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does. Care and support statutory guidance outlines different types of abuse and neglect and these are provided in Appendix 2.

Ministerial Guidance

In a joint letter dated 20 May 2024 the Minister for Housing and Homelessness and the Minister for Social Care wrote that SABs should also:

- Aim to make specific reference to rough sleeping and homelessness in their strategic plans and reports
- Act as an active presence in system-wide governance discussions
- Designate a named board member for rough sleeping
- Commission safeguarding adults reviews in cases of deaths involving rough sleeping (where the criteria outlined in the Care Act 2014 is met)
- Promote workforce literacy around understanding safeguarding, relevant legislation, perceived stigma, multiple disadvantage, and the roles and responsibilities of various stakeholders in supporting individuals rough sleeping.

Geographical Area

The Care Act requires that each local authority must set up a Safeguarding Adults Board. This strategy encompasses three local authority areas (Leicester, Leicestershire and Rutland) and two Safeguarding Adults Bords: Leicestershire and Rutland Safeguarding Adults Board (LRSAB) and Leicester Safeguarding Adults Board (LSAB).

Leicester, Leicestershire & Rutland Map

Leicester

During 2021 Leicester's population reached nearly 370,000 and Leicester was noted as the

most densely populated local authority area across the East Midlands (Office of National Statistics, 2022)[3]. Leicester is one of the 10 local authority areas with the highest proportions of older people in income deprivation[4]. In Leicester 42.4% of usual residents identified their ethnic group as Asian or Asian British or Asian Welsh and 40.9% identified themselves as White. Just over half of the population of Leicester are female.

Leicestershire and Rutland

Compared with Leicester the population of Leicestershire and Rutland is less diverse, with around 10% and 3% respectively belonging to ethnic minority groups. Although Leicestershire and Rutland are not particularly deprived there are some small pockets of significant deprivation for a proportion of the population, particularly in parts of Loughborough and Coalville (Leicester, Leicestershire and Rutland Health and Wellbeing Partnership[5]).

Leicestershire

In the 2021 Census Area Profile, of all usual residents, 87.5% identified themselves as White, 8.2% as Asian, Asian British or Asian Welsh, 1.15 as Black, Black British, Black Welsh, Caribbean or African, 2.2% as Mixed or Multiple ethnic groups and 1% as other ethnic Group (Office of National Statistics[6]).

In 2021 compared with England, the population of Leicestershire is older, with higher proportions of the population aged 40-64 (32.9 percent in the county compared with 31.7 percent in England) and 65 and over (20.6 percent compared with 18.5 percent for England). Overall, the Leicestershire population is weighted towards older adults (those aged 45-59) with a considerable proportion in the 65+ age bands as a result of increased birth rate in the post-war period[7]

Rutland

In the 2021 Census Area profile, of all usual residents, 94.8% identified as White, 1.5% as Asian, Asian British or Asian Welsh, 1.3% as Black, Black British, Black Welsh, Caribbean or African, 1.8% as Mixed or Multiple ethnic groups and 0.5% as other ethnic Group (ONS).

Rutland has an older population, on average, with nearly 24% aged over 65. Rutland is more affluent than England as a whole. However, issues regarding rurality and access contribute to inequalities of other kinds[8].

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[3] Office of National Statistics (2022) How the population changed in Leicester: Census 2021 https://www.ons.gov.uk/visualisations/censusareachanges/E06000016

[4] https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019_Statistical_Release.pdf

[5] Leicester, Leicestershire and Rutland Health and Wellbeing Partnership https://leicesterleicestershireandrutlandhwp.uk/

[6] Office for National Statistics https://www.ons.gov.uk/

[7] Leicestershire County and Rutland NHS Primary Care Trust

[8] Leicester, Leicestershire and Rutland Health and Wellbeing Partnership https://leicesterleicestershireandrutlandhwp.uk/

Key Data

A safeguarding concern (known locally as an alert) is made to raise concerns that an adult is experiencing, or at risk of abuse or neglect. A concern may arise as a result of a disclosure, an incident, or other signs or indicators. A concern can be raised by anyone including the person at risk, family, friends, professionals, and other members of the public. Where concerns require further investigation under Section 42 of the Care Act 2014, a safeguarding adults enquiry is initiated. This enables concerns to be addressed promptly, minimising risk.

Risk Outcomes and Making Safeguarding Personal (MSP)	Leicester			Leicestershire			Rutland		
	21/22	22/23	23/24	21/22	22/23	23/24	21/22	22/23	23/24
Total no. concerns (alerts) raised	1867	1813	2259	5508	5005	1732	532	474	458
Total number of enquiries	703	527	493	694	494	796	44	56	51
Conversion rate of concerns to enquiries	37%	29%	22%	13%	10%	46%	8%	12%	11%
% of incidents risk removed	29%	27%	31%	38%	39%	34%	32%	17%	21%
% of incidents risk reduced	60%	61%	58%	55%	52%	63%	68%	79%	79%
% of incidents risk remained	11%	12%	11%	7%	9%	3%	0%	4%	0%
% of MSP outcomes achieved	94%	90%	88%	93%	93%	95%	93%	84%	88%

Completed enquiries by types of abuse									
	Leicester			Leicestershire			Rutland		
Abuse type	21/22	22/23	23/24	21/22	22/23	23/24	21/22	22/23	23/24
Physical Abuse	20%	21%	21%	31%	26%	28%	19%	4%	14%
Domestic Abuse	5%	6%	5%	7%	9%	11%	3%	4%	3%
Sexual Abuse	6%	3%	3%	9%	9%	6%	8%	4%	3%
Psychological Abuse	13%	13%	17%	21%	25%	25%	6%	0%	3%
Financial or Material Abuse	14%	13%	17%	24%	24%	24%	0%	13%	22%
Modern Slavery	0%	0%	0%	2%	<1%	<1%	0%	0%	0%
Discriminatory Abuse	1%	<1%	<1%	1%	<1%	<1%	0%	0%	0%
Organisational Abuse	8%	7%	6%	19%	7%	5%	0%	0%	2%
Neglects and Acts of Omission	31%	34%	30%	28%	42%	35%	64%	75%	51%
Self-Neglect	3%	4%	2%	2%	5%	2%	0%	0%	0%

KEY = highest % per local authority area each year = second highest % per local authority area each year

Leicester: % of Safeguarding Adults Concerns and Enquiries by Ethnicity						
	Safeguarding Adults Concerns			Safeguarding Adults Enquiries		
Ethnicity	21/22	22/23	23/24	21/22	22/23	23/24
White	67.2%	64.9%	62.7%	70.9%	70.9%	66.6%
Mixed/Multiple	1.9%	1.8%	2%	1.6%	1.3%	1.9%
Asian/Asian British	18.2%	18.1%	19.7%	16.3%	16.4%	18.2%
Black/Black British	4.7%	5.6%	5.5%	3.6%	4.7%	5.7%
Any other ethnic group	0.9%	1.6%	1.5%	0.8%	0.6%	1.4%
Refused	0%	0%	0.1%	0%	0%	0.2%
Not known	7.1%	8%	8.6%	7%	6%	5.9%
Total Individuals	1,071	1,094	1,631	471	464	422

Structure and Governance

Independent chair: Leicester SAB and Leicestershire and Rutland SAB made the decision, in line with the recommendation of statutory guidance, to appoint an Independent Chair. Our Independent Chair has a critical role to lead collaboratively, give advice, support and encouragement but also to offer constructive challenge and hold partner agencies to account and ensure that interfaces with other strategic functions are effective whilst also acting as a spokesperson for the SABs. An Independent Chair provides additional reassurance that the Board has some independence from the local authority and other partners.

Board meetings: The Leicester Safeguarding Adults Board (LSAB) and the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) meet between four and six times each business year. At these meetings members work together to safeguard and promote the welfare of adults at risk in the local area (a membership list is provided in Appendix 3). Updates are provided on the progress of the business plan and the work of the subgroups. Appendix 4 provides a joint governance chart for LSAB and LRSAB. The following provides an overview of the work of each subgroup:

LLR Performance Subgroup – Develops and oversees the implementation of the Quality Assurance Framework (QAF) including the collection and analysis of a core dataset and quarterly safeguarding data and narratives from across the partnerships. It also undertakes the Safeguarding Adults Assurance Framework (SAAF) on behalf of the SABs.

LSAB Review Subgroup and LRSAB Case Review Group – Receives Safeguarding Adults Review (SAR) referrals and makes recommendations to the Independent Chair on behalf of the SABs. Oversees the commissioning and effective running of SARs including monitoring action plans and measuring impact completed actions. Considers local impact of national reviews.

LLR Learning and Development Subgroup – Facilitates multi-agency safeguarding adults training, seeks training assurance from partners, and oversees the Safeguarding Matters newsletter, the Trainers' Network, and the Mental Capacity Act (MCA) forums.

LLR Engagement and Communication Subgroup – Engages with the citizens and communities of Leicester, Leicestershire, and Rutland around adult safeguarding. Has oversight of the SABs' YouTube channel.

LLR Audit Subgroup – Undertakes multi-agency safeguarding adults audits in line with business plan objectives.

LLR Policy and Procedures Subgroup – Oversees and updates Multi-Agency Policies and Procedures (MAPP) in line with local and national learning and legislative changes throughout the year.

LLR VCS Safeguarding Forum – A safeguarding forum for the Voluntary and Community Sector across Leicester, Leicestershire, and Rutland (including faith sector and sports groups) run jointly between the Safeguarding Adults Boards and Safeguarding Children Partnerships.

Individuals, organisations, and partnerships leading on the following areas of work will be invited to present to the SABs on an annual basis in relation to safeguarding adults:

- Domestic abuse
- Commissioned care
- Prisons
- Deprivation of liberty safeguards (DoLS)
- Prevent
- Homelessness

The Leicester, Leicestershire and Rutland Safeguarding Adults Boards will work closely with other multi-agency strategic partnerships in the locality – including the Safeguarding Children Partnerships, Health and Wellbeing Boards, Community Safety Partnerships, Strategic Partnership Board and its subgroups, the Violence Reduction Network, and the Domestic Abuse Locality Partnership Boards – to share and support learning and priorities and avoid duplication.

Information Sharing, Escalation, and Thresholds

The local multi-agency procedures manual hosts the Escalation / Resolving Professional Differences guidance[9] which provides information about how to escalate concerns and how any disputes will be resolved.

It also provides an overview of information sharing good practice along with a link to a copy of the LLR Information Sharing Agreement for the purposes of safeguarding adults and children[10].

The 'safeguarding adults thresholds guidance'[11] to support practitioners working with adults at risk in Leicester, Leicestershire and Rutland can also be found on the local multi-agency policies and procedures (MAPP) manual.

Strategic Priorities

Leadership and Partnership

The Leicester, Leicestershire and Rutland SABs have a strategic role that is greater than the sum of the operational duties of their core partners. The local SABs will provide strategic leadership across Leicester, Leicestershire and Rutland and will oversee and lead adult safeguarding across the locality.

[9] https://www.llradultsafeguarding.co.uk/resolving-professional-differences/?hilite=escalation
[10] https://www.llradultsafeguarding.co.uk/information-sharing/?hilite=information+sharing
[11] https://www.llradultsafeguarding.co.uk/thresholds/?hilite=thresholds

The SABs will also ensure that their membership and the membership of their subgroups is effective in leading adult safeguarding, promoting best practice, and holding each other to account. SABs members will provide each other with advice and assistance to improve their safeguarding mechanisms.

The SABs will develop and maintain effective links with other key partnerships in the locality, consciously cooperating to reduce any duplication and maximise efficiency where membership and objectives overlap.

Performance, Quality, and Audit

The SABs will analyse and interrogate data relating to adult safeguarding that increases their understanding of prevalence of abuse and neglect locally, allowing a picture to be built up over time. They will gain assurance of the effectiveness of safeguarding locally and hold each other, and other local boards and partnerships, to account.

An annual safeguarding adults assurance framework (SAAF) allows for Board member organisations to provide evidence to demonstrate a self-rating from 'not effective' through to 'fully effective' in matters of safeguarding adults. Where organisations are not 'fully effective' an improvement plan is developed.

Intermittently the SAAF will be conducted with key front-line staff and supervisors across the locality. This will be so that the SABs can be assured about how key safeguarding adults topics and resources are reaching the frontline and the impact they are having.

The SABs will oversee multi-agency audits, ensuring that good safeguarding adults practice and learning is identified and either promoted or acted upon to facilitate positive organisational change.

The quality assurance framework (QAF) of the SABs incorporates a range of other sources including experiences of adults at risk of abuse or neglect and their carers, and an annual assurance statements is developed by the Performance Subgroup on behalf of the SABs at the conclusion of each business year.

Meeting Statutory Responsibilities

The SABs will ensure that their three core duties – to publish a strategic plan, to publish an annual report, and to conduct safeguarding adults reviews – are met each business year.

This strategic plan will be reviewed and updated annually by the local Safeguarding Board Managers in conjunction with the Independent Chair and safeguarding partners.

The annual report will be written by the local Safeguarding Board Managers in conjunction with the Independent Chair and safeguarding partners. In line with statutory guidance, it will detail what each SAB has done during the year to achieve its objective and implement its strategic plan as well as the findings of local safeguarding adults reviews and subsequent action.

The SABs will progress safeguarding adults reviews using review processes that will promote timely and effective learning and improvement action to prevent future deaths or serious

harm occurring again. In line with statutory guidelines, early discussions will take place with the adult and/or family to agree how they wish to be involved in a review[12].

In addition to the core statutory duties under the Care Act 2024, in line with statutory guidance the SABs will develop and maintain multi-agency safeguarding adults policies and procedures for the locality, keeping them under review and updating them to incorporate learning from published research, peer reviews, case law and lessons from recent audits and reviews.

Whilst it is the responsibility of each organisation to ensure the effective delivery of safeguarding training to its own staff, the SABs will seek assurance from organisations about their safeguarding adults training, promote multi-agency training, and consider any specialist training that may be required in line with their Learning and Development Training Strategy 2024-2026[13].

Understanding our communities
Making Safeguarding Personal (MSP) puts the adult subject to an adult safeguarding inquiry at the centre of the decision-making process and supports their involvement. Members of the LLR SABs have embedded the process into their safeguarding activity, enabling adults to communicate what outcomes they want to achieve from the safeguarding process, along with tools to support measurement. There is an agreed statutory data set relating to MSP and this forms part of the quarterly Core Data collection, allowing regular monitoring of performance.

The SABs will also enable meaningful feedback from adults and carers who have experienced safeguarding interventions, ensuring that adults with lived experience, carers, and the local community shape the works of the SABs.

Prevention including awareness raising within our diverse communities
Board partners will work closely together to develop and promote – in person, online and via social media – adult safeguarding messages across the locality.

Producing and coproducing information accessible information that raises awareness of adult safeguarding it to increase the confidence of the local community to raise concerns.

The SABs will develop approaches to adult safeguarding which recognise the value of early intervention and prevention i.e. in relation to exploitation, and multiple exclusion homelessness.

[12] Adults and families involved in local safeguarding adults reviews have provided the following advice for the Boards to reflect upon: *"Talking through the final report without rushing is helpful, as is taking time to explain what things mean" "Being able to ask questions and to understand what is happening was helpful" "Whilst it is important to find out 'what' happened, we feel that it is as important to find out 'why' it happened" "Having one contact person throughout and regularly being kept up to date (even if nothing was happening) was good for us" "The review process has helped us to move on a little".*

[13] https://www.leicester.gov.uk/media/240ltg3l/llr-learning-and-development-training-strategy-2024-2026.pdf

The SABs are committed to ensuring that the person's "voice" is heard in all the work undertaken by the SAB, and its subgroups to ensure feedback informs learning and any changes necessary to the way partners carry out their safeguarding duties and responsibilities.

2025-2027 Business Plan Objectives

1. Equality, diversity and inclusion			
Action	Lead	Due Date	Outcome or Impact Measure
Development of transitional safeguarding work in partnership with the Safeguarding Children Partnerships. Specifically, develop multi-agency Leicester, Leicestershire and Rutland transitional safeguarding[14] policy or practice guidance.	Transitional safeguarding task and finish group	Progress report by September 2025 Completion by November 2026	Once the policy or practice guidance has had time to embed, multi-agency audit, frontline survey, or voice of people who use our services (2027 onwards).
Provide resources, tools and example of feedback questions to enable Safeguarding Adults Board partners to gain meaningful feedback from adults and carers who have experienced safeguarding interventions, ensuring that adults with lived experience, carers, and the local community shape the works of the SABs.	Engagement and Communication Subgroup	November 2026	Evidence of how adults with lived experience, carers, and the local community shape the work of the SABs.
Continue to analyse safeguarding adults data, highlighting disproportionality to the SABs.	Performance Subgroup	Throughout 2025-2027 business period	Evidence of assurance provided or changes made as a result of data provided.
Continue to develop and promote – in person, online and via social media – adult safeguarding messages and information across the locality	Engagement and Communication Subgroup	Throughout 2025-2027 business period	Number of people reached. Feedback received from people who have attended. Safeguarding data.

[14] Transitional Safeguarding is not simply transition planning for people who are moving from children's social care to adult social care services. See Local Government Association transitional safeguarding resources for more information about transitional safeguarding: Transitional safeguarding resources | Local Government Association

taking into account equality, diversity, and inclusion.			
Ensure a mechanism is implemented for notification to the two Review Subgroups of rough-sleeping deaths. The purpose being to take a view with regards to learning and safeguarding adults review criteria.	Leicester Review Subgroup + Leicestershire and Rutland Case Review Group	Mechanism to be in place by July 2025	Number of reviews relating to rough-sleeping deaths deemed to meet the criteria. Any learning (including themes) identified by the group and changes made as a result.

2. Timeliness and proportionality			
Action	Lead	Due Date	Outcome or Impact Measure
Identify how we respond to concerns including conversion to enquiries, how long it takes to make people safe, what people are doing i.e. safeguarding plans.	Performance Subgroup	Throughout 2025-2027 business period	Evidence of assurance provided or changes made as a result of data provided.
Review and update competency framework	Learning and Development Subgroup	January 2027	Once the revised competency framework has had time to embed, impact to be measured through a frontline survey, or Safeguarding Adults Assurance Framework (2027 onwards).
Threshold decision timeliness: What is helping or hindering our ambition to make threshold decisions within 5 days?	Audit Subgroup	February 2026	Changes made in response to learning identified by the audit.
Audit of safety plans	Audit Subgroup	February 2026	Changes made in response to learning identified by the audit.
Improve timeliness of learning from reviews using effective	Leicester Review Subgroup + Leicestershire	Throughout 2025-2027	Evidence of learning being identified and

methodologies (i.e. based on children's rapid review model)	and Rutland Case Review Group	business period	acted upon in a timely way.

3. Impact of learning			
Action	Lead	Due Date	Outcome or Impact Measure
Self-neglect and hoarding procedure (replacement for VARM) audit. Is the new procedure embedded and what difference is it making?	Audit Subgroup	February 2027	N/A. This action is in itself measuring impact of previous work.
Mental Capacity Act (MCA) audit. What change has there been since the last audit and subsequent work across the partnerships?	Audit Subgroup	February 2027	N/A. This action is in itself measuring impact of previous work.
Further progress the measurement of impact of safeguarding adults reviews	Review Subgroups	Throughout 2025-2027 business period	N/A. This action is in itself measuring impact of previous work.
Undertake learning and development in line with training strategy and ensure that pre and post delegate feedback is captured	Learning and Development Subgroup	Throughout 2025-2027 business period	Impact to be measured through pre and post delegate feedback.

Review

This strategic plan will be reviewed and republished on an annual basis to ensure that it remains up to date and in line with the Care Act 2014 and associated statutory guidance.

Appendix 1 – Six Principles Outlined in Care and Support Statutory Guidance

Empowerment: People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention: It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality: The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection: Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability: Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

Appendix 2 – Types of Abuse and Neglect Outlined in Care and Support Statutory Guidance

Physical abuse including assault, hitting, slapping, pushing, misuse of medication, restraint, and inappropriate physical sanctions

Domestic violence including psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence

Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual tasing or inuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adults has not consented or was pressured into consenting

Psychological abuse including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits

Modern slavery encompassing slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse including forms of harassment, slurs or similar treatment because of: race, gender and gender identity, age, disability, sexual orientation, religion

Organisational abuse including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect covering a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and including behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Appendix 3 – LSAB and LRSAB Membership

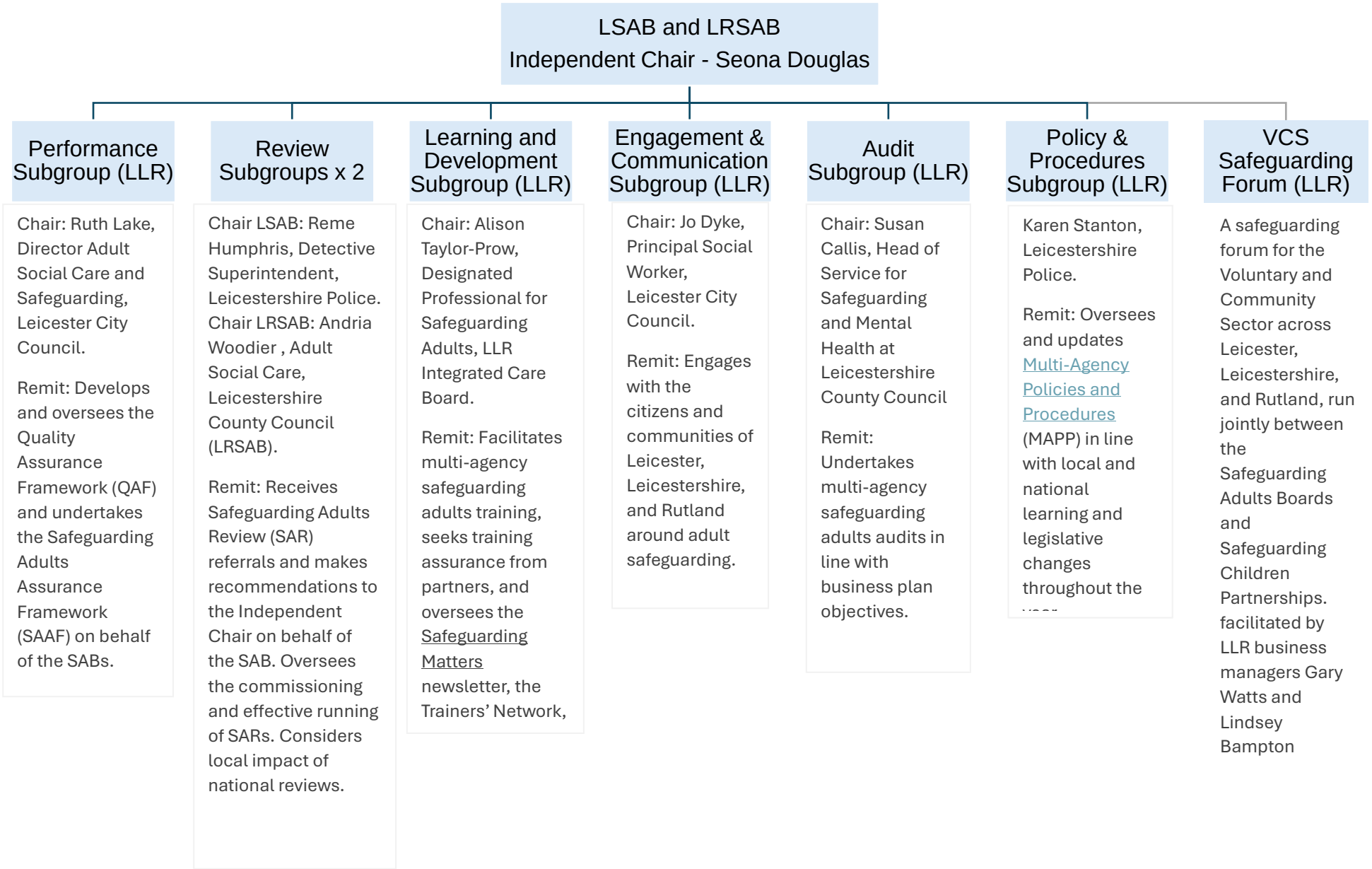
Joint Membership LSAB and LRSAB
Department for Work and Pensions
East Midlands Ambulance Service
East Midlands Care Association (EMCARE)
Healthwatch Leicester and Leicestershire
Leicester, Leicestershire and Rutland Integrated Care Board
Leicestershire Fire and Rescue Service
Leicestershire Partnership NHS Trust
Leicestershire Police
Probation
University Hospitals Leicester
NHS England
Care Quality Commission

Individual Membership LSAB and LRSAB	
LSAB	LRSAB
HMP Leicester	District Councils Representative*
Leicester City Council – Adult Social Care	HMP Fosse Way
Leicester City Council – Children's Social Care	HMP Gartree
Leicester City Council – Community Safety	Leicestershire County Council – Adult Social Care
Leicester City Council – Housing*	Rutland County Council – Adult Social Care
Leicester City Council – Trading Standards	Rutland County Council – Prevention & Assurance*

* Named Board members for rough sleeping

In attendance LSAB and LRSAB:
Councillors (participating observers)
Legal Advisors
Safeguarding Board Office Managers and Administrators
Work-stream leads reporting progress to the Boards
In attendance at LRSAB:
Public Health (advisor)

Appendix 4: Joint LSAB and LRSAB Governance Chart



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Agenda Item 11

HEALTH AND WELLBEING BOARD – 25 SEPTEMBER 2025

REPORT OF LEICESTERSHIRE AND RUTLAND SAFEGUARDING CHILDREN PARTNERSHIP

YEARLY REPORT 2024-25 AND BUSINESS PLAN 2025-27

Purpose of report

1. The purpose of this report is to present the Health and Wellbeing Board with the Yearly Report of the Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) for 2024-25 and the Business Plan of the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships for 2025-27 for information.

2. The LRSCP Yearly Report is the report of the identified Safeguarding Partners (Integrated Care Board, Leicestershire Police, Leicestershire County Council, Rutland County Council) who must publish an annual report on the effectiveness of multi-agency arrangements for safeguarding children. This is a statutory requirement under Working Together 2023.

3. The Yearly Report is shared with the Health and Wellbeing Board to highlight safeguarding matters relevant to the work of the Health and Wellbeing Board and support understanding across partnerships and effective partnership working across systems.

Recommendation

4. It is asked that the Health and Wellbeing Board notes the Leicestershire and Rutland Safeguarding Children Partnership Yearly Report for 2024-25 and Leicester, Leicestershire and Rutland Safeguarding Children Partnerships' Business Plan for 2025-27 and the key points of relevance relating to health and wellbeing.

Policy Framework and Previous Decision

5. The Children Acts of 1989 and 2004 set out specific duties for Local Authorities, working with partner organisations and agencies, to safeguard and promote the welfare of all children in their area. Section 17 of the Children Act 1989 puts a duty on the Local Authority to provide services to children in need in their area; section 47 of the same Act requires Local Authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.

6. These duties can only realistically be discharged with the full co-operation of other partners, many of whom have individual duties when carrying out their functions under section 11 of the Children Act 2004.

7. The Children and Social Work Act 2017 and Working Together 2023 (statutory guidance on multi-agency working to safeguard and promote the welfare of children) give responsibility for this join-up locally to the Safeguarding Partners, the Police, Integrated Care Board and the Local Authority, which have a shared and equal duty to agree and make arrangements to work together to safeguard and promote the welfare of all children in a local area.

8. The multi-agency safeguarding arrangements locally are managed through a partnership – the LRSCP – that covers the counties of Leicestershire and Rutland. The arrangements were published on 28 June 2019 and commenced on 29 September 2019. These arrangements replaced the former Local Safeguarding Children Board.

9. Following the publication of the new Working Together 2023 in December 2023, the Multi-Agency Safeguarding Arrangements were reviewed and updated. Multi-agency safeguarding arrangements should be based on Local Authority areas. Arrangements can cover two or more local authority boundaries by agreement. As a number of partners are shared with Leicester Safeguarding Children Partnership, for the new iteration of the arrangements it was agreed that joint Leicester, Leicestershire and Rutland Multi-Agency Safeguarding Arrangements would be published. They were published in December 2024, in line with government timescales. https://lrsb.org.uk/uploads/leicester-leicestershire-rutland-multi-agency-safeguarding-arrangements-december-2024.pdf?v=1734689128

10. The LRSCP and the Leicestershire and Rutland Safeguarding Adults Board share some operational arrangements. They also share some partnership structures with the Leicester Safeguarding Children Partnership and Leicester Safeguarding Adults Board.

11. It is a statutory requirement, as set out in Working Together 2023, that the Safeguarding Partners publish a report at least once every twelve months on the arrangements and their effectiveness.

12. Under this statutory framework for safeguarding, there is no requirement to share reports with the Health and Wellbeing Board. However, the Yearly Report is being shared following publication in line with previous practice in order to support understanding across partnerships and effective partnership working across systems.

Background

LRSCP Yearly Report 2024-25

13. The key purpose of the Yearly Report is to assess the impact of the work undertaken in 2024-25 on safeguarding outcomes for children in Leicestershire and Rutland. Specifically, it evaluates performance against the priorities that were set out in the Business Plan 2023-25.

    https://lrsb.org.uk/uploads/leicester-leicestershire-rutland-safeguarding-children-partnerships-joint-business-plan-2023-25.pdf?v=1695986580

14. The report outlines the learning, assurance, training and improvement activity of the LRSCP and its partners and the impact this has had on safeguarding children.

15. The full version of the Yearly Report 2024-25 is provided as Appendix A.

16. Key messages from the Safeguarding Children Partnership (SCP) to the Leicestershire Health and Wellbeing Board are:

- The "Safeguarding Babies" priority has been in place since 2021-22 and a lot of work has been completed in this time, with the implementation of ICON[1], an updated Pre-Birth and Post Birth Planning procedure and the launch of the Safer Sleeping Risk Assessment Tool. Also, during this time, there have been numerous training events and individual courses, both in person and online, and a range of learning and development resources have been produced and disseminated. It is evident that this business priority has achieved a good level of assurance and so it has not been carried over to the 2025-27 Business Plan. It is acknowledged, though, that further awareness raising is required around key guidance and resources, particularly with a large and dynamic workforce. Therefore, babies will always be seen as a key cohort of focus for the SCP.

- Since its inception in 2021-22, it is felt that the "Child Mental Health and Emotional Wellbeing" business priority has achieved a good level of assurance and so it has not been carried over to the 2025-27 Business Plan. It is acknowledged, though, that children's mental health continues to be a subject of both local and national importance. Therefore, the Planning and Delivery Group of the SCPs will continue to seek assurance that mental health and safeguarding are effectively addressed together locally by receiving CAMHS highlight reports.

- A priority on "Harm Outside the Home" has been included in the Business Plan for 2025-27, which will build on the progress made since 2022-23 around the "Keeping Adolescents Safe / Supporting Safe Adolescents" priority. https://lrsb.org.uk/uploads/leicester-leicestershire-and-rutland-safeguarding-children-partnerships-joint-business-plan-2025-27.pdf?v=1747653128 This acknowledges the continued prevalence of this theme nationally, with persistent concern about the themes raised in the Independent Inquiry into Child Sexual Abuse, including group-based Child Sexual Exploitation and grooming gangs. Implementation of the Online Safety Act 2023 is also at the forefront of national interest, following the release of the Netflix drama Adolescence, and with Ofcom's child safety measures coming into force for social

[1] ICON is an evidenced-based programme focused on reducing abusive head trauma (AHT) triggered by crying. The pneumonic **ICON** outlines the key messages of the programme: **I**nfant crying is normal, **C**omforting methods can help, It's **O**K to walk away, and **N**ever, ever shake a baby.

media, search and gaming apps and websites in July 2025.[2] Assurance around the local response to these themes continues to be required.

- A priority on "Belonging" has been included in the Business Plan for 2025-27, which will build on the progress made since 2021-22 around the "Safeguarding children from diverse backgrounds" priority. This will continue to seek assurance around the work already in progress and address the questions for SCPs raised in the briefing from the Child Safeguarding Practice Review Panel – '"It's Silent": Race, racism and safeguarding children'. https://www.gov.uk/government/publications/race-racism-and-safeguarding-children

- It is evident that the "Effective Safeguarding in independent and out of school settings" business priority has achieved a good level of assurance and has led to the embedding of key, and ongoing, forums and so it will not be carried over to the 2025-27 Business Plan. The role of Local Authorities around safeguarding and supporting home educated children is due to increase, in light of the new duties and responsibilities to be introduced through the Children's Wellbeing and Schools Bill. This includes the creation of a Children not in School Register. These national changes will inform any required changes to local policies and procedures.

- "Transitional safeguarding" has been carried forward to both the SCPs' Business Plan for 2025-27 and Safeguarding Adults Boards' Business Plan for 2025-27. https://lrsb.org.uk/uploads/leicester-leicestershire-and-rutland-safeguarding-adults-boards-strategy-and-business-plan-2025-2031.pdf?v=1751997974 It has been incorporated into a thematic priority, on "Belonging" for the SCPs and "Equality, Diversity and Inclusion" for the Safeguarding Adults Boards, so that the cohort of children and young people to be addressed can be clearer and more targeted.

Business Plan 2025-27

17. The Business Plan 2025-27 sets out the key deliverables and activities required regarding the Partnerships' priorities for 2025-27. The plan is shared with the Leicester Safeguarding Children Partnership and is published on the Safeguarding Partnership's website www.lrsb.org.uk.

18. The priorities for 2025-27 are:

    - Child Sexual Abuse (CSA)
    - Neglect
    - Harm Outside the Home
    - Belonging

19. The Business Plan is provided as Appendix B to this report.

[2] https://www.ofcom.org.uk/online-safety/protecting-children/new-rules-for-a-safer-generation-of-children-online

Proposals/Options

20. Not applicable.

Consultation/Patient and Public Involvement

21. The Yearly Report includes a summary of the consultation and engagement work the SCP has carried out with children, young people and families.

22. All members of the SCP have had opportunities to contribute to and comment on drafts of the Yearly Report.

23. Prior to publication, the LRSCP Yearly Report was considered by the County Council's Children and Families Overview and Scrutiny Committee and Cabinet. Both groups welcomed the report.

Resource Implications

24. There are no resource implications arising from this report, as this is a retrospective report.

25. The LRSCP operates within a budget to which partner agencies contribute.

26. Safeguarding partners have, along with Safeguarding Adults Board partners, set a single agreement of principles to share the operating costs of the SCP and Safeguarding Adults Board for Leicestershire and Rutland.

27. As part of this agreement, Leicestershire County Council contributed £66,258 to the SCP in 2024-25. This is 33% of the total funding for the SCP (£203,092). This matches the contribution provided in 2023-24.

28. Expenditure overall was £246,270. Although costs have risen, evidence suggests that the output of the Partnership demonstrates value for money. The difference between funding and expenditure was covered by the SCP's reserve funds.

29. As of 1 April 2025, the SCP's reserve funds stand at £117,721. This amount has been held due to a foreseen increase in costs and has meant that partners have not been asked for an increase in contributions; however, this surplus will eventually be used and therefore all partners will be expected to ensure that the LRSCP is self-sufficient.

30. Leicestershire County Council hosts the Safeguarding Partnerships Business Office that supports the SCP and the Safeguarding Adults Board.

Timetable for Decisions

31. The Yearly Report was published on 23 September 2025 on the Safeguarding Partnership's website www.lrsb.org.uk. Comments from the Health and Wellbeing Board will feed into the planning and reporting process for the coming year.

Background papers

32. Report to the Health and Wellbeing Board on 26 September 2024: https://democracy.leics.gov.uk/documents/s185516/LRSCP%20Annual%20Report_HWB.pdf

Circulation under the Local Issues Alert Procedure

33. Not applicable.

Appendices

34. Appendix A: Leicestershire and Rutland Safeguarding Children Partnership Yearly Report 2024-25

    Appendix B: Joint Business Plan for the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships 2025-27

Officer to contact

Jane Moore, Director of Children and Family Services
Telephone: 0116 305 6340
Email: Jane.Moore@leics.gov.uk

Relevant Impact Assessments

Equality Implications

35. Safeguarding children and young people concerns individuals who are likely to be disadvantaged in a number of ways. Information on the differing needs of and impacts on different groups of individuals with regard to safeguarding is considered as part of the process to develop the Business Plan. The Partnerships initiated a specific priority in 2021-22 exploring safeguarding of children from diverse backgrounds. The work on this continued until 2024-25. Moving forwards, the SCPs have established a “Belonging” priority in their Business Plan for 2025-27 (joint with Leicester Safeguarding Children Partnership).

Human Rights Implications

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

Health Implications

37. The essential contribution of the health and care sector to safeguarding is recognised in statute through the shared and equal responsibility for the multi-agency safeguarding children arrangements between the Integrated Care Board alongside the Local Authorities and Police.

Crime and Disorder Implications

38. There is a close connection between the work of the LRSCP and that of Community Safety Partnerships in Leicestershire. For example, the SCP works closely with Community Safety Partnerships to scrutinise and challenge performance in community safety issues that affect the safeguarding and well-being of individuals and groups, for example domestic abuse and Prevent. The LRSCP also supports Community Safety Partnerships in carrying out Domestic Abuse Related Death Reviews, previously called Domestic Homicide Reviews, and acting on their recommendations.

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APPENDIX A

Safeguarding Children Partnership
LEICESTERSHIRE & RUTLAND

Leicestershire & Rutland
Safeguarding Children Partnership
Yearly Report - 2024-25

Foreword

We are pleased to present this report of the Leicestershire & Rutland Safeguarding Children Partnership that covers the period from 1st April 2024 to 31st March 2025.

In 2023, there was the publication of the current version of the statutory guidance, Working Together, and national reforms to Children's Social Care began. The implementation of the reforms continues, as set out in the Keeping Children Safe, Helping Families Thrive policy paper published in November 2024, and the upcoming Children's Wellbeing and Schools Bill. In 2024-25, the Leicestershire & Rutland Safeguarding Children Partnership, alongside the Leicester Safeguarding Children Partnership, has embedded changes at a system and practice level influenced by these national updates.

In December 2024, we published our updated Multi-Agency Safeguarding Arrangements. In particular, these better reflect the role that Education and the Voluntary and Community Sector play in safeguarding children and address how these sectors influence work at both a strategic and operational level.

In 2024-25, we have seen our Local Authorities receive strong inspection results. We have also seen excellent examples of evidence-led multi-agency collaborative practice, working to the principle of "a shared responsibility" highlighted in Working Together 2023.

Across 2025-26, we will continue to implement quite significant changes to our quality assurance, scrutiny and communication and engagement arrangements, with a new Performance Group and Audit Group and the commissioning of a Young Scrutineer. This demonstrates our continued commitment to ensuring our work is led both by the voices and lived experiences of the children and families we seek to support and keep safe.

We want to thank all the dedicated workers in organisations across Leicestershire & Rutland that are working to support the welfare and safety of children and families.

The Safeguarding Partners for Leicestershire & Rutland

John Sinnott

Chief Executive
of Leicestershire County Council

Leicestershire County Council

David Sandall

Chief Constable
of Leicestershire Police

Leicestershire Police
Protecting our communities

Mark Andrews

Chief Executive
of Rutland County Council

Rutland County Council

Toby Sanders

Chief Executive of Leicester, Leicestershire and Rutland Integrated Care Board

NHS
Leicester, Leicestershire and Rutland

Key Achievements in 2024-25	Key Challenges in 2024-25
• Formed a new Education Subgroup, which promotes and strengthens the role of local schools, colleges, early years and childcare settings in safeguarding arrangements • Expanded the reach and membership of the Leicester, Leicestershire & Rutland Voluntary and Community Sector Forum to strengthen engagement with this sector • Quickly addressed and started to implement any learning required as a result of national reviews published by the Child Safeguarding Practice Review Panel • Delivered high quality and well-attended large scale training events alongside our regular training programme	• Implementing the changes required as a result of Working Together 2023 and ensuring that the measures agreed were suitable and proportionate • Progressing our Transitional Safeguarding Business Priority. The issues faced have been addressed and for 2025-26 there will be new vigour and focus to this work • Having the capacity to fulfil our audit schedule, in light of competing priorities linked to the Joint Targeted Area Inspection programme. As a result of the issues faced, for 2025-26, the work of the Assurance and Audit Group will be split and taken up by two separate subgroups – the Performance Group and the Audit Group

> ***"I am so beyond grateful for the support that you've given me, the boost in confidence when I've needed it, the way that I know you've championed me to management above you, the way you've never looked down on me with any judgement and the many sleepless nights you've had over our family situations!"***
>
> **Feedback from Leicestershire parent/carer**

> ***"To our social worker and social worker assistant, you were awesome today. As hard as it is, you have put this beautiful little girl first and that will be the most important decision anyone has ever done for her. So thank you. I wanted to say it but I would have cried saying it and it was emotional."***
>
> **Feedback from Rutland parent/carer**

Observations from our Independent Scrutineer

Throughout the period April 2024 to March 2025, I have continued to work alongside members of the Leicester and Leicestershire & Rutland (LLR) Partnerships in the role of Independent Scrutineer. The Leicester and Leicestershire & Rutland Safeguarding Children Partnerships work closely together. This results in the ability to maximise learning to continuously improve safeguarding practice, align processes and use the available resources efficiently. The LLR Partnerships have been very open to scrutiny, which has resulted in reflection and a clear commitment to drive improvements, ensuring the effectiveness and quality of the multi-agency arrangements in effectively safeguarding and promoting the welfare of children.

In undertaking scrutiny, a scrutiny framework has been established and agreed by partners. The scrutiny framework reflects the functions as described in Working Together to Safeguard Children (2023) and adopts the 'Six Steps to Independent scrutiny' model. The framework aligns with the priorities identified and documented in the **Joint Leicester, Leicestershire & Rutland Safeguarding Children Partnership Business Plan**. The scrutiny plan continues over a two-year period to allow evidence of both progression of areas identified as priorities and impact of the activity.

During the last year of undertaking the role, I have attended a range of meetings of the Partnerships, scrutinised agendas, minutes and a range of reports.

I have participated in a range of meetings with Safeguarding Partners to discuss governance, areas of priority, safeguarding activity, staffing and the funding requirements of the Partnerships.

In undertaking scrutiny, I have had the pleasure of meeting a range of partners, professionals and of hearing the voice of children. This has allowed the opportunity of triangulating the evidence of the effectiveness of the work undertaken by the Partnerships.

As part of the scrutiny framework, I have undertaken a range of scrutiny activity to support my assessment of the strength of the Partnerships' safeguarding arrangements.

Areas of scrutiny have included:

- Scrutiny of work undertaken by the subgroups to progress the identified priorities
- Scrutiny of the Partnerships' data and quality assurance processes, providing challenge and advice regarding areas of development
- Scrutiny of the readiness of the Partnerships to respond to the requirements of Working Together (2023)
- Scrutiny of the rapid review and Local Child Safeguarding Practice Review process and activity undertaken to embed the emerging learning and assess impact
- Supporting the work undertaken to continually progress a joined up approach across the Safeguarding Children Partnerships (SCPs) and Safeguarding Adults Boards (SABs) with a focus upon the safeguarding of those transitioning to adulthood
- Scrutiny of approaches used to hear the voice of children, supporting the plans to develop opportunities for children and those transitioning to adulthood to support the Partnerships as young scrutineers
- Ongoing scrutiny of the embedding of the developments in response to Working Together 2023
- Participation in regional and national fora

In triangulating the findings from the range of scrutiny activity, there is clear evidence of robust child focused leadership with commitment to ensuring that children in Leicester, Leicestershire and Rutland are safeguarded and their welfare promoted.

The system of rotating chairing responsibilities among partners, introduced within the last year, is effective. Education have an increasingly strong voice and all statutory partners are fully committed to the safeguarding ambitions of the Partnerships. There is a culture of openness, respectful challenge, and a willingness to learn and continually improve.

In the coming year, the Partnerships face a number of challenges including the need to consider the local response to implementing the Children's Social Care reforms alongside significant changes within partner organisations. The impact of such changes needs ongoing monitoring.

As the Independent Scrutineer, I am committed to hearing directly from children, young people, families, and frontline practitioners to understand what is working well and how multi-agency working can be improved. Given the plans to recruit a young scrutineer are progressing, I look forward to working with them to ensure the voices of children, young people and families continue to inform the Partnerships' work.

While challenges lie ahead, I have confidence in the ability of Leicester, Leicestershire and Rutland Safeguarding Children Partnerships to build upon their strengths and I will continue to scrutinise and support the Partnerships in navigating risks and challenges.

Independent Scrutineer

The Partnership

The Leicestershire & Rutland Safeguarding Children Partnership (LRSCP) brings together organisations across the counties of Leicestershire and Rutland with a vision.

> Our vision is for children and young people in Leicestershire and Rutland to be safe, well and achieve their full potential.

The local Safeguarding Children Partnership was established in 2019 to oversee the multi-agency safeguarding children arrangements under the **Children Act 2004**, as amended by the **Children and Social Work Act 2017**.

Multi-agency safeguarding arrangements should be based on Local Authority areas. Arrangements can cover two or more local authority boundaries by agreement. As we share a number of partners with Leicester Safeguarding Children Partnership (LSCP), we now publish joint **Leicester, Leicestershire & Rutland Multi-Agency Safeguarding Arrangements** (MASA). In 2024-25, we reviewed our arrangements in light of the updated government guidance **Working Together to Safeguard Children 2023**. These were re-published in December 2024, in line with government timescales.

Our principles and aims across Leicester, Leicestershire & Rutland are:

- for clear accountability
- for clear and demonstrable influence
- for equitable and fair contributions from all partners

Amendments made by the Children and Social Work Act 2017 to the Children Act 2004 placed duties on Police, Integrated Care Boards (ICBs), and Local Authorities, as statutory safeguarding partners. Safeguarding partners are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area.

In accordance with the requirements and inclusions outlined in Working Together to Safeguard Children 2023,[1] these arrangements aim to ensure that at a local level:

- there is a clear, shared vision for how to improve outcomes for children locally across all levels of need and all types of harm
- when a child is identified as suffering or likely to suffer significant harm there is a prompt, appropriate and effective response to ensure the protection and support of the child
- organisations and agencies are challenged appropriately, effectively holding one another to account
- the voice of children and families combined with the knowledge of experienced practitioners and insights from data, provides a greater understanding of the areas of strength and/or improvement within arrangements and practice
- information is sought, analysed, shared, and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families, and to understand outcomes for different communities of children
- effective collection, sharing and analysis of data, enables early identification of new safeguarding risks, issues, emerging threats, and joined-up responses across relevant agencies
- senior leaders promote and embed a learning culture which supports local services to become more reflective and implement changes to practice
- senior leaders have a good knowledge and understanding about the quality of local practice and its impact on children and families

Further information about the structure and governance of the Safeguarding Children Partnership is available in the "Progress against statutory guidance" section of the report.

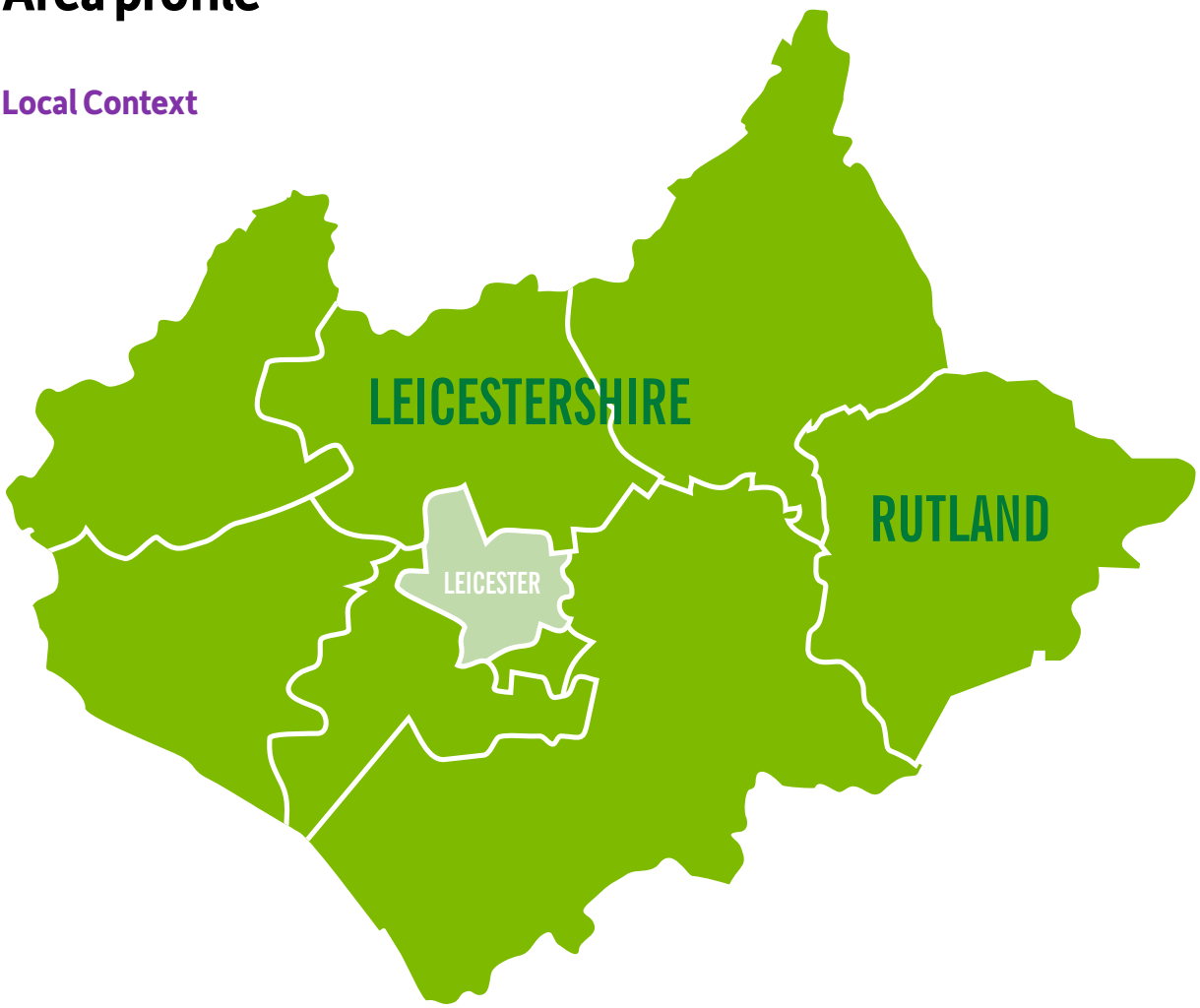
Working Together 2023 states that "Safeguarding partners must jointly report on the activity they have undertaken in 12-month period".[2] This Yearly Report fulfils this requirement.

1 Working Together 2023, page 24, paragraph 40.

2 Working Together 2023, page 40, paragraph 106.

Area profile

Local Context



The sources of information for this section are the local Joint Strategic Needs Assessments (JSNAs), which analyse the health needs of populations, and the latest statistics on school and pupil numbers published by the Department for Education.[3]

3 See www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained and https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2024-25

Leicestershire

Leicestershire, not including Leicester City, is made up of seven council areas: Blaby District Council, Charnwood Borough Council, Harborough District Council, Hinckley & Bosworth Borough Council, Melton Borough Council, North West Leicestershire District Council and Oadby & Wigston Borough Council.

The Leicestershire Joint Strategic Needs Assessment (JSNA) 2022-2025,[4] specifically the Demography chapter published in August 2024,[5] states that:

- The total population of Leicestershire in 2023 was 734,015, an increase of 1.5% since 2022. There were approximately 8,475 more females (371,245) than males (362,770).
- In 2023 Charnwood was estimated to have the largest population (188,010) of the Leicestershire districts, followed by Hinckley and Bosworth (114,970). Melton had the smallest population (53,237).
- There were 120,090 children under the age of 15 in Leicestershire in 2023 (16.4% of the population).
- In comparison to England, the population of the county is less likely to be very young (under 14s) and younger adults (25-39 age bands) and slightly more likely to be older adults (50-74 age bands).
- The majority of the county population (87.5%) belongs to the white ethnic group (including the white Irish ethnic group). This equates to 623,429 people. The next largest ethnic group in Leicestershire is the Asian ethnic group (8.2%), followed by the mixed or multiple ethnic group (2.2%) and the black ethnic group (1.1%).
- According to the 2019 Indices of Deprivation, Leicestershire is not deprived overall; the county is ranked 137th out of 152 upper tier authorities in England for Multiple Deprivation, where 1st is the most deprived. However, pockets of significant deprivation exist; four neighbourhoods in the county fall within the most deprived decile in England. These areas can be found in Loughborough and Coalville.

Statistics on school and pupil numbers for the Academic Year 2024-25, published by the Department for Education,[6] show that:

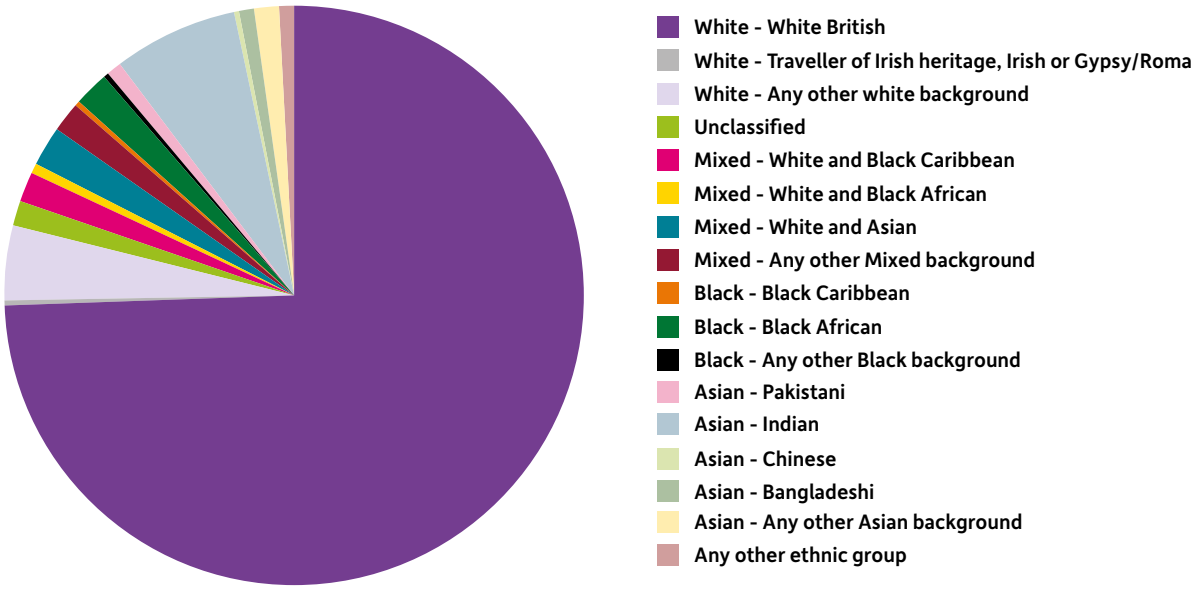
- There were 100,791 pupils in Leicestershire schools.
- The majority of the school population (74.3%) belongs to the White British ethnic group.
- English is known or believed to be the first language of 88.7% of pupils, with 9.7% of pupils known or believed to have a first language other than English and 1.6% where language is unclassified.

4 www.lsr-online.org/leicestershire-2022-2025-jsna

5 Leicestershire Joint Strategic Needs Assessment 2022-25, Demography (August 2024), pages ii-v.

6 https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2024-25

Percentage of pupils in Leicestershire Schools by Ethnicity



Rutland

The Rutland Joint Strategic Needs Assessment (JSNA) 2022-2025,[7] specifically the Demography and Growth chapter published in May 2023,[8] states that:

- According to the 2021 Census, the total population of Rutland in 2021 was 41,049, an increase of 9.8% since 2011. This rate of increase is well above the national increase of 6.6%.
- There were approximately 1,095 fewer females (19,977) than males (21,072).
- In 2021, 4.0% of the population were aged 0-4 (1,639 people), 17.7% were aged 5-19 (7,273 people), 53.0% were working age (21,747 people aged 20-64) and 25.3% were older than 65+. This includes 3.5% of the total population that was aged 85 and over (1,447 people).
- Overall, the Rutland population is weighted towards older adults (those aged 50 plus) with 25.3% in the 65+ age bands compared to 18.4% in England.
- The vast majority of the county population (94.8%) belong to White ethnicities, including White British and White Irish. This equates to 38,909 people. The next largest ethnic group in Rutland is Mixed or Multiple Ethnic Group, which constitutes 1.8% of the population, followed by Asian with 1.5%, Black, with 1.3% and Other Ethnic Group with 0.5%.
- Rutland is ranked 303rd out of 317 local authorities in England for Multiple Deprivation, where 1st is the most deprived. Though there are pockets of rural and other elements of deprivation in areas of the county. One neighbourhood in the county falls within the 50% most deprived in England.

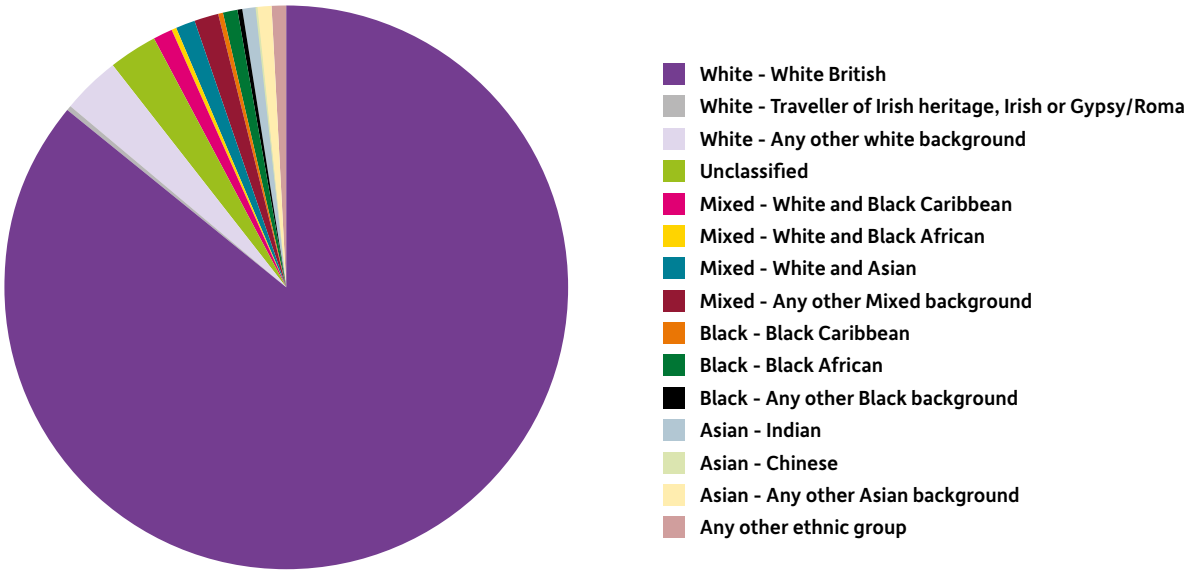
7 www.lsr-online.org/joint-strategic-needs-assessment

8 Rutland Joint Strategic Needs Assessment 2023, Demography and Growth (May 2023), pages iii, 9 and 19.

Statistics on school and pupil numbers for the Academic Year 2024-25, published by the Department for Education[9], show that:

- There were 5,881 pupils in Rutland schools.
- The majority of the school population (85.9%) belongs to the White British ethnic group.
- English is known or believed to be the first language of 94.7% of pupils, with 5.2% of pupils known or believed to have a first language other than English and 0.1% where language is unclassified.

Percentage of pupils in Rutland Schools by Ethnicity



Review of use of restraint in secure establishments

There are no Youth Custody homes within the local authority areas but those which are in the region which house young people from the area will be required to report on arrangements as and when necessary.

9 See https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2024-25

Recent Inspections

Leicestershire County Council Children and Family Services

Following an Ofsted inspection that took place in April 2024, Leicestershire County Council's Children and Family Services were rated as outstanding by Ofsted.[10]

The full report was published on 12th July 2024.

In the report, inspectors praised work to build *"strong and long-lasting relationships"* with children and families which lead to many families achieving *"positive changes"* in their lives. They also said a culture has been created by Leicestershire County Council's Children and Family Services which puts the *"experiences and progress of children at the heart of social work practice"*. Ofsted also looked at the work to protect and safeguard children, work that enables families to stay together and the experiences and progress of both children in care and care leavers.

Rutland Children's Services

Ofsted reviewed Rutland's Children's Services in April 2024 to look at children and young people's experiences of the help, protection and care given to them by workers at the local authority.[11] The services were rated as good by Ofsted.

The full report was published on 12th July 2024.

These services were last inspected in 2020, when they were judged to require improvement. The Council's new judgement means that more children are now getting better help and support.

The report notes that council workers are skilled at listening and enjoy their work, helping children to become happier and safer. Inspectors also noted that social workers in Rutland have good relationships with the children they support and work with them in a variety of creative ways, depending on their needs. Children in Care and Care Leavers benefit from "excellent" life story work that helps them to understand their history.

The report acknowledges there is more work to be done in this important area and that some children have too many changes in social worker. In both cases, senior leaders are already aware and actively working to address these challenges.

Multi-Agency Collaborations

Joint Targeted Area Inspections (JTAIs)

Joint Targeted Area Inspections are carried out by inspectors from Ofsted, the Care Quality Commission (CQC), and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).[12]

Locally, a JTAI has not been requested or carried out since the process was implemented. However, supported by the Leicester and Leicestershire & Rutland Safeguarding Children Partnerships, multi-agency partners carry out audits on current JTAI themes to measure their effectiveness and consider improvements.

In Summer 2024, the Planning & Delivery Group received the findings from the Serious Youth Violence and Child Exploitation audit – see the section on the "Keeping Adolescents Safe / Supporting Safe Adolescents" business plan priority for further information.

10 See www.leicestershire.gov.uk/news/outstanding-rating-for-leicestershires-children-and-family-services.

11 See www.rutland.gov.uk/council-news/2024/07/ofsted-report-highlights-quality-childrens-services-rutland.

12 See www.gov.uk/government/publications/joint-targeted-area-inspection-of-the-multi-agency-response-to-identification-of-initial-need-and-risk--2/joint-targeted-area-inspection-of-the-multi-agency-response-to-identification-of-initial-need-and-risk.

A new programme of Joint Target Area Inspections (JTAIs) started in autumn 2024, with the focus being on the multi-agency response to children who are victims of domestic abuse. Since JTAIs last focused on this theme in 2016, the Domestic Abuse Act 2021 has made clear that children are victims of domestic abuse in their own right if they have seen, heard or experienced the effect of the abuse.

As a result, Leicester, Leicestershire & Rutland agencies carried out an audit of domestic abuse cases in December 2024. Single agency learning has been identified and is being taken forward.

Strengthening multi-agency collaboration

An excellent example of effective partnership collaboration has been showcased by Leicestershire Family Help and a Primary Care Network. As a result of community engagement activity across 2023-24, the Family Hubs' Engagement Workers established a relationship with a Practice Manager from a Primary Care Network, who has responsibility for a number of surgeries across Melton and South Charnwood. It was agreed that there could be an opportunity for a collaborative approach to support a universal cohort of families who typically might book clinical appointment time to seek advice often linked to key public health messages.

As Family Hubs already ran universal stay and play sessions run by volunteers, it was proposed that these sessions became the natural forum to host general information sessions, which would be delivered by key health staff.

The first session was attended by approximately 38 parents and children. Topics covered were vaccinations, in particular whooping cough (due to a rise in cases in Nottinghamshire) and measles, delivered by a Doctor and Lead Vaccination Nurse. The session was felt to be a success, so much so that additional sessions were agreed, and the focus was on winter illnesses, self-care at home and the different services available (GP, Pharmacy, 111). 18 families attended the winter illness session, which also covered sleep patterns, constipation, potty training, viral infections, ADHD/Autism concerns and eczema. The Doctor who hosted the session estimated that, from the group of parents that attended, approximately a third would have typically made an appointment. These appointments were no longer required as a result of this information sharing opportunity.

The team are having conversations to consider how to further develop this offer that ensures they can continue to raise community resilience, increase awareness of Family Hubs and how to access support, but more importantly to continue to develop collaborative approaches in local areas to maintain effective working relationships that benefit children and their families.

Progress against statutory guidance

Implementation of changes set out in statutory guidance

In 2024-25, the Leicestershire & Rutland Safeguarding Children Partnership, alongside the Leicester Safeguarding Children Partnership, reviewed their Multi-Agency Safeguarding Arrangements in light of the updated government guidance Working Together to Safeguard Children 2023. The review particularly considered:

- Reflecting the role that Education plays in safeguarding children
- Reflecting the role that the Voluntary and Community Sector plays in safeguarding children
- The role of Safeguarding Partners – Lead and Delegated
- The role of Partnership Chair
- Updating Scrutiny arrangements.

Activities achieved

The Safeguarding Children Partnerships have strengthened the role of Education within the partnerships, with schools, early years and other settings now a core part of their arrangements.[13] An LLR Education Group has been formed. Further information is provided below.

The reach and membership of the LLR Voluntary and Community Sector Forum has been expanded. It runs three times within each business year, and jointly with the local Safeguarding Adults Boards. It shares safeguarding updates with the Voluntary and Community Sector, faith-based organisations, and sport clubs / organisations, promoting the welfare of local children and adults with care and support needs. The qualitative feedback that members of the Forum provide can shape future agenda items and areas of focus for the Safeguarding Children Partnership.

Strategic leadership, and accountability within the Safeguarding Children Partnerships, is provided by the Lead Safeguarding Partners. Working Together 2023 defines Lead Safeguarding Partners (LSPs) as Chief Executives of Local Authorities, Chief Executives of Integrated Care Boards, and Chief Officers of Police forces.[14] Each Lead Safeguarding Partner should appoint a Delegated Safeguarding Partner (DSP) for its agency, sufficiently senior to make decisions on behalf of the Lead Safeguarding Partner and hold their organisation to account.[15] The Lead Safeguarding Partners and Delegated Safeguarding Partners are documented in the Multi-Agency Safeguarding Arrangements.[16]

Previously, the Safeguarding Children Partnerships were chaired by an Independent Chair. As advised in Working Together 2023, a clearer distinction has been made between the leadership and scrutiny roles.[17] Therefore, the Lead Safeguarding Partners have appointed the role of Partnership Chair for the local multi-agency arrangements to individual Delegated Safeguarding Partners, rotating on an annual basis.

The Safeguarding Children Partnerships are now supported by an Independent Scrutineer, rather than an Independent Chair.

13 Working Together 2023, page 33, paragraph 76.
14 Working Together 2023, page 24, paragraph 48.
15 Working Together 2023, page 28, paragraph 56.
16 Leicester, Leicestershire and Rutland Multi-Agency Safeguarding Arrangements (December 2024), page 8.
17 Working Together 2023, page 29, paragraph 61.

Impact of the activities

The new Multi-Agency Safeguarding Arrangements recognise the central role that Education play in safeguarding children and ensure a more rigorous and effective independent scrutiny function, which provides challenge to local safeguarding partners.

Future Plans

A Young Scrutineer will be appointed to work alongside our Independent Scrutineer to ensure the views and experience of a range of children across Leicester, Leicestershire and Rutland are at the centre of the work of the partnerships. They will provide independent scrutiny from the perspective of a young person within a broader independent scrutiny framework and hold partnership members to account bringing challenge from a young person's perspective.

Updates to published arrangements

In line with Working Together 2023, the Multi-Agency Safeguarding Arrangements will be updated when there are key changes, such as changes to the Lead Safeguarding Partners, or the list of relevant agencies, and any updates will be sent to the Department for Education.[18]

Representation of Education sector

Operational level

In the earlier part of 2024-25, the Leicester and Leicestershire & Rutland Safeguarding Children Partnerships continued to run their LLR Independent Schools Forum. It met every six months and its purpose was to share information, with the schools selecting safeguarding topics for discussion that were specific to them.

The advent of the LLR Education Group recognises that all local schools (including independent schools, academies, and free schools), colleges, early years and childcare settings, and other educational providers (including alternative provision) are relevant agencies for the purpose of our Multi-Agency Safeguarding Arrangements. They are included in the local safeguarding arrangements through this subgroup, which promotes education engagement within the Safeguarding Children Partnerships and coordinates what is done across the education sector for the purposes of safeguarding. Safeguarding themes already discussed include Female Genital Mutilation (FGM) and healthier screen time.

For several years, a representative from the Leicestershire Safeguarding in Education team has been a standing member on other subgroups, including the Case Review Group, Multi-Agency Learning and Development Group, and the Assurance and Audit Group. The plan is for this to continue. They support schools in submitting Rapid Review responses and audit information, as well as working to develop the learning which is taken from these processes. In 2024-25, they have been a key member of a Task & Finish Group working on a new procedure on safeguarding children with complex health needs.

Strategic level

For many years, the Leicestershire & Rutland Safeguarding Children Partnership has included representatives from primary and secondary schools and further education from both areas on its membership.

The new Multi-Agency Safeguarding Arrangements strengthen the role of Education on the partnership. The Chair of the LLR Education Subgroup will now join the Delegated Safeguarding Partners at the LLR Meeting of Safeguarding Partners.

18 Working Together 2023, page 40, paragraph 105.

Partnership Chair

The Lead Safeguarding Partners appoint the role of Partnership Chair to individual Delegated Safeguarding Partners, rotating on an annual basis. Chairs and Deputy Chairs have been agreed until 2029-30 and their names are available via the LLR Multi-Agency Safeguarding Arrangements.[19]

Partnership Governance Structure

The membership of the Leicestershire & Rutland Safeguarding Children Partnership comprises of Safeguarding Partners and other relevant agencies, including Education, Health agencies, Probation and other organisations working with children. The full membership of the partnership can be found on the Safeguarding Children Partnership website: **https://lrsb.org.uk/scp-membership-list.**

The engagement of all partners, at a Partnership and subgroup level, is monitored. If a partner agency does not attend a number of meetings, this is escalated to the Chair of the group. If the matter remains unresolved, it is further escalated to the statutory Safeguarding Partners.

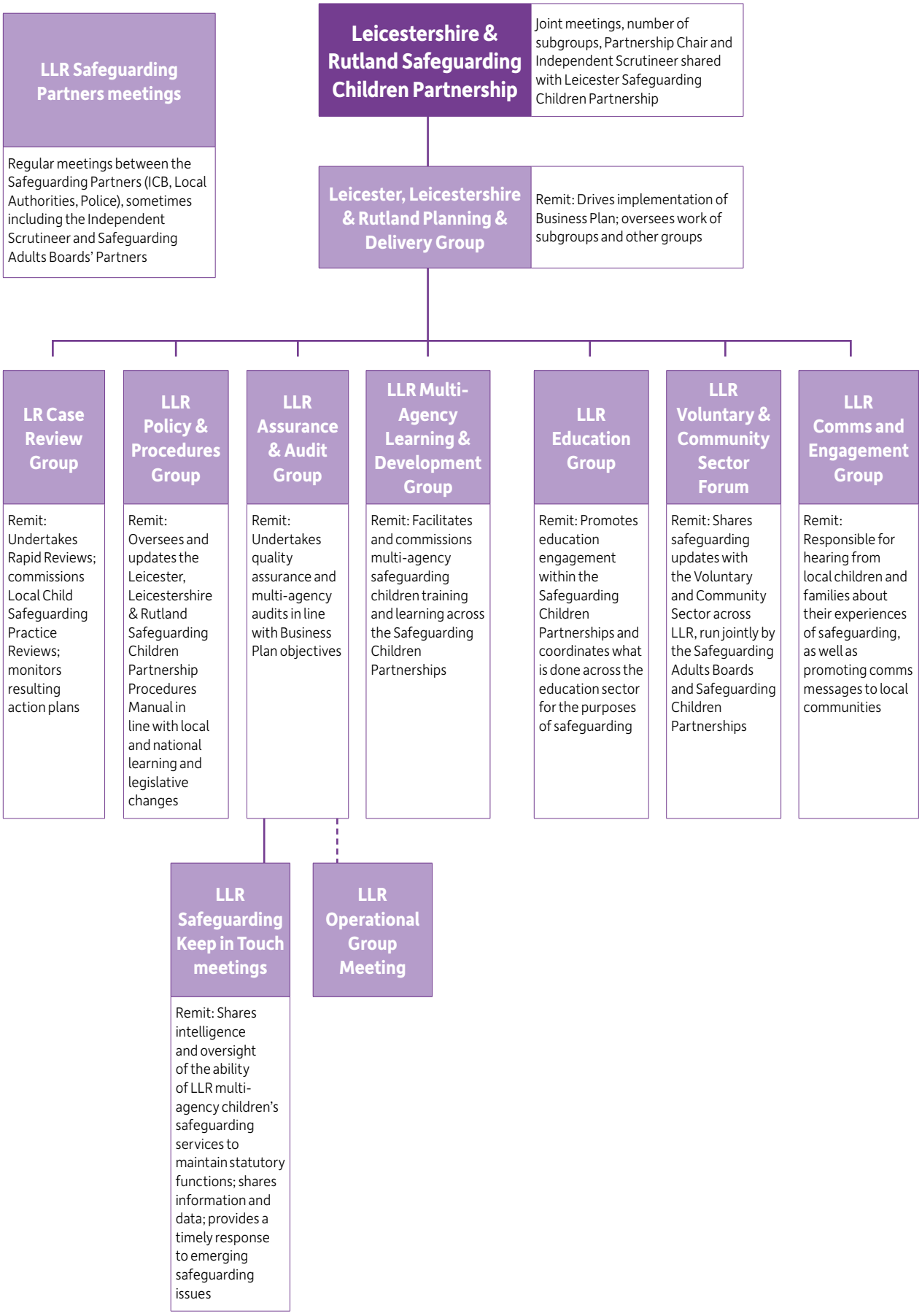
Delegated Safeguarding Partners and the Chair of the LLR Education Subgroup attend the LLR Safeguarding Partners meeting. This meeting considers shared matters of governance, funding, and sharing intelligence as well as setting the forward agenda for meetings of the Safeguarding Children Partnerships. The Independent Scrutineer and Business Managers are invited to these meetings, where appropriate. Up to half of these meetings are joint with the statutory partners of the local Safeguarding Adults Boards (SABs) and the Independent Chair of the local SABs is invited to join these meetings, where appropriate.

Representatives from the Safeguarding Partner agencies form the Planning & Delivery Group, with chairing duties rotating through the membership. This group drives implementation of the Partnerships' Business Plans; scrutinises and responds to multi-agency safeguarding performance and assurance; has oversight of learning from reviews; oversees work of the Partnerships' subgroups; and agrees learning and development arrangements.

Statutory Safeguarding Partner representatives also chair several subgroups. The Safeguarding Partners are accountable for decisions regarding Rapid Reviews and whether to proceed to Local Child Safeguarding Practice Reviews.

19 Leicester, Leicestershire and Rutland Multi-Agency Safeguarding Arrangements (December 2024), page 8.

The structure chart below demonstrates the governance of the Partnership and its subgroups.



The interface between the Safeguarding Children Partnerships and other local strategic boards ensures assurance and joint work, where appropriate. The Safeguarding Children Partnerships receive the Annual Report of the Child Death Overview Panel (CDOP). They are provided with annual updates, within dedicated agenda items in meetings, from Domestic Abuse Boards and the Adolescence Safety and Diversion Board, which sits under the Strategic Partnership Board (SPB) and works to prevent and reduce involvement in violence through safeguarding, early intervention and diversion. The Yearly Report of the Safeguarding Children Partnership is shared with the Health and Wellbeing Board to highlight safeguarding matters relevant to their work and to support understanding and effective partnership working across systems. The 8 Community Safety Partnerships (CSPs) in Leicestershire and Rutland commission the Leicestershire & Rutland Safeguarding Adults Board (SAB) and Safeguarding Children Partnership (SCP) to manage the Domestic Homicide Review process. Relevant learning from Domestic Homicide Reviews is fed into the work of the SCP Subgroups.

Financial breakdown and value for money

The work of the Safeguarding Children Partnership is supported by the Leicestershire & Rutland Safeguarding Partnerships Business Office that also supports the Safeguarding Adults Board and carries out Domestic Homicide Reviews for Community Safety Partnerships in Leicestershire & Rutland. The Safeguarding Children Partnership is funded by contributions from its partners.

A single funding arrangement for the Safeguarding Children Partnerships and Safeguarding Adults Boards for 2020 onwards was agreed between the statutory partners for the Safeguarding Adults Boards and the Safeguarding Children Partnerships for Leicester, Leicestershire & Rutland.

The contributions from partners for the Leicestershire & Rutland Safeguarding Children Partnership for 2024-25 can be seen below alongside contributions for the previous year:

	2023-24	**2024-25**
Leicestershire County Council	£66,258	£66,258
Rutland County Council	£30,000	£30,000
Leicestershire Police	£53,417	£53,417
Leicester, Leicestershire & Rutland Integrated Care Board (LLR ICB)	£53,417	£53,417
Total income for SCP	**£203,092**	**£203,092**

Expenditure for the SCP was apportioned as follows:

	2023-24	**2024-25**
Staffing	£130,010	£147,121
Independent Chair/Scrutineer*	£10,396	£13,973
Support Services	£3,600	£1,920
Operating Costs	£7,605	£10,665
Training**	£54,660	£70,341
Case Reviews	£0	£2,250
Total Expenditure	**£206,271**	**£246,270**

*In 2023-24, the Safeguarding Children Partnership commissioned an Independent Chair, but in 2024-25 it commissioned an Independent Scrutineer.

**The training figure includes half the cost of two members of staff who are shared with Leicester Safeguarding Children Partnership.

Staffing costs increased as a result of the agreed Leicestershire County Council pay award (as the staff are hosted by this Local Authority). The cost of the Independent Scrutineer was higher in 2024-25. Their contract started part way through the previous year hence the lower cost. Throughout the year, the Scrutineer also completed additional work in relation to Working Together 2023. Whilst there was no expenditure on Case Reviews in 2023-24, there was a small cost in 2024-25 in relation to work stemming from a Rapid Review case. Training costs have increased due to the commissioning of a large scale multi-agency training event.

Costs have risen and we spent more than we received from partners' contributions. The shortfall was made up from reserves. Although costs have increased, we believe that the output of the Partnership demonstrates value for money. Despite budget constraints, we have still achieved developments to enhance engagement of Education, the Voluntary Sector, and the Faith and Sports sectors and have introduced new Subgroups into our governance structure.

Implementation of national reforms

Children's Social Care reforms

In 2023, reforms to Children's Social Care began, supported by the Stable Homes, Built on Love strategy. The implementation of the reforms continues, as set out in the **Keeping Children Safe, Helping Families Thrive** policy paper, published in November 2024, and the upcoming Children's Wellbeing and Schools Bill.[20]

Family Help

Leicestershire

In 2024, Leicestershire County Council's Children & Families Department created a new service – **Family Help**. It sits alongside Family Safeguarding. This new service was created in response to wider national agendas, such as the **Independent Care Review** and **Stable Homes Built on Love**. Nationally, there were concerns that children on a Child in Need plan had a less consistent approach to those children on Child Protection or those in receipt of targeted early help services.

Family Help was developed to ensure that all Child in Need work flows seamlessly between what was the old Children & Family Wellbeing Service and the old Children's Social Care Locality teams. Family Help focuses on timely support at appropriate levels of intervention for families, with elements of practical hands-on approaches. For more intensive 1-1 support, where possible, there is a focus on matching families with workers who have specific skills needed to meet the needs of the families they support.

- **Family Help** is a service that is relationship-based, offering consistency for children and their families. Where Child in Need level support is required, this work may be allocated to either a Social Worker or a Keyworker from the Targeted part of the service. Where it is a Keyworker, the work will always have social work oversight and direction from the Senior Social Work Oversight Practitioner.
- **Targeted Family Help** is what Leicestershire calls the side of the service that has a focus on targeted earlier intervention. Targeted Family Help is one of many services that makes up the wider early help system in localities – many organisations, such as schools, health visiting, voluntary sector, faith communities, district councils, deliver early help to families.

20 See Community Care Inform Children: https://www.ccinform.co.uk/practice-guidance/childrens-social-care-reforms/

The different teams that come under the Family Help umbrella are:

- Five Locality Teams, which deliver the Targeted Family Help activities such as family support, 0-2 Pathway and group work
- Family Help Triage Team, which forms the "Front Door" alongside the First Response Children's Duty team; they work closely together to ensure families get the support that best meets their needs
- SEND Information, Advice and Support Service (SENDIASS), which is managed through the Family Help Triage Team, and provides independent information, support and advice to parents and young people who are experiencing difficulties with education
- Family Hubs Team, see below
- Teen Health 11-19 Service, which supports young people through a range of group offers, one-to-one support and drop-in sessions, via all secondary schools in Leicestershire and in community settings
- Extended Domestic Abuse Team, which works all over the county with families involved with First Response, Family Help and Family Safeguarding as well as other agencies including schools, to try and promote a way of working which better supports the whole family where there are concerns about domestic abuse.

Rutland

In late 2023-24, Rutland changed their structure so that their Targeted Support / Early Help service and front door service became one under a service manager. Whilst they operated a 'joint' front door for some time, the structure change strengthened this approach. The purpose of this was to enable more consistency for children and families and to ensure that more support was offered at the right time. As a result, they have offered more consistency to families with workers.

Their Family Help Team have continued working with families for longer and they have co-worked with more families when they have transferred for social work assessment. Through 2025-26, they will continue to strengthen this approach. Through 2024-25, they have strengthened their working relationships in this part of the service further and will continue this work as they implement their Families First.

Family Hubs

Family Hubs aim to support any family with children aged 0-19 years, or 25 years for children with Special Educational Needs and Disabilities (SEND), who may need help. A Family Hub is not a single service; it is a group of services working together to make sure the right person with the appropriate skills offers their support.

There is a national framework for the delivery of Family Hubs,[21] and this sets out expectations of the types of activity and partnership working that is expected by the Department for Education.

21 Family hub model framework 2025-26: Family Hubs and Start for Life programme guide, Department of Health and Social Care and the Department for Education (February 2025).

Leicestershire

For Leicestershire families, Family Hubs are there to present a joined-up approach to requests for support. Many organisations, such as schools, health visiting, voluntary sector, faith communities, district councils, deliver early help to families from their Family Hubs, and they work in partnership to provide the right support at the right time.

For Leicestershire, their developments have indeed included buildings that are known as Family Hubs which can be a 'one stop shop' for advice, information and support where it is needed at the heart of local communities. Targeted Family Help delivers the Family Hubs programme, and many of the Targeted Family Help activities, such as 0-2 Pathway and group work, take place within the Family Hub. The Hubs are also used by other agencies to deliver services – for example, Midwifery, Health Visiting, housing advice, Local Area Coordinators, Police Community Support Officers, voluntary sector groups. This varies from area to area. Within five of Leicestershire's Family Hubs, they also have Community Fridges; these are all run by their volunteers and support reduction of food waste plus are a source of free food for anyone that needs it. Family Help social work teams are co-located or integrated with the Family Hub model to provide expertise to support coordinated and timely responses to emerging safeguarding concerns. Additional more focused safeguarding expertise is available by regular communication with the Family Safeguarding teams which are also aligned to the model.

Rutland

In Rutland, the Family Hub brings services together in one place to improve access, strengthen connections between families and professionals, and place relationships at the heart of community wellbeing. It is built around a strong Start for Life offer that ensures families get the best possible support from pregnancy through to young adulthood.

The Rutland Family Hub offer includes:

Buildings
Oakham Family Hub sits in the Living Well Rutland Service along with the libraries and Adult Learning Service. Together they provide communities and Rutland residents of all ages with support. The Family Hub offers local support for all families, young people, parents and carers. Living Well Rutland spaces, such as the hub and libraries, offer welcoming, inclusive spaces for families to access information, learning opportunities, support services, and community events.

Outreach
The Family Hub delivers health and family support services in the community, bringing services to families in their locality because it might be difficult to get to one of the main building-based sites. This might be because someone lives in a more isolated, rural area or perhaps on one of the military bases in the county.

Services and support
Services and support are provided which all families can access. These services include face-to-face activities and some digital services and support, including online groups and virtual, interactive learning activities.

Independent Inquiry into Child Sexual Abuse (IICSA)

As well as the six priorities set out in the 2023-25 LLR Safeguarding Children Partnerships' Business Plan, it stated that the Assurance and Audit Group would undertake a partnership wide self-assessment in relation to Child Sexual Abuse, linked to national findings on local multi-agency leadership from the **Independent Inquiry into Child Sexual Abuse** (October 2022). Since the implementation of that Business Plan, the Child Safeguarding Practice Review Panel published their national review, **'"I wanted them all to notice": Protecting children and responding to child sexual abuse within the family environment**', in November 2024. Consequently, for 2025-26, the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships have signed up to work with the NSPCC (funded by the Home Office) to undertake a local system-wide child sexual abuse (CSA) snapshot. This will be completed to inform the work of the Safeguarding Children Partnerships' subgroups to evidence the effectiveness of the local response.

National Care Records Service

The National Care Records Service (NCRS) is a service that allows Health and Social Care professionals to access and update a range of patient and safeguarding information across regional integrated care system (ICS) boundaries. This is being rolled out across LLR: **National Care Records Service - NHS England Digital**. This work is progressing at an appropriate pace in line with Information Governance criteria.

Moving Forwards

Locally, we will work towards the delivery expectations for safeguarding partners set out in **The Families First Partnership (FFP) Programme Guide**, published in March 2025. Safeguarding partners will receive updates and assurance on the local transformation activity for Family Help, multi-agency child protection, and Family Group Decision Making. The Policy and Procedures Group will lead on publishing a refreshed Thresholds document by the end of the transformation year (March 2026), confirming changes and setting out a broad continuum of Family Help.

How feedback from children and families has informed our work and influenced service provision

During 2024-25:

- A range of Father Stories were launched in May 2024. These are short films, performed by actors, which have been scripted by local fathers to reflect their experiences of becoming parents, the impact on their mental health and how to seek support and to manage crying babies. These have been promoted widely with practitioners so that they reflect on working with Dads and use these resources to support them.

- The local Safer Sleep Champions continued to monitor any family feedback provided to frontline practitioners regarding the local Safer Sleeping Risk Assessment Tool. The Tool was updated in January 2025, taking into account feedback from a practitioner survey which sought their experiences of using the tool with families.

The Safeguarding Children Partnership wants to have meaningful engagement with children, young people and families that makes a difference to the work of the partnership. To acknowledge that engagement could be improved, two new initiatives have been introduced.

A Communication and Engagement Group has been introduced. It is responsible for hearing from local children and families about their experiences of safeguarding, as well as promoting comms messages to local communities. The group does not promote comms to practitioners as this is the role of the Multi-Agency Learning and Development Group.

In the future, the Safeguarding Children Partnership will commission a Young Person Scrutineer.

In Leicestershire Children and Family Services:

- They have a strong focus on voice underpinned by a Departmental Voice Strategy led by the Voice Strategic Group, chaired by the Assistant Director. This sets out a clear vision to embed the voice of children and young people across all services, ensuring they are central to decision making and practice and assists in the development of their services.
- Grounded in the Lundy Model of Participation, it promotes a rights-based, inclusive approach that values lived experiences and cultural identity. The strategy outlines practical tools and principles for practitioners, emphasising collaboration with families, early years settings, and multi-agency partners. It aims to create a culture where listening to children is not only expected but meaningfully acted upon to shape services and improve outcomes.

- Voice champions in each service area play a key role within their teams by keeping a focus on the importance of the voice of the child in team meetings, sharing good practice and resources. All new starters have an introduction to the strategy as part of their induction.
- They maintain direct links with children and young people, through forums including the Corporate Parenting Board, Children in Care Council, After Care Council, Supporting Young People After Care, SEND Youth Forum and County Youth Council for Leicestershire, to make sure that their voice is strongly heard and acted upon. Their Corporate Parenting Board provides opportunity for young people to challenge both their own, but also partner agencies, with a key focus on Health services, Housing and developing a sense of belonging as part of the promise to children. This has, for example, led to care leaver status being accepted as a protected characteristic by the County Council and its District Council partners.
- They hold bespoke drop-in Voice events for young carers and their families across the County, which provide a safe space for them to share their experiences, shape and influence Leicestershire's offer to young carers and allow them to gain insight into their young carers' needs. The Youth Service holds post work evaluations with both children and their parents and carers to gain insight into their perspectives on the impact of work and to identify any areas of improvement in the offer.
- Direct work with children in Leicestershire is a strength. The relationships social workers and professionals across Education and SEND build with children and young people supports Leicestershire to have a better understanding of the child's world and helps them capture their voice. Children's voices are embedded in their assessment process and plans and their practitioners ensure that children's voices and their wishes and feelings are recorded. Leicestershire take time to observe and record their behaviour and experiences, use creative methods to listen and involve children and young people and, through network mapping and safety meetings, ask other professionals or family members for their knowledge of the child or young person. Leicestershire know that no child is too young to have a voice, and children are involved regardless of age or ability – with understanding what life is like for the child central to analysis of need and risk.

- In March 2024, Leicestershire had their first Voice Week with a number of workshops to support staff skills gathering but also embedding voice into all aspects of work, with key areas of learning focused on voice of fathers, voice of babies and what young people tell them about their lived experiences. Young people regularly form part of their recruitment processes with all senior management roles including a young people's panel. In June 2025, they will be holding a Voice Month with lots of sessions for staff to come together to share how they capture voice and showcase direct work.
- Their thematic audits in Children's Social Care and Targeted Family Help include feedback from children, young people, and their families, where appropriate. They are invited to score the support they receive, and their perspectives directly contribute to the overall audit outcomes. This approach not only strengthens accountability but also reinforces their commitment to co-production, ensuring that lived experience shapes their understanding of practice quality and informs their continuous improvement.
- Their Quality Audits for Children and Young People's Education, Health and Care Plans (EHCPs) focus on the child's voice being pivotal to the plan and a golden thread throughout each section, to ensure professionals are effectively capturing the voice and children and young people are encouraged to help design how they want to be supported. This model is embedded throughout Education and SEND services who are directly working with children and young people.
- An example of how children's views have helped to influence Leicestershire's practice is the development and implementation of the 'Language that cares' approach. Developed and refined and signed off by their Children in Care Council, this has become a toolkit for capturing the views of children about their life in care. This approach is now embedded into the Review of Arrangements process with children telling them what they call the place they live; what they call their carers and what they call the time they spend with their birth family. This has become a central part of the child's care plan overseen by the Independent Reviewing Officer and sets the scene for avoiding jargon and being led by the child.
- They regularly use parents' feedback to develop their services with parental views actively sought to develop and shape their post Adoption support offer, "Brighter Futures". In addition, they have used the voice of parents to support staff training and development, particularly learning from complaints but also capturing what worked well. For example, they have used a video message from a father to demonstrate how important their voice is to engagement and what works best. They seek feedback routinely via the use of QR codes in their closure processes and use this to give an insight into parents' experiences.
- They are currently embarking on the implementation of the Government's new policy requirements set out in Keeping Children Safe, Helping Families Thrive and incorporating the views of parents and children is built into their Families First programme. There is recognition that a number of co-design workshops will be required which will include children, families and partner agencies, to help Leicestershire to understand the level of support currently provided and what this could look like in the future. This will be done by making use of existing groups, surveys and specific events to ensure they engage with a wide range of people representing local communities.
- The Leicestershire SEND Parent Carer Forum is a key strategic partner. The feedback they regularly gather from their parent/carer membership, as well as feedback that is gathered from other parent carer groups, feeds directly into changes in process and services.

Below is feedback that reflects the views of families in receipt of multi-agency services coordinated by Children's Social Care in Leicestershire.

> ***"During what has been a very difficult time for myself and the children, both workers have been invaluable. When first approached by this service, I was a little anxious and perhaps had fears of the stereotype that I would be branded a bad mother. I was never made to feel this way. Instead I was supported and encouraged and never judged."***

> ***"I know from every social worker we have come into contact with that you are amazing at your job and they are extremely lucky to have you within their team. Your passion and drive is rare...don't ever change no matter the work load they put on you because you have been a breath of fresh air to us since meeting you and we never dread your visits like others that come. You have gone above and beyond and whatever we ask of you, you are on it!"***
>
> **Feedback from Leicestershire parents/carers**

> ***"This group has helped me flourish and grow. It has changed myself to be a positive and bright person. The worker was a great person to help if I came in really upset. I would definitely recommend this group to anyone. Thank you."***
>
> ***"I decided to work with Teen Health because talking about my feelings to someone who I didn't really know made me feel more secure. I felt overwhelmed before coming to Teen Health and speaking to the worker made me feel stronger within myself."***
>
> **Feedback from young people about Teen Health Service**

In Rutland Children's Services:

- They reviewed their Corporate Parenting Board with feedback from young people and now have a co-chair arrangement.
- They use feedback from young people to shape activities for all their Aiming High and Young Carer groups. They regularly plan with the groups to listen to their feelings and wishes around session plans and trips.
- Relating to Short Break activities, for the Step To It Group, parents gave feedback that they wanted their children to be included in Social Media posting by Rutland Dance Youth Academy so that they felt more included. This was addressed. Also, parents gave feedback that activities relating to trains would interest children. They are trialling an event with "Trainmaster" this summer, who will provide an interactive track building session.
- Feedback from parents was used to shape the ADHD service that they deliver. They had feedback that it was daunting for some people to attend a support group and that there were parenting issues they needed help with but did not want to share in public. From this, they set up 1-2-1 consultations for parents to access.
- A forthcoming Life Skills Course has also been shaped by the needs of the cohort. Previously, they had delivered a set Award Scheme Development and Accreditation Network (ASDAN) programme. For this course, they have asked parents and carers to prioritise the needs of their young people. The course has been tailored around the output of this feedback with a stronger emphasis on social skills.
- Rutland has listened to parental feedback around the quality of Personal Assistants to produce the Rutland Personal Assistant Quality Award training.

Below is feedback that reflects the views of families in receipt of multi-agency services coordinated by Children's Social Care in Rutland.

> ***"I can't fault my social worker. She is always there when we need her. The kids have phoned her from school when they have needed to talk to her. She seems like she is on top of it and working with us."***
>
> ***"Our social worker is an outstanding social worker and I genuinely cannot say this about many people. He should be absolutely proud of the job he does."***
>
> ***"My social work assistant is amazing. Nothing is ever too much of an ask. If I don't know where to turn, she always does. This lightens the mental load when you have someone like her to help with tricky tasks, appointments or general questions."***
>
> **Feedback from Rutland parents/carers**

> ***"I would scale my social worker 9 out 10 as they understand me and I know that they are trying to help me."***
>
> **Feedback from Rutland young person**

The Business Priorities of the Partnership

The Leicestershire & Rutland Safeguarding Children Partnership worked with the Leicester Safeguarding Children Partnership Board to identify shared priorities for the Joint Business Plan 2023-25. The annual Business Plan was replaced with a two-year-plan to allow time to embed the outcomes of the key deliverables and, subsequently, analyse the impact of these outcomes.

Updates on the joint business plan are provided throughout the business year to the Safeguarding Children Partnerships.

Progress on the following priorities was monitored throughout the year and assurance secured that actions were making a positive difference to the lived experience of local children and families.

Safeguarding Babies: Improving how we work together with families before and after births to safeguard babies and seek assurance that multi-agency working with families to safeguard babies is effective.

What we did in 2024-25:

- Continued to raise awareness of the LLR SCP **Pre-Birth and Post Birth Planning procedure**, last updated in April 2024 to reflect learning from local reviews and a **multi-agency audit** completed in 2023-24. The procedure was relaunched in June 2024. There were two in-person launch sessions held at County Hall, followed by a session at City Hall in September 2024. There was also a section on the procedure at Safeguarding Matters Live in July 2024. The **video of the session** is available on the LLR SCP YouTube Channel.
- Continued to promote and monitor the impact of **ICON**, which was launched early in 2022-23. ICON is an evidenced-based programme focused on reducing abusive head trauma (AHT) triggered by crying. The pneumonic ICON outlines the key messages of the programme: **I**nfant crying is normal, **C**omforting methods can help, It's **O**K to walk away, and **N**ever, ever shake a baby.

  In 2023-24, it was recognised that further assurance of touch point messages being recorded by Maternity and GP services was still required. In 2024-25, an audit was carried out to continue to analyse the embedding of ICON in frontline practice and its impact. There remains issues with the recording of maternity ICON touch points and those for the GP final touch points. These are due to how they can be recorded with maternity systems changing and where the GP touch point is recorded. This is being monitored.

  In May 2024, the ICON Father Stories were launched at the Phoenix Cinema and Arts Centre. These are 6 short films performed by actors that have been scripted by local fathers to reflect their experiences of managing crying babies. Research evidence indicates that 70% of AHT is perpetrated by men and, therefore, it is of importance to ensure men are given the ICON message as well as the support and resources to help them manage a crying baby and reduce AHT. Full and shortened versions of the stories are available on the YouTube Channel here: **LLR Safeguarding Children Partnerships - YouTube**.

  The DadPad App, commissioned by Perinatal Mental Health, was made available to all fathers across the sub-region from Summer 2024 and includes national and local ICON information.

  An **"Invisible" / "Hidden" / "Unseen" Men: Engaging fathers and male carers in effective practice Resource Pack** was published in September 2024 to collate information on local and national resources available.
- Undertook a spotlight audit of babies up to one year old, subject to Child Protection Plans, across Leicester, Leicestershire and Rutland to consider whether there has been an improvement in safeguarding babies in recent years. Further detail on the audit is available in the "Quality Assurance and Service Improvement" section of this report.
- Considered the impact of the local **Safer Sleeping Risk Assessment Tool** in Summer 2024, six months after its launch. A frontline practitioner survey was disseminated by the Safer Sleep Champions across the multi-agency partnership to understand how the tool works in practice and how it could be improved and further promoted.
- Through the Section 11 self-assessment process, this year completed using a frontline practitioner survey, assessed evidence of the impact of the Safer Sleeping Risk Assessment Tool and improved approaches to working with males, in response to the publication of the Child Safeguarding Practice Review's third national review on **"The Myth of Invisible Men"**.
- Supported "Baby Fortnight" in April 2024, which was held across Leicester, Leicestershire and Rutland. There were two different strands to the fortnight: one for the whole workforce, with a variety of workshops for those working with parents/carers and children from pregnancy into the early years, and the other with a variety of sessions delivered to parents/carers in Family Hubs. These sessions were delivered by the Family Wellbeing Workers in the Family Help Service, and colleagues working for Active Together.

Outcomes and Impact:

- ICON is well embedded locally with review and audit work evidencing that ICON messages are being shared widely and appropriately by local agencies. ICON messages are delivered by health staff to **all parents** through the 6 touch points and ICON is **targeted in greater detail** to families with specific vulnerabilities, for example, parents who misuse substances, young parents, and parents of premature babies. The voluntary sector support ICON messages through parenting sessions and ICON is also promoted to male prisoners.
- The ICON Father Stories have been well received with over 500 views on YouTube since their launch.

  "Powerful, beautiful, moving, important. Thank you to you and the team for creating these films. A personal note to the actor who did an incredible job. My partner was a mess after the film. His delivery and authenticity is superb. I'm very honoured to be part of this truly groundbreaking project. Thank you. It's remarkable and I'm positive it'll have an impact on many lives." – feedback from a father who provided his story for one of the films
- Across the county, 108 families with 126 children attended the Baby Fortnight sessions. At the end of the session, parents were given a QR code so they could give feedback. Over half of those attending completed the survey.

  "It is so important for the babies to interact with other babies and to build on their social skills. I needed this for my baby as we do not go out very much."

  "Today has made me think how I can do some activities at home with my Baby that do not have too cost much." – feedback from parents/carers attending Baby Fortnight sessions

  The feedback from the survey disseminated by local Safer Sleeping Champions informed the updates to the Safer Sleeping Risk Assessment Tool which was republished in January 2025. The update did not require extensive changes. The updated tool was widely promoted via the Safer Sleeping Champions and the Safeguarding Matters Digest to tie in with national Safer Sleep Week 2025 (10th-16th March).

  The results of the Section 11 frontline practitioner survey, completed in late 2024, indicated that further promotion and awareness raising around the tool is required. 44% of respondents to the online survey22 answered that they were aware of the tool, with 42% of those saying they had used it in practice. Of those that had used the tool, there were some positive responses, with 58% saying they found it very useful.

  "Good conversation point for parents and also identifies risk in a clear manner and enables practitioners to document their concerns."

  "It is a protective measure to help both the child and parents whilst giving useful advice on sleeping arrangements to keep the baby safe. This tool can be used with the parents to also help recognise the pitfalls to co sleeping and how it could impact them and their baby." – comments made by survey respondents
- The results of the Section 11 frontline practitioner survey indicated more limited knowledge than hoped of the "Practice Principles – Engaging Fathers, and Male Carers in Effective Practice", launched in September 2023, with 39% of respondents to the online survey[23] saying they were aware of them. Around a third of those that were aware of the principles had used them and most found them useful.

  "I find the Practice Principles helpful because they guide me in effectively engaging fathers and male carers in a child's life. They promote inclusive, strength-based approaches, ensuring fathers are active participants in care and support, benefiting the child's overall well-being."

  "Helpful to focus on engaging fathers in all care from checks to consultations. Gives us a better understanding of family situations." – comments made by survey respondents

22 The majority of practitioners completed the online practitioner survey, but GP Practices participated in a different way, via an Integrated Care Board managed process.

23 As above.

Moving Forwards:

The Safeguarding Babies priority has been in place since 2021-22 and a lot of work has been completed in this time, with the implementation of ICON, an updated Pre-Birth and Post Birth Planning procedure and the launch of the Safer Sleeping Risk Assessment Tool. Also, during this time, there have been numerous training events and individual courses, both in person and online, and a range of learning and development resources have been produced and disseminated.

The national analysis of Serious Incident Notifications for 2023-24, published in May 2024, noted that *"Despite the fall in notifications for under 1s, this remained the most common age group in 2024, accounting for 1 in 3 notifications (33%)."*[24] In a change from previous years, and out of line with the national picture, under 1s did not account for the majority of Leicestershire notifications in the same time period.

It is evident that this business priority has achieved a good level of assurance and so it will not be carried over to the 2025-27 Business Plan. It is acknowledged, though, that further awareness raising is required around key guidance and resources, particularly with a large and dynamic workforce. Therefore, babies will always be seen as a key cohort of focus for the Safeguarding Children Partnership.

Child Mental Health and Emotional Wellbeing: Seek assurance that partnership working supports good mental health for children and that mental health and safeguarding are effectively addressed together.

What we did in 2024-25:

- Received information and assurance, via the Planning & Delivery Group, regarding the Complex Care Escalation Process, which supports leaders within Leicester, Leicestershire and Rutland to access timely support to progress the care arrangements of local children and young people. This includes the management of care for children and young people with mental health, learning disabilities and/or autism and/or placement needs.
- Formed a Task & Finish Group on "Capturing the Voice of the Child in the Child Protection process", which considered the experiences of local children subject to safeguarding arrangements and Child and Adolescent Mental Health Services (CAMHS).
- Recommendations and learning from the LLR Child Death Overview Panel (CDOP) themed review informed the review and update of the LLR SCP "**Practice Guidance: Supporting Children and Young People who Self-Harm and/or have Suicidal Thoughts**".
- Continued to consider the local implications of "**Right Care, Right Person**" (RCRP). This is a collective national approach from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners and NHS England which aims to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs and ensure that individuals in mental health crisis are seen by the right professional.
- Following the multi-agency audit of referrals to Children's Social Care (CSC) across the three Local Authorities where the contacts were labelled as 'child's mental health', the Assurance and Audit Group have initiated a follow-up audit on young people open to CAMHS and subject to Child Protection Plan.

24 Serious Incident Notifications: Reporting year 2024, Child Characteristics section (May 2024) – https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications/2024

Outcomes and Impact:

- The CAMHS Young Person's Team provided information to the Voice of the Child Task & Finish Group on the activities undertaken in capturing the voice of the child. CAMHS sessions, which are in the main face-to-face, include the voice of the child. Several approaches are used to facilitate engagement and communication such as play and alternate communication forms, such as written or flashcards. Also, events have been held such as the 'my voice' event, where young people were invited to join poetry and rap music workshops to share their views on mental health. This was followed by an 'Active' event where young people were invited to join CAMHS staff for professional led physical activities such as yoga and kickboxing with themes of emotional wellbeing fed through and staff available to talk during physical movement. A Learning Disability Nurse is embedded within the team, who offers consultation and support around adapting communication and resources. For young people for whom English is not their first language, interpreters are booked to ensure communication needs are met.

  The CAMHS Young Person's Team reported that this work has enabled an understanding of the impact for our young people of often having multiple professionals in their lives. They have voiced that they feel unheard at times or that their paperwork is shared and people draw judgement from this rather than getting to know them. Groups and events such as 'my voice' and 'active' have helped them to break down some of these barriers. They recognise, though, that these were one-off events rather than an ongoing resource they can offer. Having a Learning Disability Nurse in their team has made a huge difference in enabling them to expand their ability to offer differing layers of communication.

  "The nurses in the Young Person's Team have changed my life."

  "We can't thank you enough for the amazing care, kindness, sensitivity and professionalism you have given to our family especially our child over the last 12 months. When we really needed it, you were there and we felt so supported when things didn't always feel great. You are the epitome of the NHS at its best and we wish you all the very best for the future." – feedback provided to the CAMHS Team

- The LLR SCP "Practice Guidance: Supporting Children and Young People who Self-Harm and/or have Suicidal Thoughts" includes more information on referral pathways to the Children and Young People Mental Health Triage and Navigation Service which now has a self-referral portal. The updated guidance and procedure were re-launched at the Safeguarding Matters Live event in December 2024.

  "Learning more about self-harming behaviour as I am working with a young person that is displaying these behaviours." – feedback from attendee of Safeguarding Matters Live regarding what went well and what impact this will have on my work

  "It's brilliant to have. We use with families and children to look at what self-harm means." – feedback from attendee of VCS Safeguarding Forum

Moving Forwards:

The learning from the audit on young people open to CAMHS and subject to Child Protection Plan will be reported to the Safeguarding Children Partnership and any procedural or training needs will be considered.

Since its inception in 2021-22, it is felt that this business priority has achieved a good level of assurance and so it will not be carried over to the 2025-27 Business Plan. It is acknowledged, though, that children's mental health continues to be a subject of both local and national importance. Therefore, the Planning & Delivery Group will continue to seek assurance that mental health and safeguarding are effectively addressed together locally by receiving CAMHS highlight reports.

Keeping Adolescents Safe / Supporting Safe Adolescents: Seek assurance that there is a clear governance and approach for safeguarding children from harm outside the home and that it is effective.

What we did in 2024-25:

- Continued to receive assurance from the Adolescence Safety and Diversion Board which provides governance to the Strategic Partnership Board's work relating to child exploitation (under 18s) and violence affecting young people (under 25s). It has been agreed that the Adolescence Safety and Diversion Board Chair will attend the Safeguarding Children Partnership meetings each year to present, within a dedicated agenda item, the progress of the ASD Board and delivery plans.
- Representatives from the Business Offices and several partner agencies of the Safeguarding Children Partnerships attend meetings of the Child Criminal Exploitation and Serious Violence Delivery Group.
- Received the findings from the multi-agency Serious Youth Violence and Child Exploitation audit, completed as part of the Joint Targeted Area Inspection (JTAI) preparation. Learning was identified regarding the link between school exclusion and exploitation, support required for neurodiverse children, risk assessment and screening and transitional safeguarding. Recommendations have been taken forward with awareness raising with schools and work around risk assessment tools.
- Supported promotion to schools and wider partners of **'Tips for a Healthier Screen Time'**, which is a useful guide for parents, carers, children and young people produced by Dr Sanjiv Nichani OBE, Senior Consultant Paediatrician at the East Midlands Congenital Heart Centre and Leicester Children's Hospital. It raises awareness of the effects of screen time on the health, well-being and safeguarding of children and young people.
- Linked to the national discussion regarding online harm and abuse, in relation to both children and adults, the December 2024 Safeguarding Matters Live Event was focused on Safeguarding and the Internet, with a presentation on the impact of social media on children, delivered by **Warning Zone**, and a presentation on Prevent.

Outcomes and Impact:

- Assurance work informs training requirements and procedural reviews, with procedures on "Safeguarding Children and Young People from Child Sexual Exploitation" and "Online Safety" being updated in April 2025.
- The focused Safeguarding Matters Live led to some positive feedback about how the information presented will help professionals in practice:

  "Interesting information about online platforms and I will be able to use this knowledge in direct work and safety planning with children and young people."

  "Increased knowledge and understanding about online platforms, in particular how many very young children access these." – feedback from attendees of Safeguarding Matters Live.

Moving Forwards:

A priority on Harm Outside the Home has been included in the Business Plan for 2025-27, which will build on the progress made since 2022-23 around this priority.

This acknowledges the continued prevalence of this theme nationally, with persistent concern about the themes raised in the Independent Inquiry into Child Sexual Abuse (IICSA), including group-based Child Sexual Exploitation and grooming gangs. Implementation of the Online Safety Act 2023 is also at the forefront of national interest, following the release of the Netflix drama Adolescence, and with Ofcom's child safety measures due to come into force for social media, search and gaming apps and websites in July 2025.[25] Assurance around the local response to these themes continues to be required.

25 www.ofcom.org.uk/online-safety/protecting-children/new-rules-for-a-safer-generation-of-children-online

Safeguarding children from diverse backgrounds: Understand and improve how well partners work together with children and families from diverse backgrounds.

What we did in 2024-25:

- Continued to promote the locally agreed definition of cultural competency and the standard of expected practice. It has been shared with the Safeguarding Children Partnerships' Trainers' Network as something to include in training wherever relevant and appropriate.
- Ensured that the impact of abuse and neglect on protective characteristics is analysed during the Rapid Review process.
- Continued to plan how best to provide multi-agency learning and development around immigration status, culture, faith, and parenting, to sit alongside already existing training and resources that consider safeguarding children from diverse backgrounds.

  A Task & Finish Group is researching data and information about the demography of Leicester, Leicestershire and Rutland (LLR) and engaging with key contacts within those communities who can become advisors. It is recognised that the required learning and development cannot be achieved through one training course. The group is planning a multi-faceted approach, including consideration of a practitioner workbook/tool/resource of where to go for help/support; delivering some basic awareness information courses/sessions about different communities that live in LLR and the experience of being a migrant – what that journey might have looked like/what some of the terms mean – such as 'no recourse to public funds'; and providing practice forums and/or resources for building confidence for practitioners working in child protection/safeguarding, informed by local and national learning.
- Started to promote the learning from the Child Safeguarding Practice Review Panel's Briefing **'"It's Silent": Race, racism and safeguarding children'**, published in March 2025. This has been included in the annual Learning from Reviews resource disseminated to Case Review Group members to share within their individual agencies.

Outcomes and Impact:

- Cultural competence and intersectionality are considered in audits and reviews across the Safeguarding Children Partnerships, improving our understanding of how well partners work together with children and families from diverse backgrounds. It is acknowledged, though, that further work is required to improve this understanding, particularly in light of the questions raised by the Child Safeguarding Practice Review Panel's Briefing.

Moving Forwards:

A priority on Belonging has been included in the **Business Plan for 2025-27**, which will build on the progress made since 2021-22 around this priority. This will continue to seek assurance around the work already in progress and address the questions for Safeguarding Children Partnerships raised in '"It's Silent": Race, racism and safeguarding children'.

Effective Safeguarding in independent and out of school settings: Work with faith groups, independent schools, community organisations and other settings to support them to play an effective role in safeguarding children.

During 2022-23, a Task and Finish Group, chaired by Local Authority Designated Officers (LADOs), developed and promoted **information leaflets for parents and carers** about keeping children safe in out of school settings. These leaflets were added to the websites of the Safeguarding Children Partnerships.

What we did in 2024-25:

- Safeguarding in out of school settings and the associated leaflets were promoted via schools, as well as at the Voluntary and Community Sector (VCS) Safeguarding Forum at their July 2024 meeting.
- Continued engagement via the local Independent Schools Forum, with the schools selecting topics for discussion that were specific to them. The Child Sexual Abuse Response Pathway was a featured theme.
- Continued to expand the reach and membership of the LLR Voluntary and Community Sector Forum, which includes voluntary and community organisations, faith-based organisations, and sport clubs / organisations. Topics covered in 2024-25 included the Child Sexual Abuse Response Pathway, delivered by a guest speaker from the Centre of Expertise on Child Sexual Abuse; Healthier Screen Time; and resolving safeguarding disagreements and how to escalate concerns.
- Received assurance from each Local Authority around the local picture regarding Electively Home Educated children. In May 2024, the Child Safeguarding Practice Review Panel published a **Panel Briefing on Safeguarding children in Elective Home Education**, which highlighted that *"figures from the Department for Education show that as many as 92,000 children were taught from home at the date of the census in England in autumn 2023. This is an increase from an estimated 80,900 in the previous autumn term. It also represents a 67% increase to the estimated 55,000 highlighted in the Association of Directors of Children's Services (ADCS) 2019 Elective Home Education Survey."*[26] The recommendations from the Briefing helped to structure the assurance questions posed to the Local Authorities.

  A presentation on Electively Home Educated Children was given at Safeguarding Matters Live in July 2024 and referenced this national report.

  In response to national and local learning, in September 2024, the Policy and Procedures Group published new guidance entitled "**Elective Home Education: An Approach to Safeguarding for LLR**". Four training briefing sessions were delivered by the Multi-Agency Learning & Development Group, with the last one taking place in February 2025. A **video of one of these sessions** has been made into a learning resource.
- Following publication of the Child Safeguarding Practice Review Panel's report on "**Safeguarding children with disabilities and complex health needs in residential settings**" (October 2022 and April 2023), the Local Authorities provided the Department for Education with assurance that children within this cohort were safeguarded in their accommodation. In 2024-25, Health audited records of out of area children living in educational residential settings. The audit was undertaken to further this assurance via a review of health records of those children previously audited by the 3 LLR Local Authorities. The outcome was a good piece of assurance in that ongoing review of these children's health files is now taking place. For further information on this work, please see the section on National Reviews.

26 "Safeguarding children in Elective Home Education: Panel Briefing 3", Child Safeguarding Practice Review Panel (May 2024), page 2.

Outcomes and Impact:

- In line with Working Together 2023 and its guidance on working with schools, colleges, early years, and other education providers, as well as voluntary, charity, social enterprise (VCSE) organisations and sports clubs, the updated local **Multi-Agency Safeguarding Arrangements** enhance the systems to engage and collaborate at both the operational and strategic level with these organisations.

  The Independent Schools Forum is no longer required, as all local schools (including independent schools, academies, and free schools), colleges, early years and childcare settings, and other educational providers (including alternative provision) are recognised as relevant agencies for the purpose of our Multi-Agency Safeguarding Arrangements and come together as part of the LLR Education Group. The formation of the subgroup enhances the scope of engagement to encompass awareness raising and operational and strategic influence.

  The Voluntary & Community Sector Forum has encouraged and provided better links and increased engagement with faith organisations, sports groups and community organisations. The Forum dedicates time to hearing feedback and input from those organisations about their experiences and knowledge of helping, protecting, and promoting the welfare of local children.

Moving Forwards:

It is evident that this business priority has achieved a good level of assurance and has led to the embedding of key, and ongoing, forums and so it will not be carried over to the 2025-27 Business Plan.

The role of Local Authorities around safeguarding and supporting home educated children is due to increase, in light of the new duties and responsibilities to be introduced through the Children's Wellbeing and Schools Bill. This includes the creation of a Children not in School Register. These national changes will inform any required changes to local policies and procedures.

Transitional Safeguarding: Seek assurance that Transitional Safeguarding is being managed appropriately across Leicester, Leicestershire and Rutland.

What we did in 2024-25:

- The Task & Finish Group formed to consider if transitional safeguarding is being managed in the most appropriate and effective way continued to meet. To improve governance, the Terms of Reference and membership were refreshed and the group includes representatives from both children's and adults' services. It has been agreed that the group will map the progress made in response to the work plan produced following a previous report on transitional safeguarding.
- Due to issues around the remit of the group and what would be required for an overarching Leicester, Leicestershire & Rutland strategy/policy for transitional safeguarding, the work has not progressed as intended.

Moving Forwards:

- Transitional safeguarding will be carried forward to both the **SCPs' Business Plan for 2025-27** and SABs' Business Plan for 2025-27. It will be incorporated into a thematic priority, on "Belonging" for the SCPs and "Equality, Diversity and Inclusion" for the SABs, so that the cohort of children and young people to be addressed can be clearer and more targeted.

Further information on assurance processes, procedures and training, informed by the business priorities, is outlined in the following sections of this report.

Analysis of areas with limited progress

It has been acknowledged above that three existing business priorities will be carried forward to the 2025-27 Business Plan. This is due to both progress locally and additional national learning and reform. Transitional safeguarding saw limited progress. The issues were escalated and the Independent Chair of the Safeguarding Adults Boards and the Independent Scrutineer of the Safeguarding Children Partnerships have been engaged to support this work.

Quality Assurance and Service Improvement

The Leicestershire & Rutland Safeguarding Children Partnership has a Performance and Assurance Framework shared with the Leicester Safeguarding Children Partnership. This can be found here https://lrsb.org.uk/lrscp. This has been updated in the last year to reflect Working Together 2023.

Performance data

Indicators of performance in multi-agency safeguarding have been identified by the Assurance and Audit Group to monitor effectiveness of the operation of the multi-agency safeguarding system. Data is reported by agencies with analysis, utilising existing reports where possible.

Leicestershire

Snapshot at end of year 2024-25

1371
EARLY HELP ASSESSMENTS

CHILDREN IN NEED
3302

Number of REFERRALS to Children's Social Care from:

EDUCATION	HEALTH	HOUSING	POLICE
1071	1171	61	1841

2961
STRATEGY MEETINGS

1778
SECTION 47 ENQUIRIES

INITIAL CHILD PROTECTION CONFERENCES (ICPCS) **389**

REVIEW CHILD PROTECTION CONFERENCES (RCPCS) **683**

506
CHILD PROTECTION PLANS

694
CHILDREN LOOKED AFTER

711
CARE LEAVERS

The number of referrals and requests for information from different sectors evidence strong information sharing across partners.

The number of Strategy Discussions rose from 2560 in 2023-24 to 2961 in 2024-25. This was matched by an increase in Section 47 enquiries, from 1660 in 2023-24 to 1778 in 2024-25. Work with partners to provide robust oversight to the quality of strategy discussions has continued to be in place with oversight of the operational partnership meeting and the regular audit and oversight of threshold and agency contributions.

In 2023-24, the numbers of children in care increased. There were 726 children in care on 31st March 2024, an increase of 45 children (6.6%) from 681 children in care on 31st March 2023. This was the first annual increase of children in care in Leicestershire since 2021. In 2024-25, the number decreased to 694 to be more in line with the 2022-23 figure.

There has been a further drop in early help assessments – from 3677 in 2021-22, to 2673 in 2022-23, 1415 in 2023-24 and to 1371 in 2024-25. This demonstrates the impact of the measures undertaken by the Family Help Service to support the management of demand and ensure families received the most appropriate support according to their needs. Initiatives, which may have had an impact on the number of early help assessments completed, have included: changes to process on case recording systems; the role of the "Early Responder" at the front door; enhanced provision of information, advice, and signposting to families at the front door, including sending out information packs and onward referral to other agencies; and the embedding of Teen Health, which may have provided alternatives to early help assessments.

Leicestershire have a strong focus on children and families who access their service, with a clear commitment to their experience set out in their Achieving Excellence Plan. This includes their pledge to put children at the centre of everything they do, celebrating their uniqueness and diversity.

During the year 2024-25, Leicestershire have continued to embed specific questions focused on children's diverse cultural and identity needs, including how ethnicity is considered in delivering their interventions, as part of a quarterly audit programme. In addition, they have developed specific pieces of work for their children in care who are seeking refuge in the UK to ensure their trauma and specific needs are represented in strategic planning and in their case work. This group of children is overrepresented in their care leaver population and forms 8% of their children in care. To meet this objective, Leicestershire have piloted specific engagement work focused on hearing the voice of children escaping war. This includes both children in care and care leavers who are unaccompanied and children being hosted locally with their families from Ukraine.

Leicestershire know that they have gaps in their ability to report routinely how children from different ethnic groups are represented in service provision beyond these specific groups, who have defined service delivery embedded into their structures. They acknowledge that some groups of children from global majority groups are underrepresented in their Targeted Family Help service, whilst being slightly overrepresented in those children subject to child protection planning. This is particularly the case for children from dual heritage background. Most children in receipt of services are from White British backgrounds.

To support challenge in their approach to meeting children's diverse needs, Leicestershire have established the Race Ethnicity and Excellence Forum (REEF), which provides support and challenge to practitioners, using the expertise based on the lived experience and professional expertise of the panel. Going forwards into 2025-26, they are engaging in the national reform agenda (Families First Programme) and will use specific data from local needs assessments and feedback from families to inform their services offer and structure, to build services that are responsive to the diverse needs of children, young people and families in the county.

Rutland

Snapshot at end of year 2024-25

47
EARLY HELP ASSESSMENTS

CHILDREN IN NEED
58

Number of REFERRALS to Children's Social Care from:

EDUCATION
81

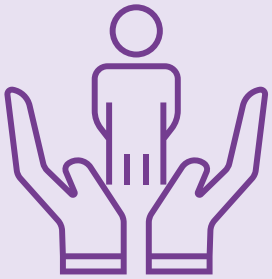
HEALTH
42

HOUSING
3

POLICE
92

149
STRATEGY MEETINGS

94
SECTION 47 ENQUIRIES

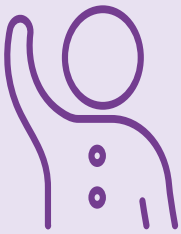


INITIAL CHILD PROTECTION CONFERENCES (ICPCS) **41**

REVIEW CHILD PROTECTION CONFERENCES (RCPCS) **72**

28
CHILD PROTECTION PLANS

33
CHILDREN LOOKED AFTER



39
CARE LEAVERS

The number of contacts received in Rutland Children's Social Care has increased in 2024-25 to 1098. The increase in contacts is not of concern to Rutland but is in line with what they would expect. Across the board, they saw more contacts from partner agencies. They saw fewer individuals making referrals and a slight decline in anonymous referrals.

In 2024-25 Rutland progressed more to referral. The number of referrals has begun increasing with 381 referrals. This was in line with a greater complexity of need. They have seen ongoing and increasing concerns regarding mental health and emotional wellbeing for parents and young people. Domestic abuse features widely in the referrals received. Through 2025-26, Rutland will be recruiting a domestic abuse specialist worker and will be looking at what their support offer is around these areas and question what they could do differently to support families earlier who have these presenting issues.

There have been gradual increases in 2024-25 in numbers of children on child protection plans and children looked after.

Again, there has been an increase in care leaver numbers. This is, in part, due to the consistent number of young people from overseas seeking asylum via the national transfer scheme.

There has been a further decrease in Early Help assessments, from 63 in 2023-24 to 47 in 2024-25. This, again, is due to more focus on targeting support on solution focused approaches to referrals at Tier 1 and 2 and through groupwork solutions based on analysis of data and trends in relation to referral needs.

Most of the families Rutland work with (86%) are White British. As per the census, 94.8% of their population is White British. The data includes children seeking asylum via the national transfer scheme. Rutland have identified that the proportion of children/families accessing their services in terms of ethnicity is representative of the local population; although more can always be done to engage families from global majority groups.

Use of data and information sharing

Quantitative data and qualitative information are shared to evidence that safeguarding arrangements are effective. An Annual Assurance Statement is delivered to the LLR Safeguarding Children Partnerships, in line with the Performance and Quality Assurance Framework, to enable the Safeguarding Children Partnerships to hold local agencies to account for their safeguarding work, including prevention and early intervention. The Safeguarding Children Partnerships can request additional data and narrative from partners to strengthen assurance, where required.

The Leicester, Leicestershire and Rutland Safeguarding Children Partnerships and Safeguarding Adults Boards have a local **Information Sharing Agreement (ISA)**.

> An example of how information sharing has improved practice and outcomes in 2024-25 are the changes to how Domestic Abuse notifications are screened in Leicestershire. There was consultation between Leicestershire Children's Social Care and Leicestershire Police, particularly in relation to developing a standard response to stalking, harassment and coercive control in the context of potential harm to the child. Leicestershire Children's Social Care routinely have all Public Protection Notices (PPN) from the Police in response to Domestic Abuse incidents which have DASH risk assessment.[27] They have a strong response to standard risk incidents which have proactive preventative response. Leicestershire Children's Social Care has also started the process of building DASH and S Dash into their standard recording process – the S DASH specifically addresses the risk of stalking. Leicestershire Children's Social Care has developed new guidance for staff, which includes reference to stalking and harassment, and has run "Lunch and Learn" events. Leicestershire Children's Social Care and Leicestershire Police are satisfied that they have a strong screening process. They are sighted on similar issues and can identify issues together to resolve and develop joint approaches.

27 DASH = Domestic Abuse, Stalking and Honour Based Violence.

Self-Assessment

Section 11 self-assessments are undertaken by agencies as part of their duties under Working Together 2023.[28] In previous years, the safeguarding partners and specific relevant agencies have carried out a Section 11 self-assessment audit of their safeguarding effectiveness. For 2024-25, to enhance the process of obtaining safeguarding assurance from agencies, it was agreed to undertake Section 11 self-assessments using a different methodology.

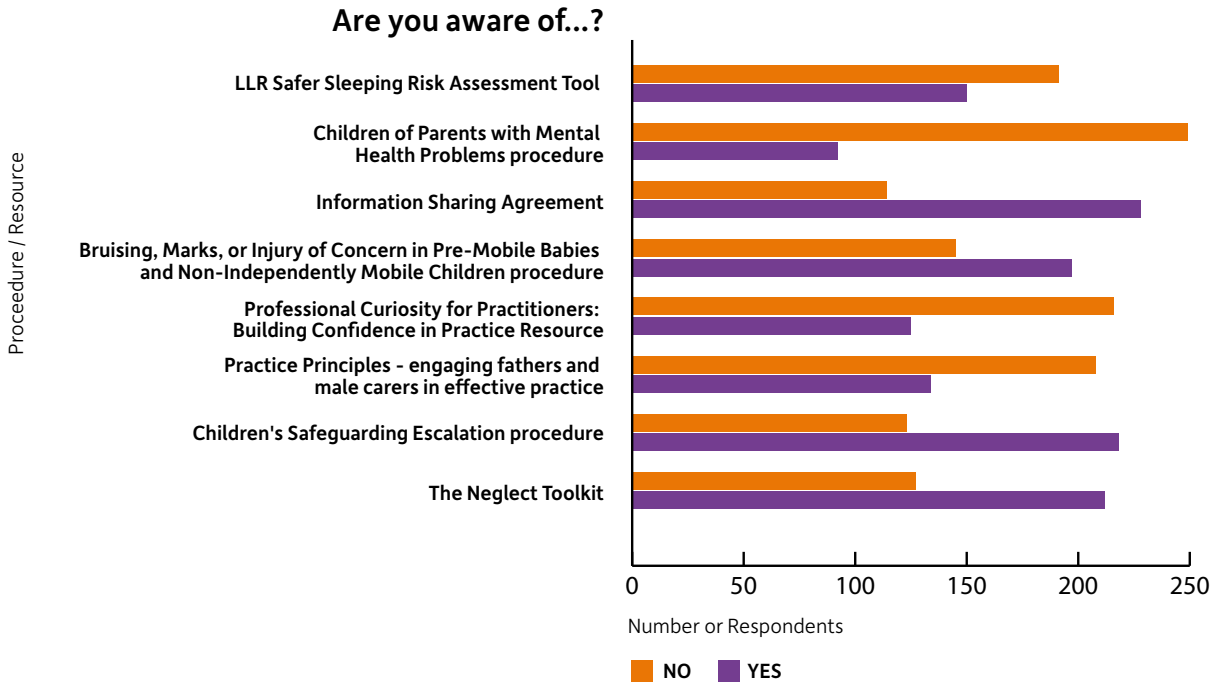
A survey of frontline staff and managers was carried out to enable the Safeguarding Children Partnerships to obtain assurance of the impact of recommendations and actions resulting from safeguarding reviews and multi-agency audits.

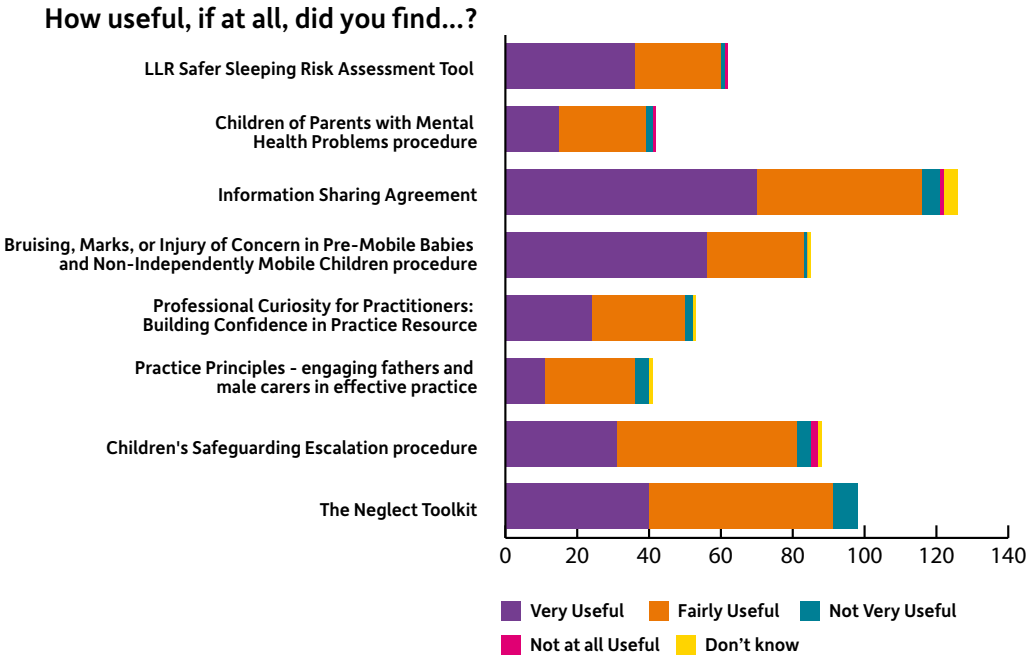
- There was a total of 344 responses to the Section 11 online practitioner survey.
- A further 62 GP Practices participated in the Integrated Care Board (ICB) managed process.
- There was a good mix of responses across Leicester, Leicestershire and Rutland agencies and departments.
- Schools throughout the sub-region were included for the first time in this Section 11. Their inclusion was managed by Local Authority School Liaison departments.
- The survey was used as an awareness raising tool by including links to the relevant resources within the questions.
- Questions were asked about awareness, use and usefulness of key resources and procedures.

The majority of online respondents were aware of the Neglect Toolkit (63%), the Escalation procedure (64%) and the "Bruising, Marks or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children" procedure (58%), and the Information Sharing Agreement (67%). Less were aware of the "Practice Principles on Engaging Fathers and Male Carers in Effective Practice" (39%), the "Building Confidence in Practice Resource on Professional Curiosity for Practitioners" (37%), the Safer Sleeping Risk Assessment Tool (44%) and the "Children of Parents with Mental Health Problems" procedure (27%).

The awareness of some of these resources was less than expected. Positively, though, where these figures were lower, the majority of people who used the procedure/resource stated that they found it useful.

28 Working Together 2023, Chapter 4, pages 104-107.





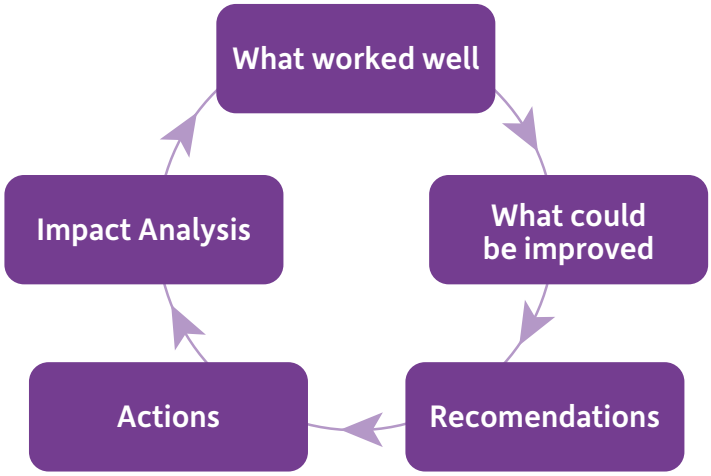
The Planning and Delivery Group considered the results, in terms of identifying areas to inform the Safeguarding Children Partnerships' priorities for 2025 onwards and if any further partnership action was required across Leicester, Leicestershire and Rutland.

Whilst the majority of online respondents were aware of the Neglect Toolkit, the percentage of people still seemed low considering the Toolkit was originally launched in July 2016 and was updated and re-launched in 2021 to include adolescent neglect. A lack of awareness of the Toolkit has also been identified in multi-agency audit learning. Moving forwards, Neglect is a business priority for 2025-27 and further work will be completed on promoting the Neglect Toolkit.

We will continue to raise awareness of the suite of resources available to practitioners through learning and development.

Audits

Learning from audits leads to recommendations and actions that are progressed and monitored. The learning is disseminated and informs changes required at both a system and practice level. The impact of action outcomes is analysed once the outcomes have been embedded.



Repeat Contacts Spotlight Audit

In 2022-23, the Safeguarding Children Partnerships carried out a dip sample audit of referrals to Children's Social Care (CSC) across the three Local Authorities. The audit was focused on children with more than one contact recorded by Children's Social Care.

The aim of this 2024-25 spotlight audit was to understand improvements to responses to initial contact, following the learning identified from the previous audit on this theme. Ten cases were audited: four from Leicester City Council, four from Leicestershire County Council and two from Rutland County Council.

The audit found that:

- There was evidence that LLR procedures had been applied in all the cases and that the intervention made a difference for the child and family.
- There was appropriate intervention and Local Authorities, in most cases, completed appropriate children and family assessments.
- In some cases, children and family assessments were not as thorough as they could have been, and this led to the re-referral.
- The Local Authorities demonstrated contact with the family and network to explore issues; more needs to be done, though, to strengthen this through seeking the voice of the whole family and child, and in particular separated partners.
- There was evidence of multi-agency collaboration, but there were pockets where this could be further strengthened. For example, professionals were not always sharing information in Health services around Adult Mental Health, resulting in gaps, incomplete information and impact on assessments and planning.

There is continuous work to improve the quality of assessments and to promote the recording of the voice of the child and whole family. Regarding the learning around health information sharing, "Best Practice Guidance for Health Staff: Sharing health information with Children's Social Care and partner agencies" is due to be published in 2025-26.

Babies under 1 year on a Child Protection Plan Spotlight Audit

Linked to the Safeguarding Babies business priority, a spotlight audit was carried out looking at cases involving babies under 1 year on a Child Protection Plan. Ten cases were audited: four from Leicester City Council, four from Leicestershire County Council and two from Rutland County Council.

Pre-birth planning was a feature of six of the cases. Four cases had not had a pre-birth plan; in some cases, the foetus/infant was referred just prior to birth or soon after birth. For six of the cases, the category of abuse for the Child Protection Plan was Neglect; for two of the cases the category was Physical Abuse; the category for one case was Sexual Abuse; and Emotional/Sexual Abuse was the category for the final case.

The audit found that:

- All the babies were deemed to have been safeguarded and the intervention had made a difference for the child and family with progress being made, leading to many of the families being closed to Social Care.
- There was evidence in many of the cases that the intervention was timely and ensured the child has the right service at the right time without delay.
- There was good information sharing across agencies, particularly Children's Social Care and Health, in many of the cases, with relevant agencies attending meetings or providing reports.
- There was consistent and timely use of the procedures, thresholds and plans were noted in most of the cases.
- There was evidence of consistency in speaking to mothers and including mothers and the wider family network in processes.
- There was poor use of the Safer Sleeping Risk Assessment Tool. There was too much reliance on Health staff, either the Midwife or Health Visitor/Public Health Nurse talking to parents and carers about safer sleep.
- The voice of the child was not consistently evidenced and/or captured.
- Although there was evidence of the father of the baby being known in many of the cases audited, there was a lack of consistency in them being engaged and involved in the processes and plans.

Work continues to embed use of the Safer Sleeping Risk Assessment Tool and Practice Points on Engaging Fathers in everyday practice. To extend the training already offered, as well as the resulting learning and development videos, there will be further training on the Pre-Birth and Post Birth Planning procedure in 2025-26.

Other assurance work

LLR Safeguarding Keeping in Touch Meeting

There is direct governance between the Safeguarding Keeping in Touch meeting and the Assurance and Audit Group.

The Safeguarding Keeping in Touch meetings bring together senior safeguarding leads to share intelligence and joint oversight of the ability of LLR multi-agency children's safeguarding services to maintain statutory functions in relation to safeguarding children. They share information and data and provide a timely response to emerging safeguarding issues with partnership support.

Discussions in 2024-25 have included how each agency has managed significant workforce issues and how these are being resolved. For example, there has been successful recruitment of qualified international social workers in Children's Social Care in Leicester City Council and Leicestershire County Council, which has had a positive impact on providing stability of staffing and decreasing the need to employ agency Social Workers. Other positive messages communicated include the Looked After Children Nursing Team managing to deliver all review health assessments within timeframes. They have also managed to add in an additional keeping in touch point at 6 months for children.

Each agency has provided monthly assurance that safeguarding work is prioritised and they have maintained full engagement with required safeguarding processes.

LLR Operational Group Meeting

The LLR Operational Group is a standalone group that feeds into the LLR Assurance and Audit Group.

The remit of the Operational Group is to allow managers, responsible for safeguarding children from across Leicester, Leicestershire and Rutland, a forum to discuss and work through identified issues.

Internal Quality Assurance Processes

The Assurance and Audit Group seeks annual assurance from partner agencies around their internal quality assurance processes. The aim is to provide a picture of activity that agencies have completed over the previous twelve months, giving an overview of what the key successes have been, what are the areas for development and any key actions for the forthcoming year linked to the business plan priorities.

Safeguarding in Education

Leicestershire

Safeguarding in Education Leicestershire County Council support schools with all safeguarding concerns and signposting to Safeguarding Children Partnership safeguarding procedures.

They deliver:

- Initial Designated Safeguarding Lead (DSL) training and Refresher DSL training in partnership with Leicestershire County Council First Response
- The Safer Recruitment Consortium – Safer Recruitment training
- Allegation Management training in partnership with the Local Authority Designated Officer (LADO).

Additionally, they:

- Host the Designated Safeguarding Leads Forum once a term to share local and national safeguarding updates to include learning from case reviews
- Create termly safeguarding newsletters
- Co-ordinate Designated Safeguarding Leads drop-in sessions at the Family Hubs
- Undertake safeguarding audits of schools
- Advocate for schools in multi-agency meetings
- Deliver safeguarding conferences for Leicestershire with specific focuses, such as Cyber Security
- Respond to Ofsted complaints about Leicestershire schools
- Undertake new Headteacher safeguarding visits
- Speak at the DSL conference for educational trusts.

Rutland

At Rutland County Council, they deliver training to the Education Sector throughout the year. The following events have taken place throughout 2024-25:

- Safeguarding Information Briefings (three times a year) – the Safeguarding Information Briefing is delivered by Rutland County Council Children's Social Care Team. The purpose of the briefing is to deliver key safeguarding updates and develop a Signs of Safety approach to practice.
- Designated Safeguarding Leads Forum (three times a year) – the Safeguarding Leads Forum is delivered by Rutland County Council Children's Social Care Team. These sessions are attended by Designated Safeguarding Leads based in schools or early years settings. The purpose is to deliver safeguarding updates and present information from a range of professionals including the Virtual School, Fostering Team and Local Authority Designated Officer (LADO).

The SEND, Inclusion and Learning Service send regular updates to the education sector around safeguarding through regular bulletins. These updates happen on a weekly basis.

Moving forwards

It has been acknowledged that the remit of the Assurance and Audit Group is very large. To address this and to reflect the structure successfully employed by the Leicester and Leicestershire & Rutland Safeguarding Adults Boards, from 2025-26, two new groups will be implemented to replace the Assurance and Audit Group. There will be a Performance Group and an Audit Group, which will fulfil the requirements of the Performance and Quality Assurance Framework of the Safeguarding Children Partnerships.

The Performance Group will analyse performance data; plan, scope and task multi-agency assurance processes; and analyse findings from multi-agency assurance processes, including findings from agencies' internal assurance processes and Section 11 audits. The LLR Safeguarding Keep in Touch Meeting and LLR Operational Group Meeting will feed into the Performance Group.

The Audit Group will complete multi-agency audits as informed by the Performance Group and Business Plan priorities, learning from case reviews, national learning and Section 11 audits and analyse the findings from multi-agency case file and spotlight audits.

It is anticipated that this change will allow for more audits to be completed and improve our ability to evidence how information sharing has improved practice and outcomes.

Multi-Agency Safeguarding Procedures

Together, the Leicestershire & Rutland and Leicester Safeguarding Partnerships ensure that procedures are in place for multi-agency safeguarding in line with Working Together 2023.

Throughout 2024-25, the Policy and Procedures Group has revised procedures and created new guidance in response to learning from local and national reviews and assurance processes.

The Leicester, Leicestershire & Rutland Safeguarding Children Partnerships' Procedures Manual can be found online: **https://llrscb.trixonline.co.uk/**

A full list of amendments made can be found on the 'Amendments' page of the manual. Individuals who want to sign up for alerts regarding the Safeguarding Children Partnerships' procedures can **register for updates**.

Workforce development through multi-agency learning and development and training

The Leicestershire & Rutland Safeguarding Children Partnership's training co-ordination and delivery function is shared with the Leicester Safeguarding Children Partnership to support consistent and effective partnership working.

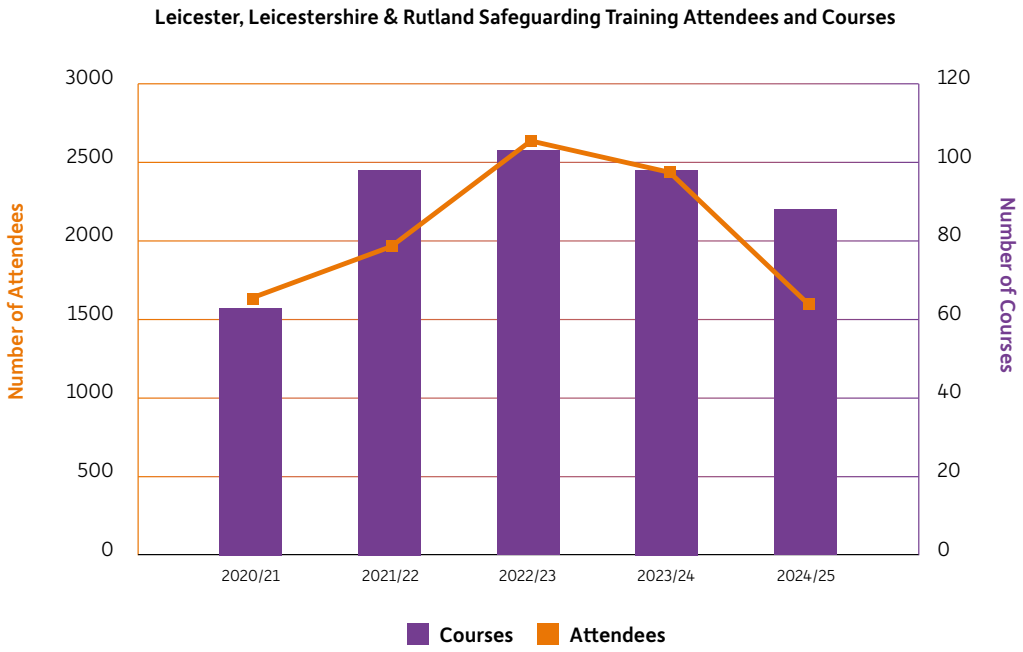
The Safeguarding Children Partnerships provide:

- A Multi-Agency Training Programme, which offers high quality training, with a core programme focusing on basic safeguarding / business as usual training, supplemented by commissioned training on key safeguarding themes and specific types of abuse/neglect, as well as large scale events
- A Competency Framework to support individuals and organisations to undertake their safeguarding roles and responsibilities in a confident and competent manner
- A Trainers Network that offers regular meetups between trainers to share knowledge, skills and to help develop the delivery of safeguarding children training.

A blended approach to learning is taken, incorporating video resources and resource packs alongside online and face-to-face training sessions.

Training Delivery

The Multi-Agency Learning and Development Group (MALDG) are responsible for the sharing of learning across the children's workforce in support of the Business Plan Priorities and learning from reviews.



This year the Safeguarding Children Multi-Agency Programme delivered 88 courses to over 1609 attendees. There are events where data is not available. Firstly, because of a cyber-attack in April 2024, impacting on the systems and ability to collect information, and also because, when sessions are commissioned, the data is not always effectively shared. It is fair to say that there must have been over 2,000 practitioners who were able to attend events from the multi-agency safeguarding children programme.

The 88 courses included a Conference on Child Sexual Abuse which was hosted by the Safeguarding Children Partnerships and delivered by the Centre of Expertise on Child Sexual Abuse in May 2024. Over 180 practitioners attended this event from agencies across the partnership including Police, Health, Early Help and Social Care and aligned services in the Voluntary and Community Sector (VCS). In support of this area of work, there was also a session delivered on disclosure of child sexual abuse by The Reign Collective, which was attended by 43 practitioners. The Multi-Agency Learning & Development Group is looking to include sessions on sexual abuse in their programme moving forward.

Also, four sessions were delivered to 102 people to inform them of the new Elective Home Education guidance uploaded to the local procedures.

Training has been delivered in person and online. Obviously, online it is possible to share information with greater numbers, as there is no room space barrier; however, evaluation has shown that participants welcome a return to in-person sessions.

Training linked to the Business Plan Priorities

- Safeguarding Babies

  The Multi-Agency Learning & Development Group supported the delivery of Baby Fortnight in April 2024. This was a series of events for practitioners working with those expecting and new parents to support the first critical 1001 days of life. In particular, there were sessions on "Involving and Supporting Dads and Partners", "The Voice of Babies and Non-Verbal Children", "ICON", and "Safer Sleeping for babies in LLR", all of which reflect learning locally and nationally. The event had sessions for expectant and new parents that ran alongside and was a great success.

  The Multi-Agency Learning & Development Group supported the launch of the new "Pre-Birth and Post Birth Planning" procedure, providing two launch sessions in June 2024 for 51 participants and a further session in September where 13 people attended.

  In addition, for this priority, to support the ICON message and in support of working with fathers, films were commissioned which are a collection of experiences of new fathers. The films are called "Father Stories" and are available in short or long format. There was a launch of the films at the Phoenix Cinema which some of the dads who shared their stories were able to attend with the actors who committed them to film, as well as practitioners.

- Child Mental Health & Emotional Wellbeing

  To support this business plan priority, the Multi-Agency Learning & Development Group shared the training that is available from CAMHS and agencies such as Papyrus with the wider workforce.

  It is also an area that is covered in other sessions, such as "Hidden Sentence", "Child Exploitation" and core safeguarding courses.

  The Multi-Agency Learning & Development Group worked with ADHD Solutions to deliver sessions on how to work with and understand children with ADHD. This will continue even though the charity ceased to exist from the end of 2024. Over this period, 3 sessions were delivered with 48 participants.

- Keeping Adolescents Safe/Supporting Safe Adolescents

  The programme of safeguarding children training offers a session on "An Introduction to Child Exploitation" and two courses were delivered on this topic in the last year for 38 attendees.

- Safeguarding Children from diverse backgrounds

  This priority had a specific action for the Multi-Agency Learning & Development Group which was to "provide multi-agency learning and development around immigration status, culture, faith, and parenting." To help meet this action point, a Task & Finish Group has been established and a proposal with an action plan to fulfil this action by the end of 2026.

- Effective Safeguarding in independent and out of school settings

  The Multi-Agency Learning & Development Group, in support of this Business Plan Priority, has been trying to extend its reach by using social media and voluntary sector networks to encourage agencies to book onto training. Twilight and evening sessions have been delivered too to reach a different audience.

  In addition, there have been more Designated Safeguarding Lead (DSL) sessions because every agency that works or volunteers with children must have a Designated Safeguarding Lead, who would need to complete this training. The programme has delivered 16 sessions, including refresher sessions, to 268 participants in a mixture of different formats such as online, in person and 2-part with e-learning. This should help to keep children safe who are attending out of school settings.

Safeguarding Matters Live

In addition to the 88 courses, the Multi-Agency Learning & Development Group also supported the delivery of Safeguarding Matters Live events. Two **Safeguarding Matters Live** are held each year. These are live online briefings for staff across the children and adults multi-agency partnerships. They share learning from reviews and audits, procedure and guidance updates, resources to support practice, and share messages around key national issues and from key national reports. The slides from the events are made available via the website and sessions are available to watch on the **YouTube Channel**.

Over the 2 events delivered in 2024-25, with one in June and one in December, 795 practitioners attended.

Topics covered in July 2024 included the Pre-Birth and Post Birth Planning procedure, Child Sexual Abuse and Electively Home Educated children. The December 2024 event focused on safeguarding and the internet, with presentations including the impact of social media on children and Prevent.

Trainers Network

The Safeguarding Children Partnerships co-ordinate a Trainers Network to look at development/practice issues in this area. The focus of the network is to look at the trainers' support needs and offer regular meetups between trainers to share knowledge, skills and to help develop the delivery of safeguarding children training.

Training Impact

The link between training and change in behaviour is difficult to measure although we do try to do this through evaluation.

The evaluation returns from the multi-agency safeguarding children programme have been much poorer this year, with only 288 completed forms. Although the Conference on Child Sexual Abuse and Safeguarding Matters were evaluated separately, this equates to roughly one fifth (20%) of training being evaluated which is down from a third last year. This could be because there have been more in-person courses and the evaluation is online. There was also a pilot where certificates were linked to the evaluation form but this was unsuccessful and so a return to a manual system was required.

The evaluation asks participants to assess their level of knowledge, skills and confidence before and after the training session. The results are as below:

Average Scores of	Knowledge	Skills	Confidence
Before	6.4	6.4	6.2
After	8.5	8.4	8.4
Average Increase	2.1	2	2.2

It can be seen that, for every area participants assessed, their knowledge, skills and confidence had increased by at least 2 points. There is also feedback that supports this data.

"The trainer was very knowledgeable and I enjoyed the interactive elements. It was a very engaging workshop, thank you."

"I am from a very small, independent organisation. It was good to share this training with more skilled and experienced practitioners from social care settings. I learnt from their knowledge during the case study section."

"The use of real life examples enhanced my understanding."

Feedback from participants of Core Awareness training

"I liked the fact that it was held in the evening, so it was more inclusive for people who work during the day. Online at night did help for those who can't travel to a venue. More short courses, e.g. the signs of safety, would be very useful if was held online of an evening."

"The case studies (although difficult due to the nature of the content) made the training relevant and brought it to life."

Feedback from participants of Designated Safeguarding Lead training

"Fantastic, really interesting and inspiring. A subject that hasn't had the time or acknowledgement that it needs. Lots of food for thought and definitely the start of an ever-growing conversation."

"Such honesty and sharing from a place of knowledge and experiences creates a culture of confidence to make changes."

"The talk from [the expert by experience] was incredibly insightful. It's very rare that you would have the opportunity to hear first-hand from a survivor of sexual abuse."

Feedback from attendees of the Conference on Child Sexual Abuse

"I found the course to be very informative especially the facts and figures which were quite astounding."

Feedback from attendee of Pre-Birth and Post Birth Planning procedure launch

"Really interesting session in which I increased my knowledge and skill set in relation to ADHD. Makes me reflect and reevaluate some of my practices for the better. Thank you to the trainer who made the training enjoyable, manageable and accessible."

Feedback from participant in Practitioners ADHD Toolkit training

Of respondents that completed a survey on the Conference on Child Sexual Abuse, 80% felt it would lead them to do things differently in their role. Several described improving their own practices in relation to child sexual abuse, increasing awareness amongst their own and other teams, and supporting colleagues to use the CSA Centre's resources.

During 2024-25, more than 80 people requested they be added to the Safeguarding Matters distribution list, with nearly 800 people now signed up.

> ***"Some of the content may be helpful for safeguarding training. I can merge it into my existing content, update, review, refresh etc. I can also cascade to staff using our comms channels for awareness raising."***
>
> ***"The presentations were brilliant. It's made me aware of services available."***
>
> ***"Really great information – find these really useful to share with providers/ settings."***
>
> ***"Really useful categories, mixed content and very relevant in trend topics – will share through safeguarding effectiveness meetings."***
>
> **Feedback from Safeguarding Matters Live Events**

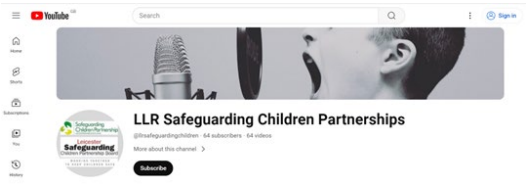
Also, the Safeguarding Children Partnership Learning & Development homepage on the Leicestershire & Rutland website was viewed over 1400 times, with the Competency Framework webpage being viewed nearly 2300 times.

Learning and Development Resources

During 2024-25, three print issues of the Safeguarding Matters newsletter were published, including special issues on Learning from Safeguarding Children Reviews and Audits and the Mental Capacity Act. The Safeguarding Matters newsletter focuses on disseminating local and national safeguarding learning and promoting procedural updates.

Updates on local and national safeguarding information are also delivered in a concise email format via the Safeguarding Matters Digest.

The Safeguarding Matters newsletters and Live PowerPoints and videos are available via the website and YouTube channel. Individuals can request to be added to the distribution list so that they are informed of publication and event dates by emailing lrspbo@leics.gov.uk. The Safeguarding Matters Digest is disseminated via email to those that have signed up to receive it. To be added to the distribution list, individuals can email lscpb@leicester.gov.uk.



The LLR SCPs' YouTube channel provides a bank of safeguarding videos that capture presentations from multi-agency training events and other resources that can be utilised by partners for learning and development – for example, in single agency training and supervision.

The Leicester, Leicestershire & Rutland Safeguarding Children Partnerships and Safeguarding Adults Boards also offer a set of Building Confidence in Practice Resources. These resource packs aim to focus on often complex issues that arise for practitioners when they are working with people whether they are children or adults.

Moving forwards

Commencing in June 2025, the LLR Safeguarding Children Partnerships will be extending their Trainers' Network to include colleagues who are in safeguarding supervisory roles. It will then be known as the SCP Supervisors' and Trainers' Network. Meetings will take place three times a year. Membership will be by invitation, and only available for staff who are named in their agency as a Safeguarding Trainer or a Safeguarding Manager/Supervisor.

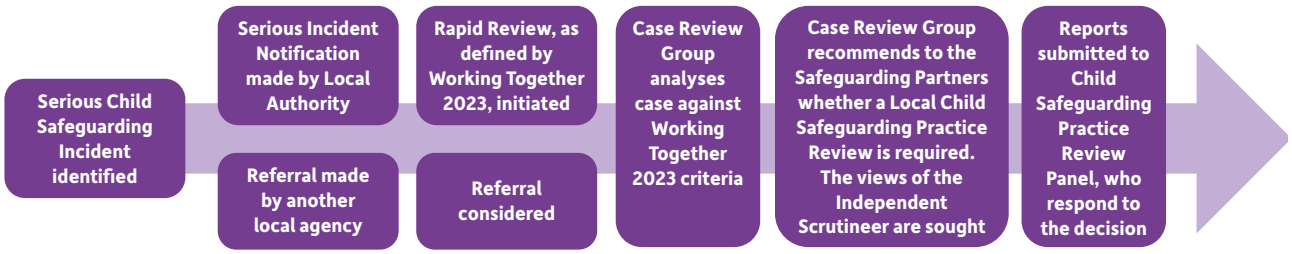
The reason for the change is to ensure that those who are in responsible supervisory positions are fully briefed about the learning from the children's Rapid Reviews and Local Child Safeguarding Practice Reviews, audits, national safeguarding recommendations and the work that underpins the Safeguarding Children Partnerships' Business Priorities.

It is anticipated that having the opportunity to discuss and explore the learning will facilitate the sharing of this information during supervision, team meetings and when advising on specific safeguarding issues.

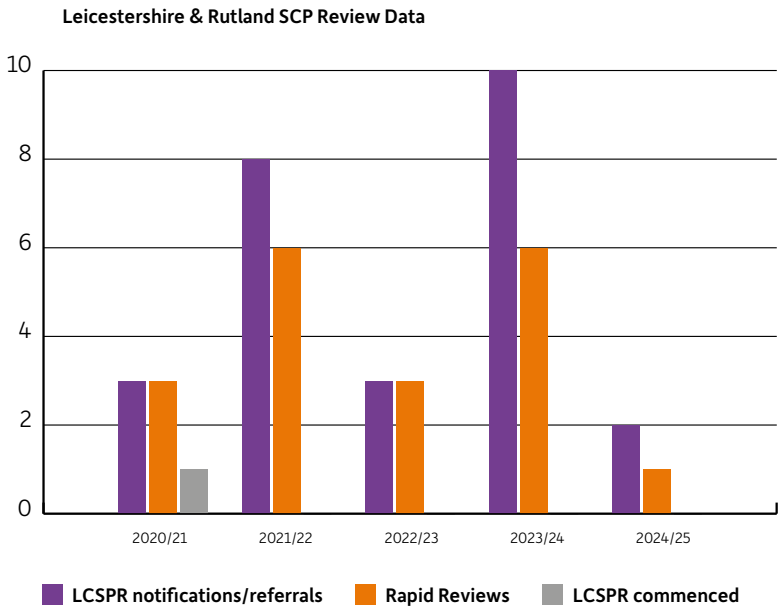
Child Safeguarding Practice Reviews

Local Rapid Reviews and Local Child Safeguarding Practice Reviews

Responsibility for how a system learns lessons from serious child safeguarding incidents rests at a national level with the Child Safeguarding Practice Review Panel and at a local level with Safeguarding Partners. The Safeguarding Children Partnership assesses serious safeguarding incidents, as defined by Working Together 2023, in cases where abuse or neglect of a child is known or suspected, and the child has died or been seriously harmed.



Key decisions and actions taken



During 2024-25, two notifications/referrals for potential Local Child Safeguarding Practice Reviews (LCSPRs), both in relation to Leicestershire children, were received by the Leicestershire & Rutland Children's Case Review Group (CRG), down from the 10 in 2023-24 and more in line with the 3 in 2022-23.

One case was referred by the Child Death Overview Panel (CDOP). Subsequently, Leicestershire Children's Social Care (CSC) made a serious incident notification.

With the other case, Leicestershire Children's Social Care made a notification regarding the death of a care leaver.[29] The case is currently sat with the Joint Case Review Group, which includes representatives from both adults' and children's safeguarding teams.

29 Working Together 2023, page 133, paragraphs 331-332. Working Together 2023 states that "The local authority must notify the Secretary of State for Education, and Ofsted of the death of a looked after child. The local authority should also notify the Secretary of State for Education and Ofsted of the death of a care leaver up to and including the age of 24. […] The death of a care leaver does not require a rapid review or local child safeguarding practice review. However, safeguarding partners must consider whether the criteria for a serious incident have been met and respond accordingly, in the event the deceased care leaver was under the age of 18."

Therefore, the Partnership carried out one Rapid Review following a serious incident notification, in line with Working Together 2023, in the period of this report. This is a significant reduction from the six Rapid Reviews carried out in 2023-24.

One Local Child Safeguarding Practice Review (LCSPR), commissioned in 2020-21, remains on hold with an interim report because of an ongoing criminal process. Learning from the review has been progressed and has influenced procedural change and awareness raising.

Local Child Safeguarding Practice Reviews are published on our website for 1 year. Past reviews are still available and accessible via the **NSPCC's National Case Review Repository**.

Themes and learning identified from Rapid Review completed in 2024-25

The Rapid Review completed involved a White British premature baby girl. It included agencies from the Leicestershire & Rutland Safeguarding Children Partnership and out of area agencies. Themes included pre-birth work around the child and family, including out of area, and non-engagement and resistance in light of a complex safeguarding history.

The Rapid Review discovered:

- Examples of good single and multi-agency working to prioritise, see and respond to the risk of harm
- Non-engagement from the parents was identified and there was information gathering between the two areas
- Some agencies were proactive in following up with the mother when she was avoiding contact. Support was offered with appointments and suitable adjustments considered
- Risk was identified as high and there was a plan for a strategy discussion emerging, involving both of the involved areas, at the time of the baby's death.

The Rapid Review did not result in a Local Child Safeguarding Practice Review (LCSPR), with the case meeting the criteria but the decision being taken that an appropriate level of learning had been established as a result of the Rapid Review, meaning a LCSPR was not required. Both the Independent Scrutineer and the Child Safeguarding Practice Review Panel agreed with this decision.

It was agreed to:

- Disseminate a reminder to practitioners that a pre-birth referral should be made as early as possible to give maximum time for building relationships and providing optimum support in the context of significant safeguarding history.
- Produce a 7-Minute Briefing, focused on working with non-engagement and resistance.

Actions from reviews

Action plans are in place to respond to and monitor areas of learning from previous reviews.

In the last year, the Partnership has completed 6 of the 10 review Action Plans in place. Overall, only 7 multi-agency actions, which represents 19% of actions from these 10 plans, are ongoing.

In 2023-24, the Safeguarding Partners recognised the increased number of notifications/referrals and Rapid Reviews. Learning from these Rapid Reviews has been implemented across 2024-25:

- It influenced numerous procedural updates, including to the "Self-Harm and Suicidal Behaviour" and "Working with Sexually Active Children and Young People Under the Age of 18" (previously called "Underage Sexual Activity") procedures.
- It led to the publication of seven new 7-Minute Briefings, based on review learning.
- It is informing a system change, which is in progress, around how Health shares more detailed health information with Children's Social Care and details the impact / potential impact of abuse and neglect upon a child's health needs. The guidance for this will be detailed in the forthcoming new LLR SCPs procedure on "Safeguarding children with Long-Term Chronic Health Needs who require 'additional child safeguards'", which will be supported by a suite of three pro formas and some "Best Practice Guidance for Health Staff: Sharing health information with Children's Social Care and partner agencies", which will be published on the LLR SCPs Procedures Manual.
- It informed the "Pick up the Phone" campaign, launched regionally by Health in September 2024. All practitioners were requested to go "back to basics" and "pick up the phone", including to out of area colleagues, to share information about emerging concerns and referral to children's and adult social care.
- It fed into work completed around Child Sexual Abuse. A training course, entitled "Following the Breadcrumbs: Understanding and working with disclosures of child sexual abuse", continued to be delivered. It is designed for any adult with a role to play in protecting children and is about the disclosure of abuse, and potential responses that would support children. It is delivered by The Reign Collective, who are survivors of child sexual abuse. Also, the LLR Safeguarding Children Partnerships worked with the Centre of Expertise for Child Sexual Abuse to deliver a Conference/'Roadshow' on 23rd May 2024. This event was attended by over 180 people from over 15 agencies across LLR

Ongoing work

Following the Conference/Roadshow delivered in 2024-25 and the publication of the Child Safeguarding Practice Review Panel's National Review on Child Sexual Abuse in the Family Environment, the Multi-Agency Learning and Development Group has been looking at how they can include an offer of multi-agency child protection training focused on sexual abuse as part of their regular offer. This analysis is being informed by work with the NSPCC (funded by the Home Office) that the Leicester, Leicestershire and Rutland SCPs have signed up to for 2025-26 to undertake a local system-wide child sexual abuse (CSA) snapshot.

Until June 2024, Trauma-Informed Practice training was delivered by Barnardo's, on behalf of the Violence Reduction Network (VRN), but this commissioned training has now ended. Discussions about a long-term, sustainable training model moving forwards are ongoing and the issue has been escalated to the LLR SCP Planning & Delivery Group (PDG).

The new procedure on "Safeguarding children with Long-Term Chronic Health Needs who require 'additional child safeguards'" will be launched in the latter part of 2025.

Dissemination of learning

Learning is shared with practitioners across organisations through single and multi-agency training, briefings and learning events, including to communicate updated guidance and changes in procedures. Also, the Safeguarding Children Partnership communicates learning to the workforce through:

- The Safeguarding Matters newsletter and live events and the Safeguarding Matters Digest
- '7-Minute Briefings', which are designed to convey key messages from reviews and encourage managers and workers to reflect on their practice.

- The Leicestershire & Rutland "Practice Points – Learning from Safeguarding Children Partnership (SCP) Reviews and Audits" document, which was launched and published on the website in October 2023. It provides key learning points for all practitioners and managers from audits and reviews, both local and national. This is a live document. The latest version was published in March 2025.
- An end of year "Learning from Reviews" document that summarises learning from local cases, including anonymised case details/context, and Child Safeguarding Practice Review Panel publications. This can be used as a PowerPoint for guided discussion, for example, in team meetings or turned into a PDF for individual practitioners to read through in their own time. It was first agreed in 2024 that this would be provided on an annual basis.

In recognition of the increased number of notifications/referrals in 2023-24, the Safeguarding Children Partnership published a Special Issue of Safeguarding Matters on Learning from safeguarding children reviews and audits. It also ran Curious Practitioner training in August 2024 to share some of the Rapid Review learning that had been similar or the same across Leicester, Leicestershire, and Rutland (LLR). It was open to anyone who works with children and families across LLR. A video of the training is available via the LLR SCP YouTube channel.

How we are measuring impact

The Section 11 in 2024-25 was completed using a frontline practitioner survey. Some of the questions posed related to learning from Rapid Reviews and resources linked to learning, such as the "Practice Principles – Engaging fathers and male carers in effective practice", the "Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children" procedure, and the LLR Safer Sleeping Risk Assessment Tool.

The Curious Practitioner Training was attended by 168 practitioners from across Leicester, Leicestershire and Rutland. At the end of the training, attendees were asked "In your opinion what went well and what impact will this have in your work". Some of the responses are listed below:

> ***"Really good information. Will make me think more when doing assessments."***
>
> ***"The session was very informative. It was good to take time to reflect and hear other agencies' views. Very useful to hear the learning from rapid reviews."***
>
> ***"This was informative training and hearing the examples of using professional curiosity will help me to gain the confidence to ask further questions."***
>
> ***"Gave me lots of thinking for the team I manage and how in a very brief intervention we still ensure we work in-depth."***
>
> ***"It made me think about triangulating information, which I did after the training; contacting the school to ask if the information mum reported was correct."***

Agencies were asked to document how they disseminated the Learning from Reviews resource. All agencies responded and there was positive feedback. For example, one agency stated that the format of it really helped their practitioners understand the wider picture. Education reported that it had a really good impact, particularly with the reference to actual cases.

National Reviews

We continue to incorporate the learning from national reports and out of area reviews into our work. For example, they are considered during our Rapid Reviews; key learning from them is included in our Practice Points; and other SCP subgroups continue to incorporate their learning into their work. National reviews are used for benchmarking and ensuring best practice.

Date	Publication	How national learning has been considered in local work
May 2024	Serious Incident Notifications	A report allowing for comparison of Leicestershire & Rutland notification data with that of other areas for 2023-24 was produced and shared with the Case Review Group.
May 2024	Safeguarding Children in Elective Home Education: Panel Briefing 3 Child Safeguarding Practice Review Panel	A presentation on Electively Home Educated Children was given at Safeguarding Matters Live in July 2024 and referenced this national report. The new LLR SCP "**Elective Home Education: An Approach to Safeguarding for LLR**" guidance was published in September 2024. Four training briefing sessions have been delivered by the LLR SCP Multi-Agency Learning & Development Group (MALDG), with the last one taking place in February 2025. A video of one of these sessions has been made into a learning resource.
November 2024	"I wanted them all to notice": Protecting children and responding to child sexual abuse within the family environment – National Review Child Safeguarding Practice Review Panel	A report on how the recommendations for SCPs are going to be addressed locally was presented to the Case Review Group in February 2025. For 2025-26 Leicester, Leicestershire and Rutland SCPs have signed up to work with the NSPCC (funded by the Home Office) to undertake a local system-wide child sexual abuse (CSA) snapshot. There was a presentation on the report in Safeguarding Matters Live in December 2024, with a follow up article in the April 2025 print issue. The Briefing for Practitioners was shared via the Learning from Reviews 2024-25 resource.
December 2024	Annual Report 2023/24: Patterns in practice, key messages and 2024 to 2025 work programme Child Safeguarding Practice Review Panel	A paper on key points from the Annual Report was presented to the Case Review Group in their February 2025 meeting. The Briefing for Practitioners is to be shared via the April 2025 print issue of Safeguarding Matters and was shared in the Learning from Reviews 2024-25 resource.
March 2025	"It's Silent": Race, racism and safeguarding children: Panel Briefing 4 Child Safeguarding Practice Review Panel	The Briefing for Practitioners is to be shared via the April 2025 print issue of Safeguarding Matters and was shared in the Learning from Reviews 2024-25 resource. Further guidance is awaited from the LLR SCP Planning & Delivery Group (PDG) regarding further work.

Spotlight on "Safeguarding children with disabilities and complex health needs in residential settings"

With the publication of the Phase 1 report by the Child Safeguarding Practice Review Panel on "**Safeguarding children with disabilities and complex health needs in residential settings**" in October 2022, all Local Authorities were required to act on recommendations to provide reassurance in response to learning. This included undertaking audits of the circumstances of all children living in these settings and providing assurance in respect of the process of managing allegations in the role of the Local Authority Designated Officer (LADO). These actions aimed to provide immediate assurance about the welfare and safety of some of the most vulnerable children and prompted all Local Authorities and Health commissioners to strengthen their assurance system for children in residential settings.

Leicestershire

In Leicestershire, in November 2022, the Departmental Management Team were provided with an overview of the local audit activity, confirming that the local audit was submitted nationally and had provided reassurance that all children placed by Leicestershire were safeguarded; no further actions were required; there was evidence of participation, parental engagement and regular reviews in place. A further audit on all children with a disability living in residential care was undertaken in 2023. The findings were shared at the Planning and Delivery Group and Health colleagues (Integrated Care Board) carried out a similar audit of these children across the 3 Local Authorities (Leicestershire, Leicester and Rutland) to ensure that the health needs of the children were being met.

Additionally, as the host authority, the Allegations Management Service had completed checks for each of 3 establishments located in the area, including a review of all information linked to LADO referrals, complaints and concerns over the last 3 years relating to the workforce in these establishments, and have assurances that everything has been appropriately actioned.

Since the response to the Child Safeguarding Practice Review Panel's report, further assurance has been embedded into standard processes. In August 2023, further peer audits were completed between Leicestershire, Leicester City and Rutland in LADO teams. The aim of the audit was to consider the LADO input in relation to allegations made about people working/volunteering with children who have disabilities and responses to organisational culture. This provided further confidence to the Safeguarding Children Partnerships in threshold application for LADO and safeguarding procedures being applied including reporting to regulatory bodies.

The Leicestershire LADO Service continues to work closely with the Service Manager for the Disabled Children Service and commissioning and has strengthened liaison with LADOs in neighbouring authorities where Leicestershire children are placed under Section 20/Care Orders, with consideration to organisational harm and complex mapping where repeat referrals are made. There are LADO checks for agency or bank workers in residential care for employment history. If the LADO is contacted about a Leicestershire child by LADO outside of the area, following the investigation, information should be recorded on the child's record and shared with commissioning for quality assurance processes. Leicestershire LADO notify the placing authority LADO of the outcome of the allegations process.

Commissioning have embedded quality assurance processes for all provisions providing care to children, which includes a minimum of an annual visit. Any new provision is quality assured within 9 weeks of placing the young person so that record keeping can be checked and also, where possible, this allows for the capture of the voice of the young person. Before placing with an unknown provider, Leicestershire would seek references from placing Local Authorities and also check their latest Ofsted report.

In 2024, a further audit was completed to consider children's specific circumstances with no identified concerns raised. This audit is intended to be an annual piece of assurance work and is being repeated in summer 2025.

In September 2024, an implementation plan was shared with the Children and Young People Partnership Group to provide multi-agency perspectives. The progress of the plan is being considered as an outcome of the audit work taking place in 2025.

Rutland

Rutland were part of the assurance work and the learning activity but did not have children that met the criteria for the audit. They played an active role in audit activity and learning across LLR and have taken the learning to ensure safeguarding of their children with disabilities and complex health needs placed in residential settings and to ensure they have robust safeguards and assurances in place to safeguard their welfare.

Future planning

Throughout the Yearly Report, future changes to be implemented have been highlighted around scrutiny, engagement with children and families, quality assurance and training.

Priorities for 2025-27

Having reviewed learning from local and national reviews, and from local assurance and engagement work, as well as considering the impact of the 2023-25 priorities, the Safeguarding Children Partnerships have determined that their priorities for 2025-27 will be:

- **Child Sexual Abuse**
- **Neglect**
- **Harm Outside the Home**
- **Belonging**

For each of these areas, we have set out our rationale for prioritising the topic, and presented the key deliverables, leads, timescales and impact measures. This will enable us to monitor progress and secure assurance that our actions are making a positive difference to the lived experience of our children and families. The Joint **Leicester, Leicestershire & Rutland Safeguarding Children Partnership Business Plan for 2025-27** is published on our website.

Conclusion

In 2024-25, we have achieved a lot both strategically and operationally in light of significant national reforms, changes to statutory guidance and pressures linked to workforce capacity. Agencies have reported that, despite challenges with workforce capacity, safeguarding children has remained a priority. Our approach is system-led but child-focused. We are improving how we adapt to and adopt changes required as a result of both national and local learning. Moving forwards, we are aware of our strengths and the challenges we face. We have initiated implementation of changes to address some of these challenges. In particular, in the future, we believe that our quality assurance processes will be both increased and have more of an impact on our decision making and priority identification. Our new Young Person Scrutineer and Communications and Engagement Subgroup will make sure that we are driven by the views and wishes of the people we work to support and see thrive.

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Leicester, Leicestershire and Rutland Safeguarding Children Partnerships'
2025-2027 Business Plan

1. Child Sexual Abuse (CSA)			
Reason for priority: • Local response to national CSA review findings "I wanted them to notice"[1]. • Local reviews across Leicester, Leicestershire and Rutland including sexual abuse of girls in the family environment (including foster care) and sexual abuse of girls in children's homes.			
Key Deliverable	Lead	Timeframe	Impact Measure
NSPCC (funded by the Home Office) system-wide CSA snapshot	Safeguarding partners with support of business managers in conjunction with NSPCC	Snapshot by June 2025	Receiving assurance that the workforce has embedded the learning disseminated, by designing one audit tool / survey for frontline staff – performance subgroup in quarter three of each business year
Additional work that emerges from the system-wide CSA snapshot	Additional work to be determined by planning and Delivery Group with support of business managers	September 2025	
Multi-agency training initiatives in a range of formats with specific attention to the role of schools, early years and other education settings.	Multi-Agency Learning and Development Group (MALDG)	Quarterly updates to be provided to the Planning and Delivery Group with work to be completed by May 2026	
Spotlight or full audit (at the start and at the end of the two-year business plan period) the quality of local multi-agency decision making when responding to concerns about child sexual abuse.	Audit Group	31 August 2025 for first audit 31 December 2026 for second audit	
Review how people who present a risk of sexual harm and who have contact with children are assessed and managed.	Local MAPPA Strategic Management Board	May 2026	
Develop or adopt a local coalition and or victim response pathway for local children and young people who have experienced recent or non-recent sexual abuse. For an example of a national pathway see the Centre of Expertise on Child	Task and Finish Group - Coalition and / or Victim Response Pathway reporting into the Policy and Procedures Group.	March 2026	

[1] The Child Safeguarding Practice Review Panel - I wanted them all to notice

Sexual Abuse Response Pathway Child Sexual Abuse Response Pathway | CSA Centre.			
Promote across Leicester, Leicestershire and Rutland the local coalition and or victim pathway that is developed by the task and finish group.	Multi-Agency Learning and Development Group (MALDG)	Throughout March and September 2026	
Receive assurance that there are local pathways for referring children for appropriate forensic medical and other health assessments, for both recent and non-recent sexual abuse, and that safeguarding practitioners understand them.	Planning and Delivery Group	Throughout the period of the business plan (April 2025 to March 2027)	
Review the threshold document to ensure quality decision making when responding to concerns about child sexual abuse.	Policy and Procedures Group	November 2026	

2. Neglect			
Reason for priority: • Learning identified from local reviews across Leicester, Leicestershire and Rutland. • Neglect is prevalent in reviews nationally[2]. • The local independent schools forum has previously sought information about middle-class neglect.			
Key Deliverable	Lead	Timeframe	Impact Measure
Learning and development on all types of neglect, including awareness raising of LLR Neglect Toolkit	Multi-Agency Learning and Development Group	Throughout April 2025 - September 2026	Receiving assurance that the workforce has embedded the learning disseminated, by designing one audit tool / survey for frontline staff – performance subgroup in quarter three of each business year
Support awareness-raising of the Safer Sleeping Risk Assessment Tool across the Safeguarding Children Partnerships	Multi-Agency Learning and Development Group	Throughout April 2025 and September 2026	
Deliver system change including a new procedure for safeguarding children with a life-threatening medical conditions who require "additional child safeguards" as part of local safeguarding children arrangements.	Task and Finish Group (LLR) reporting into the Policy and Procedures Group	September 2026	
Respond as appropriate locally to any national learning following publication of Child Safeguarding Practice Review Panel's thematic review on neglect	Planning and Delivery Group with support of business managers to determine work required and leads for this work once the thematic review on neglect is published	Within six weeks of the national learning being published	

[2] The Child Safeguarding Practice Review Panel - Annual Report 2023 to 2024

3. Harm Outside the Home			
Reason for priority: • Learning identified from local reviews across Leicester, Leicestershire and Rutland. • National learning.			
Key Deliverable	Lead	Timeframe	Impact Measure
Seek updates from Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE) work across Leicester, Leicestershire and Rutland. Safeguarding partners to invite the Chair of the Adolescent Safety and Diversion Board to present to the Safeguarding Children Partnerships on an annual basis in line with multi-agency safeguarding arrangements.	Safeguarding partners with support of the business managers	March 2026 + March 2027	Receiving assurance that the workforce has embedded the learning disseminated, by designing one audit tool / survey for frontline staff – performance subgroup in quarter three of each business year
Improved understanding of sexual assault of children and young people outside the family environment across Leicester, Leicestershire and Rutland. The partnerships to assure themselves that individual assaults are not reflective of any wider and broader risks related to group-based child sexual exploitation.	Performance Subgroup	November 2025	
Using data from police, whenever we undertake a rapid review involving harm outside the home, we will consider group-based exploitation in the area where that incident has taken place.	Review Subgroups	Throughout the period of the business plan	
Promote on our websites the Livesafe website supporting communication to Children and Young People in communities across LLR	Communication and Engagement Subgroup	March 2026	

4. Belonging			
Reason for priority: • Learning from national briefing – Race, racism and safeguarding children • Key Deliverable ongoing from previous business plan which identified that learning from local reviews has identified a need to consider the role of immigration status, culture, faith, and parenting in safeguarding.			
Key Deliverable	Lead	Timeframe	Impact Measure
Provide multi-agency learning and development around the role of immigration status, culture, faith, and parenting to improve knowledge,	Multi-Agency Learning and Development Group (MALDG)	Throughout the period of the business plan (April 2025 - March 2027)	Receiving assurance that the workforce has embedded the

understanding, and practice in relation to safeguarding children.			learning disseminated, by designing one audit tool / survey for frontline staff – performance subgroup in quarter three of each business year
Promote and embed learning from Child Safeguarding Practice Review Panel briefing on race, racism and safeguarding children in multi-agency learning and development.	Multi-Agency Learning and Development Group (MALDG)	Learning to be promoted from October 2025 onwards	
Consider the Child Safeguarding Practice Review Panel briefing on race, racism and safeguarding children and the reflective questions contained within it. Identify what further development is needed in learning reviews, to address and respond to issues of race, racism and racial bias.	Leicestershire and Rutland Case Review Group + Leicester Case Review Group.	March 2026	
Develop multi-agency Leicester, Leicestershire and Rutland transitional safeguarding[3] policy or practice guidance.	Transitional safeguarding task and finish group	Progress report by September 2025 Completion by November 2026	

In addition, and in line with multi-agency safeguarding arrangements, the **audit group** is to undertake audits in preparation for national JTAI themes as they are announced.

Safeguarding partners will receive updates and assurance on the local transformation activity for Family Help, multi-agency child protection, and Family Group Decision Making. The **policy and procedures group** will lead on publishing a refreshed threshold document by the end of the transformation year (March 2026) confirming changes and setting out a broad continuum of Family Help.

[3] Transitional Safeguarding is not simply transition planning for people who are moving from children's social care to adult social care services. See Local Government Association transitional safeguarding resources for more information about transitional safeguarding: Transitional safeguarding resources | Local Government Association

Agenda Item 12

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 25th SEPTEMBER, 2025

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

BETTER CARE FUND QUARTER 1, 2025/26 RETURN

Purpose of report

1. The purpose of this report is to provide the Board with the quarter 1, 2025/26 template report of the Better Care Fund (BCF). The report sets out performance against BCF metric targets, spend and activity and statements as to whether the national conditions continue to be met.

Recommendation

2. It is recommended that:

   (a) The performance against the Better Care Fund (BCF) outcome metrics, and the positive progress made in transforming health and care pathways up to quarter 1 be noted;

   (b) The action taken by the Chief Executive of Leicestershire County Council, to approve the BCF Quarter 1 report and use of powers of delegation to approve this for the NHS England submission deadline of 15th August, 2025.

Policy Framework and Previous Decision

3. Nationally, the BCF plan for 2025/26 for Leicestershire was officially approved by NHS England (NHSE) in June, 2025.

Background

4. In June 2025, the national BCF team published the Quarter 1 template for reporting the position. The completed template normally requires approval by the Health and Wellbeing Board before being submitted to NHSE.

5. The aim of the report and template is to inform the Board of progress against BCF delivery. BCF quarterly reporting can be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those

responsible for delivering the BCF plans at a local level (including integrated care boards, local authorities and service providers).

6. The completed Quarter 1 template is attached to this report as Appendix A. The NHSE submission deadline was 15th August, 2025 which is why for this quarter the submission was approved by the Chief Executive under delegated powers rather than being approved by the Health and Wellbeing Board.

7. The template consists of tabs that update progress against the following:

- Whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 continue to be met through the delivery of the plan.
- A confidence assessment on achieving the metric targets for each of the BCF metrics which includes a brief commentary outlining any goals met or challenges faced in achieving the target along with any support needs and successes that have been achieved. It also provides an opportunity to revise any targets published in the 2025/26 plan.
- An update against income and expenditure.

Update against national conditions for the 2025/26 Plan

National condition 1

8. The Department of Health and Social Care has made it a condition that the operation of the BCF is subject to a section 75 pooled budget arrangement where joint governance arrangements between the County Council and the LLR Integrated Care Board (ICB) will apply. This national condition was met at plan approval stage and will be met in full at the September 25th meeting of the Health and Wellbeing Board where the Section 75 agreement will be presented for approval.

9. All other national conditions are being met. These are:
   - National Condition 1: A jointly agreed plan;
   - National Condition 2: Implementing the objectives of the BCF;
   - National Condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care;
   - National Condition 4: Complying with oversight and support processes.

BCF Metrics

10. The below table shows the BCF metrics for this financial year, the targets and outturns for Quarter 1 where available:

Metric	Target Q1	Actual Q4 (24/25)	Commentary
Indirectly standardised rate (ISR) of	1599	1691	The monthly targets for January and February 2026 have been amended slightly against the agreed plan

admissions per 100,000 population			based on the 2025 actuals. Actual data for Q1 has not been published however Q4 was on target (variance of 0.057)
Average length of discharge delay for all acute adult patients, derived from a combination of: proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) for those adult patients not discharged on DRD, average number of days from DRD to discharge.	85.4% 3 days	84.9% 4.4 days	The target has not been revised and remains the same as published for this metric. As at Q4 for 24/25 we were performing 0.5% off target against the projected Q1 performance. And we were taking 1.4 days longer to discharge delayed patients than the projection for Q1.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	217	208	The plan for 2025/26 was to reduce admissions to 867 across the full year; down from 925 the previous year. This equates to around 217 admissions per quarter and therefore the figure of 208 in Q1 is on target.

Updated spend and activity

11. This section updates income and expenditure for the quarter.

12. Information is required on the differing income streams of the BCF and if there have been any changes to this against the published planned income.

13. Expenditure for quarter one has been inputted and is in line with the published plan and equates to 24% of the overall income.

Circulation under the Local Issues Alert Procedure

14. None

Background papers

Better Care Fund Planning Requirements 2025-26: https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#planning-expectations-meeting-national-conditions

Better Care Fund Policy Framework 2025-26:
https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026#bcf-objectives

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List of Appendices

Appendix A – BCF Quarter 1 template 25-26

Relevant Impact Assessments

Equality and Human Rights Implications

15. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

16. An equalities and human rights impact assessment has been undertaken which is provided at http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf.

    This concluded that the BCF will have a neutral impact on equalities and human rights.

17. A review of the assessment was undertaken as part of the BCF submission for 2021.

Partnership Working and associated issues

18. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

19. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.

20. The delivery of the Leicestershire BCF ensures that several key integrated services are in place and contributing to the system wide changes being implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships http://www.bettercareleicester.nhs.uk/

Better Care Fund 2025-26 Q1 Reporting Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).
https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction

https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any sigificant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

DRAFT

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing the objectives of the BCF
National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
National condition 4: Complying with oversight and support processes

DRAFT

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):
1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.
Metrics Handbook: 'https://future.nhs.uk/bettercareexchange/view?objectId=236489541

As part of Q1 reporting some areas will be required to to update your original plans for each of the metrics. The first table in each section will show the 2024-25 actuals performance along with the 2025-26 plans previously entered. If you do wish to update the figures for any of the 3 metrics then please enter the information in the updated plans table section.

Within the updated plans table section, can areas please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q1. Where planned expenditure by scheme type has changed significantly (by >[5]% of total BCF expenditure) please use this section to provide 1. a summary of the change and 2. confirmation that this has been agreed by local partners. Please exercise judgement on what counts as significant deviation. We would expect this to be >[5]% but you may wish to highlight a deviation of <[5]% if you wish.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q1. This tab will also display what percentage of planned income this constitutes; [if this is 25% exactly then please provide some context around how accurate this figure is or whether there are limitations.]

HM Government

NHS England

Better Care Fund 2025-26 Q1 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist
		Complete:
Health and Wellbeing Board:	Leicestershire	Yes
Completed by:	Lisa Carter	Yes
E-mail:	Lisa.Carter@leics.gov.uk	Yes
Contact number:	1163050786	Yes
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission? (Please provide name of HWB Chair)	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	No
4. Metrics	No
5. Expenditure	No

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet]

^^ Link back to top

Better Care Fund 2025-26 Q1 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Leicestershire

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		No
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		No

Confirmation of Nation Conditions			
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:**	
1) Plans to be jointly agreed	Yes		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Yes		Yes
4) Complying with oversight and support processes	Yes		Yes

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Better Care Fund 2025-26 Q1 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Leicestershire

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Actuals + Original Plan

Emergency admissions to hospital for people aged 65+ per 100,000 population		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
	Rate	1,711.2	1,685.3	1,691.8	1,724.2	1,753.5	1,581.4	1,734.0	1,633.3	1,763.2	1,802.2	1,548.9	1,721.0
	Number of Admissions 65+	2,635	2,595	2,605	2,655	2,700	2,435	2,670	2,515	2,715	2,775	2,385	2,650
	Population of 65+*	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
	Rate	1,516.4	1,610.6	1,669.0	1,685.3	1,714.5	1,558.6	1,626.8	1,587.8	1,633.3	1,617.1	1,552.1	1,691.8
	Number of Admissions 65+	2,335	2,480	2,570	2,595	2,640	2,400	2,505	2,445	2,515	2,490	2,390	2,605
	Population of 65+	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0

Do you want to update your Emergency Admission metric plan?	

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Number of Admissions 65+													
Population of 65+	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	153,982.0	

Assessment of whether goal has been met:	
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	

You can also use this box to provide a very brief explanation of overall progress if you wish.	

Did you use local data to assess against this headline metric?	
If yes, which local data sources are being used?	

4.2 Discharge Delays

Actuals	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.70	0.66	0.66	0.49	0.69	0.68	0.63
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	84.6%	85.1%	84.5%	86.4%	84.9%	84.8%	85.1%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	4.52	4.40	4.27	3.59	4.58	4.50	4.25
Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.45	0.44	0.43	0.42	0.41	0.40	0.38	0.38	0.36	0.35	0.34	0.33
Proportion of adult patients discharged from acute hospitals on their discharge ready date	85.0%	85.4%	85.7%	86.1%	86.5%	86.8%	87.2%	87.5%	87.9%	88.3%	88.6%	89.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Do you want to update your Discharge Delay metric plan?	

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Average length of discharge delay for all acute adult patients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Proportion of adult patients discharged from acute hospitals on their discharge ready date													
For those adult patients not discharged on DRD, average number of days from DRD to discharge													

Assessment of whether goal has been met:	
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	

Did you use local data to assess against this headline metric?	
If yes, which local data sources are being used?	

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	509.8	535.1	140.9	140.9	140.9	140.3
	Number of admissions	785.0	824.0	217.0	217.0	217.0	216.0
	Population of 65+*	153982.0	153982.0	153982.0	153982.0	153982.0	153982.0

Do you want to update your Residential Admissions metric plan?	

Please enter plan number of admissions within the specific quarter

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

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Better Care Fund 2025-26 Q1 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Leicestershire

Source of Funding	2025-26 Planned Income	2025-26 Updated Total Plan Income for 25-26	2025-26 Q1 Year-to-Date Actual Expenditure	Checklist
DFG	£5,518,288			No
Minimum NHS Contribution	£57,070,979			No
Local Authority Better Care Grant	£21,824,275			No
Additional LA Contribution	£0			No
Additional NHS Contribution	£0			No
Total	**£84,413,542**	**£0**		

	Original	Updated	% variance	Checklist
Planned Expenditure	**£84,413,542**		**-100%**	No

		% of Planned Income	Checklist
Q1 Year-to-Date Actual Expenditure			No

		Checklist
If Q1 Year-to-Date Actual Expenditure is exactly 25% of planned income, please provide some context around how accurate this figure is or whether there are limitations.		No
Where planned expenditure by activity has changed significantly (by >[5]% of total BCF expenditure) please provide 1.		No

a summary of the change and 2. confirmation that this has been agreed by local partners		

Agenda Item 13

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 25th SEPTEMBER 2025

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

BETTER CARE FUND SECTION 75 AGREEMENT - APPROVAL AND ASSURANCE

Purpose of the report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update concerning the refresh of the Leicestershire Better Care Fund (BCF) section 75 (s75) agreement for 2025/26 and to seek approval to continue with the pooled budget arrangements.

Recommendation

2. It is recommended that:

   a. The work undertaken to refresh the Section 75 (s75) pooled budget agreement for the Better Care Fund be noted.

   b. That the continuation of s75 pooled budget arrangements between Leicestershire County Council and the Leicester, Leicestershire and Rutland Integrated Care Board be approved.

Policy Framework and Previous Decisions

3. The BCF Policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. The County Council's Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.

4. In July 2014 the County Council's Cabinet approved the negotiation and completion of a joint commissioning agreement under s75 of the National Health Service Act 2006 with NHS East Leicestershire and Rutland and West Leicestershire CCGs, along with any other legal agreements necessary for the joint administration of the BCF, including setting up a pooled fund to be managed by the County Council.

5. The original s75 agreement was developed and approved in March 2015 for the 2015/16 financial year. It was written on a rolling-agreement basis to be reviewed and updated each year. The s75 agreement has been reviewed and updated for the subsequent years, with the most recent version covering 2024-25 having been approved by the Health and Wellbeing Board in December 2024.

Background

6. The Department of Health and Social Care has made it a condition that the operation of the BCF is subject to a s75 pooled budget arrangement where joint governance arrangements between the County Council and the LLR Integrated Care Board (ICB) will apply.

7. The s75 agreement facilitates the commissioning and provision of services in the BCF Plan and sets out:

   a. The financial contributions and the operation and management of the pooled budget.

   b. The eligible service users included in the agreement.

   c. The County Council and ICB's respective roles and responsibilities to be exercised in the joint-working arrangements.

   d. The scope of the services that are provided in partnership, including the County Council's functions and the ICBs' functions.

   e. Review and governance arrangements.

8. The BCF Planning Requirements for 2025-26 state that:

   'Once a HWB's submission is agreed and approved, the funding must be placed into one or more pooled funds under section 75 of the NHS Act 2006.'

9. Furthermore, to demonstrate delivery of National Condition 3 in the BCF Planning Guidance for 2025-26, it states that:

   '(Better Care Funds) place the funding into 1 or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved.'

2025/26 BCF Section 75 Agreement

10. The 2025/26 BCF s75 agreement is attached as Appendix A to this report and ensures that national BCF conditions and the governance requirements of all parties are met.

11. This agreement underpins the BCF 2025-26 Plan approved by NHS England in June 2025.

12. The updated agreement continues to have focus on financial risk sharing, with a default position that the BCF will continue to operate within its own resources and not place additional financial pressures on either Leicestershire County Council or the ICB.

13. The key change to previous plans is that the BCF expenditure plan has been updated for the agreed 2025/26 spend.

Resource Implications

14. The BCF expenditure plan for Leicestershire totals £84.4m in 2024/25 and this is funded as shown in the table below:

BCF Plan 2025/26	LLR ICB	LCC/DC	Total
ICB Minimum Contributions	51,071		57,071
Disabled Facilities Grants (DFG)		5,518	5,518
Better Care Grant		21,824	21,824
Total Funding	**57,071**	**27,342**	**84,413**

15. The BCF pooled budget is hosted by Leicestershire County Council.

Circulation under the Local Issues Alert Procedure

None

Appendices

Appendix A - Leicestershire BCF Section 75 Agreement 2025/2026

Background papers

Better Care Fund Planning Requirements 2025-26:
https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#planning-expectations-meeting-national-conditions

Better Care Fund Policy Framework 2025-26:
https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026#bcf-objectives

Officers to Contact

Jon Wilson Director of Adults and Communities
Telephone: 0116 3057454
Email: jon.wilson@leics.gov.uk

Lisa Carter Health and Social Care Integration Service Manager
Telephone: 0116 3050786
Email: lisa.carter@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

16. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

17. An equalities and human rights impact assessment has been undertaken which is provided at

http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf.

This concluded that the BCF will have a neutral impact on equalities and human rights.

18. A review of the assessment was undertaken as part of the BCF submission for 2021.

Partnership Working and associated issues

19. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

20. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.

21. The delivery of the Leicestershire BCF ensures that several key integrated services are in place and contributing to the system wide changes being implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships http://www.bettercareleicester.nhs.uk/

APPENDIX

DATED **2025/26**

LEICESTERSHIRE COUNTY COUNCIL (1)

AND

NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD (2)

SECTION 75 PARTNERSHIP AGREEMENT FOR THE COMMISSIONING OF HEALTH AND SOCIAL CARE SERVICES

MILLS & REEVE

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THIS AGREEMENT is made on 2025

BETWEEN:

(1) **LEICESTERSHIRE COUNTY COUNCIL** of County Hall, Leicester Road, Glenfield, Leicester LE3 8RA ("**Council**"); and

(2) **NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD** of Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB (the "**ICB**").

Each a "**Partner**" and together, the "**Partners**".

BACKGROUND

(A) The Council has responsibility for commissioning and/or providing social care services on behalf of the population of Leicestershire.

(B) The ICB has the responsibility for commissioning health services pursuant to the 2006 Act in the area of Leicester, Leicestershire and Rutland.

(C) The Better Care Fund ("**BCF**") was established to provide funds to local areas in England to support the integration of health and social care services across England and to seek to achieve the BCF National Conditions and local objectives. To achieve such objectives, it is a requirement of the BCF that the ICB and the Council establish a Pooled Fund. The Partners wish to extend the use of pooled funds to include funding streams from outside of the Better Care Fund.

(D) Section 75 of the 2006 Act gives powers to local authorities and integrated care boards to contribute to and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed Health-Related Functions and/or prescribed NHS Functions.

(E) The purpose of this Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework through which the Partners can integrate and commission health and social care services in Leicestershire. It also provides means through which the Partners will pool funds and align budgets as agreed between the Partners.

(F) The Partners are entering into this Agreement in exercise of the powers granted pursuant to Section 75 of the 2006 Act.

IT IS AGREED:

1 Definitions and Interpretation

1.1 The following definitions and rules of interpretation in this clause apply in this Agreement:

"**2000 Act**" means the Freedom of Information Act 2000.

"**2004 Regulations**" means the Environmental Information Regulations 2004.

"**2006 Act**" means the National Health Service Act 2006.

"**2022 Act**" means the Health and Care Act 2022.

"**Affected Partner**" means in the context of clause 25, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event.

"**Agreement**" means this agreement including its Schedules.

"**Annual Report**" means the annual report produced by the Partners in accordance with clause 21 (Review).

"**Applicable Laws**" means all laws, rules, regulations, orders, directions, regulatory policies, guidelines or industry codes, as amended from time to time, which are applicable to the exercise of the Partners' rights or the performance of their obligations under this Agreement.

"**Approved Expenditure**" means any expenditure approved by the Partners in writing or as set out in the Scheme Specification in relation to an Individual Service above any Contract Price, Permitted Expenditure or agreed Third Party Costs.

"**Authorised Officers**" means an officer of each Partner appointed to be that Partner's representative for the purpose of resolving a Dispute in accordance with clause 24 (Dispute Resolution).

"**BCF Quarterly Report**" means the quarterly report produced by the Partners and provided to the Health and Wellbeing Board.

"**Better Care Fund**" means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

"**Better Care Fund Plan**" means the plan agreed by the Partners for the relevant Financial Year setting out the Partners plan for the use of the Better Care Fund as set out in Schedule 5.

"**Better Care Fund Requirements**" means the Better Care Fund planning requirements 2023-25 published by NHS England on 4 April 2023, as amended or replaced from time to time.

"**Budget**" means in relation to a Service, the budget that the Partners have agreed for that particular Service, as set out in the relevant Scheme Specification.

"Business Day" means a day, other than a Saturday, Sunday or public holiday in England, when banks in London are open for business.

"Business Hours" means the period from 8.30 am to 5.00 pm on any Business Day.

"**Change in Law**" means the coming into effect or repeal (without re-enactment or consolidation) in England of any Applicable Law, or any amendment or variation to any Applicable Law, or any judgment of a court of law which changes binding precedent in England after the Commencement Date.

"**Commencement Date**" means 1st April 2025.

"**Confidential Information**" means any information, however conveyed or presented, that relates to the business, affairs, operations, service users, patients, processes, budgets, pricing policies, strategies, developments, trade secrets, know-how, personnel, suppliers and providers of the disclosing Partner, together with all information derived by the receiving Partner from any such information and any other information clearly designated by a Partner as being confidential to it (whether or not it is marked "confidential"), or which ought reasonably be considered to be confidential.

"**Contract Price**" means any sum payable under a Services Contract as consideration for the provision of goods, equipment or services as required as part of the Services and which does not include any Default Liability.

"**Data Protection Legislation**" means the Data Protection Act 2018, UK GDPR, the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (SI 2000/2699), the Privacy and Electronic Communications (EC Directive) Regulations 2003 (SI 2003/2426) and all applicable laws and regulations relating to the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner.

"**Default Liability**" means any sum which is agreed or determined by Applicable Laws or in accordance with the terms of a Services Contract to be payable by any Partner(s) as a consequence of:

(i) breach by any or all of the Partners of an obligation(s) (in whole or in part) under a Services Contract; or

(ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Services Contract, liable to the Provider.

"**Financial Contributions**" means the financial contributions made by each Partner to any Pooled Fund or any Non-Pooled Fund in any Financial Year Schedule 3.

"**Financial Year**" means the period running from 1 April to 31 March.

"**Force Majeure Event**" means one or more of the following:

(a) war, civil war (whether declared or undeclared), riot or armed conflict;

(b) acts of terrorism;

(c) acts of God;

(d) cyber attack;

(e) fire or flood;

(f) industrial action;

(g) prevention from or hindrance in obtaining raw materials, energy or other supplies;

(h) any form of contamination or virus outbreak; and

(i) any other event,

in each case where such event is beyond the reasonable control of the Affected Partner.

"**Functions**" means the NHS Functions and the Health-Related Functions.

"**Health-Related Functions**" means the health-related functions of the Council, set out in Regulation 6 of the **Regulations**, as more particularly described in each Service Specification.

"**Host Partner**" means the Partner that will host the Pooled Fund and for any Non-Pooled Fund the Partner that will host the Non-Pooled Fund.

"**Health and Wellbeing Board**" means the Health and Wellbeing Board established by the Council pursuant to section 194 of the Health and Social Care Act 2012.

"**ICB Statutory Duties**" means the duties of the ICB pursuant to Sections 3 and 3A of the 2006 Act (as amended by the 2022 Act).

"**Indirect Losses**" means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

"**Initial Term"** means the period commencing on the Commencement Date and ending at 00.00 hours on the 31st March 2025.

"**Integrated Commissioning**" means arrangements by which both Partners commission Services in relation to a particular Scheme on behalf of the other Partner in exercise of the Partners' Functions.

"**Integration Executive**" means the partnership board responsible for reviewing the performance of this Agreement as set out in clause 20 and Schedule 2.

"**Joint (Aligned) Commissioning**" means a mechanism by which the Partners jointly commission any Service without delegating any Functions pursuant to Section 75 of the 2006 Act.

"**Lead Commissioner**" means in respect of each Scheme, any Partner responsible for commissioning Services under a Scheme Specification.

"**Lead Commissioning**" means arrangements by which one Partner commissions Services in relation to a particular Scheme on behalf of the other Partner in exercise of the Partners' Functions.

"**Losses**" means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

"**month**" means a calendar month.

"**National Conditions**" means the national conditions set out in the 2023 to 2025 BCF Policy Framework as amended or replaced from time to time.

"**National Guidance**" means any and all guidance in relation to the Better Care Fund as issued from to time to time by NHS England, the Department of Communities and Local Government, the Department of Health, the Local Government Association either collectively or separately.

"**NHS Functions**" means the NHS functions set out in Regulation 5 of the Regulations, as more particularly described in each Service Specification.

"**Non-Pooled Fund**" means any fund, which is not a Pooled Fund, established and maintained by the Partners in respect of a particular Scheme.

"**Non-Recurrent Payments**" means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with clause 9.3.

"**Overspend**" means any expenditure from a Pooled Fund or Non-Pooled Fund in a Financial Year which exceeds the Partners' Financial Contributions for that Financial Year.

"**Partnership**" means the collaboration between the ICB and the Council for the purposes of integrating and commissioning the Services.

"**Permitted Budget**" means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

"**Permitted Expenditure**" has the meaning given in clause 8.3.

"**Pooled Fund**" means the pooled fund established and maintained by the Partners in accordance with the Regulations.

"**Pooled Fund Manager**" means such officer of the Host Partner which includes a Section 113 Officer for the Pooled Fund established under this Agreement as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with clause 11.

"**Provider**" means a provider of any Services commissioned under the arrangements set out in this Agreement.

"**Quarter**" means each of the following periods in a Financial Year:

(a) 1 April to 30 June

(b) 1 July to 30 September

(c) 1 October to 31 December

(d) 1 January to 31 March

and "**Quarterly**" shall be interpreted accordingly.

"**Quarterly Reports**" means the reports that the Pooled Fund Manager shall produce and provide to the Integration Executive on a Quarterly basis.

"**Regulations**" means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617.

"**Reserved Functions**" means any NHS functions or Health-Related functions which are prohibited from being commissioned under this Partnership pursuant to any Applicable Laws.

"**Scheme**" means any of the schemes documented in a Scheme Specification and set out in PART 2 - of Schedule 1.

"**Scheme Specification**" means a specification setting out the arrangements for a particular Scheme to be commissioned in accordance with the terms of this Agreement.

"**Services**" means the health and social care services to be commissioned for each Scheme in accordance with this Agreement, as more particularly described in each Scheme Specification.

"**Services Contract**" means an agreement entered into by either or both Partners to secure the provision of Services in respect of a particular Scheme.

"**Service Users**" means those individuals who access or are eligible to access the Services commissioned by the Partners in accordance with this Agreement.

"**Third Party Costs**" means all such third party costs (including legal and other professional fees) in respect of each Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the **Integration Executive**.

"**Underspend**" means any expenditure from the Pooled Fund or Non-Pooled Fund in a Financial Year which is less than the aggregate value of the Partners' Financial Contributions for that Financial Year.

1.2 A reference to legislation or a legislative provision is a reference to it as amended or re-enacted and shall include all subordinate legislation made under that legislation or legislative provision.

1.3 Clause, Schedule and paragraph headings shall not affect the interpretation of this Agreement.

1.4 References to clauses and Schedules are to the clauses and Schedules of this Agreement and references to paragraphs are to paragraphs of the relevant Schedule.

1.5 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.

1.6 In the event of a conflict between any of the provisions of this Agreement and the provisions of the Schedules, the provisions of this Agreement shall take priority.

1.7 Any words following the terms “including”, “include”, “in particular”, “for example” or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

1.8 A "person" includes a natural person, partnership, firm, trust, body corporate, government, governmental body, trust, agency or unincorporated body (whether or not having separate legal personality).

1.9 Any reference to the Partners shall include their respective statutory successors, employees and agents.

1.10 In this Agreement, words in the singular shall include the plural and vice versa.

1.11 Any reference to “staff” shall include full or part time employees, officers, directors, managers and agents.

1.12 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.

1.13 All references to this Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2 Term

2.1 The Partnership, having been established by the Partners before the Commencement Date, shall be deemed to have been carried on under the terms of this Agreement as of the Commencement Date and shall continue, unless terminated earlier in accordance with clause 23 (Termination), until the expiry of the Initial Term, when it shall terminate automatically without notice unless, no later than three (3) months before the end of the Initial Term (or any Extended Term agreed under this clause), the Partners agree in writing that the term of this Agreement shall be extended for a period of 12 months (Extended Term). Unless it is further extended under this clause or terminated earlier in accordance with clause 23 (Termination), this Agreement shall terminate automatically without notice at the end of an Extended Term.

2.2 The duration of each Scheme shall be as set out in the relevant Scheme Specification or if unspecified, shall continue for the duration of this Agreement unless otherwise agreed by the Partners.

2.3 Any liabilities up to and including the Commencement Date arising under any earlier agreements or arrangements relating to the Partnership which was entered into by the Partners shall not be waived or be released by the creation of this Agreement.

2.4 From and including the Commencement Date, this Agreement wholly supersedes all earlier agreements or arrangements relating to the Partnership between the Partners without prejudice to any antecedent rights and liabilities set out in such agreements or arrangements.

3 General Principles

3.1 Nothing in this Agreement shall affect:

3.1.1 the liability of the ICB for the exercise of its NHS Functions;

3.1.2 the liability of the Council for the exercise of its Health-Related Functions; or

3.1.3 any power or duty to recover charges in respect of any services provided in the exercise of any Health-Related Functions.

3.2 The Partners shall:

3.2.1 co-operate with each other and treat each other with respect;

3.2.2 make decisions that are focused on achieving the Partnership Objectives;

3.2.3 be open, honest and transparent with each other about all matters relating to the performance of its obligations under this Agreement and its financial status; and

3.2.4 promptly notify the other Partner in writing about any issues relating to the Partnership and shall work collaboratively with the other Partner to resolve any such issues.

3.2.5 Make no changes to the budget or operational arrangements for any Individual Scheme or Financial Contributions will be made without the prior approval of the **Integration Executive** and such arrangements shall be recorded in the minutes of **Integration Executive** meetings.

4 Partnership Objectives

4.1 During the continuance of this Agreement, the Partners shall work together to achieve the following objectives:

4.1.1 improve the quality and efficiency of the Services through improvements in integrated care and support;

4.1.2 meet the BCF National Conditions and the local objectives; and

4.1.3 make more effective use of resources by establishing and maintaining the Pooled Fund to be used for revenue expenditure on the Services.

(collectively, the "**Partnership Objectives**").

4.2 The Partners hereby agree to use their reasonable endeavours to achieve the Partnership Objectives set out in this clause 4.

5 Functions

5.1 Each Partner shall exercise the Functions necessary to fulfil their obligations under this Agreement PROVIDED ALWAYS that:

5.1.1 no Partner shall delegate to the other Partner any Reserved Function;

5.1.2 the Council shall only exercise Health-Related Functions or delegated NHS Functions; and

5.1.3 the ICB shall only exercise NHS Functions or delegated Health-Related Functions.

6 Schemes

6.1 To achieve the Partnership Objectives, the Partners have agreed to collaborate on the Schemes set out in PART 2 - of Schedule 1. Each Scheme sets out, inter alia, the relevant Functions and Services to be commissioned in respect of that particular

Scheme together with the relevant Arrangements and identify of the Lead Commissioner (where applicable).

6.2 The Partners may add new Schemes to this Agreement at any time provided that for each new Scheme:

6.2.1 the Partners are satisfied that it is likely to lead to an improvement in the way the relevant Functions are exercised;

6.2.2 a Scheme Specification is completed in the form set out in PART 1 - of Schedule 1; and

6.2.3 such Scheme Specification is approved by the Partners in accordance with clause 31 (Variations).

6.3 The addition of any new Scheme will be subject to business case approval by the Partners and the **Integration Executive**.

7 Commissioning Arrangements

General

7.1 This Agreement sets out the mechanism through which the Partners will work together to commission services. In respect of each Scheme, the Partners may include one or more of the following commissioning mechanisms:

7.1.1 Lead Commissioning;

7.1.2 Integrated Commissioning;

7.1.3 Joint (Aligned) Commissioning;

7.1.4 the establishment of a Pooled Fund; and/or

7.1.5 the establishment of a Non-Pooled Fund,

(together, the "**Arrangements**").

7.2 The Partners shall comply with the commissioning Arrangements set out in each Scheme Specification.

7.3 Where the powers of a Partner to delegate any of its statutory powers or Functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.

7.4 Each Partner shall keep the other Partners, the **Integration Executive** regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

7.5 The **Integration Executive** will report back to the Health and Wellbeing Board as required by its terms of reference set out in Schedule 2.

7.6 The Partners shall attend regular review meetings to discuss the effectiveness of the Partnership. As part of the review meetings, the Partners shall:

7.6.1 review, assess, plan and implement strategies for achieving the Partnership Objectives;

7.6.2 identify any issues or barriers to achieving the Partnership Objectives and determine strategies to seek to overcome these;

7.6.3 review and assess the effectiveness of the commissioning arrangements for each Scheme; and

7.6.4 discuss and review the Budgets, including any Overspend or Underspend of any Pooled Fund or Non-Pooled Fund.

7.7 Prior to any Partner entering into a Services Contract, the Partners shall agree in writing:

7.7.1 if and how the liability under such Services Contract should be apportioned between the Partners; and

7.7.2 whether such Services Contract should give rights to any third parties (and in particular a Partner who is not a party to the Services Contract) under the Contracts (Rights of Third Parties) Act 1999 and if it is agreed that such rights should be granted, the Partner entering into the Services Contract shall ensure that such rights are included in the relevant Services Contract.

Integrated Commissioning

7.8 To the extent that there are Integrated Commissioning arrangements under a Scheme, the Partners shall cooperate with each other and use reasonable endeavours to ensure that:

7.8.1 the Services are commissioned with due skill, care and attention;

7.8.2 the Services are commissioned within the agreed Budgets set out in the relevant Scheme Specification; and

7.8.3 payments are made to Providers in accordance with the terms of the relevant Service Contract.

Lead Commissioning

7.9 Where there are Lead Commissioning arrangements and the ICB is Lead Commissioner, the Council delegates to the ICB and the ICB agrees to exercise, on the Council's behalf, the Health-Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.

7.10 Where there are Lead Commissioning arrangements and the Council is Lead Commissioner, the ICB delegates to the Council and the Council agrees to exercise on the ICB's behalf, the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health-Related Functions.

7.11 To the extent that there are Lead Commissioning arrangements under a Scheme, the Lead Commissioner shall:

7.11.1 exercise the NHS Functions in conjunction with the Health-Related Functions as identified in the relevant Scheme Specification;

7.11.2 endeavour to ensure that the NHS Functions and the Health-Related Functions are funded within the parameters of the Budgets for the Financial Year in relation to each particular Service provided under the Scheme.

7.11.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;

7.11.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partner;

7.11.5 comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned;

7.11.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill, care and attention;

7.11.7 undertake performance management and contract monitoring of all Service Contracts including (without limitation) the use of contract notices where Services fail to deliver contracted requirements;

7.11.8 make payment of all sums due to a Provider pursuant to the terms of any Services Contract; and

7.11.9 keep the other Partner and **Integration Executive** regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

8 Establishment of a Pooled Fund

8.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain a Pooled Fund for revenue expenditure as agreed by the Partners.

8.2 The Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement and Schedule 3.

8.3 Subject to clause 8.4, it is agreed that the monies held in the Pooled Fund may only be expended on the following:

8.3.1 the Contract Price;

8.3.2 where the Council is to be the Provider, the Permitted Budget;

8.3.3 Third Party Costs where these are set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the Partners; and

8.3.4 Approved Expenditure as set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the Partners.

8.3.5 Management costs associated with the hosting and management of the Pooled Fund (including the costs of engaging the Pooled Fund Manager) as agreed in advance in writing and recorded in the minutes of the **Integration Executive.**

("**Permitted Expenditure**")

8.4 The Partners may only amend the revenue expenditure in clause 8.3 with the express written agreement of each Partner.

8.5 Monies held in the Pooled Fund may not be used on Default Liabilities unless this is agreed by all Partners in accordance with clause 8.4.

8.6 The Partners agree to appoint a Host Partner for the Pooled Fund for the purposes of Regulations 7(4) and 7(5). The Host Partner shall be the Council.

8.7 The Host Partner shall be the Partner responsible for:

8.7.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;

8.7.2 providing the financial administrative systems for the Pooled Fund;

8.7.3 appointing the Pooled Fund Manager; and

8.7.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

9 Pooled Fund Management

9.1 The Pooled Fund Manager shall have the following duties and responsibilities:

9.1.1 the day-to-day operation and management of the Pooled Fund;

9.1.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement, Schedule 3 and the relevant Scheme Specification;

9.1.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;

9.1.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;

9.1.5 reporting to the **Integration Executive**;

9.1.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement and Schedule 3;

9.1.7 preparing and submitting to the **Integration Executive Quarterly Reports** (or more frequent reports if required by the **Integration Executive**) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Partners and the **Integration Executive** to monitor the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met including (without limitation) comply with any reporting requirements as may be required by relevant National Guidance;

9.1.8 preparing and submitting reports to the Health and Wellbeing Board as may be required by it and any relevant National Guidance including (without limitation) supplying **Quarterly Reports** referred to in clause 9.1.7 above to the Health and Wellbeing Board.

9.2 In carrying out their responsibilities as provided under clause 9.1, the Pooled Fund Manager shall:

9.2.1 have regard to National Guidance and the recommendations of the **Integration Executive**; and

9.2.2 be accountable to the Partners for delivery of those responsibilities.

9.3 The **Integration Executive** may agree to the transfer of funds between Pooled Funds or amending the allocation of the Pooled Fund between Schemes.

10 Non-Pooled Fund

10.1 Any Financial Contributions agreed to be held within a Non-Pooled Fund will be notionally held in a fund established for the purpose of commissioning the relevant Services set out in the relevant Scheme Specification. A Non-Pooled Fund does not constitute a Pooled Fund for the purposes of Regulation 7 of the Regulations.

10.2 When introducing a Non-Pooled Fund the Partners shall agree:

10.2.1 which Partner (if any) shall host the Non-Pooled Fund; and

10.2.2 how and when Financial Contributions shall be made to such Non-Pooled Fund.

10.3 The Host Partner shall be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.

10.4 Both Partners shall ensure that any Services commissioned using a Non-Pooled Fund are commissioned solely in accordance with the relevant Scheme Specification.

10.5 Where there are Joint (Aligned) Commissioning arrangements, both Partners shall work in cooperation and shall endeavour to ensure that:

10.5.1 the NHS Functions funded from a Non-Pooled Fund are carried out within the ICB's Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year; and

10.5.2 the Health-Related Functions funded from a Non-Pooled Fund are carried out within the Council's Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year.

11 Financial Contributions

11.1 The Financial Contributions of the ICB and the Council to any Pooled Fund or Non-Pooled Fund for the first Financial Year of operation of each Scheme shall be as set out in Schedule 3.

11.2 The Financial Contribution of the ICB and the Council to any Pooled Fund or Non-Pooled Fund for each subsequent Financial Year of operation shall be subject to review by the Partners and agreed by the Partners prior to the start of each Financial Year.

11.3 Financial Contributions will be paid as set out in Schedule 3.

11.4 With the exception of clause 9, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to a Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in the **Integration Executive** minutes and recorded in the budget statement as a separate item.

12 Non-Financial Contributions

12.1 Unless set out in a Scheme Specification or otherwise agreed by the Partners, each Partner shall provide the non-financial contributions for any Services for which they are Lead Commissioner or as required in order to comply with its obligations under this Agreement in respect of the commissioning of a particular Service. These contributions shall be provided at no charge to the other Partners or to the Pooled Fund.

12.2 Each Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Services Contracts and the Pooled Fund).

13 Risk share arrangements, Overspends and Underspends

Risk share arrangements

13.1 The Partners have agreed risk share arrangements as set out in Schedule 3, which provide for risk share arrangements arising within the commissioning of services from the Pooled Funds as set out in National Guidance.

Overspends in Pooled Fund

13.2 Subject to clause 13.2, the Host Partner shall manage expenditure from the Pooled Fund within the relevant Budget and shall use reasonable endeavours to ensure that the expenditure is limited to Permitted Expenditure.

13.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT it has used reasonable endeavours to ensure that the only expenditure from the Pooled Fund has been in accordance with Permitted Expenditure and it has informed the **Integration Executive** in accordance with clause 13.4.

13.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the **Integration Executive** is informed as soon as reasonably practicable and the provisions of the relevant Scheme Specification and Schedule 3 shall apply.

Overspends in Non-Pooled Funds

13.5 In the case of Lead Commissioning arrangements, the Lead Commissioner is responsible for the management of the Non-Pooled Fund. The Lead Commissioner shall as soon as reasonably practicable inform the other Partner and the **Integration Executive** or any forecasted Overspend.

13.6 In the case of Joint (Aligned) Commissioning arrangements, where either Partner forecasts an Overspend in relation to a Partners' Financial Contribution to a Non-Pooled Fund that Partner shall as soon as reasonably practicable inform the other Partner and the **Integration Executive**.

13.7 The provisions of the relevant Scheme Specification and Schedule 3 shall apply.

Underspend

13.8 In the event that expenditure from the Pooled Fund or Non Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for

that Financial Year or where the expenditure in relation to a particular Scheme is less than the agreed allocation to that particular Scheme, the Partners shall agree how the surplus monies shall be used in accordance with Schedule 3. Such arrangements shall be subject to the Applicable Laws and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners.

14 Capital Expenditure

14.1 Except as provided in clause 14.2, neither Pooled Funds nor Non-Pooled Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners. If a need for capital expenditure is identified this must be agreed by the Partners.

14.2 The Partners agree that capital expenditure may be made from Pooled Funds where this is in accordance with National Guidance.

15 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Revenue and Customs. [The applicable VAT position shall be set out in Schedule 3.]

16 Audits and Inspection

16.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund and any Non-Pooled Fund and shall require the appropriate person or body appointed to exercise the functions of the Audit Commission to make arrangements to certify an annual return of those accounts.

16.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the relevant Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.

16.3 The Partners shall comply with relevant NHS finance and accounting obligations as required by Applicable Laws and/or National Guidance.

17 Liabilities and Insurance and indemnity

17.1 Subject to clause 17.2, and 17.3, if a Partner ("**First Partner**") incurs a Loss arising out of or in connection with this Agreement (including any Loss arising under any Scheme or Services Contract) as a consequence of any act or omission of the other Partner ("**Other Partner**") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or any Services Contract then the Other Partner shall be liable to the First Partner for that Loss and shall indemnify the First Partner accordingly.

17.2 Clause 17.1 shall only apply to the extent that the acts or omissions of the Other Partner contributed to the relevant Loss. Further, it shall not apply if such act or omission occurred as a consequence of the Other Partner acting in accordance with the instructions or requests of the First Partner or the **Integration Executive.**

17.3 If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this clause 17, the First Partner shall:

17.3.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;

17.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed); and

17.3.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Other Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.

17.4 Each Partner shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement and in the event of Losses shall seek to recover such Loss through the relevant policy of insurance (or equivalent arrangement).

17.5 Each Partner shall at all times take all reasonable steps to minimise and mitigate any Loss.

Conduct of Claims

17.6 In respect of the indemnities given in this clause 17:

17.6.1 the indemnified Partner shall give written notice to the indemnifying Partner as soon as is practicable of the details of any claim or proceedings brought or threatened against it in respect of which a claim will or may be made under the relevant indemnity;

17.6.2 the indemnifying Partner shall at its own expense have the exclusive right to defend conduct and/or settle all claims and proceedings to the extent that such claims or proceedings may be covered by the relevant indemnity provided that where there is an impact upon the indemnified Partner, the indemnifying Partner shall consult with the indemnified Partner about the conduct and/or settlement of such claims and proceedings and shall at all times keep the indemnified Partner informed of all material matters.

17.6.3 the indemnifying and indemnified Partners shall each give to the other all such cooperation as may reasonably be required in connection with any threatened or actual claim or proceedings which are or may be covered by a relevant indemnity.

18 Standards of Conduct and Service

18.1 The Partners will at all times comply with the Applicable Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions).

18.2 The Council is subject to the Best Value Duty under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value Duty and the ICB will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value Duty.

18.3 The ICB is subject to the ICB Statutory Duties, and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the ICB Statutory Duties and clinical governance obligations.

18.4 The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

19 Conflicts of Interest

19.1 The Partners shall comply with the agreed policy for identifying and managing conflicts of interest as set out in Schedule 6.

20 Governance

20.1 Overall strategic oversight of the Partnership is vested in the Health and Well Being Board, with operational oversight being undertaken by the **Integration Executive**. The **Integration Executive** will report back to the Health and Wellbeing Board as required by its terms of reference set out in Schedule 2.

20.2 The Partners have established a **Integration Executive** whose remit and terms of reference are set out in Schedule 2.

20.3 The **Integration Executive** is based on a joint working group structure. Each member of the **Integration Executive** shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them, to make decisions which enable the **Integration Executive** to carry out its objectives, roles, duties and

functions as set out in this clause 20 and Schedule 2, subject always to the terms of the delegation granted by the relevant Partner.

20.4 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

20.5 The Health and Wellbeing Board shall be responsible for leading and directing work to improve the health and wellbeing of the population of Leicestershire through the development of improve and integrated health and social care services including the Better Care Fund Plan.

20.6 The **Integration Executive** shall be responsible for the overall approval of each Scheme and ensuring compliance with the Better Care Fund within the Financial Contributions agreed by the Partners and shall operate in accordance with Schedule 2. Each Scheme Specification shall confirm the governance arrangements in respect of the Scheme and how that Scheme is reported to the **Integration Executive** and Health and Wellbeing Board.

21 Review

21.1 The Partners shall attend regular review meetings to discuss the effectiveness of the Partnership. As part of the review meetings, the Partners shall:

21.1.1 review, assess, plan and implement strategies for achieving the Partnership Objectives;

21.1.2 identify any issues or barriers to achieving the Partnership Objectives and determine strategies to seek to overcome these;

21.1.3 review and assess the effectiveness of the commissioning arrangements for each Scheme; and

21.1.4 discuss and review the Budgets, including any Overspend or Underspend of any Pooled Fund or Non-Pooled Fund.

21.2 The Partners shall produce a BCF **Quarterly Report** which shall be provided to the Health and Wellbeing Board in such form and setting out such information as required

by National Guidance and any additional information required by the Health and Wellbeing Board or NHS England.

21.3 Unless the **Integration Executive** agrees otherwise, no later than three (3) months after the expiry of each Financial Year, the Partners shall, acting in good faith, undertake a review of the operation and performance of this Agreement, any Pooled Fund, any Non Pooled Fund and the provision of the Services ("**Annual Review**").

21.4 The Partners shall within twenty (20) Business Days of each Annual Review prepare an Annual Report documenting the matters referred to in this clause 21. A copy of this report shall be provided to the Health and Wellbeing Board and **Integration Executive.**

21.5 In the event that the Partners fail to meet the requirements of the Better Care Fund Plan, the Partners shall provide full co-operation with NHS England to agree a suitable recovery plan.

22 Complaints

The Partners' own complaints procedures shall apply to this Agreement. The Partners agree to assist one another in the management of complaints arising from this Agreement or the provision of the Services.

22.1 Prior to dealing with or responding to any complaint received by any Partner in connection with this Agreement, the Partners shall comply with the following:

22.1.1 if a complaint wholly relates to any Health-Related Functions it shall be dealt with in accordance with the statutory complaints procedure of the Council;

22.1.2 if a complaint wholly relates to any NHS Functions, it shall be dealt with in accordance with the statutory complaints procedure of the ICB;

22.1.3 if a complaint relates to both NHS Functions and Health-Related Functions, the Partners shall review the complaint together and prepare a joint response to the complaint, in accordance with local joint protocol;

22.1.4 if a complaint cannot be handled in accordance with clauses 22.1.1 to 22.1.3, then the Partners shall inform the **Integration Executive** who will

set up a complaints subgroup to examine the complaint and recommend remedies. All complaints shall be reported to the **Integration Executive**.

23 Termination

23.1 This Agreement may be terminated by any Partner giving not less than 3 months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of any Schemes.

23.2 Each Scheme may be terminated by the Partners in accordance with the terms set out in the relevant Scheme Specification provided that the Partners ensure that the Better Care Fund Requirements continue to be met.

23.3 If any Partner ("**Relevant Partner**") fails to comply with any of its obligations under this Agreement, the other Partner may, by notice in writing to the Relevant Partner, require the Relevant Partner to remedy such failure within a reasonable timescale. Should the Relevant Partner fail to remedy such failure within such timescale, the matter shall be referred for Dispute Resolution in accordance with clause 24.

23.4 Any provision of this Agreement that expressly or by implication is intended to come into or continue in force on or after termination or expiry of this Agreement shall remain in full force and effect. Termination of this Agreement howsoever arising shall be without prejudice to any rights, remedies, obligations or liabilities of the Partners that have accrued up to the date of termination or expiry.

23.5 Upon termination of this Agreement for any reason whatsoever, the following shall apply:

23.5.1 the Partners shall work together and co-operate to ensure that the winding down and disaggregation of the Services is carried out smoothly and with as little disruption as possible to any Service Users, the Partners' employees or any other relevant third parties;

23.5.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement, both Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;

23.5.3 the Lead Commissioner of any Scheme, shall make reasonable endeavours to amend or terminate the relevant Service Contract(s) (which shall not include any act or omission that would place the Lead Commissioner in breach of such Service Contract) where the other Partner requests the same in writing PROVIDED that the Lead Commissioner shall not be required to make any payments to any Provider as a result of such amendment or termination, unless the Partners agree otherwise;

23.5.4 where a Service Contract held by a Lead Commissioner is in respect of Services which relate to the other Partner's Functions, then provided that the Service Contract allows, the other Partner may request that the Lead Commissioner assigns such Service Contract in whole or in part to the other Partner; and

23.5.5 the **Integration Executive** shall continue to operate until the expiry of all Schemes and Service Contracts.

23.6 In the event of termination in relation to a particular Scheme, the provisions of clause 23.5 shall apply to such termination (as though references to this Agreement were to that Scheme).

24 Dispute Resolution

24.1 In the event of a dispute between the Partners arising between the Partners, or out of or in connection with this Agreement ("**Dispute**"), either Partner may serve written notice of the Dispute on the other Partner, setting out the particulars of the Dispute and (to the extent applicable) the alleged provision that has been breached which has given rise to the Dispute ("**Disputes Notice**"), together with any supporting documents.

24.2 The Authorised Officers shall arrange a meeting to discuss the Dispute as soon as reasonably practicable and in any event within seven (7) days of the Disputes Notice being served pursuant to clause 24.1.

24.3 If the Authorised Officers are unable to resolve the Dispute at the meeting held in accordance with clause 24.2, then the Partners' respective Chief Executives nominees shall arrange a meeting to discuss the Dispute as soon as reasonably practicable and in any event with fourteen (14) days of the date of the Authorised Officers' meeting.

24.4 If the Chief Executives are unable to resolve the Dispute at the meeting held in accordance with clause 24.3, then the Partners shall attempt to settle such Dispute by mediation in accordance with this clause 24.4. The following provisions shall apply to any such mediation:

24.4.1 the Partners shall comply with the Model Mediation Procedure of the Centre of Dispute Resolution ("**CEDR**"), unless any other model mediation procedure is agreed by the Partners, in which case, the Partners shall follow the agreed mediation procedure.

24.4.2 to initiate a mediation, and to the extent not provided for by the relevant mediation procedure:

(i) either Partner shall serve on the other Partner written notice setting out, in summary form, the Dispute and calling on the other Partner to agree the appointment of a mediator ("**Mediation Notice**"); and

(ii) the mediation shall be conducted by a sole mediator (which shall not exclude the presence of a pupil mediator) agreed between the Partners or, in default of agreement, appointed by the relevant mediation organisation;

24.4.3 the Partners involved shall, immediately on such referral, comply with the timeframes of the relevant mediational model procedure and co-operate fully, promptly and in good faith with the mediator and shall do all such acts and sign all such documents as the mediator may reasonably require to give effect to such mediation; and

24.4.4 the Partners shall pay for the costs of mediation as determined by the mediator or in the absence of such determination such costs shall be shared equally by the Partners.

24.5 If and to the extent that the Partners do not resolve any Dispute or any issue in the course of any mediation, they may commence or continue court proceedings in respect of such unresolved Dispute or issue.

24.6 Nothing in this clause 24 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or prevent either Partner from instigating legal proceedings.

25 Force Majeure

25.1 Neither Partner shall be in breach of this Agreement or otherwise liable for any failure or delay in the performance of its obligations under this Agreement, to the extent that such failure or delay results from a Force Majeure Event and it is prevented from carrying out its obligations by that Force Majeure Event.

25.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner in writing of such Force Majeure Event as soon as reasonably practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.

25.3 As soon as practicable, following notification as detailed in clause 25.2, the Partners shall consult with each other in good faith and use reasonable endeavours to agree appropriate arrangements to mitigate the effects of the Force Majeure Event and, subject to clause 25.4, facilitate the continued performance of this Agreement.

25.4 If the Force Majeure Event continues for a period of more than sixty (60) days, either Partner shall have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partner. No compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this clause 25.

26 Confidentiality

26.1 Except to the extent that disclosure is expressly permitted in this clause 26 or elsewhere in this Agreement, each Partner shall:

26.1.1 treat the other Partner’s Confidential Information as strictly confidential and safeguard it accordingly; and

26.1.2 not disclose the other Partner’s Confidential Information to any other person without the other Partner’s prior written consent.

26.2 Nothing in this clause 26 shall:

26.2.1 prevent either Partner from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date;

26.2.2 apply to any Confidential Information which:

(i) is in or enters the public domain other than by breach of this Agreement or other act or omission of the receiving Partner; or

(ii) is obtained by a third party who is lawfully authorised to disclose such information.

26.2.3 prevent a receiving Partner from disclosing Confidential Information where it is required to do so in fulfilment of its statutory obligations, by a court of competent jurisdiction, or by any administrative, governmental or regulatory process or authority.

26.3 Each Partner may disclose the other Partner's Confidential Information to its employees, officers, representatives, subcontractors and professional advisors to the extent strictly necessary for such third parties to carry out its obligations under or in connection with this Agreement. Each Partner shall ensure that any such third parties to whom it discloses the other Partner's Confidential Information is made subject to a duty of confidentiality equivalent to that contained in this clause 26.

26.4 Neither Partner shall use the other Partner's Confidential Information for any other purpose than to exercise its rights and perform its obligations under or in connection with this Agreement.

26.5 Each Partner reserves all rights in its Confidential Information. No rights or obligations in respect of a Partner's Confidential Information other than those expressly stated in this Agreement are granted to the other Partner or shall be implied from this Agreement.

27 Freedom of Information and Environmental Information Regulations

27.1 The Partners agree that they will cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Regulations ("**Request**") to respond to a Request promptly and within the statutory timescales. This

cooperation shall include, but not be limited to, finding, retrieving and supplying information held by one Partner to the other Partner, notifying and forwarding any such Requests to a Partner, and providing any assistance that a Partner reasonably requests in respect of the Request.

27.2 Any and all agreements between the Partners as to confidentiality shall be subject to their respective duties under the 2000 Act and 2004 Regulations. No Partner shall be in breach of clause 27 (Confidentiality) if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Regulations.

28 Ombudsmen

The Partners will co-operate with any investigation undertaken by the Health Service Ombudsman for England or the Local Government and Social Care Commissioner for England (or both of them) in connection with this Agreement.

29 Information sharing

The Partners will follow the information governance protocol set out in Schedule 7, and in performing their obligations under this Agreement, the Partners shall comply with all Applicable Laws, and in particular the Data Protection Legislation.

30 Notices

30.1 Any notice given to a Partner under or in connection with this Agreement shall be in writing and shall be:

30.1.1 delivered by hand or by pre-paid first-class post or other next working day delivery service to the following addresses (or an address substituted in writing by the Partner to be served);

(i) Council: Leicestershire County Council

For the attention of: JOHN SINNOTT, CHIEF EXECUTIVE

Address: LEICESTERSHIRE COUNTY COUNCIL, COUNTY HALL, GLENFIELD, LEICESTER, LE3 8RA.

(ii) ICB: Leicester, Leicestershire and Rutland ICB

For the attention of: RACHNA VYAS, CHIEF OPERATING OFFICER & DEPUTY CHIEF EXECUTIVE.

(iii) Address: NHS LEICESTER, LEICESTERSHIE AND RUTLAND INTEGRATED CARE BOARD (ICB), ROOM G30, PEN LLOYD BUILDING, COUNTY HALL, GLENFIELD, LEICESTER, LE3 8TB.

30.1.2 sent by email to the following email addresses (or an email address substituted in writing by the Partner to be served):

(i) Council: john.sinnott@leics.gov.uk ; or

(ii) ICB: rachna.vyas@nhs.net

30.2 Any notice shall be deemed to have been received:

30.2.1 if delivered by hand, at the time the notice is left at the proper address;

30.2.2 if sent by pre-paid first-class post or other next working day delivery service, at 9.00 am on the second Business Day after posting; or

30.2.3 if sent by email, at the time of transmission, or, if this time falls outside Business Hours in the place of receipt, when Business Hours resume.

30.3 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority, or that the email was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

30.4 This clause does not apply to the service of any proceedings or other documents in any legal action (in which case the relevant rules of service associated with such legal proceedings shall apply).

31 Variation

31.1 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.

32 Compliance with Applicable Laws

32.1 In performing its obligations under this Agreement, each Partner shall ascertain, observe, perform and comply with all Applicable Laws from time to time in force.

32.2 Subject to clause 32.3, on the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of such Change in Law.

32.3 The Partners shall use their reasonable endeavours to mitigate any adverse effects of any Change in Law and shall take all reasonable steps necessary to minimise any increase in costs arising from such Change in Law.

32.4 In the event that the Partners fail to agree suitable amendments to this Agreement following a Change in Law, the Partners shall comply with the procedure set out in clause 24 (Dispute Resolution).

33 Waiver

33.1 A waiver of any right or remedy under this Agreement or by law is only effective if given in writing and shall not be deemed a waiver of any subsequent right or remedy.

33.2 No failure or delay by any Partner to exercise any right, power or remedy shall operate as a waiver of it or any other right, power or remedy, nor shall any partial exercise preclude any further exercise of the same or of any other right, power or remedy.

34 Severance

34.1 If any provision or part-provision of this Agreement, is or becomes invalid, illegal or unenforceable, it shall be deemed deleted but that shall not affect the validity and enforceability of the rest of this Agreement.

34.2 If any provision or part-provision of this Agreement is deemed deleted under clause 34.1, the Partners shall negotiate in good faith to agree a replacement provision that, to the greatest extent possible, achieves the intended commercial result of the original provision.

35 Assignment and Subcontracting

35.1 Subject to clause 35.2, neither Partner shall subcontract, assign or transfer the whole or any part of this Agreement or deal in any other manner with any of their rights and obligations under this Agreement, without the prior written consent of the other Partner.

35.2 Either Partner may, after giving written notice to the other Partner, subcontract, assign, or transfer any or all of its rights and obligations under this Agreement to a statutory successor of all or part of a its statutory functions.

36 Exclusion of Partnership and Agency

36.1 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture between the Partners, or constitute either Partner, the employer of the other Partner, or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other Partner.

36.2 Except as expressly provided otherwise in this Agreement or where any statutory provision otherwise requires, neither Partner will have the authority to, or to hold itself out as having authority to:

36.2.1 act as an agent of the other Partner;

36.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other Partner; or

36.2.3 make or enter into any commitments for or on behalf of the other Partner.

37 Third Party Rights

Unless it expressly states otherwise, this Agreement does not give rise to any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Agreement.

38 Entire Agreement

38.1 This Agreement constitutes the entire agreement between the Partners and supersedes and extinguishes all previous communications, agreements,

representations, promises, assurances, warranties and understandings between them, whether written or oral, relating to its subject matter.

38.2 Each Partner acknowledges that in entering into this Agreement it does not rely on any statement, representation, assurance or warranty (whether made innocently or negligently) that is not set out in this Agreement. Further, each Party agrees that it shall have no claim for innocent or negligent misrepresentation or negligent misstatement based on any statement in this Agreement.

39 Counterparts

This Agreement may be executed in writing or by electronic signature (whatever form the electronic signature takes) and in any number of counterparts, each of which when executed and delivered shall constitute an original, but all the counterparts shall together constitute the one Agreement.

40 Governing Law and Jurisdiction

40.1 This Agreement and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the laws of England.

40.2 Subject to clause 24 (Dispute Resolution), the Partners irrevocably agree that the courts of England shall have exclusive jurisdiction to hear and settle any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with this Agreement, its subject matter or formation.

This Agreement has been executed by the Partners on the date of this Agreement.

IN WITNESS WHEREOF this Agreement has been executed by the Partners on the date of this Agreement

THE CORPORATE SEAL of)
LEICESTERSHIRE COUNTY COUNCIL
)
was hereunto affixed in the presence of:)

Executed as a deed for and on behalf of
LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD

_____

Authorised Signatory

Schedule 1

SCHEME SPECIFICATION

PART 1 - TEMPLATE SCHEME SPECIFICATION

TEMPLATE SCHEME SPECIFICATION

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 Overview of Scheme

[DN: Insert details including:]

1.1 Name of the Scheme

1.2 Relevant context and background information

2 Aims and Outcomes

[DN: Insert agreed aims of the Scheme]

3 Functions

[DN: Set out the Council's Functions and the ICB's Functions which are the subject of the particular Scheme including where appropriate the delegation of such Functions for the commissioning of the relevant Service.

Consider whether there are any exclusions from the standard Functions included (see definition of NHS Functions and Health-Related Functions).]

4 Services

[DN: What Services are going to be provided within this Scheme. Are there contracts already in place?

Are there any plans or agreed actions to change the Services?

Who are the beneficiaries of the Services?]

5 Commissioning, Contracting, Access

Commissioning Arrangements

[DN: Set out what arrangements will be in place in relation to Lead Commissioning/Joint (Aligned) Commissioning/Integrated Commissioning. How will these arrangements work?]

Contracting Arrangements

[DN: Insert the following information about the Scheme:

5.1 relevant contracts

5.2 arrangements for contracting:

5.2.1 Will terms be agreed by both partners or will the Lead *Commissioner* have authority to agree terms

5.2.2 *what contract management arrangements have been agreed?*

5.2.3 *What happens if the Agreement terminates? Can the Partner terminate the Contract in full/part?*

5.2.4 *Can the Contract be assigned in full/part to the other Partner?*

Access

[DN: Set out details of the Service Users to whom the Scheme relates. How will individuals be assessed as eligible.]

6 Governance Arrangements

[DN: Is there a Scheme Lead

Will there be a relevant Committee/Board/Group that reviews this Scheme?

Who does that group report to?

Who will report to that Group?]

7 Non-Financial Resources

Council contribution

	Details	Charging arrangements	Comments
Premises			
Assets and equipment			
Contracts			
Central support services			

ICB Contribution

	Details	Charging arrangements	Comments
Premises			
Assets and equipment			
Contracts			
Central support services			

8 Staff

[DN: Consider:

8.1 Who will employ the staff in the partnership?

8.2 Is a TUPE transfer secondment required?

8.3 How will staff increments be managed?

8.4 Have pension arrangements been considered?

Council staff to be made available to the arrangements

Please make it clear if these are staff that are transferring under TUPE to the ICB.

If the staff are being seconded to the ICB this should be made clear

ICB staff to be made available to the arrangements

Please make it clear if these are staff that are transferring under TUPE to the Council.

If the staff are being seconded to the Council this should be made clear.]

9 Assurance And Monitoring

[DN: Set out the assurance framework in relation to the Scheme. What are the arrangements for the management of performance? Will this be through the agreed performance measures in relation to the Scheme.

In relation to the Better Care Fund you will need to include the relevant performance outcomes. Consider the following:

9.1 What is the overarching assurance framework in relation to the Scheme?

9.2 Has a risk management strategy been drawn up?

9.3 Have performance measures been set up?

9.4 Who will monitor performance?

9.5 Have the form and frequency of monitoring information been agreed?

9.6 Who will provide the monitoring information? Who will receive it?]

10 Lead Officers

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
Council				
ICB				

11 Internal Approvals

DN: Consider the levels of authority from the Council's Constitution and the ICB's standing orders, scheme of delegation and standing financial instructions in relation to the Scheme;

Consider the scope of authority of the Pooled Fund Manager and the Lead Officers

Has an agreement been approved by cabinet bodies and signed?

12 Risk and Benefit Share Arrangements

Has a risk management strategy been drawn up?

Set out arrangements, if any, for the sharing of risk and benefit in relation to the Scheme (if applicable). Otherwise, Schedule 3 applies

13 Regulatory Requirements

Are there any regulatory requirements that should be noted in respect of this particular Scheme?

14 Information Sharing and Communication

What are the information/data sharing arrangements?

How will charges be managed (which should be referred to in Part 2 above)

What data systems will be used?

Consultation – staff, people supported by the Partners, unions, providers, public, other agency

Printed stationary

15 Duration and Exit Strategy

What are the arrangements for the variation or termination of the Scheme.

Can part/all of the Scheme be terminated on notice by a Partner? Can part/all of the Scheme be terminated as a result of breach by either Partner?

What is the duration of these arrangements?

Set out what arrangements will apply upon termination of the Service, including without limitation the following matters addressed in the main body of the Agreement

15.1 maintaining continuity of Services;

15.2 allocation and/or disposal of any equipment relating to the Scheme;

15.3 responsibility for debts and on-going contracts;

15.4 responsibility for the continuance of contract arrangements with Service Providers (subject to the agreement of any Partner to continue contributing to the costs of the contract arrangements);

15.5 where appropriate, the responsibility for the sharing of the liabilities incurred by the Partners with the responsibility for commissioning the Services and/or the Host Partners.

Consider also arrangements for dealing with premises, records, information sharing (and the connection with staffing provisions set out in the Agreement.

16 Other Provisions

[DN: Consider, for example:

16.1 Any variations to the provisions of the Agreement

16.2 Bespoke arrangements for the treatment of records

16.3 Safeguarding arrangements]

PART 2 - – AGREED SCHEME SPECIFICATIONS

Leicestershire HWB
BCF 2025-26 Planning

SCHEME SPECIFICATION- HART SERVICES

1. OVERVIEW OF HART SERVICE

HART is a Homecare Assessment and Reablement Team Service which is provided on an in-house basis by the Council. The Council will provide the HART Services to the LLR ICB in accordance with this Scheme Specification and as such is referred to as the "provider" of those services.

2. DEFINED TERMS

The following definitions apply in this Scheme Specification:

Assigned IPRs: all Intellectual Property Rights (being Intellectual Property Rights other than Retained IPRs) developed by or on behalf of the Council in the provision of the Services.

Business Day: a day other than a Saturday, Sunday, or public holiday in England when banks in London are open for business.

Health Case Manager: means a person authorised by the LLR ICB to act as a Referrer and Assessor of Service Users on Pathway 2 to the HART Services as further defined in the HART Service Specification.

Charges: the payments made from the Permitted Budget for the HART Services which shall be calculated in accordance with the provisions of the Finance Protocol (set out in Schedule 3 of this Agreement).

HART Reablement Screening Tool: means the screening tool to be completed by the Health Case Manager or other health professional which will inform whether it is appropriate to Refer a patient to the HART team for receipt of the Services. The screening tool may be replaced by another tool developed by the Partners from time to time, provided that the replacement of the tool and the details thereof have been agreed by the Partners in writing and signed by the Authorised Officers on behalf of the Partners to record their agreement.

HART Staff: all persons employed or engaged by the Council or any of its Sub-contractors (included volunteers, agency workers, locums, casual or seconded staff) in the provision of the HART Services or any activity related to or connected with the provision of the HART Services.

Framework for Integrated Personalised Care (FIPC): means the Leicester, Leicestershire and Rutland FIPC (2022) superseded Health and Social Care Protocol (2014) October 2022

HART Services: short term intensive reablement support in Service Users' homes delivered by the Council HART Staff and as more particularly described in this Scheme Specification and which are the subject of an Order placed by the LLR ICB with the Council.

Intellectual Property Rights: all patents, rights to inventions, utility models, copyright and related rights, trademarks, service marks, trade, business and domain names, rights in trade dress or getup, rights in goodwill or to sue for passing off, unfair competition rights, rights in designs, rights in computer software, database rights, topography rights, rights in confidential information (including know-how and trade secrets) and any other intellectual property rights, in each case whether registered or unregistered and including all applications for, and renewals or extensions of, such rights, and all similar or equivalent rights or forms of protection in any part of the world.

Local Healthwatch: an organization established under section 222 of the Local Government and Public Involvement in Health Act 2007.
NHS: the National Health Service in England.

NICE Technology Appraisals: technology appraisals conducted by NICE in order to make recommendations on the use of drugs and other health technologies within the NHS.

Ordinary Residence: has the meaning given to it in the Care Act 2014 and associated guidance and "Ordinarily Resident" or "Ordinarily Resident" shall be construed accordingly.

Permitted Budget means the Financial Contributions to the HART Services as set out in the Finance Protocol (at Schedule 3 of this Agreement).

Reablement Plan means the reablement Support Plan agreed.

Referral Process: means the process by which Service Users are referred by each of the LLR ICB to the Council's HART Staff pursuant to a Reablement Plan and Referred and Referral shall be construed accordingly. The Referral Process is more particularly set out in the service specification embedded at paragraph 5 below.

Regulatory or Supervisory Body: any statutory or other body having authority to issue guidance, standards, or recommendations with which the parties or any of them must comply or to which they must or should have regard, including as applicable:

- The Care Quality Commission.
- the corporate body known as Monitor provided by section 61 of the Health and Social Care Act 2012.
- the Special Health Authority known as the National Health Service Trust Development Authority established under the NHS Trust Development Authority (Establishment and Constitution) Order 2012 (NHSTDA).
- The National Health Service Commissioning Board established by section 1H of the National Health Service Act 2006, also known as NHS England.
- the Department of Health and Social Care or such other body superseding or replacing it.
- the National Institute for Health and Care Excellence (NICE).
- Healthwatch England.

Retained IPRs: all Intellectual Property Rights either owned by the Council or its third-party licensors before the commencement of the provision of the HART Services by the Council or subsequently developed by or on behalf of the Council after the commencement of the provision of the HART Services by the Council other than in the provision of the Services except that such Intellectual Property Rights shall be Assigned IPRs were used by the Council in the provision of the HART Services.

Service User: A person resident in the administrative area of the county of Leicestershire who has been Referred to the Council by the LLR ICB. registered or unregistered and including all applications for, and renewals or extensions of, such rights, and all similar or equivalent rights or forms of protection in any part of the world.

Support Plan: means the support plan prepared by the LLR ICB which specifies the Services required for a Service User as it may from time to time be reviewed and revised to reflect changes to the Service User's needs.

3. AIMS AND OUTCOMES

The Aims and Outcomes for the HART Services are set out on page 3 of the service specification embedded at paragraph 5 below.

4. THE ARRANGEMENTS

The Council shall act as provider of the HART Services which are commissioned by the LLR ICB in exercise of NHS Functions related to continuing health care in a domiciliary setting.

5. FUNCTIONS

The HART Services are commissioned in exercise of the NHS Functions set out in Regulation 5 of the Regulations. There is no delegation of Functions from the LLR ICB to the Council.

6. SERVICES

In addition to the obligations set out at Clause 17 of the Agreement in respect of Standards of Conduct and Service, the Partners agree, in view that the Council is the in-house provider of the HART Services, that the Council shall comply with the following provisions:

6.1 Council Obligations

6.1.1 In supplying the HART Services, the Council shall (and in accordance with the embedded service specification in this paragraph 6):

a) Ensure that the provision of the HART Services is consistent with the Service User's needs as identified in the Referral Process.
b) perform the HART Services with the highest level of care, skill, and diligence in accordance with best practice and appropriate clinical standards.
c) co-operate with the LLR ICB in all matters relating to the HART Services and comply with all reasonable instructions of the LLR ICB.
d) use personnel who are suitably and appropriately registered, qualified, skilled, competent, experienced and appropriately trained in the application to the Service of the Health & Social Care Protocol and where revalidation is required by the appropriate professional regulatory body this is completed to perform tasks assigned to them, and in sufficient number to ensure that the Council's obligations are fulfilled and are covered by the Council's (and/or any subcontractor that is approved by the LLR ICB) indemnity arrangements for the provision of the HART Services;
e) ensure that it obtains, and maintains all consents, licenses, and permissions (statutory, regulatory, contractual, or otherwise) it may require, and which are necessary to enable it to comply with its obligations
f) comply where applicable with the registration and regulatory compliance guidance of any relevant Regulatory or Supervisory Body and any standards and recommendations issued from time to time by any such Body.
g) comply with the standards and recommendations issued from time to time by any relevant professional body and agreed in writing between the LLR ICB and the Council.
h) comply, where applicable, with the recommendations contained in the NICE Technology Appraisals and have regard to other guidance issued by NICE from time to time.

i) respond to any reports and recommendations made by Local Healthwatch.
j) ensure that the HART Services conform with all descriptions and specifications set out in this Scheme Specification.
k) ensure that the Services are carried out so as to meet the Service User's outcomes as identified in the Service User's Reablement Plan.
l) provide all equipment, tools, vehicles, and other items required to provide the Services.
m) ensure that all staff using equipment in the delivery of the HART Services and all Service Users and cares using equipment independently as part of the Service User's care or treatment have received appropriate and adequate training and have been assessed as competent in the use of that equipment.
n) ensure that all goods, materials, standards, and techniques used in providing the HART Services are of an acceptable standard.
o) observe all health and safety rules and regulations and any other reasonable security requirements that apply in respect of the HART Services.
p) not knowingly do or omit to do anything which may cause the LLR ICB to lose any license, authority, consent, or permission on which they rely for the purposes of conducting their business.
q) not knowingly do or omit to do anything which may constitute, cause, or contribute to any breach by the LLR ICB of any license or contract binding on the LLR ICB; and
r) comply with the LLR ICB's policies on the use of their logo and branding and where applicable comply with the applicable NHS Branding Guidance which is available at www.nhsidentity.nhs.uk.

6.1.2 The Council shall comply with such of the LLR ICB's policies and procedures as are relevant and are specifically brought to the attention of the Council in the provision of the HART Services and with any relevant statute, regulations, circulars, or guidance made under any relevant statute. In particular, the Council shall:

a) comply with the Health and Safety at Work Act 1974 and of any other Acts Regulations or Orders pertaining to the health and safety of employees.
b) comply with the Environmental Protection Act 1990 and the Water Resources Act 1991 and other environmental legislation.
c) use reasonable endeavors to reduce the environmental impact of the HART Services and will implement and maintain systems deigned to ensure good environmental practice including compliance with any relevant British Standards or European equivalents.
d) have regard at all times to the welfare of children and vulnerable members of society.
e) comply with the Council's policies relating to the protection of children and vulnerable members of society.
f) comply with relevant provisions of the Mental Capacity Act 2005 and the Health & Social Care Act 2008 (including but not limited to the duty of candor).
g) have regard to and do all that is reasonable to prevent crime and disorder in the community.
h) comply with the Public Interest Disclosure Act 1998 and develop a whistle blowing policy for its staff to encourage them to report any incidents of malpractice within the Service; and
i) comply with relevant legislation concerning the use of vehicles on the public highway.

6.1.3 The Council shall develop and continuously review Business Continuity Plans to minimize the impact of unforeseen events in connection with the HART Services including in respect of:

- damage by fire.
- the effects of extreme weather conditions.
- the effects of pandemic illness on staff or Service Users.
- other failures affecting buildings, utilities, or equipment (including ICT equipment).

6.1.4 Where the provision of the HART Services requires the operation of vehicles the Council shall ensure that it complies with all relevant legislation. It shall also ensure that all vehicles used in the provision of the Services (whether or not they are owned by the Council) are adequately serviced and maintained and that management, monitoring and risk management procedures are in place in order to guarantee safe working practices.

6.1.5 The Council shall ensure that all staff and volunteers providing the HART Services are aware of the provisions of the Human Rights Act 1998(as amended) and shall take all reasonable steps and precautions to ensure that it does not infringe the human rights of any person (including Service Users) in the provision of the Services.

6.1.6 The Council shall co-operate fully with the authorised representative of the relevant Healthwatch who from time to time may wish to visit the Council in the exercise of its powers under the Local Government and Public Involvement in Health Act 2007 as amended and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

The LLR ICB agree that they shall comply with the following provisions in order to assist the Council with the delivery of the HART Services:

6.2. The LLR ICB's Obligations

6.2.1 The LLR ICB shall cooperate with the Council and provide such information and assistance to the Council's Staff as the Council may reasonably request in order to facilitate the smooth implementation of Reablement Plans.

6.2.2 The LLR ICB shall provide such access to their data, and other facilities as may reasonably be requested by the Council and agreed with the LLR ICB in writing in advance, for the purposes of the Services.

6.2.3 The LLR ICB shall inform the Council of all health and safety rules and regulations and any other reasonable security requirements that apply in respect of any Referral.

6.2.4 The LLR ICB shall ensure that any person making a Referral is trained to use the HART Reablement Screening Tool and uses it appropriately as part of the Referral process.

6.2.5 The LLR ICB shall ensure that each Service User to be Referred is assigned a named Health Case Manager who is responsible for liaising with HART Staff and who is authorised to take responsibility for clinical matters.

6.2.6 The LLR ICB shall monitor the number of hours of care Referred to ensure that the cost of Referrals does not exceed the Financial Contributions of LLR ICB.

7. COMMISSIONING, CONTRACTING, ACCESS

The LLR ICB will commission the HART Services from the Council who shall act as in house provider of the HART Services in accordance with the terms of this Scheme Specification. Further details of access for the HART Services are set out in the specification embedded at paragraph 5 above.

LLR ICB will act as coordinating commissioner in respect of the HART Services.

Access

A Referrals Process has been agreed and signed by the Authorised Officers on behalf of the Partners to record their agreement to them

The following provisions will apply in respect of Service Users who are not already resident in the administrative area of Leicestershire:

The LLR ICB may from time to time seek to Refer a Service User who is not Ordinarily Resident in the administrative area of Leicestershire. In those circumstances, the provisions relating to 'population' set out in paragraph 5 of the HART Service Specification (embedded at paragraph 5 above) shall apply and the Council may accept or decline such Referral provided that in determining whether to accept the Referral the Council will have regard to the following principles:

a) All Service Users who are Ordinarily Resident in the administrative areas of Leicestershire, Leicester City or Rutland (LLR) who require the Services should receive an effective and timely response
b) The Council and the LLR ICB should work together to ensure that Service Users' health and social care needs are addressed during the period of reablement.
c) Arrangements for accessing reablement should be broadly consistent across LLR
d) Responsibilities for which organization commissions reablement services should be clear and straightforward, so that hospital staff know who should be referred, when they should be referred and where referrals should be made.
e) No Service User should be denied a service because of disputes about which local authority or LLR ICB is responsible for paying for care.

8. FINANCIAL CONTRIBUTIONS

Please refer to the Finance Protocol at Schedule 3 of the Agreement in respect of the HART Services.

Costs where LLR ICB Financial Contributions exceeded:

If the cost of Referrals (as defined in the specification embedded at paragraph 5 above) referable to LLR ICB in any Financial Year exceeds that LLR ICB's Financial Contribution, the Council will take immediate action to discuss with LLR ICB prior to any actions being considered or enacted in any rejections of Referrals in that Financial Year of Service Users for whom the overspent LLR ICB is responsible.

9. FINANCIAL GOVERNANCE ARRANGEMENTS

Please refer to the Finance Protocol at Schedule 3 of the Agreement in respect of the HART Services.

10. VAT

All amounts payable by the LLR ICB to the Council in respect of HART Services are exclusive of amounts in respect of value added tax chargeable for the time being (VAT). Where any taxable supply for VAT purposes is made under an order by the Council to the

LLR ICB, the LLR ICB shall, on receipt of a valid VAT invoice from the Council, pay to the Council such additional amounts in respect of VAT as are chargeable on the supply of the HART Services at the same time as payment is due for the supply of the HART Services.

11. GOVERNANCE ARRANGEMENTS

The terms of reference in [Schedule 2] shall apply to the HART Services

12. NON-FINANCIAL RESOURCES

Details of Non-Financial Resources to be committed to the HART Services are set out in the service specification embedded at paragraph 5 above.

13. STAFF

13.1 The Council shall operate policies on personnel matters for both staff and volunteers. These shall include appropriate arrangements for recruitment, checks for suitability, levels of qualification and/or experience for specific posts, registration requirements, appraisals, training, and development, and supervisory (managerially and professionally), disciplinary and grievance procedures, having regard to the nature of the Services, copies of which must be provided to the LLR ICB on request. The Council shall ensure itself and its Staff and any subcontractors meet the obligations as detailed in these policies.

13.2 Before the Council engages or employs any person in the provision of the Services,or in any activity related to, or connected with, the provision of the Services, the Council must without limitation, complete:

- **the Employment Checks; and**
- **such other checks as required by the DBS.**

13.3 The Council must have policies and procedures which acknowledge and provide for ongoing monitoring of Staff DBS status.

13.4 The Council shall comply with the Public Interest Disclosure Act 1998 (as if such Act applied to the Council) and shall establish and where necessary update from time to time a procedure for its personnel encouraging personnel to report to the Council any incidents of malpractice within the Council or the LLR ICB. In this context "malpractice" shall include any fraud or financial irregularity, corruption, criminal offences, failure to comply with any legal or regulatory obligation, endangering the health or safety of any individual, endangering the environment, serious misconduct, or serious financial maladministration.

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14. ASSURANCE AND MONITORING

Details of the assurance and monitoring for the HART Services are set out in the specification embedded at paragraph 5 above.

15. LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
Leicestershire County Council	Claire Jones	County Hall	0116 305773	Claire.Jones@leics.gov.uk

Leicester, Leicestershire and Rutland Integrated Care Board	Rachna Vyas	Room G30, Pen Lloyd, County Council, Glenfield		rachna.vyas@nhs.net

16. INTERNAL APPROVALS

This Individual Scheme has been approved in accordance with the lines of accountability described in the Agreement and in accordance with the Governance Arrangements.

17. RISK AND BENEFIT SHARE ARRANGEMENTS

[The Schedule 3] Financial Protocol shall apply to the HART Services.

18. REGULATORY REQUIREMENTS

Regulatory Requirements are set out in the specification embedded at paragraph 5 above.

19. INFORMATION SHARING AND COMMUNICATION

[The Protocol at Schedule 8] of this Agreement will apply to the HART Services. The Parties will comply with the requirements of the Information Sharing Agreement (and the requirement to have an Information Sharing Agreement in place), in respect of the HART Services.

20. DURATION AND EXIT STRATEGY

The provisions at [Clause 22] of the agreement will apply to the HART services.

In the event of the termination of the HART Services, howsoever arising (including expiry), the Council shall be required to agree a Succession Plan with the LLR ICB.

In addition to the obligations set out at [Clause 22.6] of the Agreement, the Partners agree that 6 months' notice shall be given by the Council or the LLR ICB in the event that they wish or require to terminate the provision/commissioning (as appropriate) of the HART Services (except in the case of Force Majeure).

21. OTHER PROVISIONS

21.1 The Council shall not be permitted to subcontract its obligations to deliver the HART Services without the express written agreement of the LLR ICB.

21.2 Unless otherwise specified, the Council shall retain ownership of all Retained IPRs and the LLR ICB shall own all Assigned IPRs (and the LLR ICB shall determine between themselves whether the title, rights and interests in the Assigned IPRs shall continue to be held by them jointly or shall be allocated between them, and shall determine any such allocation of the title, rights and interests between themselves) and shall grant to the Council an irrevocable, unrestricted royalty-free license to use the Assigned IPRs.

Gynaecology Section 75 Schedule SCHEME SPECIFICATION INTRAUTERINE SYSTEMS (IUS) FOR NON- CONTRACEPTIVE PURPOSES

Part 1 – Template Services Schedule

TEMPLATE SERVICE SCHEDULE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1. OVERVIEW OF INDIVIDUAL SERVICE

This schedule refers to the provision of LNG-IUS for non-contraceptive purposes by the Integrated Sexual Health Service and by Community based provision in General Practices for women who are resident in, Leicestershire or Rutland, which the local authority commissions behalf of the Integrated Care Board - LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD (LLRICB).

a) Provision, review and subsequent removal, of Levonorgestrel Intrauterine System (LNG-IUS) for gynaecological (non-contraceptive) purposes including management of menorrhagia and hormone replacement therapy (HRT)

b) Local authority commissions provision of LNG-IUS fitting, review, and removal on behalf of the Integrated Care Board (ICB).

The Section 75 service has zero value pooled budget, the ICB will pay on a cost per case basis for each IUS fitted, reviewed, or removed following a quarterly invoice from the local authority.

2. AIMS AND OUTCOMES

This agreement aims to provide the fitting and removal element of LNG-IUS for women requiring Levonorgestrel intrauterine system LNG-IUS fitting as management of menorrhagia or other gynecological purpose such as HRT, endometriosis etc. where clinically relevant, thus reducing the requirement for hysterectomy.

BACKGROUND

The (LNG-IUS) is an intrauterine, long-term progestogen-only method of contraception licensed for up to 8 years of use. The effects of the LNG-IUS are local and hormonal, including prevention of endometrial proliferation and thickening of cervical mucus and suppression of ovulation in a small minority of women. The system must be fitted and removed by a qualified practitioner. As well as being licensed as a contraceptive device, the LNG-IUS is also licensed for the management of idiopathic menorrhagia.

Menorrhagia / Heavy menstrual bleeding is defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. Any intervention should aim to improve quality of life measures. The Levonorgestrel-releasing intrauterine system (LNG-IUS) is recommended as first line treatment for women with heavy menstrual bleeding and no underlying pathology (dysfunctional uterine bleeding) and in some women with heavy

menstrual bleeding and identified benign pathology such as small fibroids (less than 3 cm in diameter which are causing no distortion of the uterine cavity) provided that long-term use is anticipated (at least 12 months). The LNG-IUS may also be recommended, following gynaecological investigation, for the management of conditions such as endometriosis. [1]

Evidence from two systematic reviews and one subsequent publication shows that LNG-IUS produces a clinically relevant reduction in menstrual blood loss in women complaining of heavy menstrual bleeding.[2]

Local defined outcomes

- Reduction in secondary care referrals to gynecology (in particular for menorrhagia)
- Reduction in number of hysterectomies
- Improved uptake of long-acting reversible contraception (LARC)
- Reduction in unplanned pregnancies
- Improved quality of life for women receiving the LNG-IUS
- Locally convenient service with improved access to care and reduced waiting times for LNG-IUS fitting
- Improved quality of care

3. THE ARRANGEMENTS

Leicestershire County Council will provide a lead commissioning arrangement for the LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD (LLRICB), ensuring access to the service within the integrated sexual health service and community-based contracts.

4. FUNCTIONS

The 2012 Health and Social Care Act created fragmentation across the sexual health commissioning system. Local Authorities are responsible for commissioning coils (intrauterine devices (IUDs) and intrauterine systems (IUSs) for contraceptive purposes and ICBs are responsible for commissioning IUS for non-contraceptive/gynaecological purposes such as for menorrhagia.

The fitting of IUSs for either purpose must be delivered within the same clinical guidelines, quality and service standards, including insertion by appropriately trained/qualified practitioners. Therefore, the ICB will delegate the function for IUS fitting, review, and removal for gynaecological, non-contraceptive purposes to Local Authorities to deliver as combined contraceptive and non-contraceptive services. This enables better use of resources and improved access for women.

Contract management and clinical governance arrangements will be led by the local authority as part of their existing contracts. Performance and financial monitoring of this schedule will be undertaken through the quarterly Integrated Finance and Performance meetings which are part of the Integration Executive's governance arrangements. The ICB will be provided with quarterly performance reports, results of the annual LARC audits and informed of any clinical governance issues/ risks relating to the service as required. The ICB will be required to pay

[1] Heavy menstrual bleeding: assessment and management. Clinical guideline. National Institute for Health and Care Excellence. 2018. Last updated May 2021.

[2] https://www.nice.org.uk/guidance/ng88/evidence/full-guideline-pdf-4782291810

for the reconciled quarterly activity on a cost per case basis within 30 days of receiving the invoice.

The LLRICB will pay on a cost per case basis for each IUS fitted, reviewed, or removed non contraceptive purposes including Menorrhagia following a quarterly invoice from the local authority.

5. **SERVICES**

Delivery of this delegated service is outlined within the current contracts allowing the Local Authority commissioned integrated sexual health service and community-based services for IUS to include provision of IUS for non-contraceptive purposes upon referral from the patient's own GP.

The Service(s) will be required to:

- **Ensure all clinicians delivering the service are fully qualified** including having up to date Letter of Competencies in IUD/S fitting.
- **Fit, review and remove LNG-IUS as appropriate** for the management of menorrhagia or other gynecological purposes. This includes confirming the woman is not pregnant at time of IUS fitting.
- **Maintain an up-to-date register of patients fitted with an LNG-IUS.** This will include the name of the clinician and details of the device fitted. This is to be used for the annual audit purposes as well as call and recall.
- **Provide adequate equipment**. Certain special equipment is required for fitting and removal. This includes an appropriate treatment room fitted with a couch and with adequate space, emergency equipment and drugs for resuscitation. For LNG-IUS fittings, a variety of vaginal specula, (and if skills allow cervical dilators, and equipment for cervical anaesthesia) need to be available and meet sterilisation requirements. Women should be informed about the availability of local anaesthesia and offered where possible. An appropriately trained assistant also needs to be present in the building to support the patient and assist the doctor during LNG-IUS procedures if required.
- **Undertake a risk assessment**. To assess the need for sexually transmitted infection (STI) or HIV testing and advice.
- **Assessment and follow up** in accordance with national clinical guidelines.
- **Wait times.** Patients will be seen within 6 weeks of referral. Patients seen outside of this timescale to be reported to the contract manager by exception. GPs of patients who cannot be seen within the 6-week period should be notified.

Follow-up arrangements:

Patient information and follow-up arrangements include:

- Appropriate verbal and written information, about the effectiveness, duration of use and side effects of all options for the management of menorrhagia, should be provided at the time of counselling and reinforced at fitting with information on follow up, effectiveness, duration of use, side effects and those symptoms that require urgent assessment.

- All women should be advised to seek immediate medical advice if they develop symptoms of fever, pelvic pain, irregular bleeding or vaginal discharge which might indicate infection. Arrangements should be in place to review patients experiencing problems in a timely fashion and to provide information and treatment.

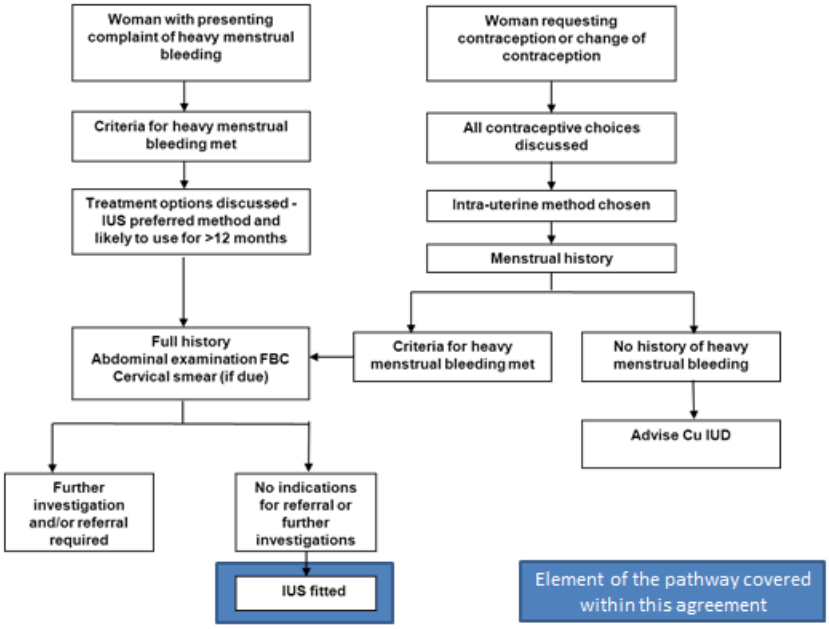
- All women should be advised to seek medical advice if threads are not palpable or they can feel the stem of the IUS.

- A routine follow-up visit can be advised after the first menses following insertion of LNG-IUS, or 3-6 weeks later. However, this is not essential, and it is more important to advise women as to signs and symptoms of infection, perforation, and expulsion, returning if they have any problems relating specifically to the intrauterine method.

- Follow up that does not relate specifically to the insertion of the LNG-IUS i.e., related to the overall gynecological condition is not included in this agreement. This remains part of the general GMS/PMS contract.

All the above should be recorded in the patient record.

Algorithm for use of LNG-IUS for management of gynaecological conditions such as menorrhagia



Applicable national standards

- NICE clinical guideline 44 (March 2018. Last updated May 2021) *Heavy Menstrual Bleeding: assessment and management.*
- Referral guidelines for suspected cancer – gynecological cancers (Implemented Oct 2000 DOH)
- NICE (2005a) *Referral guidelines for suspected cancer: quick reference guide.* Clinical guideline 27. National Institute for Health and Clinical Excellence.
- NICE (2005b. Last updated July 2019) *Long-acting reversible contraception NICE guidance.* National Institute for Health and Clinical Excellence.
- NICE (2007a) *Heavy menstrual bleeding: understanding NICE guidance.* National Institute for Health and Clinical Excellence.
- RCOG (1998) *The initial management of menorrhagia.* Evidence-based clinical guidelines no.1. Royal College of Obstetricians and Gynecologists.
- FSRH Uk Medical Eligibility Criteria for Contraceptive Use | UKMEC 2016(Amended September 2019) NICE *support for commissioning for heavy menstrual bleeding*.

(September 2013) Last updated: 16 October 2020

- FSRH CEU Clinical Guidance *Intrauterine Contraception*. (2015) (Amended September 2019)

Applicable local standards
The Provider shall demonstrate compliance with the following standards:

- Healthcare professions providing the service must hold membership of an approved professional body and be approved and eligible to practice in a setting that is appropriate to deliver this service as detailed in the specification, including DBS check.
- Device shall be inserted by appropriately trained/qualified practitioner as detailed in flowchart below.
- Standards relevant to premises requirements including:
  - Appropriate CQC registrations must be in place
  - A procedure for cleaning of the environment must be in place based on national guidance and audited
  - Hand hygiene training of staff involved
  - Equipment cleaning protocol based on national guidance must be in place
- The Provider shall cooperate in any announced and unannounced quality visits by the Commissioner.
- Provider must meet all standards of overarching existing contracts.

Quality and Monitoring Requirements of providers:
Quarterly reporting (in arrears) of:

- Number IUS inserted for
  - contraceptive purpose
  - gynecological purposes
  - joint contraception/gynecological purposes

Annual reporting of:

- Numbers of complex patients further referred from community-based service providers onto gynaecology or integrated sexual health service. (based on audit returns)
- Numbers of serious complications in community-based services: e.g., perforations at time of insertion (based on audit returns)
- Patient satisfaction surveys (Generic information in relation to the integrated sexual health service)
- LARC audit for community-based services practitioner providers.

Beneficiaries:

Beneficiaries are women residing or registered in Leicestershire and Rutland that require IUS insertion for gynaecological, non-contraceptive purposes such as menorrhagia.

6. COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements
Leicestershire County Council will provide a lead commissioning arrangement for the LLRICB, ensuring access to the service within the integrated sexual health service and community-based contracts for Leicestershire and Rutland residents.

Contracting Arrangements
Leicestershire County Council and Rutland County Council already commission IUD/S provision for contraceptive purposes from:

a) General practices in their respective localities via community-based contracts, including opportunity to deliver at Federation and Primary Care Network level

b) The Integrated Sexual Health Service, the service specification includes IUS.

Contract management and clinical governance arrangements will be led by the local authority as part of their existing contracts. Performance and financial monitoring of this schedule will be undertaken through the quarterly Integrated Finance and Performance meetings which are part of the Integration Executive's governance arrangements. The ICB will be provided with quarterly performance reports, results of the annual LARC audits and informed of any clinical governance issues/ risks relating to the service as required. The ICB will be required to pay for the reconciled quarterly activity on a cost per case basis within 30 days of receiving the invoice.

Either party can terminate the contract in full by providing 12 months formal written notice to the other party. All activity relating to this notice period would be invoiced by the local authority and need to be paid by the ICB. Local Authorities would need to implement contract variations with the relevant providers within 10 working days of receiving the notice.

Access

Referral will be via General Practice in order to ensure assessment and ongoing management of gynaecological issues which will not be included in this agreement.

7. FINANCIAL CONTRIBUTIONS

This schedule of the Section 75 has zero (£0) value, instead the ICB will pay on a cost per case basis for each IUS fitted, reviewed, or removed following a quarterly invoice (in arrears) from the local authority. No pooled budget will be established between the ICB and local authority.

The ICB will reimburse the local authority for IUS services for gynaecological purposes such as menorrhagia with costs split as follows:

- IUS fitted for gynaecological purposes (such as menorrhagia) only are funded by Leicester Leicestershire and Rutland ICB for patients registered /residing in their locality.

- IUD/S fitted for contraception only are funded by Leicestershire County Council (for patients' resident in Leicestershire) and Rutland County Council (for patients resident in Rutland).
- IUS fitted for joint gynaecological purposes (such as menorrhagia) and contraception purposes are funded on a 50/50 split between the LLR ICB and Leicestershire County Council (for Leicestershire residents) and Rutland County Council (for patients resident in Rutland).

The cost of each IUS fitting will be aligned with the local authority existing payment structures for the integrated sexual health service and community-based service. The ICB will be informed of these on an annual basis. Current costs for 2025/26 are:	**Community Based Service (CBS) Contract**	**Specialist Sexual Health Service Contract from 1st April 2025**
IUS Fit	£90.00	£182.00
IUS post-fitting review (if required in accordance with FSRH guidance)	Included in fit cost	Included in fit cost
Device cost (LNG-IUS)	Cost reimbursed by practice prescribing route.	Included in unit price of fit
IUS Removal	£20.00	£63.22
Complex IUS fit	N/A	£207.93
Complex IUS removal	N/A	£70.65

The local authority will not charge the ICB for existing contract management, new quarterly performance reports and invoices. If additional work is needed this would need specific negotiation between the two parties.

Activity to date suggests that the estimated cost to the ICB would not exceed £65,000 per annum.

Financial resources in subsequent years to be determined in accordance with the Agreement

8. FINANCIAL GOVERNANCE ARRANGEMENTS

There will be a zero-based pooled fund for this schedule. The ICB will be charged on a cost per case basis on a quarterly basis in arrears following completion of the activity.

Audit Arrangements

The Public Health department within the local authority will provide:

- Quarterly performance report detailing the number of IUS fits, reviews and removals by individual provider, the split of the cost (i.e. 100% or 50% ICB depending on if also for contraception)
- Quarterly invoice for the activity in the previous quarter
- Annual LARC audit summary report for CBS service providers detailing the number of LARC fitters, their qualifications, complication rates and action taken. (Dependent on timely submission of completed audits from CBS providers)

These will be reported quarterly via the Integrated Finance and Performance meetings which are part of the Joint Commissioning Group meeting.

9. VAT

The local authority VAT regime will apply.

10. GOVERNANCE ARRANGEMENTS

The schedule will be managed through the quarterly Integrated Finance and Performance meetings which are part of the Integration Executive's governance arrangements. Lead officers are named in Section 14.

11. NON-FINANCIAL RESOURCES

Support is required from the LLRICS to develop the section 75, monitor progress and ensure timely reimbursement

12. STAFF

No staff will be transferring from either organisation. Representatives from each organisation are required to develop and maintain the performance monitoring arrangements of this schedule.

13. ASSURANCE AND MONITORING

Contract and assurance monitoring will be extended to include IUS fitting for menorrhagia/gynaecological purposes within the existing processes for the Public Health Community Based Contract and Specialist Integrated Sexual Health Service contracts.

14. LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
Council	Mike Sandys	Leicestershire County Council, County Hall, Glenfield, LE3 8TB	0116 305 4329	mike.sandys@leics.gov.uk
LLRICB	Mayur Patel	Leicester, Leicestershire & Rutland Integrated Care Board, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB	07788338758	mayur.patel@nhs.net

15. INTERNAL APPROVALS

Sign off of whole section 75 document via Health and Wellbeing Board.

16. RISK AND BENEFIT SHARE ARRANGEMENTS

Majority of the risks are managed as part of the existing local authority core public health business, due to the statutory responsibility to provide an open access sexual health service. The key risk to the ICB is if activity levels are higher than predicted. This will be monitored on a quarterly basis and the ICB has the ability to provide the local authority 12 months' notice if they wish to cease the arrangement.

17. REGULATORY REQUIREMENTS

All clinician's providing the service must have an up to date letter of competency in IUS/D fitting, as per the contract specification This is managed as part of existing public health contract management.

18. INFORMATION SHARING AND COMMUNICATION

Data reports will be developed using the existing provider structures (Pathway analytics for the integrated sexual health service and the community-based service portal for primary care.) No patient specific information will be shared as part of this agreement. High level data only will be shared (numbers of patients in order to recharge).

19. DURATION AND EXIT STRATEGY

Either party can terminate the contract in full by providing 12 months formal written notice to the other party. All activity relating to this notice period would be invoiced by the local authority and need to be paid by the ICB. Local Authorities would need to implement contract variations with the relevant providers within 10 working days of receiving the notice. The schedule will be reviewed on an annual basis

Schedule 2

GOVERNANCE

1 Integration Executive

1.1 The membership of the Integration Executive will be as follows:

1.1.1 ICB: Leicester, Leicestershire and Rutland ICB

or a deputy to be notified to the other members in advance of any meeting;

1.1.2 the Council: Leicestershire County Council

or a deputy to be notified in writing to Chair in advance of any meeting;

2 Role of the Integration Executive

The Integration Executive shall:

2.1 Provide strategic direction on the Schemes

2.2 receive the financial and activity information;

2.3 review the operation of this Agreement and performance manage the individual Services;

2.4 agree such variations to this Agreement from time to time as it thinks fit;

2.5 review and agree annually a risk assessment;

2.6 review and agree annually revised Schedules as necessary;

2.7 request such protocols and guidance as it may consider necessary in order to enable teach Pooled Fund Manager to approve expenditure from a Pooled Fund;

2.8 cooperate with the Pooled Fund Manager in meeting reporting requirements in accordance with relevant National Guidance; and

2.9 report directly to the Health and Wellbeing Board on a Quarterly basis in accordance with relevant National Guidance.

3 Integration Executive Support

The Integration Executive will be supported by officers from the Partners from time to time.

4 Meetings

4.1 The Integration Executive will meet Quarterly at a time to be agreed following receipt of each Quarterly report of the Pooled Fund Manager.

4.2 The quorum for meetings of the Integration Executive shall be a minimum of one representative from each of the Partner organisations.

4.3 Decisions of the Integration Executive shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Integration Executive. If no unanimity is reached on the second occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Agreement.

4.4 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

4.5 Minutes of all decisions shall be kept and copied to the Authorised Officers within one (1) week of each meeting.

5 Delegated Authority

5.1 The Integration Executive is authorised within the limited of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

5.1.1 to authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund; and

5.1.2 to authorise a Lead Commissioner to enter into any Service Contract necessary for the provision of Services under a particular Scheme.

6 Information and Reports

Each Pooled Fund Manager shall supply to the Integration Executive on a Quarterly basis the financial and activity information as required under the Agreement.

7 Post-termination

The Integration Executive shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

Schedule 3

FINANCIAL ARRANGEMENTS

1 Unless the context otherwise requires, the defined terms used in this Schedule shall have the same meanings as set out in clause 1 of the main body of Agreement.

2 Subject to any contrary provision in the relevant Scheme Specification, the Partners agree that Overspends or Underspends shall be managed in accordance with this Schedule 3.

3 Financial Contributions:

Financial Year 2025/2026

BCF Plan	LLR ICB	LCC/DC	Total
ICB Minimum Contributions	51,071		51,071
Disabled Facilities Grants (DFG)		5,518	5,518
Better Care Grant		21,824	21,824
Total Funding	**57,071**	**27,342**	**84,413**

Financial resources in subsequent years to be determined in accordance with the Agreement.

4 VAT:

The Partners shall implement the required treatment of each Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise Subject to Clause 14.1.

Services commissioned by the Council will be subject to the VAT regime of the Council and services commissioned by the LLR ICB will be subject to the VAT regime of the National Health Service.

5 Risk Share:

The Partners have agreed risk share arrangements as set out in Clause 13 of the Agreement and Schedule 3, which provide for risk share arrangements arising within the commissioning of services from the Pooled Funds as set out in National Guidance.

In the event that the Pooled Fund Manager identifies or is notified of an actual or projected Overspend in relation to any Individual Scheme or Service, the Pooled Fund Manager must ensure that the Partnership Board is informed as soon as reasonably possible, and the provisions of Schedule 3 shall apply.

6 Overspends – Pooled Fund

6.1 The **Integration Executive** shall consider what action to take in respect of any actual or potential Overspends.

6.2 The **Integration Executive shall**, acting reasonably having taken into consideration all relevant factors including, where appropriate the Better Care Fund Plan and any agreed outcomes and any other budgetary constraints, agree appropriate action in relation to Overspends which may include the following:

6.2.1 whether there is any action that can be taken in order to contain expenditure;

6.2.2 whether there are any underspends that can be transferred from any other fund maintained under this Agreement;

6.2.3 how any Overspend shall be apportioned between the Partners, such apportionment to be just and equitable taking into consideration all relevant factors.

6.3 The Partners agree to co-operate fully in order to establish an agreed position in relation to any Overspends.

6.4 With the exception of the Hart Service, Overspends which occur in relation to Individual Schemes included within the Better Care Fund Plan are the responsibility of the Partner responsible for commissioning that Individual Scheme. The Overspend will not be funded from the Pooled Fund, unless agreed by all Partners.

6.5 Where Overspends on Individual Schemes have been agreed, these shall be funded from:

6.5.1 Current Financial Year Underspend on other Individual Schemes funded through the Better Care Fun, or if there is no such Underspend

6.5.2 Agreed additional Partner contributions at the time Individual Scheme Overspends are agreed by the Integration Executive.

7 Overspends – Non-Pooled Fund

Where there is an Overspend in a Non-Pooled Fund at the end of the Financial Year or at termination of the Agreement such Overspend shall be met by the Partner whose financial contributions to the relevant Non-Pooled Fund were intended to meet the expenditure to which the Overspend relates save to the extent that such Overspend is not the fault of the other Partner.

8 Underspends - Pooled Fund

8.1 With the exception of the HART service Underspends in respect of Individual Schemes from a Financial Year will:

8.1.1 Be used to offset Overspends in other Individual Schemes where all Partners agree (unless the underspend is as a result of a delay in the commencement of the provision of Services which will result in a financial commitment in the next Financial Year in respect of that Individual Scheme).

8.1.2 Be returned to Partners in proportions as agreed by the Integration Executive and in accordance with National Guidance.

9 Financial risk management and risk share arrangement for the HART Service

Overarching principles:

The following principles apply in relation to the management of the Pooled Fund for HART Services:

a) The HART Service will be paid for from the Pooled Fund. Payments will be calculated based on fixed percentages for each party of the actual costs.

b) **The Council's Medium Term Financial Strategy and the LLR ICBs'** QIPP efficiency savings will not operate under a risk sharing basis, each Partner will manage this risk individually.

Contributions to the Pooled Fund:

Contributions to the Pooled Fund in 2025/26 will be as set out in table 1 below.

	LLR ICB	LCC	Total
Budget	1,972,005	7,896,340	9,868,395
Funding Percentage	20	80	100

Partner contributions into the Pooled Fund shall be reviewed and, where necessary, adjusted annually on 1St April or at a later date as agreed by the Partnership Board.

In order to manage costs effectively, and to ensure that there are no inappropriate Referrals into the HART Services, the LLR ICB will consistently apply the eligibility criteria (as set out in the Hospital Discharge Screening Tool) for the HART Services.

The hourly rates used in calculating costs will be the actual cost of the Services.

Financial monitoring will be undertaken by the Council throughout the financial year and will report to LLR ICBs details of:

- Actual expenditure.
- Forecast for the financial year based on trends.
- Any forecast overspends or underspend in the reablement pool.
- Outcomes of assessment following the reablement episode.

At the end of the financial year a reconciliation of expenditure in the Pooled Fund will be undertaken by the Council. Unless otherwise agreed by all Partners, any overspends, or underspends will be shared by Partners on the basis of their proportional contribution into the Pooled Fund as outlined in the table above. Each Partner will advise the other Partner at the earliest opportunity of any issues that will impact on the cost and/or volume of activity in the Pooled Fund.

Financial Governance

Financial aspects of the HART Services will be presented to and jointly assured by the Integration Finance and Performance Group.

Schedule 4

JOINT WORKING OBLIGATIONS

PART 1 - LEAD COMMISSIONER OBLIGATIONS

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

1 The Lead Commissioner shall notify the other Partner if it receives or serves:

1.1 a Change in Control Notice;

1.2 a Notice of an Event of Force Majeure;

1.3 a Contract Query;

1.4 Exception Reports,

and provide copies of the same.

2 The Lead Commissioner shall provide the other Partner with copies of any and all:

2.1 CQUIN Performance Reports;

2.2 Monthly Activity Reports;

2.3 Review Records; and

2.4 Remedial Action Plans;

2.5 JI Reports;

2.6 Service Quality Performance Report;

3 The Lead Commissioner shall consult with the other Partner before attending:

3.1 an Activity Management Meeting;

3.2 Contract Management Meeting; or

3.3 Review Meeting,

and, to the extent the Service Contract permits, raise issues reasonably requested by a Partner at those meetings.

4 The Lead Commissioner shall not:

4.1 permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;

4.2 vary any Provider Plans (excluding Remedial Action Plans);

4.3 agree (or vary) the terms of a Joint Investigation or a Joint Action Plan;

4.4 give any approvals under the Service Contract;

4.5 agree to or propose any variation to the Service Contract (including any Schedule);

4.6 suspend all or part of the Services;

4.7 serve any notice to terminate the Service Contract (in whole or in part);

4.8 serve any notice;

4.9 agree (or vary) the terms of a Succession Plan;

without the prior approval of the other Partner (acting through the **Integration Executive)** such approval not to be unreasonably withheld or delayed.

5 The Lead Commissioner shall share copies of any reports submitted by the Service Provider to the Lead Commissioner pursuant to the Service Contract (including audit reports).

PART 2 - – OBLIGATIONS OF THE OTHER PARTNER

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

1 Each Partner shall (at its own cost) provide such cooperation, assistance and support to the Lead Commissioner (including the provision of data and other information) as is reasonably necessary to enable the Lead Commissioner to:

1.1 resolve disputes pursuant to a Service Contract;

1.2 comply with its obligations pursuant to a Service Contract and this Agreement;

1.3 ensure continuity and a smooth transfer of any Services that have been suspended, expired or terminated pursuant to the terms of the relevant Service Contract;

2 No Partner shall unreasonably withhold or delay consent requested by the Lead Commissioner.

3 Each Partner (other than the Lead Commissioner) shall:

3.1 comply with the requirements imposed on the Lead Commissioner pursuant to the relevant Service Contract in relation to any information disclosed to the other Partners;

3.2 notify the Lead Commissioner of any matters that might prevent the Lead Commissioner from giving any of the warranties set out in a Services Contract or which might cause the Lead Commissioner to be in breach of warranty.

Schedule 5

BETTER CARE FUND PLAN

Leicestershire HWB
BCF 2025-26 Planning

Schedule 6

POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST

The Partners shall comply with the LLR ICB's policy for identifying and managing conflicts of interest which aligns with the guidance published by NHS England: https://www.england.nhs.uk/long-read/managing-conflicts-of-interest-in-the-nhs/

Schedule 7

INFORMATION GOVERNANCE PROTOCOL

Context

This protocol defines the framework for the sharing of information by agencies operating within Leicester, Leicestershire, and Rutland. Partners in Leicestershire have supported an ISP since 2009. This review covers General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

This protocol seeks commitment to put in place the arrangements required to ensure secure and appropriate sharing of information and data, whilst maintaining the controls (largely through agreements) that give assurance and accountability and respects the right to privacy.

The information sharing framework has a number several tiers. Governance arrangements are indicated in brackets for each tier:

- National framework for sharing information – legislation and codes of practice (National Government / ICO)
- Commitments contained in this Information Sharing Protocol v 6.0 (Chief Officers, Partnership Boards)
- Guidance, training, tools (Strategic Information Management Group - SIMG, Organisational governance frameworks)
- Information sharing agreements (Managers, organisational governance frameworks)

Protocol

This Information Sharing Protocol provides a commitment by the signatories to ensure that a framework is in place that facilitates the sharing of information between partners and respects the individual's right to privacy. Information sharing is increasingly important in the provision of services to our communities.

To this end, the signatories commit to:

- Sharing information within a framework where it supports the provision of better services to our service users, patients, customers, and communities.
- Ensuring that a Data Protection Impact Assessment (DPIA) is undertaken for any proposed sharing arrangement
- Ensuring that in sharing information:

o There is a legal basis for the proposed sharing
o The sharing is fair and covered by an appropriate privacy/fair processing notice (Transparent)
o There is a clearly defined and agreed purpose for the sharing
o It accords with GDPR, and the Data Protection Act 2018 (DPA 2018)
o Only appropriate information is shared,

- Ensuring that written information sharing agreements are developed and monitored for regular sharing of information and data.
- Working with partners to develop guidance / tools (technical and non-technical) to support good information sharing.
- Putting in place governance that ensures that managers and staff are aware of their responsibilities and recognize the need to work with partners.
- Training staff on information sharing and management.
- Communicating the importance of appropriate information sharing to staff.

- Ensuring early consideration of information issues in service developments. Privacy by Default and Design
- Being transparent with service users about how their personal data is going to be used and respecting their privacy.
- Ensuring adherence, where appropriate to:
    - The ICO's Data Sharing Code of Practice
    - Department of Health guidance on information sharing e.g., 'Striking the Balance'
    - The Caldicott Principles
    - NHS guidance on information sharing

When sharing information, each signatory will commit to:

a) Ensuring that when acting as the Data Controller for information they will apply the conditions set out in the Information Sharing Agreement (ISA) and assume responsibility under the DPA.

b) Ensuring any new ISA will set out the purpose, use and scope of the data to be shared, the point at which responsibility moves from one Data Controller to another or the circumstances where the role of Data Controller is exercised together and the responsibilities of each agency signing this ISA.

c) Ensuring that any new ISA will be specific and clearly identify only the data that needs to be shared.

Information security is important, both for the interests and privacy of individuals, and also for the reputation of our organisations. Signatories will drive the development of a culture in which their organisations work together to investigate incidents and put in place measures to reduce the risk of repetition. This partnership culture is central to facilitating information sharing.

The Strategic Information Management Group will support the delivery of the partnership aspects of these commitments. Signatories will commit to supporting the work of SIMG as it relates to this protocol. The partnership aspects include (for example):

- Aligned policy across partners, where relevant
- Shared guidance
- Shared training
- A coordinated register of information sharing agreements
- Shared operational arrangements such as information security incident handling
- Aligned communications

Developing these partnership aspects requires signatories to ensure that appropriate resources are made available from within their organisations.

Agreement: We the undersigned do hereby agree to implement the terms and conditions of this Protocol:

[signatories inserted here]

Agenda Item 14

HEALTH AND WELLBEING BOARD: 25 SEPTEMBER 2025

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

LEICESTERSHIRE HEALTH PROTECTION ANNUAL REPORT 2024

Purpose of report

1. This report provides an overview of health protection activities in Leicestershire from January to December 2024. It covers the performance as well as the incidents and emerging risks over the year. The assurance report supports the statutory duties of the Director of Public health and aligns with key local health strategies.

2. A comprehensive report is given in Appendix 1.

Recommendations

3. The Health and Wellbeing Board is recommended to:

    a. Note the annual Health Protection Report 2024;

    b. In noting the report, recognise the specific health protection issues that have arisen locally, the steps taken to deal with them and the areas of focus for the coming year.

Policy Framework and Previous Decision

4. This report supports the statutory duties of the Director of Public Health and aligns with local and national health protection strategies. It builds on previous annual reports and reflects current public health priorities.

Background

5. The report summarises key health protection domains including infectious disease control, immunisation, screening, sexual health, tuberculosis (TB), healthcare-associated infections (HCAIs), emergency planning (EPRR), and air quality. It highlights successes such as improved flu vaccine uptake and challenges like rising gonorrhoea rates and TB concerns. The report also outlines preparedness for emerging threats and system changes.

Health Protection Overview

Outbreaks and communicable disease

6. **COVID-19**: Continued vaccination efforts with Spring and Autumn booster programmes. Case numbers are detailed in the appendix as well as performance of the vaccination programmes.

7. **Measles**: 15 cases locally; proactive vaccination campaigns in response to regional outbreaks. A local measles elimination plan was used to mitigate the impact.

8. **Mpox**: No local cases; preparedness plans in place with vaccination prioritised for cohorts at greatest risk.

9. **Pertussis (Whooping Cough):** An increase in reported cases led to a local Incident Management Team (IMT) being convened; maternal and child vaccination was prioritised as a response. Case numbers reduced towards the end of the year and IMT was stood down.

10. **Avian Flu**: H5N1 and H5N5 strains detected in wild birds in England; low human risk.

Immunisation

11. Overall, **childhood immunisation** performance is above the national average. However, trends continue to show a decline in vaccine coverage.

12. The **Human papillomavirus (HPV) programme**, now a single dose schedule for the main cohort, continues to be delivered in schools.

13. Performance for the **seasonal flu** campaigns is given in the appendix. Ongoing work continues to improve uptake in 'at risk' groups as well as eligible children and pregnant women.

14. A new vaccination programme commenced in September 2024 to protect pregnant women (and their newborn babies) and those aged 75 from **respiratory syncytial virus (RSV)**. These groups are considered to be at greatest risk.

Screening Programmes

15. Uptake of bowel screening programmes is showing an improvement. Cervical and breast screening uptake are declining but remain higher than the national average. Planning is underway for the delegation of screening responsibilities to local Integrated Care Boards by April 2026.

Sexual Health

16. The diagnostic and detection rates for Key Indicators are given in the appendix. Leicestershire County Council commissions the integrated sexual health

services (ISHS) to detect, prevent and treat sexually transmitted infections (STIs). A new provider is in place for the ISHS from April 2025, covering Leicestershire and Rutland. The main site of delivery will be via the Loughborough hub supported by outlying spoke clinics.

17. Self-managed care remains a priority. An online service commenced in April 2024.

18. Leicestershire's **chlamydia detection** rate has increased since 2021. Whilst better than national performance, Leicestershire's **gonorrhoea** diagnostic rates have increased, mirroring national trends and exceeding pre-pandemic rates and rates since 2012.

19. **HIV** testing and early diagnosis remains a priority.

Tuberculosis

20. National **TB** rates remain low but are showing an increase. A local action plan is in place, included targeted latent TB screening and addressing a local TB strain of concern. Priorities include improving Bacillus Calmette-Guerin (BCG) vaccination uptake for eligible cohorts and increasing awareness of TB screening eligibility.

Healthcare associated infections

21. Surveillance and response remain ongoing for infections including MRSA, MSSA, E. coli, and C. difficile. Most infection rates are within acceptable ranges, though some rates are elevated. Work will continue to share educational resources to expand IPC learning access for GP practices and care home staff. An ICS IPC Community of Practice has been convened to identify system issues and coordinate relevant strategies.

Preparedness and response to incidents and emergencies

22. Collaboration continues with the Local Resilience Forum, NHS partners and other responders involved. Exercises are planned for 2025 to test and review emergency response plans.

Air Quality

23. An updated Health Needs Assessment was produced in 2024. A new action plan focuses on urban planning and public awareness. It has been evidenced that air pollution disproportionately affects vulnerable populations. Improving information to the public and other stakeholders on risk and the personal impact on air quality is a priority for 2025.

Priorities for 2025

24. The priorities for 2025 are:
    - Increase MMR, HPV, RSV, and flu vaccine uptake.
    - Prepare for delegation of immunisation and screening commissioning to ICBs.

- Improve STI and HIV testing coverage.
- Strengthen TB prevention and response.
- Enhance emergency preparedness and air quality interventions.

Proposals/ Options

25. Key priorities for 2025 include increasing uptake of MMR, HPV, RSV, and flu vaccines; preparing for the delegation of immunisation and screening commissioning to ICBs; improving STI and HIV testing; strengthening TB prevention; and enhancing emergency preparedness and air quality interventions.

Consultation/Patient and Public Involvement

26. This report is for noting and does not contain new policy proposals; therefore, a formal consultation is not required.

Resource Implications

27. The activities outlined are funded through existing public health budgets. The local authority does not commission the majority of services that are described within the report, but the Director of Public Health should be assured that arrangements are appropriate for the population.

Background papers

- Leicestershire Health Protection Report – Annual Report 2023

List of Appendices

Appendix 1- Leicestershire Health Protection Annual Assurance Report 2024

Officers to contact

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Relevant Impact Assessments

28. The JSNAs give due regard to the equality and human rights of different population groups, with particular focus within the JSNAs. Sources of

inequalities and recommendations are designed to alleviate issues created through identified inequalities.

Equality and Human Rights Implications

29. There are no equality implications arising from this report. The report would seek to have a positive impact overall and would not have an adverse effect on any section of the community.

30. There are no human rights implications arising from this report.

Environmental Implications

31. Air quality is an important element within the Leicestershire Environment Strategy.

Partnership Working and Associated Issues

32. Partnership working across health, local authorities, police, fire, districts etc. is essential to ensure robust health protection and emergency planning arrangements are in place.

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Appendix 1

LEICESTERSHIRE HEALTH PROTECTION ANNUAL ASSURANCE REPORT 2024

January 2024 – December 2024

Health and Wellbeing Board

September 2025

Leicestershire Health Protection Report

Report of the Director of Public Health

Purpose of Report

1. This report provides an annual overview of the health protection assurance functions led by the Leicester, Leicestershire, and Rutland (LLR) Health Protection Assurance Board. It also updates the Health and Wellbeing Board on health protection performance, significant incidents and emerging risks.

Link to the local Health and Care System

2. Health protection assurance is a statutory duty of the local authority, via the Director of Public Health. It is therefore a key element of the Joint Health and Wellbeing Strategy and of Leicestershire County Council's core business. It is an essential element in local health and social care strategies and initiatives.

3. The Director of Public Health is a mandated member of the local health and wellbeing board (section 194(2)(d) of the 2012 Act).

4. Links to LCC strategic plan:

- Safe & Well: Ensuring people are safe and well protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives.
- Improved opportunities: All children and young people get the best start for life and have the opportunities they need to fulfil their potential, regardless of their circumstances.

Policy Framework and Previous Decisions

6. The statutory responsibilities of the Director of Public Health are outlined in the Health and Social Care Act 2012, the NHS Act 2006 and regulations issued under these. Section 30 of the Health and Social Care Act requires local authorities, acting jointly with the Secretary of State, to appoint a Director of Public Health. The Director of Public Health has an overarching duty to ensure the local health protection system works effectively.

7. Under section 18, the Secretary of State can use regulations to delegate their health protection duties to local authorities or to require local authorities to undertake their health improvement duties in particular ways. Each local authority is now required, via its Director of Public Health, to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken.

8. Integrated Care Boards (ICBs) were legally established on 1 July 2022, replacing clinical commissioning groups (CCGs), taking on the NHS planning functions and absorbing some planning roles from NHS England (NHS E). The former Public Health England organisation was abolished in 2022 and a new organisation, the United Kingdom Health Security Agency (UKHSA), established.

Key strands of health protection activity:

- Outbreaks and communicable disease
- Screening Programmes
- Immunisation Programmes
- Healthcare associated infections
- Preparedness and response to incidents and emergencies

9. The local authority does not commission the majority of services which contribute to protecting the health of the population, but the Director of Public Health should be assured that arrangements are robust and that they are implemented in a way which meets the needs of the population for which they are responsible.
10. The Leicester, Leicestershire, and Rutland (LLR) Health Protection Board reports into each of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland and enables local authorities to discharge their health protection assurance responsibilities.
11. Dashboards, reports and/or updates are received and reviewed at the quarterly Board. They cover the key domains identified above. This data is reviewed by the group and if needed, stakeholders are asked to produce more detailed assurance for the group on an exception basis. The LLR Health Protection Board is linked into a number of other Health Protection groups across the local system.

Key Domains of Health Protection Assurance

Prevention and Control of Infectious Diseases

Organisational Roles/Responsibilities

12. The United Kingdom Health Security Agency (UKHSA), formerly Public Health England (PHE), is an executive agency made up of both national specialist teams and regional health protection teams. UKHSA have established programmes to reduce the impact of common infectious diseases through detecting, analysing, responding, delivering and engaging with the wider health system. UKHSA lead on the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

13. NHS England is responsible for ensuring its contracted providers are mobilised to deliver an appropriate clinical response to outbreaks/incidents. This responsibility devolves down to local Integrated Care Boards (ICBs) to use contractual arrangements with provider organisations to make relevant resources available (including screening/diagnostic and treatment services).

14. The local authority, through the Director of Public Health, has overall responsibility for the strategic oversight of an incident/ outbreak and to gain assurance that the local health protection system is robust enough to respond appropriately.

COVID-19

15. A summary of COVID-19 cases recorded between March and December 2024 is given in Appendix 1. COVID-19 vaccination remains a vital tool in reducing the risk of ill health as a result of COVID-19 infection, particularly in those at higher risk of worse outcomes from infection owing to age, existing illness, or other vulnerability.

16. A spring booster programme commenced on 15 April 2024 for adults aged 75 years and older, residents in a care home or older adults and those aged 6 months or over with a weakened immune system. An Autumn booster programme commenced in September 2024 and will end on 31 January 2025. Further programmes are scheduled to run in 2025 as determined by NHS England, comprising a Spring and Autumn booster programme.

17. A spring booster programme has been announced for 2025 and will commence in April for a smaller cohort than the Autumn 2024 booster programme.

Measles

18. Since 1 January 2024, 2918 confirmed cases of measles were reported in England. The previous report highlighted a large outbreak in the West Midlands in late 2023, which was followed by subsequent rises in London and other areas. Over the Summer of 2024, there was an increase in measles cases across the East Midlands.

19. Having identified a downward trend in MMR (measles, mumps and rubella) vaccination uptake in June 2023, a local measles elimination group was established in LLR as a proactive measure. NHS England released their vaccination strategy in December 2023 highlighting similar concerns of a decline in MMR uptake. Whilst to date, measles cases in the County remain low, proactive and preventative measures continue to be implemented.

20. 15 measles cases were reported across Leicestershire between 1 January 2024 and 31st December 2024. As cases were identified, proactive steps were taken to offer vaccination in areas at risk. An increase in measles cases was recorded in neighbouring Leicester City. Representation by Leicestershire County Council was included in the subsequent incident management team meeting to ensure that outbreak control strategies covered the region. The UKHSA Health Protection Team follow national guidance in response to identified cases, undertaking a risk assessment and instigating public health actions as required to minimise the spread of measles and protect contacts at risk of severe illness.

21. An MMR call-recall campaign of under or unvaccinated children was carried out between February and March 2024 as the second phase of the national catch-up campaign, building on activity that GP practices undertook in November 2023. National MMR vaccination reminders were sent to the parents/ guardians of children aged 6-11 years.

Mpox

22. In August 2024, the World Health Organization declared that the upsurge of Clade Ib mpox in a growing number of countries in Africa constituted a public health emergency of international concern (PHEIC). This differs from clade 2, which has been circulating at low levels in the UK since 2022, primarily amongst gay, bisexual and other men who have sex with men. In October 2024, UKHSA detected the first confirmed case of clade 1b mpox in the UK and continue to monitor the situation, advising that the risk to the UK remains low. No cases have been identified in Leicestershire.

23. Systems are in place across Leicestershire for the appropriate public health management should the situation change. Action cards have been developed and shared with system partners. Vaccinations are being procured to support an immunisation programme for cohorts deemed at higher risk of coming into contact with mpox.

Pertussis

24. Pertussis (also known as whooping cough) is a cyclical disease that saw increased numbers of cases reported throughout 2024. In response to a local and national increase in cases, an Incident Management Team (IMT) meeting was convened, chaired by the Director of Public Health. Strategies focussed on increasing maternal vaccination rates to prevent infant hospitalisations and deaths, as well as timely and complete vaccination for infants and children under 10 years of age.

25. UKHSA maintained responsibility of following up suspected, epidemiologically linked and confirmed cases. The IMT group was stood down in October 2024 following a reduction of cases and a return to expected seasonal norms. Work continues to promote maternal vaccination and timely vaccination for infants. NHS E confirmed a national pertussis vaccination and immunisation catch-up campaign for 2024-25.

Avian Flu

26. There have been reports of highly pathogenic avian influenza (HPAI) in wild birds in England in 2024. In recent years, most findings of HPAI in wild birds in the UK have involved the H5N1 virus strain, but this year H5N5 has also been detected. The risk to human health from HPAI in wild birds is low and surveillance remains ongoing to prevent future outbreaks.

Immunisation and Screening

Organisational Roles/Responsibilities

27. Integrated Care Boards (ICBs) were legally and operationally established on 1 July 2022. For Section 7A NHS public health functions (Screening (cancer and non-cancer), Immunisations including COVID-19 and Influenza (flu), and Child Health Information Systems (CHIS)) commissioning responsibility currently remains with NHS England. Building on existing partnerships, there will be closer collaborative working between NHS England and ICBs on the commissioning of vaccination, screening and CHIS from April 2025. Responsibility for commissioning vaccination services and suitable elements of screening pathways and CHIS will be delegated to ICBs in April 2026, subject to governance and Secretary of State approval.

28. UKHSA is responsible for setting immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). UKHSA will continue to support the NHS through provision of authoritative clinical guidance and coordinated procurement and supply of vaccines.

29. Local authorities, through the Director of Public Health, require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. This includes providing public health information and advice to relevant bodies within the local area and collaborative activity to maximise vaccination uptake and coverage. Directors of Public Health and teams provide independent scrutiny of the arrangements of NHS England, UKHSA and providers of immunisation services.

Immunisation

30. The complete routine immunisation schedule is published annually by the UK Health Security Agency, with details given in Appendix 2. Pre-school-aged children receive vaccinations from local GP practices across Leicestershire. The school-based vaccination programme is provided by the School Aged Immunisation Service (SAIS) commissioned by NHS England. They work with schools to arrange clinics and provide opportunities to ensure all children are provided with an offer for the schedule

of vaccines they can receive, including an opportunity to catch up on any doses they may have missed.

31. Coverage of childhood immunisations continues to be relatively high in Leicestershire, exceeding performance for all childhood immunisations compared to the England average. Good coverage helps ensure that the local population is protected and does not become susceptible to outbreaks of vaccine preventable diseases.

32. Data has shown a national decrease in children receiving routine childhood immunisations since 2019. Leicestershire has followed this national trend of reduced coverage, nonetheless, it still remains above the national average. Work continues to enable residents to receive timely vaccinations.

33. An LLR Immunisation Board was established in 2024 to bring together system partners to oversee the delivery of the vaccination strategy for local people. The Board provides an outcome-focussed approach to vaccination, reducing morbidity and mortality. The Board also governs the transfer of delegated powers for the commissioning of NHS vaccination services to the ICB by April 2026.

Human Papillomavirus (HPV)

34. From 01/09/2023, the HPV vaccine programme changed from a 2 dose to a single dose vaccine schedule for eligible adolescents and men who have sex with men (MSM) aged under 25 years, as advised by the Joint Committee on Vaccination and Immunisation (JCVI). Uptake rates in Leicestershire are given in Appendix 3.

Seasonal Flu

35. Population flu vaccination coverage was updated for the 2023-24 season. Uptake has improved since the COVID-19 pandemic. In 2019, vaccination coverage in the population aged 65 and over was 74.1%. This has now increased to 81.5% for the 2023-24 season, compared to the England average of 77.8%, and greater than The World Health Organization (WHO) recommendation of 75% coverage. There remains a challenge in improving the uptake for those under 75 and at risk, eligible children and pregnant women. Vaccination rates are combined for Leicestershire and Rutland.

36. The flu vaccination programme continues to be a priority during the 2024/25 programme, with a return to pre-pandemic cohorts eligible for a free NHS vaccination. Multi-agency arrangements were established across Leicestershire to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza. Flu vaccine uptake rates for 2024 are given in the Appendix. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proven popular with patients seeking vaccinations.

Respiratory Syncytial Virus (RSV)

37. A new national vaccination programme commenced in September 2024 for pregnant women to protect their newborn babies and for those aged 75 years (including a one-off campaign for people aged 75-79 years old). These groups are at greatest risk from RSV. The programme for older adults is delivered primarily by primary care and the maternal offer is delivered by UHL.

Key Issues for 2025 (Immunisation)

- Increase uptake of MMR vaccine in line with national strategy.
- Maintaining uptake of influenza vaccine, particularly in at-risk groups including care home residents.
- Increase uptake of HPV amongst boys & girls, to reverse the downward trend in coverage, aligned with the NHS cancer elimination strategy.
- Delegation of commissioning responsibilities from NHS England to the ICB by April 2026.
- Improving awareness and uptake of RSV vaccine. Despite infecting around 90% of children within the first 2 years of life, RSV is relatively unknown amongst the public.

Screening

38. The strategic framework of the Major Conditions Strategy focuses on primary prevention, secondary prevention, early diagnosis, prompt and urgent care, and long-term treatment and care. Screening plays a vital role in each of these. The purpose of screening is to detect conditions in the healthy population who have an increased likelihood of developing disease. The framework, published in 2022 (updated August 2023), can be found here: https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2

39. The Health Protection Team monitor and support service providers for the following screening programmes: bowel cancer, cervical and breast. Data is shared in Appendix 4. Overall, cervical and breast screening programmes nationally have experienced a downward trend. Locally, Leicestershire has seen a downward trend in these screening areas, however a better than England average performance continues across all of these programmes. Health Protection are supporting on the LLR cervical cancer elimination strategy (ICB led) and actively participate in UK National Screening Committee proposals via UKHSA consultation process. Bowel cancer screening coverage and uptake rates are both continuing to increase locally and nationally, continuing to build on the trend previously reported.

Key Issues for 2025 (Screening)

- Planning for NHS E to LLR NHS ICB service commissioning delegation ahead of 2026 date.

- The final phase of the NHS ambition to offer everyone 50-74 a bowel screening test will begin in 2025. Plans are in place to reduce the FIT screening threshold.
- Continue to strengthen multi- agency regional and local plans to target areas of poor uptake and coverage for each of the screening programmes.
- Work with NHS E, LLR NHS ICB, PCNs and districts to improve areas of performance to meet at the least national targets and reduce local health inequalities.
- Provider organisational risk highlighted by horizon scanning, such as the providers service workforce to enable national and local targets to be met.

Sexual Health

Table 1 in appendix 5 summarises diagnostic and detection rates for the Key Indicators in the Sexual and Reproductive Health in Leicestershire.

40. Leicestershire Public Health commission the integrated sexual health services (ISHS) which detect, prevent and treat Sexually Transmitted Infections (STIs) in the local population. The service has comprehensive arrangements for testing for STIs and a variety of testing options for HIV.

41. A new provider will be in place for the ISHS contract covering Leicestershire and Rutland from 1st April 2025.

42. The emphasis remains on self-managed care whilst preserving the quality of testing, results notification and partner notification. The main site of delivery for Leicestershire services will be delivered from the Loughborough Hub, supported by the outlying spoke clinics across county locations.

43. There is also a separate online service that commenced on 1 April 2024. This online service offers a range of testing options for STIs and treatment for chlamydia. Online service access has increased since the COVID-19 pandemic and this service will enable those in our most rural areas to access services.

Chlamydia Screening

44. While Leicestershire's screening rate is worse than the East Midlands average, it is now better than the England average. However, there is a downward trend on screening rates and scope to increase screening rates further.

Chlamydia Detection

45. A national benchmarking criterion for chlamydia detection exists:

Only 13 out of 152 local authorities in the country meet the benchmarking target of 3250 per 100,000 females aged 15-24. This is not considered a reliable method for monitoring

Leicestershire's performance. A more reliable method of comparison is to compare with performance over the previous year. Leicestershire's chlamydia detection rate has increased from 583 cases in 2021 (1,484 per 100,000 population) to 760 cases in 2022 (1,934 per 100,000) and 781 cases in 2023 (1,992 per 100,000). Whilst this reflects an upward trend in chlamydia detection, it is recognised that if screening rates increase, detection rates may also increase.

Key Issues for 2025 (Sexual Health)

- Monitor the STI testing rate (excluding chlamydia aged under 25) per 100,000 (all ages). Although trend is increasing, this requires further improvement.
- Monitor gonorrhoea diagnostic rates. Leicestershire still performs significantly better than England on the gonorrhoea diagnostic rate per 100,000, however there is an increasing trend. Whilst an increase in rates can be positive if resulting from increased testing activity, this needs to be monitored locally to better understand the causes. The increase in rates in the latest year mirrors national trends and significantly exceeds pre-pandemic rates and rates since 2012.
- Improve the HIV testing coverage in Leicestershire in particular, including an emphasis on testing and repeat testing for gay, bisexual, and other men who have sex with men (GBMSM). There has been a change to the indicators for HIV testing: the HIV testing coverage indicators have been discontinued and a new indicator for HIV testing per 100,000 population has been introduced.
- It is recommended that work takes place to encourage early diagnosis of HIV for heterosexual men in Leicestershire in particular. This should be linked to HIV testing coverage and increased promotion of testing.
- It is also recommended that trends pertaining to Sexual Health is monitored at district levels to inform targeted actions.

Tuberculosis (TB)

46. Nationally, for the calendar year of 2024 provisional data (released 30th January 2025), saw an increase in TB notifications by 13.0% compared with 2023 data in England. Overall TB notification rate rose from 8.5 per 100,000 to 9.5 per 100,000. England remains just below the threshold of 10 per 100,000 for the World Health Organization (WHO) low incidence country status but has diverged further from the trajectory required to meet WHO elimination targets. [https://www.gov.uk/government/statistics/tuberculosis-in-england-national-quarterly-reports/national-quarterly-report-of-tuberculosis-in-england-quarter-4-2024-provisional- accessed 27.02.2025].

47. Regionally, there has been a 6.0% increase (24 additional notifications) in TB cases in the East Midlands.

48. Locally, Leicestershire TB rates remain low, though have increased and cases for which the patient was born outside of the UK remains higher than cases in those

born in the UK[1]. There has also been a deep dive into the LLR TB Service with a 'Getting it right first time (GIRFT) report setting out recommendations, many of which are progressing through the local strategy and action plan.

49. Support of the UKHSA England TB Action Plan recommendations continues locally. An LLR TB Action Plan/logic framework has been established, and this has driven in part the successful NHS funded business case (ICB led), with designated funding for Latent TB Infection (LTBI) screening. This will ensure Leicestershire LTBI screening needs can be met if LTBI is needed. A Leicestershire Health Needs Assessment (HNA) is in progress to address local health inequalities that increase the risk of TB infection. Locally, it is worth noting that there is a TB cluster of concern known as *Lro* (Loughborough) strain which has a reduced infectivity exposure period to less than the usual 8 hours exposure time and patients present with advanced lung disease compared to other TB infections. For 2024 there have been 8 cases of *Lro* strain TB and risk factors included drug misuse, many of the most recent cases have limited epidemiological links. Guidance on tackling TB in inclusion health groups: a toolkit for a multi-agency approach (updated July 2024) is being used alongside all planned work.

Key issues for 2025 (TB)

- Improve BCG vaccination and TB screening eligibility awareness, particularly for those with parents and/or grandparents from a non-UK country of origin with a high incidence prevalence. Super-vaccinators (late 2024) have carried out BCG specific 'mop-up' clinics within UHL for eligible babies.
- With increased demand and limited resources within the LLR TB Service, the development of a bespoke plan for Leicestershire's population, with a health inclusion approach as part of the wider LLR strategy is a local priority. Concerns over the increased case complexity and TB treatment supply issues are also being closely monitored.
- Local Health Needs Assessment UPDATE include any key recommendations.

Health Care Associated Infections (including antimicrobial resistance-AMR)

50. Many healthcare associated infections (HCAI) are preventable. When they do occur, they can have a significant impact on patients and on the wider NHS and care systems.

Organisational Roles/Responsibilities

51. The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care (DHSC) to provide a framework in which to measure and monitor how well the NHS is performing. NHS England hold local ICBs to account for performance against indicators under this domain.

52. UKHSA, through its consultants in communicable disease control, will lead the epidemiological investigation and the specialist health protection response to HCAI outbreaks and has responsibility to declare a health protection incident. UKHSA

[1] UKHSA Leicestershire 2022 annual report

monitors the number of HCAIs through routine surveillance and the spread of antibiotic-resistant infections.

53. The local authority, through the Director of Public Health has overall responsibility for the strategic oversight of a HCAI impacting on their population's health. See Appendix 6 for information about Healthcare Associated Infections Incidence in LLR for January- December 2024.

54. LLR Trusts continue to investigate HCAI alert organism cases, conducting Post Infection Reviews and Root Cause Analyses (RCAs) when required, cascading learning outcomes to relevant teams. Public Health Infection Prevention and Control (IPC) colleagues conduct reviews of C. diff cases within care homes, where necessary. If learning outcomes involve General Practice, the ICB IPC team support communication and escalate actions where necessary.

55. The ICB IPC team continue to provide operational support for General Practice, including assistance with community bacteraemia RCAs where necessary. Alert Organism guidance is advised and relevant shared learning from community RCAs discussed at ICB IPC Question and Answer (Q&A) sessions and forums for GP IPC Leads and Link Practitioners.

56. System IPC Leads continue to monitor respective bacteraemia cases and convene review meetings to discuss LLR bacteraemia's, including source origins, possible interventions, and mitigations for improvement. This has included focus on antimicrobial prescribing practice (including avoidance of broad-spectrum antibiotic use except where necessary), operational groups to review monthly C. diff data and develop reduction action plans.

57. The summary RAG rating comparators with national and recommended peer system rates below cover LLR:

    - **MRSA:** Overall LLR cases for MRSA are green RAG rated in the 2nd highest quartile, matching national rates.
    - **MSSA**: Overall rates for MSSA are green RAG rated in the lowest quartile.
    - **E. coli:** In LLR, overall E. coli rates are green RAG rated in the lowest quartile.
        - Overall Community-Onset Healthcare-Associated (COHA) rates (including overall rates for both female and male) are green RAG rated in the 2nd lowest quartile.
        - Overall male HOHA rates are green RAG rated in the 2nd lowest quartile.
    - **Klebsiella spp**: Overall Klebsiella spp cases are green RAG rated in the 2nd lowest quartile.
        - Female HOHA rates are red RAG rated in the 4th highest quartile.
        - Overall female rates, female COCAs and male COHAs are red RAG rated in the 3rd highest quartile.
        - Male COCA rates and female COHAs are green RAG rated in the lowest quartile.
    - **Pseudomonas aeruginosa**: Overall Pseudomonas rates in LLR are green RAG rated in the 2nd lowest quartile.
        - Overall COCA rates are red RAG rated in the 3rd highest quartile.

- Overall COHA rates are green RAG rated in the lowest quartile.

The comparators are from the NHSE Model Health System data set and relate to the previous rolling 12 months, up to October 2024 (latest figures).

Key Issues for 2025 HCAI

- The ICB IPC team and local authority public health IPC teams continue to share educational resources, to expand IPC learning access for both General Practice and care home staff (including sessions on C. diff and Carbapenem Resistant Organisms).
- A new ICS IPC Community of Practice has been convened with relevant stakeholders and is in the process of identifying current system issues and developing/ co-ordinating relevant strategies. It is anticipated that this group will support strategies to reduce the likelihood of and control antimicrobial resistance (via antimicrobial stewardship).

Emergency Planning and Response (including severe weather and environmental hazards)

Organisational Roles/Responsibilities

58. Emergency planning has been a local authority function since before the Health and Social Care Act (2012). However, within Public Health in the Authority there are additional opportunities to consider regarding the health protection aspects of this function.

59. The local authority continues to engage with the Local Resilience Forum in undertaking its annual exercise programme, responding to incidents and undertaking learning as required.

60. The Local Health Resilience Partnership (LHRP) is co-chaired by LLR ICB and local authority Public Health. The LHRP provides a strategic forum for local healthcare organisations to facilitate preparedness and planning for health emergencies at a suitable system and Local Resilience Forum (LRF) level. The LHRP also supports NHS England, Local Government, and UKHSA to ensure member organisations develop and maintain effective health planning arrangements for major emergencies and major incidents.

61. The National Team has launched a review of the NHS Core Standards for EPRR and the standard review survey closed on 1st November. A National Core Standards Working Group is being formed. It is intended to release the standards in April 2025, with 1 year before they will be used as part of assurance.

62. NHS England is working to ensure sign-off of the new CBRN guidance. This will be a combined version of the previous two sets of guidance and will cover Initial Operating Response and flow into Specialist Operational Response. A publishing date for this guidance is still awaited.

Key Issues for 2025 (Emergency Planning)

- Ensure partners are clear on the response structure to major incidents, the causes of delays in action and on the coordination of groups.
- Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon.
- Continue to review contingency plans as appropriate according to national and local guidance and ensure further testing response arrangements.
- Partners will participate in planned regional and national exercises scheduled for 2025, organised by UKHSA and NHS E, named exercise Tangra and exercise Pegasus respectively.
- Cyber resilience deep dive has shown some concerns, especially in the areas of resilient telecommunications and business impact assessments for IT.
- Update to the national Concept of Operations for the management of mass casualties is in progress, with publication expected in 2025. It is anticipated this will incorporate learning from the Manchester Inquiry.
- Nottinghamshire Healthcare NHS Foundation Trust undertook a tabletop exercise of EPRR procedures and plans across inpatient facilities. This provided an opportunity to test the new draft Arnold Lodge Evacuation and Shelter plan across inpatient facilities and provide assurance they can effectively manage a medium secure hospital off site evacuation. 3 further exercises are planned, including an internal exercise, a live exercise and a tabletop exercise.

Air Quality

63. Poor air quality is the largest environmental risk to the public's health. The Chief Medical Officer report (2022)[2] cites evidence of links between pollution exposure and a wide range of health impacts. There is a strong evidence base to suggest that air pollution contributes to development of cardiovascular and respiratory diseases, lung cancer and there is an emerging evidence base around links to intra-uterine impacts, adverse birth outcomes, poor early life organ development, diabetes, reduced cognitive performance and increased dementia risk.

64. The health risk impact across the life course disproportionately impacts certain groups within the population, such as children and young people, older adults and those who are pregnant or have long term health conditions. There are also inequalities regarding air quality exposure and social deprivation, with a complex relationship by pollutant.

65. The Leicestershire Air Quality and Health Joint Strategic Needs Assessment (2018-21) was updated by a new Air Quality and Health Needs Assessment in 2024. The

[2] 1 https://assets.publishing.service.gov.uk/media/639aeb81e90e0721889bbf2f/chief-medical-officers-annual-report-air-pollution-dec-2022.pdf

HNA recommendations focussed on seven key areas for recommended action through a number of objectives:

- Leadership through the Air Quality and Health Partnership group
- Routinely influence urban design and planning across Leicestershire to improve air quality
- Increase active travel across the county
- Improve Air Pollution communications to the public and stakeholders
- Target interventions in densely populated areas and vulnerable groups
- Understand the impact of industry and agriculture on the air and potential action in these areas

66. These objectives were used to inform a new action plan for the Air Quality and Health Partnership 2024-28. Jointly chaired by the LCC Public Health and Environment and Transport teams, the partnership is comprised of representatives from all districts (with the statutory duty for monitoring air quality) and several Leicestershire County Council representatives. Relationships have been maintained this year with the LLR Air Quality Forum and LLR Respiratory Working Group, chaired by the ICB.

67. Health and Wellbeing has also formed a key part of the Leicestershire Local Transport Plan 4, with 'enabling health and wellbeing' being one of the five core themes. A health impacts consideration form was completed for the first stage of the plan, with a health impact assessment planned for subsequent stages.

Key Issues for 2025 (Air Quality)

- Within Leicestershire, lower tier local authorities (district councils) have the statutory responsibility to manage local air quality. This includes a requirement to regularly conduct air quality monitoring to ensure that it meets the required standards for certain pollutants.
- Ensuring a strategic approach to identification of shared objectives and benefits that address various health and environmental aspects simultaneously.
- Improving information to the public and key stakeholders on risk and personal impact on local air quality in a way that is meaningful, easily accessible and understandable, focusing on groups most likely to be impacted by air pollution.

1 https://assets.publishing.service.gov.uk/media/639aeb81e90e0721889bbf2f/chief-medical-officers-annual-report-air-pollution-dec-2022.pdf

Conclusions

68. Overall, the Director of Public Health is assured that the correct processes and systems are in place to protect the health of the population. Areas to continue to focus further progress on include:

- Ensuring local health and care systems have the capacity to respond to major incidents including emergency planning and response (e.g. severe weather).
- Maintaining and improving progress on key health protection indicators particularly relating to:
    - Communicable disease.

- Environmental hazards, especially air quality.
- Screening.
- Immunisation.
- Hospital Acquired Infections.

Background Papers

Annual report of the Director of Public Health, Leicestershire County Council

Leicestershire Director of Public Health Annual Report 2024 (leics.gov.uk)

Public Health Directory of Services for Leicestershire

Public Health Directory of Services for Leicestershire

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Appendix 5- Leicestershire Sexual Health Indicators

Appendix 6 - Healthcare Associated Infections Incidence

Consultation

This report is for noting and does not contain new policy proposals; therefore, a formal consultation is not required.

Relevant Impact Assessments

The JSNAs give due regard to the equality and human rights of different population groups, with particular focus within the JSNAs. Sources of inequalities and recommendations are designed to alleviate issues created through identified inequalities.

Equality and Human Rights Implications

There are no equality implications arising from this report. The report would seek to have a positive impact overall and would not have an adverse effect on any section of the community.

Certain socially excluded groups are at greater risk of environmental hazards e.g., poor air quality in areas of socio-economic deprivation. Some groups are at increased risk of particular infectious diseases e.g., TB in some migrants and asylum seekers. Certain groups and individuals are also less likely to avail of the protection afforded by immunisation and screening e.g., in areas of socio-economic deprivation.

There are no human rights implications arising from this report.

Environmental Implications

Air quality is an important element within the Leicestershire Environment Strategy

Environment Strategy 2018-2030: delivering a better future (leicestershire.gov.uk)

Community Safety Implications

This report has no community safety implications.

Partnership Working and Associated Issues

Partnership working across health, local authorities, police, fire, districts etc. is essential to ensure robust health protection and emergency planning arrangements are in place.

Financial Implications

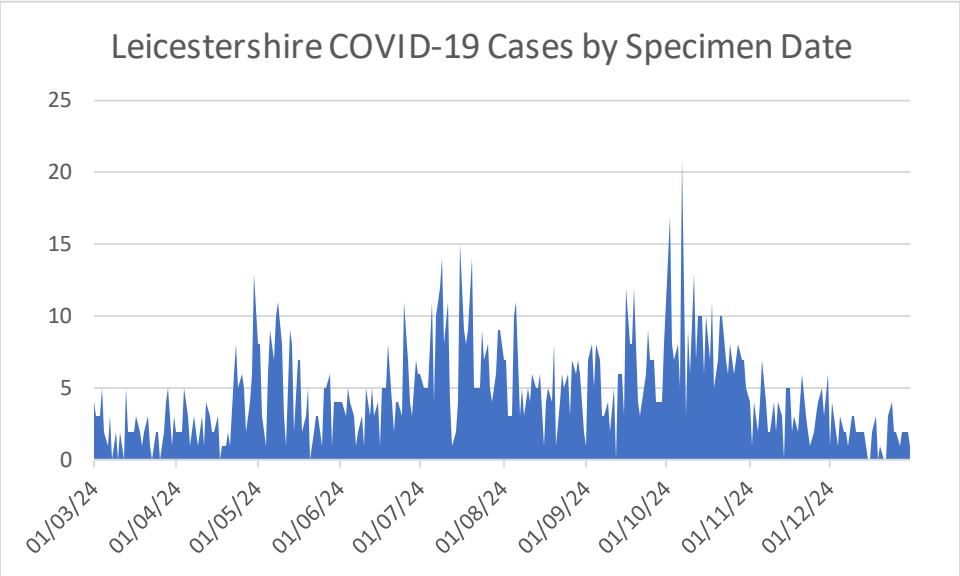
Most Health Protection actions and interventions are the financial responsibility of partners outside of Leicestershire County Council. This report has no implications for finance.

Data Protection Implications

A Data Protection Impact Assessments (DPIA) has not been completed as data presented is not patient identifiable.

Appendix 1 – Infectious diseases

Counts of COVID-19 in Leicestershire March – December 2024



Source: https://ukhsa-dashboard.data.gov.uk/respiratory-viruses/covid-19?areaType=Upper+Tier+Local+Authority&areaName=Leicestershire#cases

Measles cases by local authority

Upper Tier Local Authority	Total cases
Birmingham	364
Lambeth	178
Wandsworth	152
Leicester	124
Harrow	99
Croydon	98
Leeds	79
Hertfordshire	78
Brent	75
Essex	70
Enfield	65
Middlesbrough	55
Southwark	55
Walsall	55
Bristol	53
Lewisham	43
Hillingdon	42
Merton	42
Surrey	40
Ealing	35
Hounslow	35
Waltham Forest	34
Newham	31
Sandwell	31
Barnet	30
Coventry	28
Greenwich	26
Haringey	25
Kensington and Chelsea	25
Luton	25
Camden	24
Hammersmith and Fulham	24
Gloucestershire	23
Sutton	23
Westminster	23
Wolverhampton	22
Bradford	21
Bexley	20
Lancashire	20
Hackney	19
Milton Keynes	19
Nottingham	19
West Northamptonshire	19
Central Bedfordshire	17
Manchester	16
Solihull	16
Tower Hamlets	16
Leicestershire	15
Hampshire	14
Redbridge	14
Doncaster	13
Southampton	13
Staffordshire	13
Thurrock	13
Kingston upon Thames	12
Nottinghamshire	12
Bromley	11
Islington	11
Kent	11
Kingston upon Hull	11
North Northamptonshire	11
Somerset	11
Stockport	11
North Yorkshire	10

Appendix 2 – UK Immunisation Schedule

UK Health Security Agency

Routine childhood immunisations

From January 2025

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Thigh
Eligible paediatric age group[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	REPEVAX	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV[6]	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	REVAXIS	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	MenQuadfi	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	Tdap (ADACEL)
	From 28 weeks gestation	RSV	RSV vaccine (Abrysvo)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people
4. Check SCID screening outcome before giving BCG.

For vaccine supply information for the childhood programme please visit portal.immform.ukhsa.gov.uk and check vaccine update for all other vaccine supply information.

immunisation | The safest way to protect children and adults

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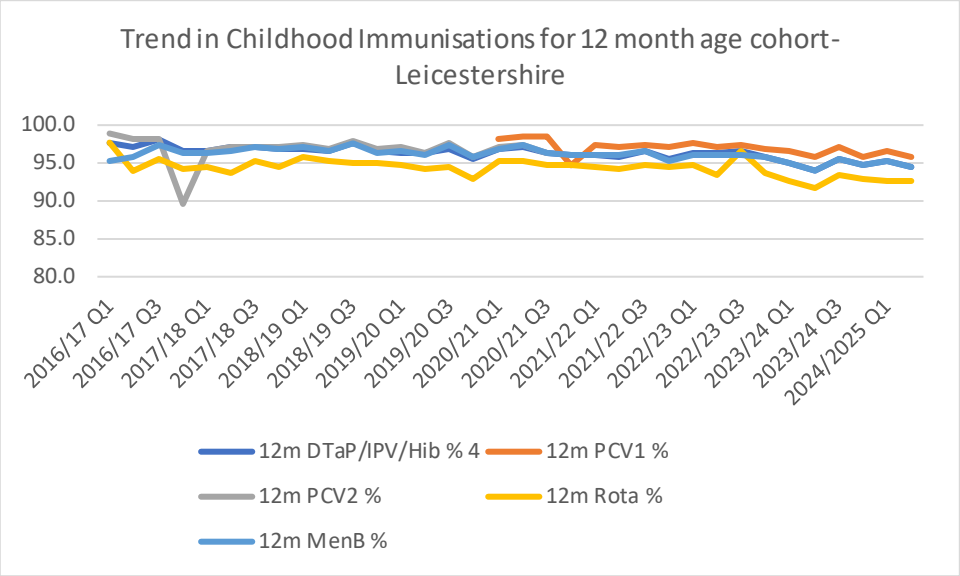
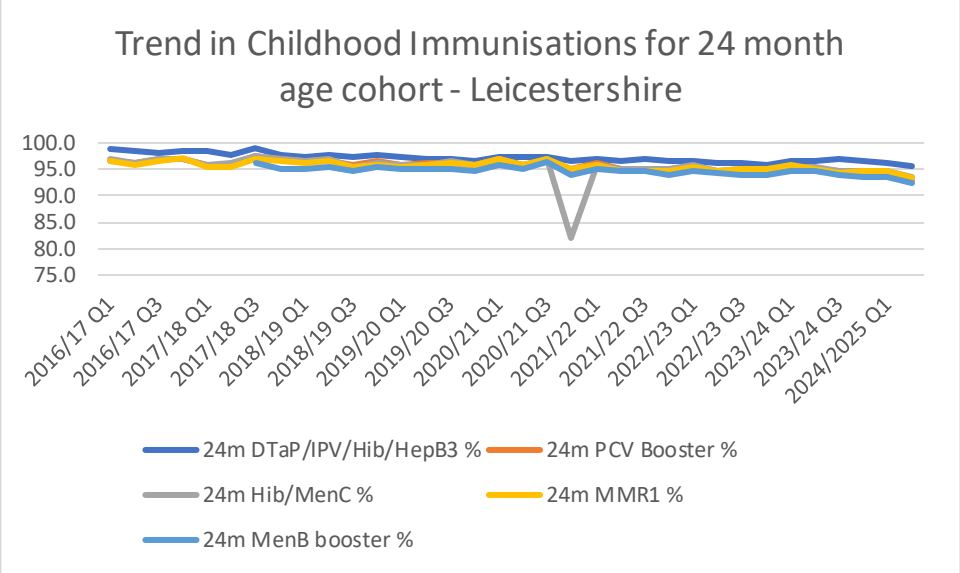
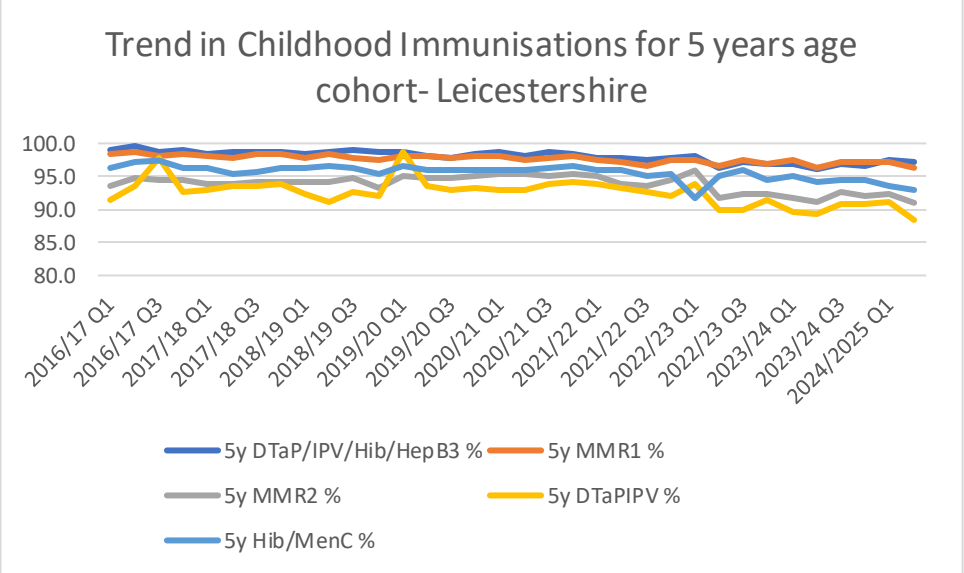
Appendix 3 – Immunisation

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
12m Denominator	N/A	N/A	N/A	Leicestershire	1,807	1,806	1,768	1,789	1,856	1,768	1,776	1,643	1,659	1,856	1,747	1,625	2,353	1,745	1,663	1,553	1,602	1,797	1,683	1,609
				England	164,497	170,286	166,608	160,197	160,905	170,151	162,136	156,145		168,144	162,015	151,782	157,740	162,494	153,331	146,829	152,240	158,053	151,000	144,864
12m DTaP/IPV/Hib %[4]	90	95	< 90	90 - 95	≥ 95	Leicestershire	97.6	97.2	98.1	96.6	96.7	97.1	97.1	96.8	96.9	96.7	97.7	96.5	96.4	96.4	96.8	95.6	96.8	97.2	96.3	96.0
						England	93.0	92.9	93.4	93.0	93.0	93.2	93.1	92.6		91.6	92.1	91.9	92.0	92.1	92.8	92.7	92.8	92.1	91.5	91.6
12m PCV1 %	90	95	< 90	90 - 95	≥ 95	Leicestershire															98.1	98.5	98.5	94.7
						England																	96.3	93.4
12m PCV2 %	90	95	< 90	90 - 95	≥ 95	Leicestershire	98.9	98.1	98.2	89.6	96.7	97.2	97.2	97.0	97.3	96.8	97.9	96.9	97.0	96.4	97.6	95.9	97.1	97.4	96.4	
						England	95.2	94.7	93.6	84.7	93.3	93.5	93.5	92.8		92.1	92.8	92.5	92.6	92.8	93.3	93.3	93.3	92.4	90.6	
12m Rota %	90	95	< 90	90 - 95	≥ 95	Leicestershire	97.7	94.0	95.5	94.2	94.5	93.7	95.3	94.4	95.7	95.3	95.0	95.0	94.8	94.3	94.6	93.0	95.4	95.3	94.7	94.7
						England	93.1	89.3	90.1	90.1	90.2	89.9	90.6	90.3		89.1	90.0	90.1	90.0	89.6	90.5	90.7	91.0	90.4	89.9	90.0
12m MenB %	90	95	< 90	90 - 95	≥ 95	Leicestershire	95.2	95.8	97.5	96.4	96.3	96.5	97.1	96.8	97.2	96.7	97.6	96.4	96.6	96.1	97.3	95.7	96.8	97.3	96.4	96.1
						England	89.5	91.6	92.2	92.6	92.2	92.7	93.0	92.5		91.9	92.3	92.0	92.2	92.3	92.9	92.8	93.0	92.5	91.9	91.8
24m Denominator	N/A	N/A	N/A	Leicestershire	1,719	1,873	1,818	1,716	1,848	1,834	1,815	1,824	1,901	1,804	1,809	1,710	2,325	1,845	1,778	1,630	1,767	1,821	1,727	1,614
				England	163,448	171,737	166,011	159,538	160,960	171,457	167,445	162,253		173,769	165,413	158,088	163,858	170,613	159,837	152,074	158,001	163,265	158,177	148,863
24m DTaP/IPV/Hib/HepB3 %	90	95	< 90	90 - 95	≥ 95	Leicestershire	98.7	98.3	98.2	98.5	98.5	97.9	99.0	97.6	97.2	97.8	97.4	97.8	97.4	96.9	97.0	96.6	97.3	97.4	97.3	96.5
						England	95.1	94.9	95.3	95.1	95.2	95.3	95.2	95.0		94.4	94.2	94.0	94.2	93.5	93.8	93.7	93.9	93.9	94.2	94.0
24m PCV Booster %	90	95	< 90	90 - 95	≥ 95	Leicestershire	96.7	96.2	96.8	97.0	95.8	96.0	97.5	97.0	96.4	96.7	95.7	96.4	95.9	96.2	96.3	95.9	96.9	96.0	96.6	95.1
						England	91.4	91.4	91.5	91.3	91.0	91.3	91.3	91.2		90.0	90.1	90.1	90.3	90.0	90.4	90.7	91.0	90.6	90.3	89.1
24m Hib/MenC %	90	95	< 90	90 - 95	≥ 95	Leicestershire	96.9	96.2	96.8	97.0	95.9	96.1	97.5	96.9	96.4	96.8	95.5	96.3	95.7	96.0	96.4	96.0	97.0	95.9	96.9	82.0
						England	91.5	91.2	91.6	91.3	91.2	91.4	91.3	91.2		90.2	90.3	90.3	90.5	90.2	90.5	90.9	91.0	90.8	90.3	89.2
24m MMR1 %	90	95	< 90	90 - 95	≥ 95	Leicestershire	96.5	96.0	96.5	97.1	95.6	95.6	97.0	96.4	96.3	96.4	95.4	96.0	95.6	95.8	96.2	95.9	96.9	96.0	96.9	95.1
						England	91.4	91.2	91.6	91.2	91.0	91.1	91.1	90.8		89.9	90.0	90.0	90.3	90.1	90.4	90.8	91.0	90.7	90.3	89.3
24m MenB booster %	90	95	< 90	90 - 95	≥ 95	Leicestershire							96.1	95.1	95.0	95.4	94.7	95.4	94.9	95.2	95.2	94.8	95.9	95.1	96.4	94.1
						England							87.4	87.9		87.7	88.4	88.4	88.8	88.6	89.0	89.3	89.5	89.5	89.3	88.5
5y Denominator	N/A	N/A	N/A	Leicestershire	1,939	1,963	1,934	1,931	1,966	1,983	1,998	1,867	1,816	1,905	1,891	1,850	2,463	1,956	1,926	1,831	1,905	1,955	1,964	1,932
				England	173,310	179,996	177,755	174,614	171,013	182,086	177,992	167,215		179,348	173,672	167,841	171,373	179,951	168,938	164,123	171,080	178,227	174,289	167,046
5y DTaP/IPV/Hib/HepB3 %	90	95	< 90	90 - 95	≥ 95	Leicestershire	98.9	99.6	98.7	98.9	98.4	98.6	98.6	98.8	98.3	98.8	98.9	98.6	98.7	98.2	97.9	98.3	98.6	98.2	98.7	98.4
						England	96.0	95.7	95.8	95.6	96.0	96.0	95.8	95.7		95.5	95.3	95.3	95.4	95.2	95.4	95.5	95.6	95.6	95.3	95.3
5y MMR1 %	90	95	< 90	90 - 95	≥ 95	Leicestershire	98.5	98.7	98.2	98.5	98.2	97.8	98.3	98.4	97.8	98.4	97.9	97.5	98.2	98.1	97.8	98.1	98.1	97.5	97.8	98.0
						England	95.0	95.0	95.2	95.1	95.6	95.3	95.1	95.1		94.7	94.6	94.7	94.7	94.5	94.6	94.6	94.7	94.4	94.3	94.3
5y MMR2 %	90	95	< 90	90 - 95	≥ 95	Leicestershire	93.7	94.8	94.6	94.5	93.9	94.0	94.1	94.2	94.3	94.1	94.8	93.1	95.0	94.9	94.8	95.0	95.4	95.3	95.2	95.4
						England	87.5	87.3	87.8	87.4	87.6	87.5	87.3	87.2		86.4	86.6	86.7	86.7	86.3	86.9	86.9	86.9	86.7	86.7	86.4
5y DTaPIPV %	90	95	< 90	90 - 95	≥ 95	Leicestershire	91.5	93.6	97.9	92.7	92.8	93.7	93.4	93.8	92.2	91.1	92.6	92.1	98.7	93.4	92.8	93.2	93.0	93.0	93.8	94.3
						England	85.9	85.9	86.5	86.3	86.2	86.6	85.9	85.5		85.0	85.3	85.1	85.3	84.9	85.5	85.7	85.6	85.4	85.4	85.1
5y Hib/MenC %	90	95	< 90	90 - 95	≥ 95	Leicestershire	96.4	97.2	97.4	96.2	96.2	95.5	95.8	96.4	96.4	96.7	96.2	95.5	96.5	96.0	95.9	96.1	95.9	95.9	96.2	96.5
						England	92.6	92.9	92.7	92.8	93.0	93.1	92.8	92.7		92.7	92.6	92.7	92.6	92.6	92.8	92.8	92.9	92.7	92.6	92.5

Cohort	Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/2025 Q1	2024/2025 Q2
12 months	12m Denominator	N/A	N/A	N/A	Leicestershire	1,614	1,723	1,554	1,634	1,639	1,786	1,781	1,692	1,608	1,730	1,663	1,627	1586	1,660
					England	146,059	151,502	145,098	140,604	147,953	158,919	154,232	142,761	144,242	151,101	147,302	138,882	141,199	146,046
	12m DTaP/IPV/Hib %[4]	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	95.9	96.5	95.5	96.2	96.2	96.5	95.9	94.9	94.0	95.6	94.8	95.4	94.4
					England	91.5	91.3	92.0	91.9	92.0	92.1	91.9	91.6	91.5	91.3	91.3	91.1	91.0	90.7
	12m PCV1 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.4	97.1	97.3	97.0	97.7	97.1	97.4	96.9	96.5	95.7	97.0	95.9	96.6	95.7
					England	93.7	93.3	94.1	94.1	94.0	94.1	94.0	93.6	93.6	93.4	93.5	93.2	93.1	92.8
	12m PCV2 %	90	95	<90 90 - 95 ≥95	Leicestershire														
					England														
	12m Rota %	90	95	<90 90 - 95 ≥95	Leicestershire	94.5	94.3	94.7	94.6	94.8	93.4	96.6	93.7	92.5	91.7	93.3	93.0	92.7	92.7
					England	90.2	89.2	90.4	90.5	89.3	89.0	89.3	89.0	88.7	88.2	88.9	89.2	88.8	88.0
	12m MenB %	90	95	<90 90 - 95 ≥95	Leicestershire	96.2	96.1	96.5	95.3	96.1	96.0	96.1	95.7	94.9	94.0	95.5	94.8	95.3	94.5
					England	91.7	91.5	92.0	92.0	91.8	91.9	91.6	91.2	91.2	91.0	91.2	90.9	90.9	90.6
24 months	24m Denominator	N/A	N/A	N/A	Leicestershire	1,695	1,851	1,745	1,655	1,681	1,766	1,613	1,694	1,692	1,880	1,833	1,740	1,653	1,755
					England	153,721	160,838	153,378	147,510	149,055	154,388	149,108	144,469	151,846	163,654	157,650	145,584	147,569	154,848
	24m DTaP/IPV/Hib/HepB3 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.1	96.5	96.8	96.5	96.5	96.3	96.3	95.8	96.5	96.6	96.9	96.6	96.1	95.6
					England	93.8	93.4	93.0	93.0	92.9	92.9	93.0	93.0	92.8	92.9	92.8	92.5	92.5	92.1
	24m PCV Booster %	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	95.1	95.0	94.6	95.4	94.7	94.5	95.0	95.2	95.0	94.5	94.4	94.3	92.8
					England	88.9	88.3	88.3	89.1	89.3	89.4	88.5	89.3	89.0	88.8	88.2	88.1	88.4	88.0
	24m Hib/MenC %	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	95.1	94.9	94.9	95.8	94.6	95.0	95.1	95.6	95.3	94.8	94.6	94.6	93.4
					England	89.2	89.0	89.1	89.7	89.6	89.5	88.9	89.2	89.5	89.2	88.7	88.7	89.1	88.7
	24m MMR1 %	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	94.8	94.7	94.7	95.5	94.7	95.0	95.1	95.7	95.1	94.4	94.8	94.6	93.4
					England	89.0	88.6	88.9	89.7	89.7	89.7	89.0	89.5	89.5	89.4	88.6	88.7	89.2	88.8
	24m MenB booster %	90	95	<90 90 - 95 ≥95	Leicestershire	95.1	94.9	94.8	93.8	94.8	94.3	94.0	94.0	94.7	94.6	93.9	93.7	93.6	92.4
					England	88.5	88.1	88.1	88.6	88.5	88.6	87.8	88.4	88.1	88.0	87.3	87.3	87.8	87.3
5 years	5y Denominator	N/A	N/A	N/A	Leicestershire	2,031	1,902	1,924	1,828	1,822	2,052	1,986	1,788	1,960	2,041	1,910	1,794	1,865	1,969
					England	171,806	178,424	169,957	162,668	168,324	175,293	170,920	160,488	166,198	172,370	167,726	158,469	164,172	173,006
	5y DTaP/IPV/Hib/HepB3 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.9	97.7	97.5	97.9	98.2	96.2	97.1	96.8	96.8	96.1	96.8	96.5	97.5	97.2
					England	95.1	94.6	94.6	94.5	94.0	93.5	93.5	93.3	93.1	92.8	93.0	93.0	92.8	92.6
	5y MMR1 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.5	97.2	96.6	97.4	97.6	96.7	97.5	97.0	97.5	96.3	97.1	97.1	97.2	96.3
					England	94.1	93.7	93.5	93.5	92.9	92.9	92.9	92.7	92.5	92.3	92.3	92.1	91.7	91.4
	5y MMR2 %	90	95	<90 90 - 95 ≥95	Leicestershire	95.2	93.8	93.5	94.5	95.9	91.6	92.2	92.3	91.8	91.1	92.5	91.9	92.4	91.0
					England	86.3	85.5	85.5	85.9	84.4	84.7	85.2	85.0	83.9	83.8	84.3	84.7	83.6	83.4
	5y DTaPIPV %	90	95	<90 90 - 95 ≥95	Leicestershire	93.9	93.1	92.6	92.1	94.0	90.0	89.9	91.3	89.6	89.2	90.7	90.9	91.1	88.4
					England	84.8	84.0	84.2	84.6	83.0	83.4	84.0	84.0	82.8	82.7	83.2	83.6	81.8	80.8
	5y Hib/MenC %	90	95	<90 90 - 95 ≥95	Leicestershire	95.9	95.9	95.1	95.5	91.7	95.1	95.9	94.4	95.1	94.2	94.5	94.4	93.6	92.9
					England	92.6	92.0	92.0	92.0	91.3	91.2	91.0	90.7	90.5	90.2	90.0	89.5	89.1	88.7


Trend in Childhood Immunisations for 12 month age cohort- Leicestershire
100.0
95.0
90.0
85.0
80.0
2016/17 Q1
2016/17 Q3
2017/18 Q1
2017/18 Q3
2018/19 Q1
2018/19 Q3
2019/20 Q1
2019/20 Q3
2020/21 Q1
2020/21 Q3
2021/22 Q1
2021/22 Q3
2022/23 Q1
2022/23 Q3
2023/24 Q1
2023/24 Q3
2024/2025 Q1
12m DTaP/IPV/Hib % 4
12m PCV1 %
12m PCV2 %
12m Rota %
12m MenB %


Trend in Childhood Immunisations for 24 month age cohort - Leicestershire
100.0
95.0
90.0
85.0
80.0
75.0
2016/17 Q1
2016/17 Q3
2017/18 Q1
2017/18 Q3
2018/19 Q1
2018/19 Q3
2019/20 Q1
2019/20 Q3
2020/21 Q1
2020/21 Q3
2021/22 Q1
2021/22 Q3
2022/23 Q1
2022/23 Q3
2023/24 Q1
2023/24 Q3
2024/2025 Q1
24m DTaP/IPV/Hib/HepB3 %
24m PCV Booster %
24m Hib/MenC %
24m MMR1 %
24m MenB booster %

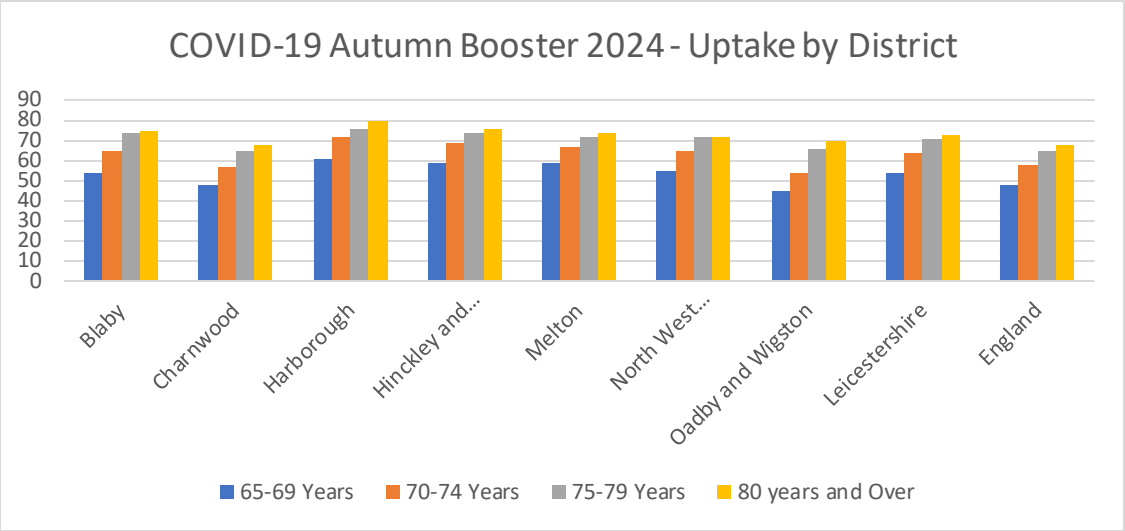

Trend in Childhood Immunisations for 5 years age cohort- Leicestershire
100.0
95.0
90.0
85.0
80.0
2016/17 Q1
2016/17 Q3
2017/18 Q1
2017/18 Q3
2018/19 Q1
2018/19 Q3
2019/20 Q1
2019/20 Q3
2020/21 Q1
2020/21 Q3
2021/22 Q1
2021/22 Q3
2022/23 Q1
2022/23 Q3
2023/24 Q1
2023/24 Q3
2024/2025 Q1
5y DTaP/IPV/Hib/HepB3 %
5y MMR1 %
5y MMR2 %
5y DTaPIPV %
5y Hib/MenC %

BCG Vaccine Coverage

	Number of children who reached 3 months in reporting quarter	Coverage at 3 months BCG (%)	Number of children who reached 12 months in reporting quarter	Coverage at 12 months BCG (%)
April-June 2024	318	82.7	275	83.6
July- Sept 2024	353	81.6	281	85.1

Source: LA Assurance Report

COVID-19 Autumn Booster Uptake



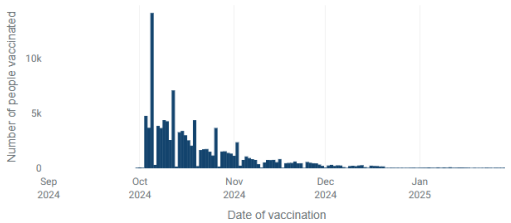
Vaccinations

People aged 65 and over who have had autumn booster vaccinations, by vaccination date (Leicestershire)

The number of people aged 65 and over who have had an autumn booster COVID-19 vaccination. Data is shown by date of vaccination.

Up to and including 29 Jan 2025

Chart | Tabular data | Download

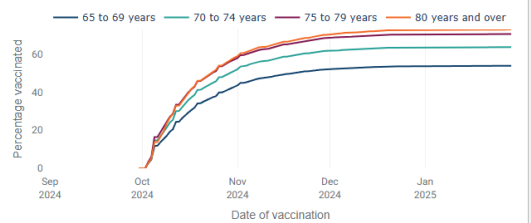


Autumn booster vaccination uptake (65+), by vaccination date (Leicestershire)

The percentage of people aged 65 and over who have had an autumn booster COVID-19 vaccination.

Up to and including 29 Jan 2025

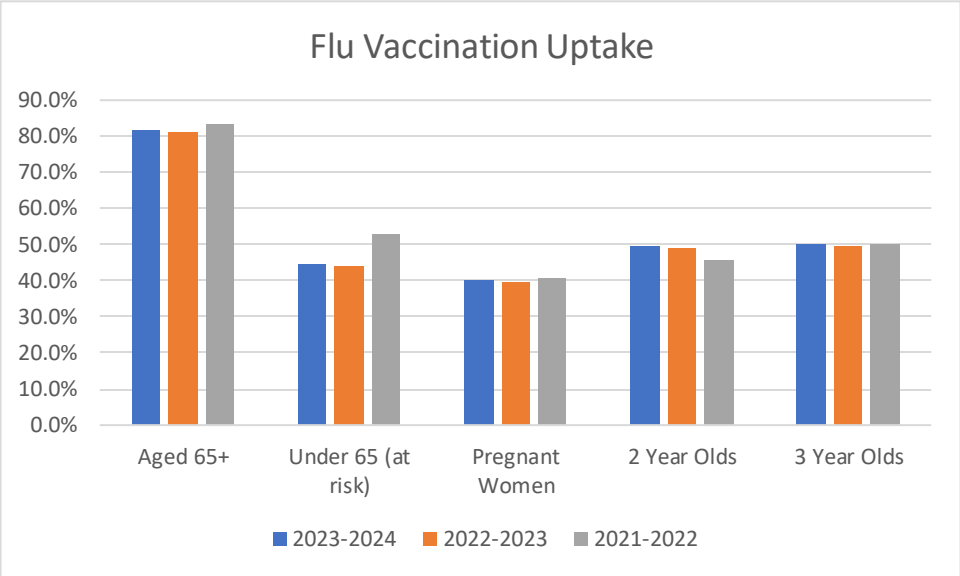
Chart | Tabular data | Download



COVID-19 Autumn Booster 2024 uptake	
Age Group	**Uptake (%)**
65-69 Years	**53.9**
70-74 Years	**63.7**
75-79 Years	**70.6**
80 Years +	**73**

Flu vaccination uptake September 2023- February 2024

Local Authority	65 and over (%)	Under 65 (at risk)	All pregnant women	All 2-year-olds %	All 3-year-olds %
Leicestershire & Rutland (2023-24)	81.5	44.4	40.4	49.6	50.0
Leicestershire & Rutland (2022-2023)	81.2	44.0	39.8	49.2	49.5
Leicestershire & Rutland (2021-2022)	83.6	53.2	40.8	45.9	50.2
England (2023-24)	77.8	41.4	32.1	44.1	44.6
Target	75	55	55	48	48

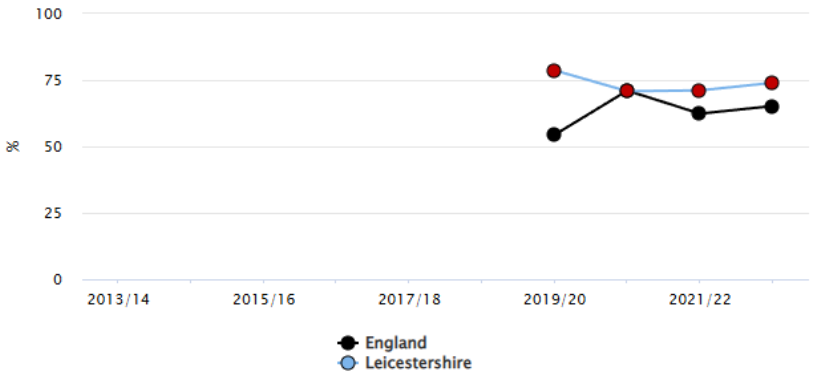


Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: Could not be calculated

Benchmarking against goal: <80% | 80% to 90% | ≥90%

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2019/20	●	3,585	78.7%	77.4%	79.8%	54.4%
2020/21	●	3,225	70.8%	69.4%	72.1%	71.0%
2021/22	●	3,200	71.1%	69.8%	72.4%	62.4%
2022/23	●	3,370	74.0%	72.7%	75.2%	65.2%

Source: UK Health Security Agency

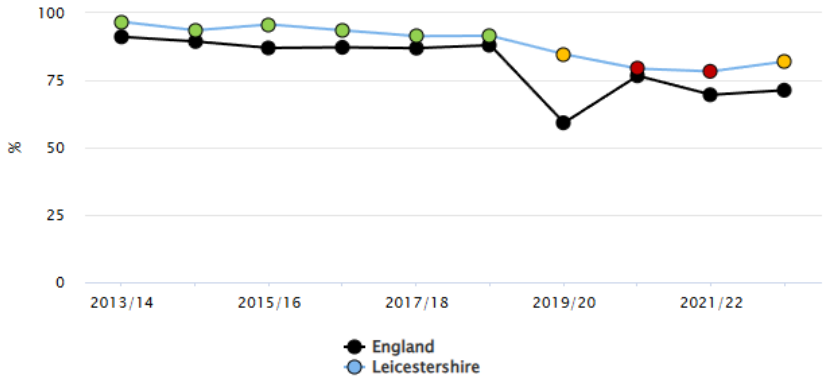
Indicator Definitions and Supporting Information

Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ↓ Decreasing & getting worse

Benchmarking against goal: <80% | 80% to 90% | ≥90%

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2013/14	●	3,510	96.7%	96.1%	97.2%	91.1%
2014/15	●	3,419	93.5%	92.7%	94.3%	89.4%
2015/16	●	3,426	95.7%	95.0%	96.3%	87.0%
2016/17	●	3,561	93.5%	92.7%	94.3%	87.2%
2017/18	●	3,584	91.4%	90.5%	92.2%	86.9%
2018/19	●	3,734	91.5%	90.6%	92.3%	88.0%
2019/20	●	3,440	84.7%	83.6%	85.8%	59.2%
2020/21	●	3,219	79.3%	78.0%	80.5%	76.7%
2021/22	●	3,170	78.3%	77.0%	79.5%	69.6%
2022/23	●	3,487	82.0%	80.8%	83.1%	71.3%

Source: UK Health Security Agency

Appendix 4-
Screening uptake

Indicator	Period	Leics			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Cancer screening coverage: breast cancer New data	2024	→	63,512	72.9%*	69.9%*	45.8%		80.7%
Cancer screening coverage: bowel cancer New data	2024	↑	95,962	75.0%*	71.8%*	52.4%		80.3%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old) New data	2024	↓	86,483	72.6%*	66.1%*	43.4%		77.3%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) New data	2024	↓	54,247	77.9%*	74.3%*	55.3%		83.1%

Appendix 5 – Sexual Health Key Indicators for Leicestershire

Sexual Health Key Indicators Leicestershire	Indicator	Time period	Recent Trend	Benchmark	Leicestershire Value	England Value	East Mids. Value
	Syphilis diagnostic rate per 100,000	2023	→		5.7	16.7	7.5
	Gonorrhoea diagnostic rate per 100,000	2023	↑		97	149	103
	Chlamydia detection rate per 100,00- females 15-24	2023	→	<2,400 2,400 to 3,250 ≥3,250	1,992	1,962	2,271
	Chlamydia proportion in females 15-24 screened	2023	-		20.9%	20.4%	22.7%
	New STI diagnoses (excluding chlamydia under 25) per 100,000	2023	→		304	520	356
	HIV testing rate per 100,000 population	2023	↑		2,214.1	2,770.7	1,870.8
	HIV late diagnosis in people first diagnosed with HIV in the UK	2021-2023	-	<25% 25% to 50% ≥50%	60.9	43.5	47.5
	New HIV diagnosis rate per 100,000	2023	→		6.8	10.4	11.4
	HIV diagnosed prevalence rate per 1,000 aged 15-59	2023	→	<2 2 to 5 ≥5	1.17	2.40	1.85
	HPV Vaccination Coverage for one dose (12-13 year old)	2022/23	↓	<80%,80%-90%≥90%	82.0	71.3	70.7
	Under 25's repeat abortions(%)	2021	→		27.8	29.7	27.5
	Abortions under 10 weeks (%)	2021	↑		88.6	88.6	87.7
	Total prescribed LARC excluding injections rate/1,000	2023	→		42.5	43.5	45.7
	Under 18s Conception rate /1,000	2021	→		10.7	13.1	13.2
	Under 18's conceptions leading to abortion (5)	2021	→		54.5	53.4	46.2
	Violent crime – sexual offences per 1,000	2022/23	↑		2.9	3.0	3.2

Appendix 6 – Healthcare Associated Infections 2024

Organism	Total Infections for Leicestershire County (including Community-Associated).	Healthcare Associated Infections for Leicestershire County
Clostridioides difficile	292	171
MRSA	9	4
MSSA	122	41
E. coli	424	148
Klebsiella spp	152	65
Pseudomonas aeruginosa	57	34