Leicestershire County Council

Meeting: **Health and Communities Overview and Scrutiny Committee**

Date/Time: **Wednesday, 9 September 2026 at 2.00 pm**

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

Contact: **Euan Walters (Tel. 0116 305 2583)**

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

Membership

Dr. S. Hill CC (Chairman)

Mr. M. Durrani CC	Dr. D. North CC
Mr. P. King CC	Mr. D. Page CC
Mrs. K. Knight CC	Mr. B. Piper CC
Mr. J. Miah CC	Mr J. Poland CC
Mr. P. Morris CC	Mr. K. Robinson CC
Mr. M. T. Mullaney CC	Mr. C. Whitford CC

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AGENDA

Item		Report by
1.	Minutes of the meeting held on 3 June 2026.	(Pages 5 - 14)
2.	Question Time.	
3.	Questions asked by members under Standing Order 32(1).	

4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

5. Declarations of interest.

6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

7. Presentation of Petitions under Standing Order 33.

8.	Winter Pressures	Integrated Care Board	(Pages 15 - 16)
9.	Healthwatch Leicester and Leicestershire Annual Report 2025/26.	Healthwatch	(Pages 17 - 24)
10.	Health, Public Health and Communities Performance update.	Director of Public Health, Communities, Law and Governance	(Pages 25 - 42)

11. Dates of future meetings.

Future meetings of the Committee are scheduled to take place on the following dates all at 2.00pm:

Wednesday 4 November 2026;
Wednesday 20 January 2027;
Wednesday 3 March 2027;
Wednesday 9 June 2027;
Wednesday 8 September 2027;
Wednesday 3 November 2027.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

(a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;

(b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

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Agenda Item 1

Minutes of a meeting of the Health and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 3 June 2026.

PRESENT

Dr. S. Hill CC (in the Chair)

Mr. P. King CC
Mrs. K. Knight CC
Mr. P. Morris CC
Mr. M. T. Mullaney CC
Dr. D. North CC
Mr. B. Piper CC
Mr J. Poland CC
Mr. K. Robinson CC
Mr. C. A. Smith CC

In attendance

Mr. P. Harrison CC – Cabinet Lead Member for Health and Public Health.
Mr. J. Miah CC (via Microsoft Teams)
Fiona Barber – Healthwatch Leicester and Leicestershire.
Sarah Taylor, Director of Urgent and Emergency Care, University Hospitals of Leicester NHS Trust (minute 10 refers).
Laura Rodman, Service Development Manager, LDA Collaborative (minute 11 refers).
Dr Naomi Caldwell, Deputy Chief Medical Officer, Integrated Care Board (minute 12 refers).

1. Appointment of Chairman.

RESOLVED:

That it be noted that Dr. S. Hill CC has been appointed Chairman of the Health and Communities Overview and Scrutiny Committee in accordance with Rule 6(a) of the Overview and Scrutiny Procedure Rules (Part 4E of the County Council's Constitution).

2. Election of Vice Chairman.

It was moved by Mrs Kerry Knight CC and seconded by Mr Peter Morris CC:

"That Mr Kim Robinson CC be elected Vice Chairman for the period until the Annual Meeting of the County Council in 2027."

It was moved by Mr Craig Smith CC and seconded by Mr Phil King CC:

"That Mr James Poland CC be elected Vice Chairman for the period until the Annual Meeting of the County Council in 2027".

The Chairman informed members that both candidates had been duly proposed and seconded. In accordance with Standing Order 25 (13) a ballot therefore took place.

The Chief Executive announced the results of the ballot, as follows:

Six votes for Mr Kim Robinson CC and three votes for Mr James Poland CC. The motion "That Mr Kim Robinson CC be elected Vice Chairman for the period until the Annual Meeting of the County Council in 2027" was carried.

3. Minutes of the previous meeting.

The minutes of the meeting held on 4 March 2026 were taken as read, confirmed and signed.

4. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 32 (4).

5. Questions asked by members.

The Chief Executive reported that the following questions had been received under Standing Order 32(1):

1. Question from Mr. B. Piper CC:

Why are there not enough training places available/offered to UK citizens who wish to become medically trained, when there is a shortage of specialist doctors and nurses, forcing Leicestershire NHS to employ doctors from abroad and rely on temps?

Reply by the Chairman:

This issue is not unique to Leicester, Leicestershire and Rutland and as a result the question was forwarded to NHS England who have provided the following information:

> "The number of applications for medical training posts has increased significantly in recent years. Applications for specialty medical training have risen across the UK from approximately 12,000 in 2019 to nearly 40,000 in 2026. The number of eligible applicants for the Foundation Programme has also increased, partly driven by a rise in applications from graduates of international medical schools.
>
> Since the lifting of visa restrictions in 2020, UK-trained doctors have experienced increased competition from overseas-trained doctors for both Foundation Programme and specialty training posts.
>
> In March 2026, the UK Parliament passed the Medical Training (Prioritisation) Act. This legislation supports the prioritisation of UK medical graduates for Foundation Programme training places, alongside the prioritisation of UK medical graduates and doctors with significant NHS experience for specialty training posts. The Act delivers a commitment set out in the 10-Year Health Plan for England.
>
> The Act seeks to:
> - Build a more reliable and self-sufficient medical workforce;
> - Reduce reliance on an unpredictable international labour market;
> - Maximise the value of taxpayer investment in UK medical training;
> - Support more doctors with a UK medical link to progress into long-term NHS careers, including consultant roles.

Internationally trained doctors make a significant and valued contribution to the NHS and will continue to do so. The Act ensures that those with relevant NHS experience continue to be appropriately prioritised within the system."

Members will be interested to know that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee has an agenda item on its work programme regarding the Overseas Doctors Training Scheme and this could be an opportunity to cover the issue raised by Mr. B. Piper CC in more detail.

Supplementary question from Mr. B. Piper CC:

Mr. Piper CC thanked the Chairman for the answer in relation to doctors but asked for clarification on the training position in relation to midwives. It was agreed that a further answer would be provided to Mr. Piper CC after the meeting.

2. Question from Mr. P. King CC

It has come to my attention that the Two Shires Medical Practice in Harborough is having an Automatic Number Plate Recognition (ANPR) camera installed in the patient carpark. The reason that has been given by the Practice for this camera is to ensure that only people attending the Practice are using the car park. If people that are not patients of the practice use the carpark they could be fined £100. The system gives a 20-minute grace period for quick visits to the Practice; patients needing a longer stay need to input their car registration details at either the practice or chemist and then there is no fine for their visit.

The system that has been introduced relies on patients remembering to register their vehicle during what is often a pressured visit. Many patients are unwell, elderly, or managing children. They are focused on their appointment, not on administrative steps. The risk of unintended non-compliance is therefore high, and a £100 penalty in those circumstances is disproportionate.

I would therefore like to know the following:

1. Why were these measures deemed necessary?
2. Why was there no consultation?
3. Why have they resorted to such extreme measures?
4. Did the Practice discuss their issues with Harborough District Council, who own the roads leading to and around this facility?
5. Who took this decision, the landlord (who is the landlord) or the Practice management?
6. Will the Practice meet with interested parties to consider this issue and discuss how alternative arrangements might be found?

Reply by the Chairman

The decision to install ANPR was made by the landlords of the site who are a private company called Blackrock. Blackrock deemed that the use of their private land was above what they expected for their two tenants and that this was causing excessive damage to their private car park. This was leading to multiple repairs and now finally leading to needing resurfacing which will cost above £20,000. The work is being carried out via Blackrock's management company Workman.

The GP Practice and the Pharmacy did support the decision to install the ANPR to ensure good access during opening hours and to stop excessive repair costs being passed onto the GP Practice as holders of the lease via site maintenance fees. The GP Practice state that they accept their landlord's ability to introduce car park management services on the land, and are happy that they continue to allow patients to park freely at the site.

The GP Practice have provided reassurance that they will ensure their staff help patients to enter their car registration details into the system when required to avoid fines for those accessing services.

With regards the question as to whether the GP Practice will meet with interested parties, the GP Practice have informed that as tenants they cannot discuss alternative arrangements as this is not within their control so they feel meeting with others would not be beneficial and as such could not be agreed to.

Any further questions should be directed towards the landlords Blackrock. However, as Blackrock is a private company they would come outside of the remit of the Health and Communities Overview and Scrutiny Committee. The NHS Act 2006 only gives the Committee the right to question NHS bodies or NHS employees. Therefore, the Committee does not have the power to require Blackrock to answer questions directly. It is suggested that local members contact Blackrock themselves should they require any further information.

3. Question from Dr. S. Hill CC

Could I be told of whatever plans UHL has to improve parking at the Leicester Royal Infirmary. This is an increasing issue, particularly around delays getting onto the site. I am aware of missed appointments as a result of this. In particular details any improvements and the timeline for their implementation would be welcomed.

Reply by the Chairman:

I have received the following response from University Hospitals of Leicester NHS Trust (UHL):

> "The Trust recognises the concern this issue raises for patients, visitors and staff, particularly where delays entering the site may lead to increased anxiety for those attending for urgent or planned care.
>
> The LRI is a major acute hospital located in a constrained city centre setting. Even under normal operating conditions, access and parking capacity are limited. These pressures have been further intensified by essential construction and enabling works currently underway to modernise the estate and support future clinical service developments. We are building a new £12.8 million Urgent Treatment Centre at the LRI, and essential enabling works are also taking place to pave the way for the main construction on a new Women's and Children's Hospital in 2032.
>
> The Trust is actively managing the short-term congestion being created on and around the site. Current measures include:

• Daily monitoring of traffic flow to identify pinch points and reduce on site congestion;
• Coordination of construction activity to minimise disruption wherever possible;
• Improvements to signage and way-finding to support clearer access routes;
• Review of access arrangements to optimise entry and exit points within existing constraints;
• Strengthened communication with patients and visitors, including pre attendance information to support with journey planning.

Where we identify issues, we implement mitigations promptly, although the physical limitations of the site restrict the scale of short term solutions.

Parking and access remain central considerations within the wider redevelopment planning for the LRI. This includes assessing the relationship between construction activity and parking capacity, understanding patient/visitor access needs, reviewing staff travel patterns, and exploring opportunities to support more sustainable travel. We continue to actively explore future parking expansion options and will communicate these clearly as they are confirmed.

The Trust is working closely with Leicester City Council to improve alternative travel options for patients, visitors and staff. Through the Bus Service Improvement Plan, we have secured funding to extend the operating hours of the Enderby Park and Ride service, enabling better alignment with NHS shift patterns. The Council has also confirmed its intention to incorporate all three Leicester Park and Ride sites into the LRI network later this year. These enhancements provide practical alternatives to car travel and help reduce congestion on and around the hospital site. Once final details are confirmed, the Trust will actively promote these services to ensure they are well understood and well used.

In addition, the Trust encourages the use of the fully electric Hospital Hopper service, which operates seven days a week, and provides direct links between all three hospital sites. This service supports reduced traffic volumes and offers a reliable alternative for many patients and staff.

We acknowledge the impact that current parking and access challenges are having on those attending the LRI. While some pressures are unavoidable due to essential construction works and the physical constraints of the site, we remain committed to managing congestion, improving access where possible, and working in partnership with the Council to expand sustainable travel options. We will continue to keep councillors updated as further developments progress."

Supplementary question from Dr. S. Hill CC:

Dr. Hill CC noted that Committee member Mr. J. Poland CC had recently asked a similar question of University Hospitals of Leicester NHS Trust and received a more detailed answer particularly in relation to the new multi-storey car park scheme. Dr Hill CC queried why this had not been mentioned in the answer provided to her. In response it was reported that UHL had said this was an unintentional oversight.

6. Urgent items.

There were no urgent items for consideration.

7. Declarations of interest.
The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

8. Declarations of the Party Whip.
There were no declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

9. Presentation of Petitions.
The Chief Executive reported that no petitions had been received under Standing Order 33.

10. Healthwatch Leicestershire report - Improving Hospital Discharge.
The Committee considered a report of Healthwatch Leicester and Leicestershire which presented their findings from two pieces of work on hospital discharge. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Sarah Taylor, Director of Urgent and Emergency Care, University Hospitals of Leicester NHS Trust.

Arising from discussions the following points were noted:

(i) The patients spoken to by Healthwatch were from both Leicester and Leicestershire. The data was not disaggregated.

(ii) The data set of those interviewed was relatively small compared to the numbers of patients discharged in Leicestershire – UHL discharged approximately 10,000 patients a year. A member therefore questioned the significance of the findings in the Healthwatch report and how much emphasis could be placed on the feedback. In support of the findings, UHL explained that they recognised the themes in the Healthwatch report from other feedback that they received.

(iii) Healthwatch Leicestershire had previously undertaken a research project on hospital discharge in October 2020 to follow up on visits to the discharge lounges at local hospitals in July 2019. Members raised concerns that there did not appear to be much improvement with discharge in Leicestershire since that original research was carried out.

(iv) Members echoed the findings of the Healthwatch reports and reported that they had received similar comments from local residents particularly in relation to poor communication with patients and a lack of medication readiness. Members were disappointed that only 58% of respondents felt involved in discussions about their discharge. In response UHL acknowledged that some patients felt they were discharged with insufficient information, and UHL provided assurance that work was taking place to improve the clarity and consistency of communication with patients about their discharge. Even if UHL felt they were providing a lot of information, work needed to take place to improve the perception of patients and make them feel more informed.

(v) Members raised concerns that patients did not always receive written communication about their discharge and that, where they did, this sometimes contradicted what they had been told verbally. UHL acknowledged that further education of staff needed to take place to ensure that verbal communications re-iterated what was written down but stated that some of this good practice was already taking place.

(vi) The Patient Advice Service was a point of contact for patients if they needed any information about their discharge.

(vii) Members raised concerns that carers felt uninvolved in the discharge process and only 16% of carers were informed of their right to a Carers' Assessment. In response it was acknowledged that carers needed to be provided with timely information and explained that the Carers' Assessment took place out of the hospital setting around 10 days to two weeks after the patient had been discharged from hospital into their own home. This gave the patient a chance to get stabilised before the assessment took place.

(viii) Some Adult Social Care staff were based on the hospital wards so they could be involved in discharge discussions at an early stage. It was important that patients received a copy of their Care Plan and the contact details for their care provider before they were discharged, and also that carers were made aware of what processes were to follow.

(ix) Whilst the Adult Social Care Team mainly supported complex discharges, wellbeing checks were also undertaken on patients that did not have a Care Plan.

(x) Patients on an end-of-life discharge pathway could be fast-tracked and they would receive their equipment at their home or care home within 24-48 hours.

(xi) In response to queries about a lack of respondents from community hospitals in the Healthwatch research it was clarified that Healthwatch had carried out a separate piece of work relating to Enter & View visits to community hospital discharge wards.

RESOLVED:

That the findings of Healthwatch Leicester and Leicestershire's work on hospital discharge be noted with some concern.

11. Learning Disability Annual Health Check - Progress Update

The Committee considered a report of Leicestershire Partnership NHS Trust which provided an update on the work carried out by the Leicester, Leicestershire and Rutland Learning Disability and Autism Collaborative to increase the number of people with a learning disability receiving an Annual Health Check from their primary care provider. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Laura Rodman, Service Development Manager, LDA Collaborative.

Members welcomed that the number of people receiving an Annual Health Check in LLR was increasing every year, that national targets were being exceeded and performance was better than the majority of other Integrated Care System areas.

Arising from discussions the following points were noted:

(i) The register of people with learning disabilities was held by individual GP Practices. Validation of the register was carried out at each Practice by Practice Liaison Nurses. To be placed on the register and qualify for the health check a patient needed to have been diagnosed with a learning disability rather than a learning difficulty.

(ii) People with learning disabilities could still have capacity to make decisions about their own lives therefore they could not be forced to undertake a health check. They could only be encouraged to attend and educated about the importance of the procedure. The final decision about whether to take part remained with the patient.

(iii) The LDA Collaborative had been selected as one of two national pilot sites to participate in a 12-month proof of concept pilot to develop and test the feasibility of combining the established health checks for severe mental illness and learning disabilities with a new check for people with an autism diagnosis, into one combined health check. An evaluation report of the pilot was due to be published imminently. The LDA Collaborative had fed back the challenges that had been faced locally in encouraging people to undertake health checks and the importance of clear communication had been emphasised.

(iv) There was currently no autism register or specific health check for people with autism, aside from the pilot that was taking place. Therefore, a further pilot was being rolled out in LLR later in the year to target people with autism for health checks at certain key points of their life. Members suggested engaging with the target cohort through schools as well as GP Practices.

(v) Some people with autism were good at masking symptoms of health problems or they would not recognise that they had a health problem at all. The invite letter that was sent to people inviting them to healthchecks had been co-produced with people diagnosed with autism so that it was presented in the best way to encourage as many people to attend. The health checks could also be carried out in non-NHS venues where people with autism might feel more comfortable. Home visits also took place.

(vi) A member suggested that the health checks should take place every six months rather than on an annual basis. In response it was explained that further consideration would be given to this, but the regularity was dependent on funding. It was hoped that going forward the health checks could be carried out earlier in the year.

RESOLVED:

That the update on the work carried out by the Leicester, Leicestershire and Rutland Learning Disability and Autism Collaborative be welcomed.

12. Vaccines and Immunisations.

The Committee considered a joint report of the Integrated Care Board and the Director of Public Health, Communities, Law and Governance, Leicestershire County Council, which

provided an overview of life course vaccination delivery across Leicestershire. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed to the meeting for this item Dr Naomi Caldwell, Deputy Chief Medical Officer, Integrated Care Board.

Arising from discussions the following points were noted:

(i) The NHS used a variety of communication methods to remind people to get vaccinated including texts, phone calls and messages through the NHS app.

(ii) All partners including councillors had a role to play in encouraging people to get vaccinated.

(iii) The table at paragraph 45 of the report showed that the percentage of children receiving a second dose of the MMR vaccine was lower than the percentage receiving the first dose and members questioned why parents did not ensure children received the second dose. In response it was explained that this could be due to a number of factors including the ability to access the vaccine and concerns about the safety of the vaccine.

(iv) The table at paragraph 45 also showed that the Market Harborough and Bosworth Primary Care Network (PCN) had particularly low vaccination rates and members queried why this may be. The Cross Counties Primary Care Network had much better vaccination figures and Members suggested that analysis should take place of why one PCN was better than the other and what learning could be implemented in other PCNs.

(v) It was suggested that there was a lack of awareness amongst the public of the severity of some diseases, and publicity campaigns needed to make the possible consequences of catching the disease very clear in order to encourage people to get vaccinated.

(vi) There was a particularly low uptake of vaccines in some minority ethnic communities, for example Bangladeshi and Black African communities. In response to a query as to whether this was a cultural issue or a communication issue, it was acknowledged that the language barrier could create challenges but also explained that people from those cultures were more likely to live in areas of high deprivation. Vaccine rates were generally low in areas of high deprivation. There were also difficulties in collecting data regarding some ethnicities and cultures.

(vii) Vaccines in some other countries were not as reliable and effective as those available in the UK. Therefore, people coming from those countries to the UK could have less confidence in vaccines. Work needed to take place to improve confidence in UK vaccines and knowledge about the UK health system generally amongst immigrants. In response to a question as to whether an individual could be required as part of the UK visa application process to provide evidence that they had received particular vaccines and immunisations, it was agreed that further information regarding this would be circulated after the meeting.

(viii) Concerns were raised about vaccine hesitancy and negative information in the public domain about vaccines and specific individuals who were campaigning

against their use. It was suggested that positive data about the safety and effectiveness of vaccines needed to be better publicised to assure the public.

(ix) A member suggested that some diseases such as polio had been completely eradicated due to vaccines and therefore it should be possible to eradicate other diseases and infections regardless of the challenges which existed.

(x) Consent was required before a vaccine could be administered and there were occasions where a parent had consented for their child to be vaccinated but on the day of vaccination the child made it clear that they did not want to be vaccinated and under these circumstances the vaccine could not be administered. These situations had to be managed carefully and sensitively so as not to deter individuals from ever having themselves or their children vaccinated. Educating people was more effective than draconian approaches.

RESOLVED:

That the update on vaccination delivery across Leicestershire be welcomed.

13. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Wednesday 9 September 2026 at 2.00pm.

2.00 - 4.18 pm CHAIRMAN
03 June 2026

Agenda Item 8

Leicestershire County Council

HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2026

WINTER PRESSURES

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, COMMUNITIES, LAW AND GOVERNANCE

Purpose of report

1. This agenda item is to enable the Committee to review the success of the arrangements that were in place to manage health system pressures during winter 2025/26 and receive an update on preparations for winter 2026/27.

Background

2. Traditionally in the autumn of each year Health Scrutiny Committee members have scrutinised the plans in place to manage an increase in demand for health services in Leicester, Leicestershire and Rutland (LLR) over the upcoming winter period. Depending on the timing of meetings this scrutiny has either taken place at meetings of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee or the Health Scrutiny Committees for the individual local authorities in LLR.

3. Representatives from University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust, East Midlands Ambulance Service and the Integrated Care Board are invited to the meetings to answer questions and provide reassurance on how the demand will be managed.

4. In 2025 scrutiny of the winter plans took place at the Leicestershire County Council Health Overview and Scrutiny Committee meeting on 3 September 2025. See these links for the documents which were considered:

   https://democracy.leics.gov.uk/documents/s191302/Health%20Scrutiny%20Report%20NHS%20-%2010%20Year%20plan.pdf

   https://democracy.leics.gov.uk/documents/s191307/Appendix%20-%20LLR%20Winter%20Plan%202025.26.pdf

5. There was also an update at the meeting of the Joint Health Scrutiny Committee on 27 November 2025: https://cabinet.leicester.gov.uk/ieListDocuments.aspx?CId=420&MId=14414&Ver=4

Current situation

6. For the meeting of the Health and Communities Overview and Scrutiny Committee on 9 September 2026, NHS colleagues have been invited to provide an update on the management of winter pressures during 2025/26 and on preparations for winter 2026/27.

7. Winter pressures planning for 2026/27 is ongoing across the Leicester, Leicestershire and Rutland system. System partners are continuing to develop, test and assure arrangements to support service resilience over the winter period. The Winter Plan is expected to be considered by the Integrated Care Board at an extraordinary meeting in September 2026.

8. As winter planning remains in progress, NHS colleagues will provide the Committee with a verbal update on preparations for winter 2026/27 rather than presenting a final Winter Plan. The update will outline the work being undertaken across the system.

9. The update will reflect on lessons learned from winter 2025/26 and describe the approach being taken to planning for winter 2026/27. It is intended to provide members with an overview of current preparations and priorities ahead of the finalisation and approval of the Winter Plan.

10. Eileen Doyle, Chief Delivery Officer, NHS Leicester, Leicestershire and Rutland Integrated Care Board, will attend the meeting on 9 September 2026 to provide a verbal update on preparations for winter 2026/27 and respond to questions from members.

11. Following approval of the Winter Plan by the Integrated Care Board, a more detailed update on the final arrangements for winter 2026/27 will be provided to Health Scrutiny Committees in November 2026. This will provide a further opportunity for members to review the planned approach for the winter period.

Circulation under the Local Issues Alert Procedure

12. All divisions are affected.

Officer(s) to Contact

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Healthwatch Leicester and Leicestershire

HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2026

REPORT OF HEALTHWATCH LEICESTER AND LEICESTERSHIRE ANNUAL REPORT 2025-26 AND FORWARD PLAN 2026-27

Purpose of report

1. This report presents the Healthwatch Leicester and Leicestershire (HWLL) Annual Report 2025-26 for consideration by the Committee.

2. The report provides an overview of Healthwatch activity during 2025-26, including public engagement, information and signposting services, Enter and View activity, and the impact of Healthwatch recommendations on local health and social care services.

3. The report also outlines key priorities and areas of focus for 2026-27.

Policy Framework and Previous Decisions

4. The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services. Healthwatch England is a statutory committee and regulated by the Care Quality Commission (CQC). Local Healthwatch (Leicester and Leicestershire) is equally a statutory function and funded by and accountable to local authorities.

5. HWLL is the local independent statutory consumer champion for health and social care. Its role is to ensure that the views, experiences and concerns of patients/residents/service users/carers and local communities inform the planning, commissioning, delivery and scrutiny of health and social care services.

6. To fulfil its statutory duties, HWLL maintains strong relationships across Leicester, Leicestershire and Rutland and is represented on a range of strategic boards, partnerships and stakeholder groups. This includes representation on the Health and Communities Overview and Scrutiny Committee.

7. To note the future of HWLL arrangements beyond 2027 remains subject to Government decisions regarding the proposed abolition of Healthwatch, implications for local delivery, commissioning, future governance arrangements are still unknown. HWLL will adapt services to respond to the evolving context.

Background

8. Healthwatch Leicester and Leicestershire is the statutory consumer champion for health and social care established under the Health and Social Care Act 2012.

9. The Healthwatch Leicester and Leicestershire contract is jointly commissioned by Leicester City Council and Leicestershire County Council and awarded in 2023 to Voluntary Action LeicesterShire (VAL) for delivery.

10. HWLL statutory duties include:

- Gathering views and experiences of local people on health and social care services;
- Influencing commissioning, redesign and scrutiny of service delivery;
- Assessing local services/provision and making recommendations for improvement;
- Providing information and signposting;
- Has powers to enter health and social care premises to undertake Enter and View visits;
- Representing local public and patient voice by using data and insight at Health and Wellbeing Boards, Scrutiny meetings and wider partnership structures.

Annual Report 2025-26 and Business Plan 2025-26

11. The annual report outlines HWLL statutory activities undertaken and the impact of its independent role on service commissioning, planning and delivery. As the independent public voice for people across Leicester and Leicestershire HWLL brings together the experiences, views and insights of local people to help shape and improve health and social care services.

12. The report provides examples of HWLL work undertaken with statutory partners demonstrating how HWLL has used the experiences of local people to identify issues, highlight gaps and opportunities for improvement. It also illustrates the HWLL role in supporting the public to access clear, independent information about health and social care services, enabling the public to better understand their choices and have a voice in decisions affecting their wellbeing.

13. The HWLL Annual Business Plan sets out the strategic focus and direction and the steps HWLL will undertake to support delivery of its statutory duties and contract. The HWLL Business Plan is reviewed annually, the 2026-27 plan has been approved, and the 2025-26 plan has been formally signed off. The plan is reviewed quarterly in line with the Key Performance Indicators and Outcome Indicators at pre-arranged contractual meetings between commissioners, VAL and HWLL.

14. The full Annual Report 2025-2026 can be found here: Front and Centre: Unlocking the power of people-driven care

15. The purpose of this report is to present Healthwatch Leicester and Leicestershire's Annual Report for 2025-26, summarising delivery of its statutory functions and demonstrating the impact of Healthwatch activity across Leicester and Leicestershire.

HWLL Key achievements during 2025/26

16. Healthwatch Leicester and Leicestershire continued to strengthen its reach and impact during 2025-26.

17. Key achievements include:

- Engagement with 46,590 people across Leicester and Leicestershire.
- 15,046 residents shared experiences of health and social care services.
- 31,544 people received information, advice and signposting.
- Publication of 19 reports based on public insight and evidence.
- Delivery of an extensive Enter and View programme across health and care services including 38 visits and 15 published reports.
- Continued representation across strategic health and social care boards and partnerships including City and County Health and Wellbeing Board, Neighbourhood Health Programme Board, LLR Safeguarding Adults Board, Oral Health Promotion Board, Leicester and Leicestershire Integrated Care Board. A full list of meetings attended by HWLL is available on request.
- 160 events through partnerships and HWLL #SpeakUp events across Leicestershire including breast cancer awareness and referral pathways.

18. To deliver our statutory obligations HWLL maintains links with key stakeholders, including departmental links within the local authorities, Public Health, Adult Social Care and providers such as Leicestershire Partnership Trust, University Hospitals of Leicester. HWLL collaborates with Healthwatch Rutland and has a Memorandum of Understanding with local Healthwatch across Northamptonshire as part of the ICB cluster arrangements. During this arrangement we have agreed a singled shared non-voting seat at the joint ICB attended by our HWLL Chair. We continue to hold quarterly meetings with our partners outside of the key strategic meetings ensuring that we contribute to plans and decisions around health and social care services.

Impact/Outcomes

19. *Neighbourhood Mental Health Cafes*

HWLL visited 24 Neighbourhood Mental Health Cafes across both Leicester and Leicestershire to gather feedback through engagement sessions with service users, volunteers and staff. Healthwatch found that the cafes were mostly rooted within the local community based within VCSE organisations. The cafes were helpful in providing early non-clinical community based mental health support for residents before they reach crisis point, helped with reducing isolation, welcoming and supportive in improving mental health and wellbeing. Areas of improvement included consistency in support, access and referral pathways. Recommendations from Healthwatch highlighted the importance of the intervention but also incorporated

recommendations to enhance access through clearer referral routes, visibility and strengthening the awareness of the intervention so that communities can find and access support at the right time when it is needed.

20. *Women and Girl's Health Programme*

The Department of Health and Social Care released the Women's Health Strategy in 2022 and as a result the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) created the Women's Health Transformation Programme, developing the Women's Health Need Assessment. HWLL worked jointly with the LLR ICB team to develop a better understanding of women and girl's experiences of local health and social care. HWLL engaged with 2,802 women and girls across Leicester, Leicestershire and Rutland to understand their health priorities. Highlights included access to specialist support, better continuity of care, improved awareness of women's health among professionals and greater access to information, appointments and joined up pathways that include community-based support. The report will be launched on the 14th October 2026 and findings will help the development of specialist hubs, training and signposting around women's health and ensure local insight informs future service development.

21. *Supported Living Review for Leicestershire*

HWLL in partnership with Adult Social Care at Leicestershire County Council developed an engagement approach to gather lived experiences of those accessing supporting living provision, including residents, carers and providers across both Leicester and Leicestershire. This review enabled people and their carers a direct route to share experiences. Supported Living providers vary in the way support is provided depending on care needs therefore the review focused on a small cohort in order to explore more closely their experiences. Whilst the number of people (32 individuals and 19 carers) involved in the review appear modest to other HWLL activity the work provided valuable insight into the experiences of a population that is vulnerable and often underrepresented in consultation and engagement activity. The review highlighted issues around communication, inclusion, housing suitability, social isolation and support planning. Findings have been shared with the local authorities and providers as part of the future development and review of supported living services.

22. *Hospital discharge*

HWLL worked in partnership with the NHS, providers and local authorities to undertake extensive research to identify good practice and areas where discharge processes could be improved. The review focused on resident experiences of moving back from hospital to community care. Through surveys, visits to wards and conversations with parent/carers and the local community HWLL gathered insight into challenges people face when leaving hospital around decision-making, medication, follow-up support, discharge planning and communication. The review has contributed to quality improvement discussions across the health and social care system. This will work inform ongoing work around readmissions and improving patient outcomes.

23. *A review into the Deaf and hard of hearing People's access to healthcare*

HWLL undertook this review ten years after its original investigation into the experiences of Deaf and hard of hearing people accessing health and care services. providing an opportunity to assess what progress had been made and identify where challenges remained. To make this more accessible for the community we held an event 'Your day, Your say' at the Leicester Deaf Centre open to all Deaf and hard of hearing residents across Leicester and Leicestershire. In addition to this we launched a survey to gather responses. The review found that, despite improvements in some areas, many Deaf residents continued to experience barriers when accessing healthcare, particularly in relation to booking appointments, accessing British Sign Language (BSL) interpreters, receiving information in accessible formats and communicating effectively with healthcare professionals. The findings highlighted that communication barriers can have a significant impact on patient experience, understanding of treatment, confidence in services and, ultimately, health outcomes. The recommendations have focused on improving awareness of reasonable adjustment requirements, strengthening access to interpreting services, improving the accessibility of appointment systems and ensuring communication needs are identified and met consistently across services. By revisiting the original review, the deaf community can continue to influence local health and care planning ensuring services are inclusive and person-centred.

Forward Plan 2026-27

24. HWLL priorities for 2026-27 are shaped by extensive public engagement, including online surveys, consultation and targeted outreach. These are approved by the Healthwatch Advisory Board and signed off by commissioners. All themes for the year will have a spilt between County and City planned activities to enable a distinction between urban and rural issues. Twenty Enter and View visits are planned to include a mix of care homes, primary and services with five follow up visits from previous years within this contract.

25. The key three themes identified were:

    1. Pharmacy First: To understand public awareness, accessibility and experience of the Pharmacy First programme. This work will help improve awareness, access and the quality of care provided through community pharmacies.

    2. Digital access to NHS services: the 10-year Health Plan emphasises a shift from analogue to digital. Digital access in primary care is one of the issues we hear most often. We will work with our ICB colleagues to explore the impact of increasing use of digital systems and ensure services remain accessible to all communities.

26. Tackling Health Inequalities: we will strengthen our partnership work with local authorities and stakeholders to ensure services better meet the needs of all communities locally. Our first project will look at a survey for young people, exploring their lived experience into healthy weight and lifestyle.

27. Healthwatch Leicester and Leicestershire will continue to deliver its statutory functions throughout 2026-27 while engaging with national developments.

Resource Implications

28. We are funded by Leicester City Council and Leicestershire County Council.

29. This grant £299,428 pa is jointly awarded to Healthwatch by Leicestershire County Council and Leicester City Council.

30. The grant is funded through the Ministry of Housing, Communities and Local Government to local authorities to support the delivery of the local Healthwatch functions. The grant is provided for this purpose and is not discretionary general funding for local authorities. The funding therefore must be used to secure provision of local Healthwatch services in line with the County Council's statutory duties under the Health and Social Care Act 2012.

31. The current grant is funded until March 2027.

32. Nationally the future of local Healthwatch is subject to change following Government legislative proposals relating to the abolition of Healthwatch and public voice functions moving to local authorities and Integrated Care Boards. The detail of future arrangements remains subject to further national guidance and parliamentary process. There are concerns from Healthwatch England on the impact and the need to protect independent voice arrangements in health and social care.

33. We employ 7 staff and 24 volunteers

Recommendation

34. The Committee is recommended to:

    (a) Note the contents of the Healthwatch Leicester and Leicestershire Annual Report 2025-26.
    (b) Note Healthwatch Leicester and Leicestershire's priorities for 2026-27.

Background papers

35. Healthwatch Leicester and Leicestershire Annual Report 2025-26 Front and Centre: Unlocking the power of people-driven care

Circulation under the Local Issues Alert Procedure

36. none

Equality Implications

37. There are no equality implications arising from the recommendations in this report.

38. VAL's work actively supports inclusion, community cohesion and reducing health inequalities across diverse communities.

39. 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. We operate an Equality and Diversity Policy in service delivery and employment.

Human Rights Implications

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

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Leicestershire County Council

HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2026

JOINT REPORT OF THE DIRECTORS OF CORPORATE RESOURCES, PUBLIC HEALTH, LAW AND GOVERNANCE AND THE ICB PERFORMANCE SERVICE

HEALTH AND COMMUNITIES' PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health, health system and the new communities theme performance in Leicestershire and Rutland based on the available data in late July 2026.

2. The report contains the latest available data for Leicestershire and Rutland and LLR on a number of key performance metrics (as available in July 2026) and provides the Committee with local actions in place.

Background

3. The Committee has, as of recent years, received a joint report on health performance from the County Council's Business Intelligence Service and the ICB Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward. The Committee has recently taken on oversight of communities' service performance, and this has now been added to this report.

Future Changes to Performance Reporting Framework

4. In March 2025 NHS England (NHSE) published its NHS Performance Assessment Framework setting out a revised approach to assessing how success and areas for health performance improvement will be identified and how organisations will be rated. The framework replaced the NHS System Oversight Framework 2021/22. NHSE are testing ICS operational plan submissions against the new framework. The framework data was published on 26 June 2025 in an interactive web-based public accountability tool.

5. The approach is based on assessing performance metrics across four domains of an integrated care system for ICBs and acute care, mental health, community and ambulance providers. The extensive set of metrics cover a wide range of areas including national operating objectives in the NHS planning guidance, finance and productivity metrics, public health and patient outcome metrics, quality and inequalities metrics, and priority system metrics.

6. A number of national and local priorities have been set for the health system including: -

   - Improving referral to treatment to 65% nationally, with every trust expected to deliver a minimum 5% improvement. Improving performance against the cancer 62-day and 28-day Faster Diagnosis Standard to 75% and 80% respectively.
   - Improving Accident and Emergency waiting times with a minimum of 78% of patients seen within 4 hours. Category 2 ambulance response times should average no more than 30 minutes.
   - Improving patients' access to general practice, improving patient experience, and improving access to urgent dental care, providing 700,000 additional dental appointments.
   - Improving patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improving access to children and young people's mental health services, to achieve the national ambition for 345,000 additional children and young people aged 0 to 25 compared to 2019.

7. Delivery of the national priorities will aim to be achieved by focusing on -
   - Reducing demand through developing Neighbourhood Service models;
   - Making full use of Digital Tools;
   - Addressing inequalities and shifting towards secondary prevention;
   - Living within budget, reducing waste and improving productivity; Providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity.
   - Maintaining a focus on the overall quality and safety of services.

8. The following 4 areas form the main basis of current reporting to this Committee, and they will continue to be revised as the new performance assessment approach develops further:

   a. ICB/ICS NHS System Priorities - Headline Performance in July.
   b. Leicestershire Public Health Strategy outcome metrics and performance – Appendix 1.
   c. Performance against metrics/targets set out in the Better Care Fund plan.

d. Performance against new Communities outcomes in the Local Outcomes Framework – Appendix 2.

NHS System Oversight Framework

9. The NHS Oversight Framework describes a consistent and transparent approach to assessing integrated care boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how the National Health Service works with systems and providers to support improvement. The framework has been developed with the engagement and contributions from the NHS leadership and staff, representative bodies and think tanks, including through two public consultations.

10. ICB performance will be reported against the full suite of oversight metrics but will not have a comparative rating. ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing its statutory duties. There will be a segmentation approach for ICBs in 2026/27.

Summary of ICB/ICS Performance

11. The brief performance update below aims to provide a high-level overview of key Leicester, Leicestershire and Rutland (LLR) performance issues. A fuller performance report is expected once the new LLR and Northants merged ICBs staff structure is embedded.

Performance Update – July 2026

12. **Alert**

- 4-hour wait Emergency Department performance for University Hospitals of Leicester (UHL) is behind plan. All sites have seen an increase in attendances which are partially believed to be heat related. Paediatric and working age adult attendances are up at all Emergency Departments.
- Kettering General Hospital diagnostic performance is behind plan with recovery actions being agreed. Both UHL and Northampton General Hospital performance exceed plan.
- Both Leicestershire Partnership Trust and Northamptonshire HFT are both behind plan for the majority of metrics in the quarterly Mental Health and Learning Disability table.
- Community waits of >52 weeks exceed the plan for both adults and Children and Young People in Northamptonshire but are on plan in LLR.

13. **Advise**

- Mental Health – Talking Therapies, reliable improvement performance continues to be strong.
- Continued improvement in delivery of the diagnostics plan.

- The number of available primary care appointments exceeds plan in both counties.
- Delivery of the dental activity in LLR on track but behind plan in Northamptonshire.
- Better Care Fund submissions agreed with Local Authorities signed off by NHSE for both counties.
- Significant increase in the use of Pharmacy First within LLR, seeing the most improved position in the region.

14. **Assure**

- 12-hour Emergency Department performance is on-plan at both UHL and NGH.
- Ambulance handover times at UHL have improved with corresponding favourable impact on response times.
- All Health Partners engaged across the cluster in work to address performance concerns across the Urgent and Emergency Care pathway.
- Referral To Treatment – improvement noted in the 18 weeks and 52 weeks waiting, noting that both remain just under plan. Overall waiting list numbers at ICB level are close to plan.
- Cancer waiting times improved and exceed plan at Kettering General Hospital and UHL. Northampton General Hospital close to plan.

Risks

- Operational pressures due to the emergency demand impacting upon elective activity – both ICBs continue to see significant operational pressure.
- Impact of court of protection delays due to Ministry of Justice impact on timelines, adversely impacting on Length of Stay – particularly Learning Disability Adults and Autistic Adults.
- Planned GP Collective Action – awaiting further details – Information Governance and Digital leads assessing impact. Communication out to General Practice.
- Risks for Urgent and Emergency Care delivery and elements of elective care remain.

Public Health Outcomes Performance – Appendix 1

12. Appendix 1 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 42 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of ‘green’ shows those that Leicestershire is performing better than the England value or benchmark and ‘red’ worse than the England value or benchmark.

13. As a result of the publication of the Local Government Outcomes Framework the following new indicators have been added to the dashboard report: -
    - Initiation or continuation of PrEP among those with PrEP need;

- Air pollution: estimated fraction of mortality attributable to particulate air pollution;
- STI testing rate (exclude chlamydia aged 24 years and under) per 100,000;
- Alcohol specific mortality;
- Proportion of local smoking population who set a quit date; and
- Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison.

14. Analysis shows that of the comparable indicators, 14 are green, 18 amber, and 5 red. There are 5 indicators that are not suitable for comparison or have no national data.

15. Of the fourteen green indicators: cancer screening coverage – breast cancer and cancer screening coverage - bowel cancer, have both shown significant improvement over the last five years. Cervical cancer screening coverage (25-49 years old) and cervical cancer screening coverage (50-64 years old) have both shown a significant declining (worsening) performance over the last five years.

16. Of the eighteen indicators that are amber: smoking status at time of delivery has shown significant improvement over the last 5 time periods. Successful completion of drug treatment: non opiate users, adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison and admission episodes for alcohol-related conditions have both shown a significant worsening performance over the last five years.

17. Of the five red indicators: for HIV late diagnosis in 2022-24, Leicestershire ranked 15th out of 16 when compared to its nearest statistical neighbours. For STI testing rate (excluding chlamydia aged 24 years and under) Leicestershire ranked 7th out of 16 in 2025. For the cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check in 2021/22-25/26, Leicestershire ranked 12th out of 16. For breastfeeding prevalence at 6 to 8 weeks in 2024/25, Leicestershire ranked 5th out of 8 when compared to its nearest statistical neighbours. For overweight (including obesity) prevalence in adults in 2024/25, Leicestershire ranked 12th out of 16.

18. In 2023-25 life expectancy at birth increased in both males and females in Leicestershire. In 2022-24, inequality in life expectancy at birth for males in Leicestershire falls within the best quintile of the country, whilst for females in Leicestershire life expectancy at birth falls within the 2nd best quintile. Leicestershire and Rutland have combined values for the following two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

19. Further work is underway to progress improvement across the range of indicator areas.

Better Care Fund and Adult Care Health/Integration Performance

20. Nationally, the Better Care Fund (BCF) plan guidance for 2026/27 was published by NHS England (NHSE) in February 2026. Full Health and Wellbeing Board BCF Submissions were made by end of March 2026, with outcome letters in May 2025.

21. The BCF performance framework for 2026/27 is set out in the table below: -

Emergency Admissions	
Indicator	Emergency admissions to hospital for people aged 65+ per 100,000 pop.
Discharge Delays	
Indicator	Average length of discharge delay for all acute adult patients
Supporting Metric	Proportion of adult patients discharged from acute hospitals on their discharge ready date
Supporting Metric	For patients not discharged on their DRD, the average number of days from DRD to discharge.
Reablement Outcomes	
Indicator	The proportion of people aged 65 and over discharged from hospital into reablement who remained in the community for 12 weeks following discharge.
Supporting Metric	The proportion of people who received reablement during the year, where no further request was made for ongoing support.
Residential Admissions	
Indicator	Long-term support needs of older people (age 65 and over) met by admissions to residential and nursing care homes, per 100,000 population.
Supporting Metric	Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.

22. The table below shows the BCF metrics for the 2025/26 financial year, the targets and end year actuals:

Metric	Target	Actual	Commentary
Emergency hospital admissions for people aged 65+ per 100,000 population	1661	1469.	Achieved.
Proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)	89%	86.2%	End year data shows that we were off target against planned performance. Throughout 2025-26, Leicestershire performance has been below target for the 'Proportion of adult patients discharged from acute hospitals on their discharge ready date' indicator requirements. The target was to achieve 89% by the end of the financial year. This has not been achieved, with the best individual monthly performance in June of 86.2%. In 2025-26, Leicestershire consistently performed better than the East Midlands average.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	867	858 (forecast of 972)	Residential admissions have increased during 2025/26, and the current forecast figure for total admissions during the twelve-month period is 972 (note this is based on the old reporting system logic, and not the newer client level data method). More detailed analysis is in progress to try to better understand the reasons for this increase.

Communities Performance – Appendix 2

23. The Cabinet at its meeting on 21 July 2026 approved a new draft Strategic Plan to 2031, as a basis for consultation. The Strategic Plan sets out the Council's shared vision for the county; a place that is strong and resilient, where communities thrive, the economy grows and people are supported to live well.

24. To achieve the vision the Council has set out four main aspirations - a Better Leicestershire for residents, Better Leicestershire for communities, Better Leicestershire economy and Better Leicestershire County Council. A range of outcomes have been set against these aspirations, with supporting measures. The Council's communities work will play a main role in relation to the Better Leicestershire for communities' theme but will also play an important corporate and cross-cutting role in relation to the other themes.

25. The main outcome aim for the communities' theme is that **Leicestershire is safe, connected and our communities look out for one another.** Areas of priority include supporting communities to be safe and resilient, bringing people together, helping them to be healthier and encouraging people to help one another. Also celebrating our county, culture and environment. Success includes more people engaged in volunteering and community activity and there are opportunities to create locally led support networks, residents/visitors accessing and enjoying spaces and increased access to preventative health and wellbeing support, with residents reporting good levels of physical and mental health.

26. The government when under Sir Keir Starmer published a new Local Outcomes Framework setting out the outcomes that the government wanted to see happen. The framework establishes a shared focus on the most important outcomes that contribute to raising living standards across England. The outcomes represent many of the most important responsibilities of local government. The Framework is structured around 16 priority outcomes including a number relevant to the communities' theme such as health and wellbeing, adult independence, neighbourhoods (where people feel safe and included in their local community and are satisfied with their local area as a place to live).

27. The government have set out a number of metrics in the neighbourhoods (communities) outcome theme to indicate whether people feel safe and included in their local community and are satisfied with their local area as a place to live. Seven of the metrics are to be sourced from the Community Life Survey, which is a nationally representative annual survey of adults with questions relating to social action and empowering communities. From 2025/26 the Community Life Survey was merged into a new Community and Engagement Survey. In 2023/24 and

2024/25 DCMS partnered with MHCLG to boost the Community Life Survey to be able to produce meaningful estimates at the local authority level.

28. The outcomes include 1 placeholder metric where an issue is important, and the government is looking to provide appropriate local authority level data but is not currently reportable. The full LOF communities metrics are: -

- *Percentage of people who agree adults in their communities can be trusted;*
- *Percentage of people who feel they can influence local decisions;*
- *Percentage of people who are satisfied with community/cultural facilities in their local area;*
- *Percentage of people who reported in-person cultural engagement within the past 12 months;*
- *Percentage of people who are satisfied with their local area as a place to live;*
- *Percentage of people who agree that people from different backgrounds get on well together in their local area;*
- *Percentage of people experiencing loneliness;*
- *Percentage of people who have engaged in volunteering recently;*
- *Access to green and blue spaces;* ***Placeholder***

29. Set out in Appendix 2 is a draft dashboard of the currently available outcome metrics for communities covering the LOF metrics and other available data. Looking at the data there have been improvements this year in those satisfied with the area as a place to live, respondents giving unpaid help, number of and volunteers managed. An area with lower performance includes people from different backgrounds getting on well together. Percentage of people experiencing loneliness is in the third quartile of comparable authorities.

List of Appendices

Appendix 1 – Public Health Outcomes – Key Metrics
Appendix 2 – Draft Communities Outcome Indicators - Performance

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

LLR Integrated Care Board meetings can be found at the link below
https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/

NHS Performance Assessment Framework

UK Government: Local Outcomes Framework

Officers to Contact

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APPENDIX 1

Public Health and Prevention Indicators in Leicestershire

Leicestershire County Council

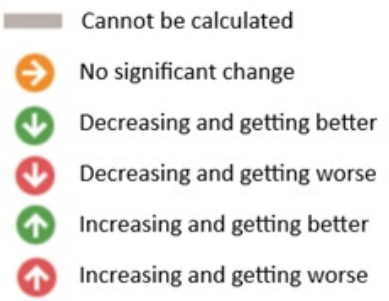
This dashboard presents performance data for Leicestershire on a range of Public Health and prevention indicators. The indicators included cover life expectancy, health improvement, health protection and healthcare and mortality.

Nearest Neighbour Rank (NN Rank): 1 is calculated as the best (or lowest when no polarity is applied).
Direction of Travel (DoT): Trend based on most recent five time periods.
RAG: Statistical significance compared to England or Benchmark.
Trendline: The scale and range of the vertical axis of each line graph changes in line with the values presented, where charts have a small axis range this can result in small differences between values appearing more considerable.

Notes:
-Indicators 'Successful completion of drug treatment: opiate users' and 'Successful completion of drug treatment: non opiate users' present figures for Leicestershire and Rutland combined.

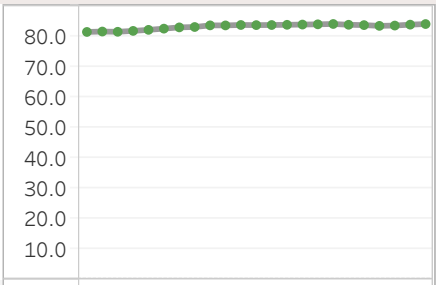
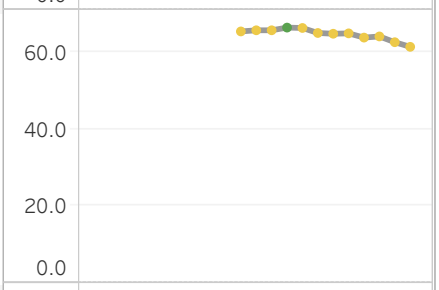
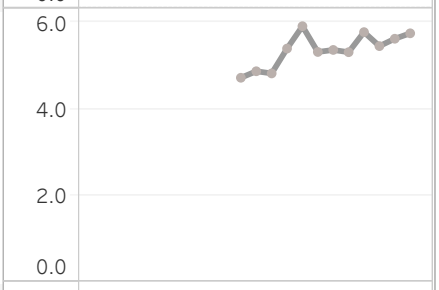
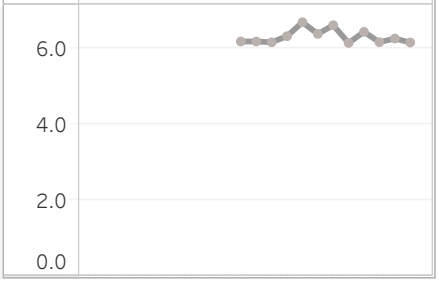
Statistical significance compared to England or Benchmark:

Direction of travel:



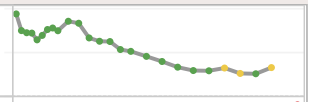
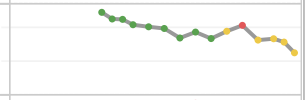
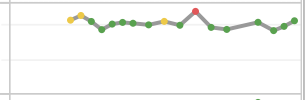
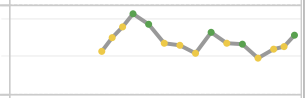
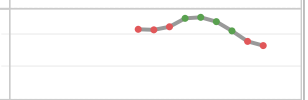
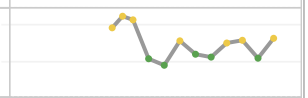
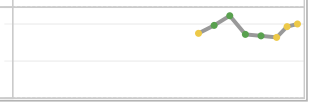
Source: OHID, https://fingertips.phe.org.uk/ - July 2026

Public Health and Prevention Indicators in Leicestershire - Life Expectancy

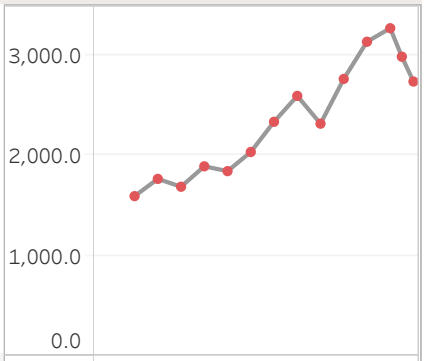
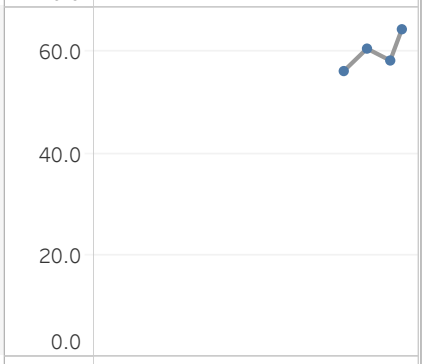
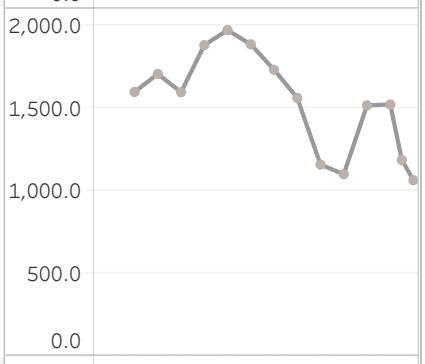
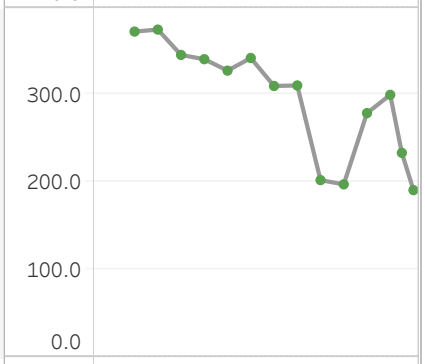
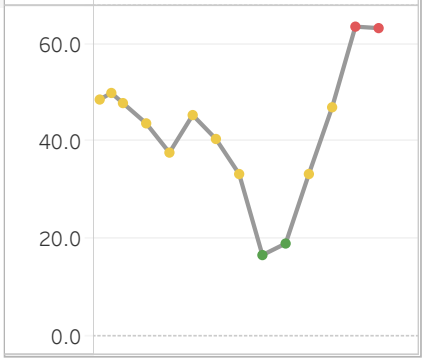
Indicator	Latest Value	Latest Period	Prev. Value	DoT	Polarity	RAG	NN Rank	England Value	Trendline
Life expectancy at birth, years - Females	**84.2**	2023 - 25	84.0		High		8/16	83.5	
Life expectancy at birth, years - Males	**80.7**	2023 - 25	80.5		High		7/16	79.7	
Healthy life expectancy at birth, years - Females	**61.4**	2022 - 24	62.6		High		13/16	61.3	
Healthy life expectancy at birth, years - Males	**61.5**	2022 - 24	62.7		High		13/16	60.9	
Inequality in life expectancy at birth, years - Females	**5.7**	2022 - 24	5.6		Low		7/16	8.0	
Inequality in life expectancy at birth, years - Males	**6.2**	2022 - 24	6.3		Low		3/16	10.4	

Note: 2023-25 life expectancy data is based on provisional mortality and population data.

Public Health and Prevention Indicators in Leicestershire - Health Improvement

Indicator	Latest Value	Latest Period	Prev. Value	DoT	Polarity	RAG	NN Rank	England Value	Trendline
Under 18s conception rate, per 1,000 - Females	**13.5**	2022	10.7	→	Low		10/16	13.9	
Breastfeeding prevalence at 6 to 8 weeks, % - Persons	**54.3**	2024/25	51.9		High		5/8	55.6	
Smoking status at time of delivery, % - Females	**6.4**	2024/25	8.0	↓	Low		10/16	6.1	
Reception prevalence of overweight (including obesity), % - Persons	**21.5**	2024/25	19.9		Low		8/16	23.5	
Year 6 prevalence of overweight (including obesity), % - Persons	**31.9**	2024/25	32.5		Low		6/16	36.2	
Overweight (including obesity) prevalence in adults, % - Persons	**67.3**	2024/25	65.8		Low		12/16	64.6	
Percentage of physically active adults, % - Persons	**68.5**	2024/25	68.6		High		11/16	68.0	
Percentage of physically inactive adults, % - Persons	**20.1**	2024/25	20.8		Low		10/16	21.8	
Successful completion of drug treatment: opiate users, % - Persons	**7.9**	2024/25	6.4	→	High		3/16	5.3	
Successful completion of drug treatment: non opiate users, % - Persons	**30.1**	2024/25	28.7	↓	High		9/16	29.1	
Adults with substance misuse treatment need who successfully engage in comm..	**63.0**	2024/25	64.4	↓	High		5/16	57.1	
Admission episodes for alcohol-related conditions (Narrow), per 100,000 - Pers..	**503.4**	2023/24	466.8	↑	Low		10/16	504.1	
Estimated diabetes diagnosis rate, % - Persons	**79.4**	2018	78.6		High		6/14	78.0	
Cancer screening coverage: breast cancer, % - Females	**73.0**	2025	72.9	↑	High		11/16	71.7	
Cancer screening coverage: cervical cancer (aged 25 to 49 years old), % - Females	**72.6**	2024	72.1	↓	High		5/16	66.1	
Cancer screening coverage: cervical cancer (aged 50 to 64 years old), % - Females	**77.9**	2024	78.0	↓	High		4/16	74.3	
Cancer screening coverage: bowel cancer, % - Persons	**76.7**	2025	75.0	↑	High		4/16	72.9	
Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Ch..	**33.3**	2021/22 - 25/26	35.8		High		12/16	37.9	
Self reported wellbeing: people with a low worthwhile score, % - Persons	**3.3**	2022/23	2.2		Low		4/16	4.4	
Proportion of local smoking population who set a quit date - Persons	**4.1**	2024/25	3.9		High		8/16	4.5	

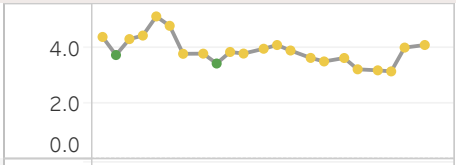
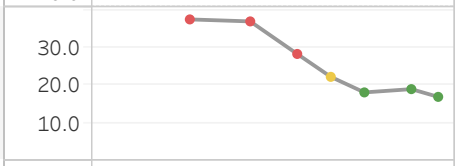
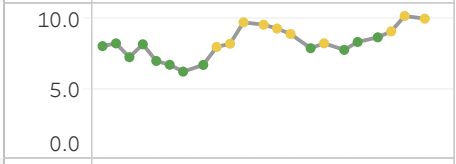
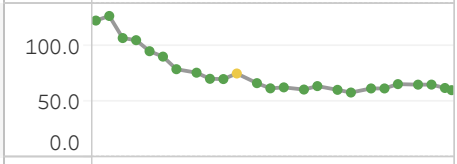
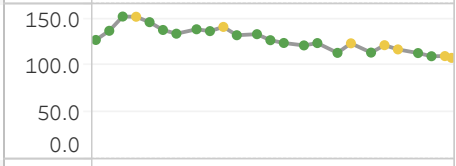
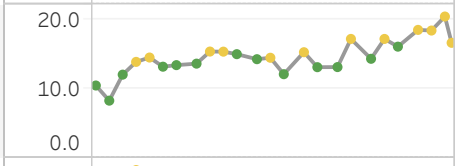
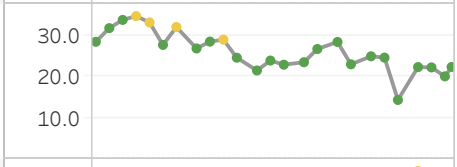
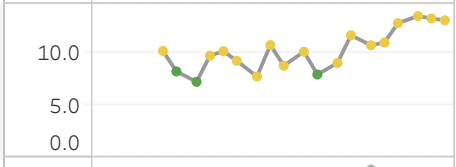
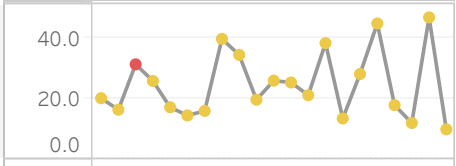
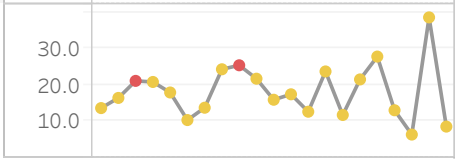
Public Health and Prevention Indicators in Leicestershire - Health Protection

Indicator	Latest Value	Latest Period	Prev. Value	DoT	Polarity	RAG	NN Rank	England Value	Trendline
STI testing rate (exclude chlamydia aged 24 years and under) per 100,000 - Persons	**2,741.1**	2025	2,989.2	→	High		7/16	4,012.2	
Initiation or continuation of PrEP among those with PrEP need - Persons (%)	**64.5**	2024	58.3	→	High		15/16	76.1	
Chlamydia detection rate per 100,000 aged 15 to 24 years - Persons	**1,064.8**	2025	1,187.6	→	N/a		16/16	1,064.9	
New STI diagnoses (excluding chlamydia aged 24 years and under) per 100,000 - Persons	**190.6**	2025	233.1	→	Low		2/16	441.2	
HIV late diagnosis, % - Persons	**63.3**	2022 - 24	63.6	→	Low		15/16	43.3	

Note: On the trendline for 'HIV late diagnosis', the statistical significance compared to the benchmark in 2010 - 12 should be red/worse.

Public Health and Prevention Indicators in Leicestershire

- Healthcare & Premature Mortality

Indicator	Latest Value	Latest Period	Prev. Value	DoT	Polarity	RAG	NN Rank	England Value	Trendline
Infant mortality rate, per 1,000 - Persons	**4.1**	2022 - 24	4.0		Low		11/16	4.2	
Percentage of 5 year olds with experience of visually obvious dental decay, % - Persons	**17.0**	2023/24	19.1		Low		7/13	22.4	
Suicide rate, per 100,000 - Persons	**10.1**	2022 - 24	10.3		Low		8/16	10.9	
Under 75 mortality rate from cardiovascular disease, per 100,000 - Persons	**60.5**	2025	62.4		Low		8/16	71.5	
Under 75 mortality rate from cancer, per 100,000 - Persons	**108.4**	2025	110.3		Low		7/16	114.6	
Under 75 mortality rate from liver disease, per 100,000 - Persons	**16.7**	2025	20.6		Low		9/16	19.4	
Under 75 mortality rate from respiratory disease, per 100,000 - Persons	**22.5**	2025	20.2		Low		6/16	31.5	
Alcohol-specific mortality - Persons - per 100,000	**13.0**	2024	13.2		Low		12/16	13.8	
Air pollution: estimated fraction of mortality attributable to particulate air pollution - Persons	**5.3**	2024	5.7		Low		8/16	5.3	
Winter mortality index (age 85 plus), % - Persons	**9.9**	Aug 2021 - Jul 2022	46.9		Low		7/16	11.3	
Winter mortality index, % - Persons	**8.6**	Aug 2021 - Jul 2022	38.7		Low		7/16	8.1	

Note: 2025 under 75 mortality rates are based on provisional mortality and population data.

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APPENDIX 2

Better Leicestershire for Communities

LOF	Description	Quartile position	Direction of Travel	End of Yr 2025/26	Target / Standard	End of Yr 2024/25	Polarity	Commentary
	Communities							
*	% of respondents agreeing that they can influence decisions affecting their local area	-	→	20.1%	-	20.4%	High	Statistically similar result to the previous year. The results are from the Community Insight Survey of c.1100 residents during 2025/26.
*	% of respondents stating that they were satisfied with their local area as a place to live	1st/2nd (2025)	↑	94.3%	-	92.4%	High	Higher than the previous year. The results are from the Community Insight Survey of c.1100 residents during 2025/26.
*	% of people who agree adults in their communities can be trusted	2nd		42.7%		n/a	High	This is a newly published national indicator. The national average is 39.6% so Leicestershire is above average
*	% of people who are satisfied with community/cultural facilities in their local area.	3rd		69.3%		n/a	High	This is a newly published national indicator. The national average is 70.6% so Leicestershire is slightly below average.
*	% of people who reported in-person cultural engagement within the past 12 months	2nd		86.0%		n/a	High	Indicator name '% of people who have physically engaged with the arts in the last 12 months
	Number of active Community Response Plans (LLR)	-	↓	61		62	High	The plans are part of the LLR Risk Ready Programme to support residents, community groups and local councils.
*	% of respondents who had given some unpaid help in the last 12 months	-	↑	60.3%	-	59.3%	High	A small increase compared to the previous year. The results are from the Community Insight Survey of c.1100 residents during 2025/26.
	Number of LCC volunteers managed	-	↑	1447	-	1208	High	The Council supports a wide range of volunteering opportunities to help services and volunteers.
*	% of people who have engaged in volunteering recently	3rd		55.1%		n/a	High	
*	Access to green and blue spaces within a 15 min walk	3rd		82%		n/a	High	Overall counties mean is 84%
*	% of people experiencing loneliness	3rd		6.2%			Low	The figure is similar to national average
	Cohesion							
	% agree people from different backgrounds get on well together	1st/2nd (2024/25)	↓	86.4%	-	90.6%	High	The figure remained similar for 2024/25. We continue work to strengthen community cohesion, supporting communication with and across community groups. The results are from the Community Insight Survey of c.1100 residents during 2025/26.
	Reported hate incidents (per 1,000 population)	-	→	1.4	-	1.3	Low	We continue work to strengthen community cohesion, supporting communication with and across community groups.

Notes: Comparators are 31 county councils & county unitaries, except where (Eng.) indicates that comparison is with all English local authority areas.

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