



Changing Futures Leicester

Health and Wellbeing Board – 5th March 2026

Rebecca Lopez – Changing Futures Programme Manager



Ministry of Housing,
Communities &
Local Government



**COMMUNITY
FUND**

Changing Futures Phase 1:

We have been working operationally in Leicester since September 2021, and Phase 1 of Changing Futures is due to end on 31st March 2026.

- Support for individuals facing Multiple Disadvantage
- Identifying and driving forward System Change
- Involvement of people with Lived Experiences throughout the programme.

Changing Futures Phase 2:

We have been advised by MHCLG that the Changing Futures Programme will move into Phase 2 in April 2026 and Leicester have been invited to take part. Funding is for 3 years, with funding amounts still to be confirmed.

Commitment to develop a strong local partnership at strategic and operational level involving:

- Adult Social Care
- Public Health including substance misuse commissioning
- Housing support
- Other Local Authority representatives e.g. community safety, youth offending services and health and wellbeing boards
- Strategic NHS partners, including the Integrated Care System, Integrated Care Board and Mental Health Trust
- Police, Police and Crime Commissioner and Deputy Mayors for Policing
- National Probation Service e.g. representation from prison and HM Courts and Tribunals.
- Voluntary, social and community sector partners.
- Jobcentre Plus

Data and Evaluation

Cost Benefit Analysis

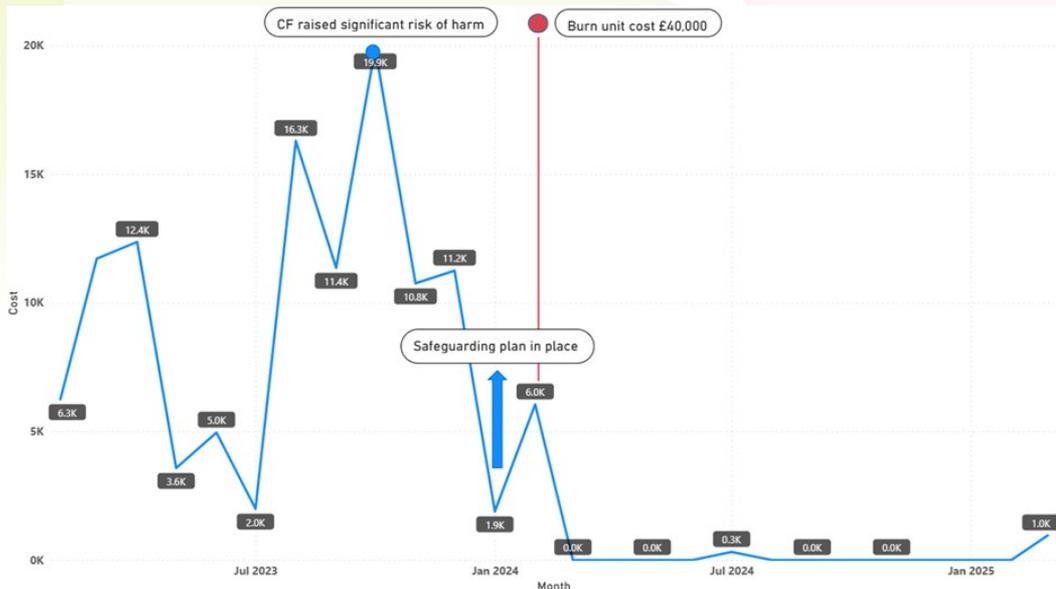
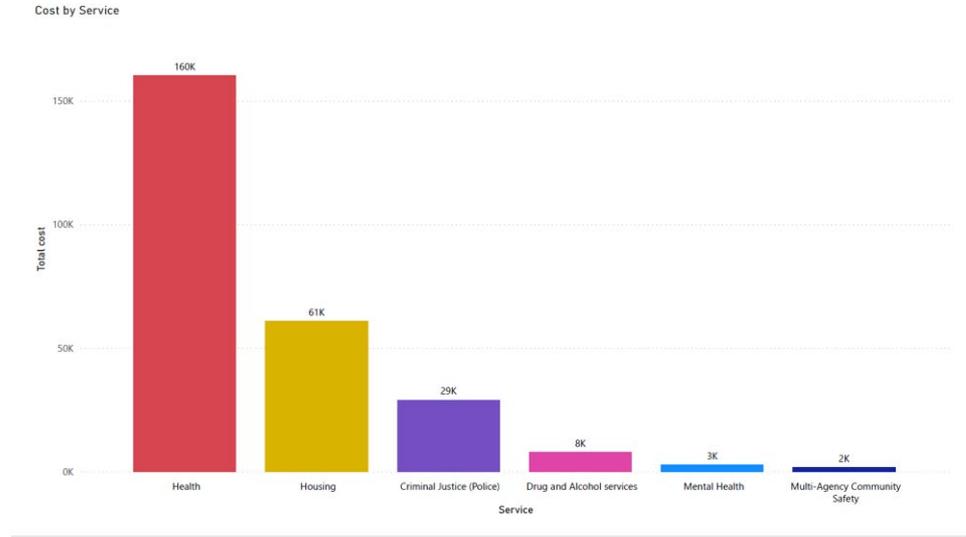
The aim of the analysis is to quantify the financial impact of individuals with multiple disadvantages on public services in Leicester, and to use this data to inform and drive system-level change. This feeds into a broader conversation about whether people with MD and complex needs are more responsive to intensive, targeted support.

Public service	Service intervention	Unit	Notes	Unit cost
Health	Ambulance	35		£ 13,195.00
	Ambulance service calls	35		£ 3,220.00
	A&E Admissions	79		£ 24,727.00
	Walked out A&E Admissions	45	Did not wait to be seen. Cost of no investigation and no significant treatment.	£ 6,345.00
	Non-elective short stay inpatient	7		£ 6,713.00
	Non-elective long stay inpatient	13		£ 62,946.00
	CT Head scan	7		£ 953.12
	X-ray	3		£ 225.00
	Burn unit (Feb - March 24)	1	Mean cost of resource use per burn over 24 months from initial presentation	£ 40,576.66
Police	Arrests	5		£ 2,035.00
	Anti-social behaviour incidents - further action necessary	5	Cost of dealing with incident	£ 3,995.00
	Anti-social behaviour incidents	21	Police intervention (remedial action) and Community Safety anti-social behaviour with Police involvement. (Including Safeguarding PPN)	£ 4,200.00
	Police call-outs	47	Simple police reporting of incident, no further action taken and Community Safety reporting	£ 2,632.00
	Police intervention taken to LRI	5		£ 785.00
	Robbery	3		£ 3,591.00
	Violence with injury	9		£ 12,051.00
	Theft	3		£ 141.00
				£ 29,430.00
Mental Health	A&E mental health liaison services	3		£ 912.00
	Crisis resolution team for adults with mental health problems	1		£ 47.00
	Mental health initial assessment	3		£ 903.00
				£ 1,862.00
Drug and Alcohol	Drug and Alcohol advice and information	8		£ 488.00
	Drug and Alcohol crisis management intervention	41		£ 4,961.00
	Residential rehabilitation for people who misuse drugs or alcohol	20	Number of days	£ 2,328.60
				£ 7,777.60
Housing	Temporary accommodation	296	Number of days	£ 5,920.00
	Rough sleepers cost for local authority	68	Number of days homeless	£ 1,971.32
	Support costs for homelessness services (accommodation based)	296		£ 10,022.56
	Homelessness application	1		£ 3,266.00
	Administering a decision on a homelessness application	1		£ 490.00
				£ 21,669.88
Social Care	WARM Meetings	10	Cost of MARAC used	£ 1,517.00
TOTAL				£221,157.26

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Cost Benefit Analysis

This analysis shows the part of the system (Health) where the most financial impact was felt (£160,000).



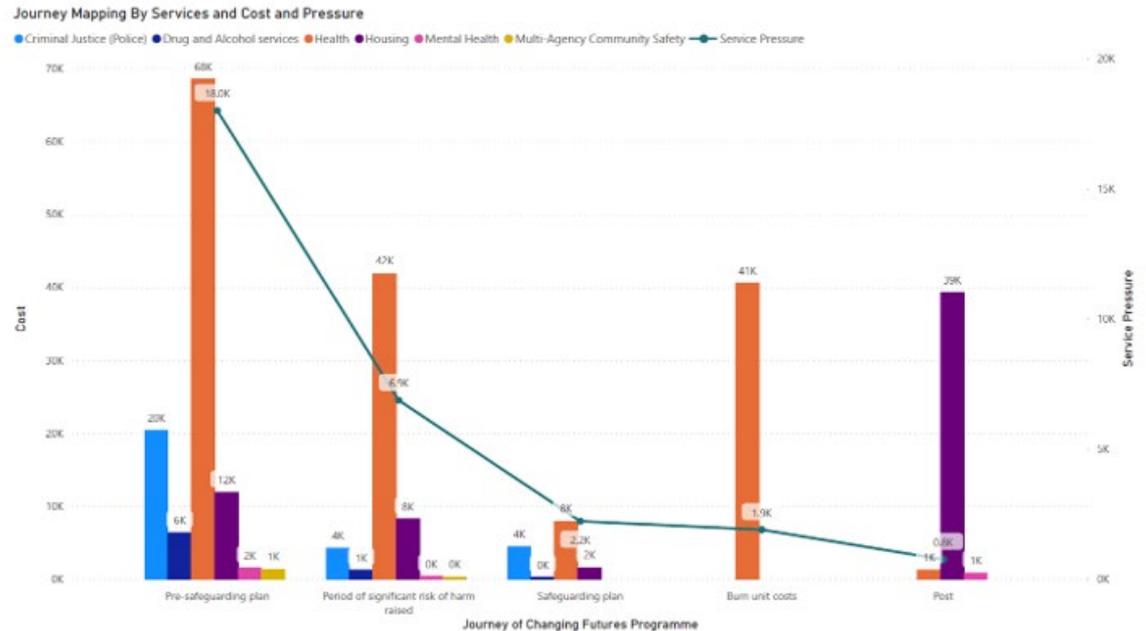
It also shows that targeted, intensive support can reduce the financial impact on the system.

Systems Pressure Mapping

Cost Benefit Analyses can be flawed when applied to individuals with multiple disadvantages and complex needs, as engaging appropriately with services may initially increase costs to the system.

A more meaningful question is: “Does this reduce pressure on acute and urgent services?”

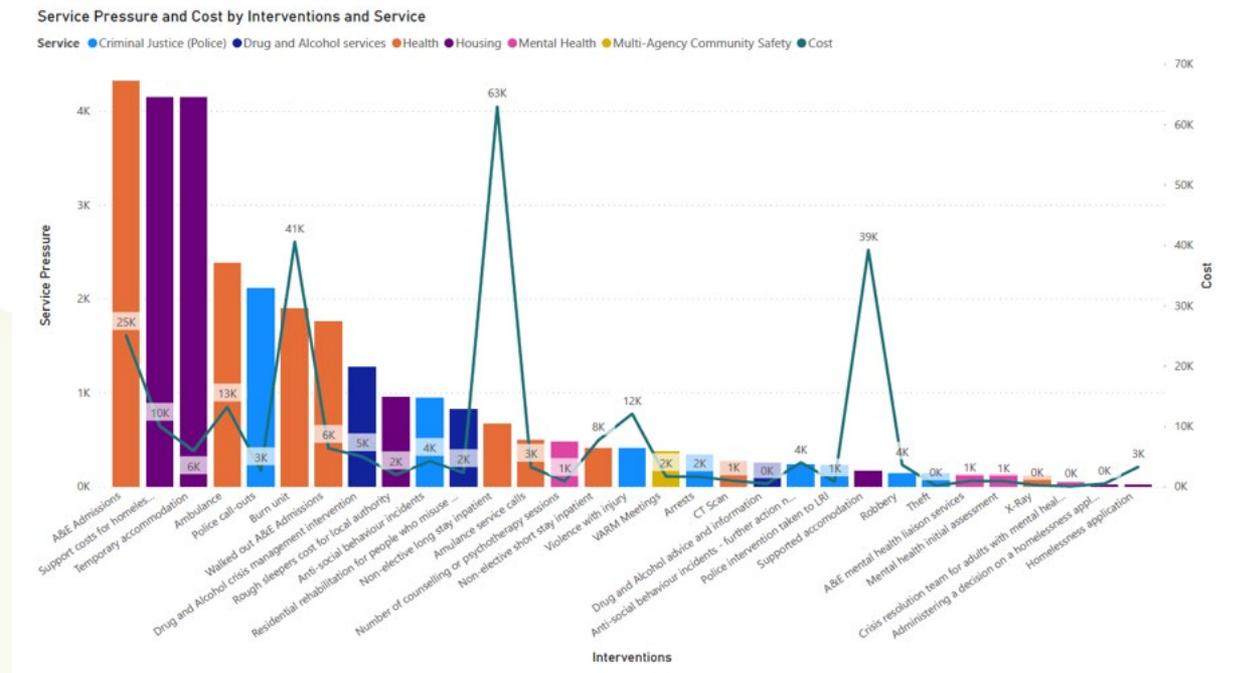
We have compared the systems pressure for the same individual for comparison



The highest system pressures were linked to health emergencies, police callouts, and unstable housing prior to interventions.

Following coordinated support this individual stopped using emergency services as often and because of this, the overall system pressure dropped significantly.

The individual began engaging with planned, preventative mental health and housing services, demonstrating a clear shift from crisis driven system use to sustained stable support – achieving both improved outcomes and cost efficiency.



Children's Social Care Data

Following a dip sample of CF beneficiaries showed that 80% of beneficiaries with Children, had children known to CSC, but that only 0.8% of new referrals to CSC had a parent with MD, We are currently working with Children's Social Care to look at how indicators of Multiple Disadvantage are recorded.

Homeless High Frequency Users of UHL Emergency Department

A 21.2% reduction in individuals attending ED from within the overall cohort.

An average reduction of 7.9 ED attendances per month.

60% reduction in "did not wait" episodes at a patient level.

Leicester Women's Network – Supporting Women Together

Baseline Survey of Women who are Rough Sleeping in preparation for taking part in the annual Women's Rough Sleeping Census Women's Rough Sleeping Census .

The distribution of the Safer Sex Working Packs across the network began during August and September and we will be using this





Changing Futures
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Thankyou!

<https://www.leicester.gov.uk/content/changing-futures/>

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