



Leicester  
City Council

**SPECIAL MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION  
SCRUTINY COMMISSION**

**DATE: MONDAY, 19 JANUARY 2026**

**TIME: 5:30 pm**

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles  
Street, Leicester, LE1 1FZ**

**Members of the Committee**

Councillor Pickering (Chair)

Councillor Agath (Vice-Chair)

Councillors Clarke, Haq, March, Sahu, Singh Johal and Westley

**Youth Council Representatives**

To be advised

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

**Officer contacts:**

**Katie Jordan, Governance Services and Oliver Harrison, Governance Services,**

**Tel: , e-mail: [governance@leicester.gov.uk](mailto:governance@leicester.gov.uk)**

**Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

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### Further information

If you have any queries about any of the above or the business to be discussed, please contact: [Georgia.Humby@leiceser.gov.uk](mailto:Georgia.Humby@leiceser.gov.uk) and [Kirsty.Wootton@leicester.gov.uk](mailto:Kirsty.Wootton@leicester.gov.uk) of Governance Services. Alternatively, email [committees@leicester.gov.uk](mailto:committees@leicester.gov.uk), or call in at City Hall.

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**USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH  
INTEGRATION SCRUTINY COMMISSION**

<b>Acronym</b>	<b>Meaning</b>
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DES	Directly Enhanced Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWB	Health & Wellbeing Board
HWLL	Healthwatch Leicester and Leicestershire
ICB	Integrated Care Board
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service

JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NEPTS	Non-Emergency Patient Transport Service
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PPG	Patient Participation Group
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
UHL	University Hospitals of Leicester

## **PUBLIC SESSION**

### **AGENDA**

This meeting will be webcast live at the following link:-

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#### **1. WELCOME AND APOLOGIES FOR ABSENCE**

To issue a welcome to those present, and to confirm if there are any apologies for absence.

#### **2. DECLARATIONS OF INTERESTS**

Members will be asked to declare any interests they may have in the business to be discussed.

#### **3. LLR SYSTEM UPDATE WINTER 2025/26**

**[Appendix A](#)**

Health Partners provide a report detailing a system update for the winter pressures across Leicester, Leicestershire and Rutland as requested by Commission Members.

#### **4. VERBAL UPDATE ON ADDITIONAL LOROS BEDS**

The Chief Medical Officer will provide a brief verbal update on the current position.

#### **5. ANY OTHER URGENT BUSINESS**



# LLR System Update Winter 2025/26

Leicester City HOSC

19<sup>th</sup> January 2026



Appendix A

# LLR System Update Winter 2025/26

## Content

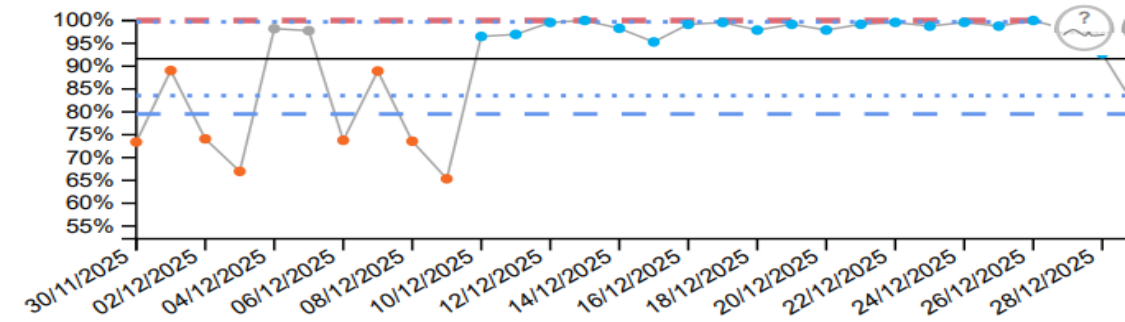
1. Ambulance response and handover performance
2. LLR Emergency Department, Emergency Length of Stay and Discharge.
3. Urgent Care Pathways
4. General Practice access
5. Wider Primary Care Same Day Access and Primary Care Networks
6. Vaccination Performance
7. Industrial Action update
8. Key Metrics Summary
9. LLR Additional Winter Plans



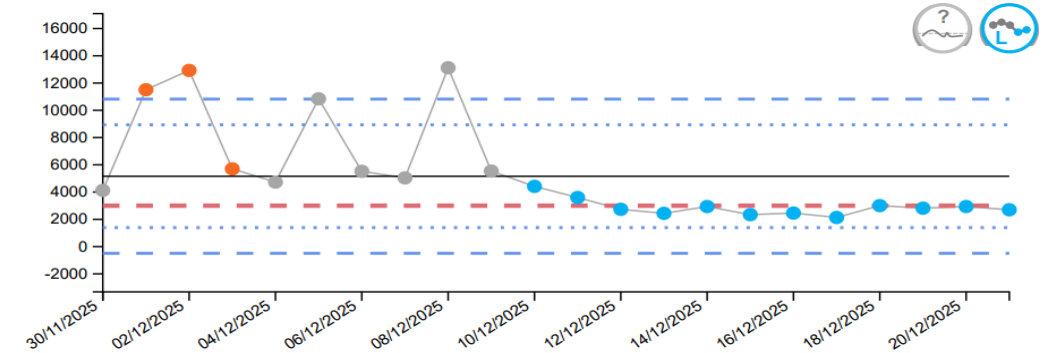
# 1. Ambulance response performance

- LLR's Release to Respond protocol, supporting a maximum handover time of 45 mins, went live on 10/12/2025. Early data indicates that of the 3933 handovers at LRI for the period to 10.12.2025 - 31.12.2025 only 2% have exceeded this time (unvalidated at time of reporting).
- Handover performance improvements have contributed to an improved Category 2 average response time of 39 mins and 28 seconds for December 2025 (unvalidated at time of reporting).

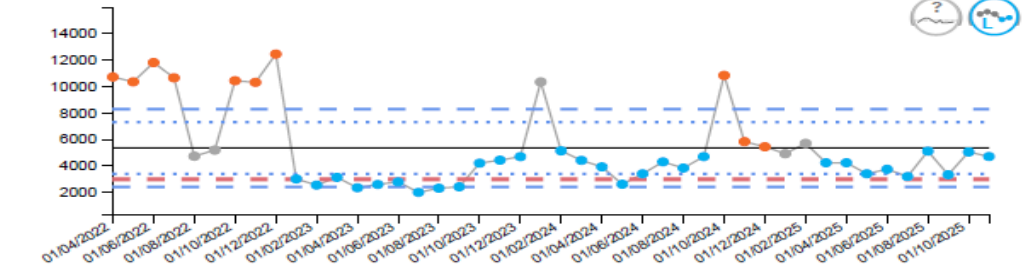
Handovers completed within 45 minutes December 2025



Category 2 response times - rolling month

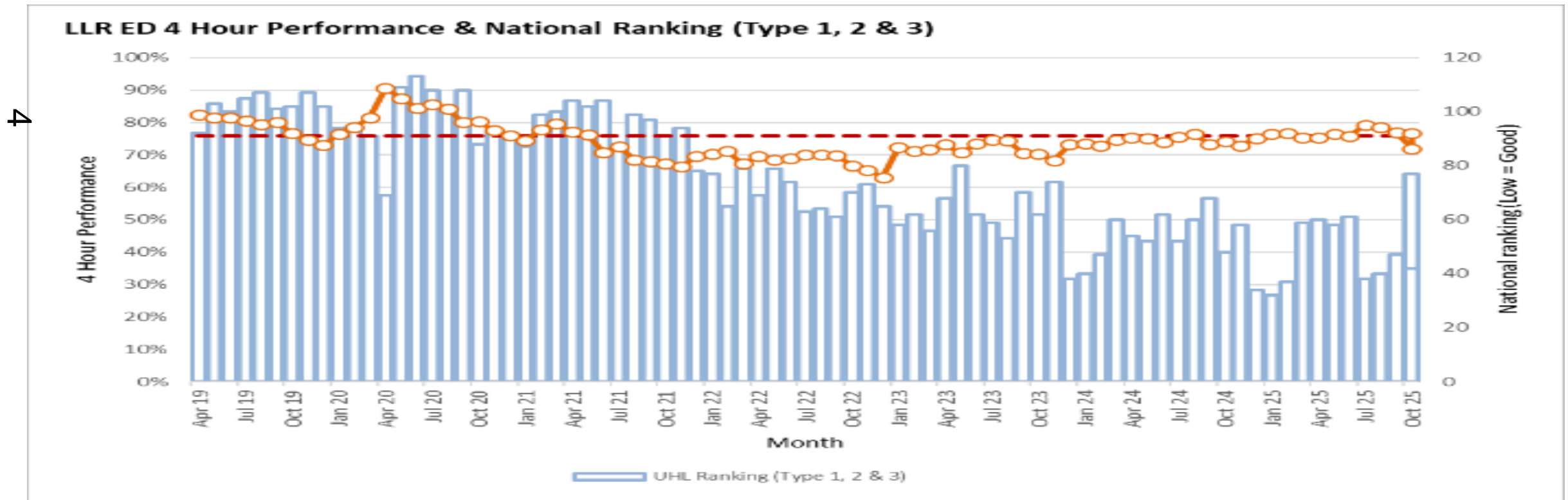


Average pre-handover times - monthly



## 2. LLR Emergency 4 Hour Performance

- The chart below details the LLR 4-hour performance for all types of emergency attendance activity.
- The red line is the national target, and the blue boxes are the LLR performance position compared nationally.
- Performance to date this year shows LLR in the mid to high position for performance when compared nationally.



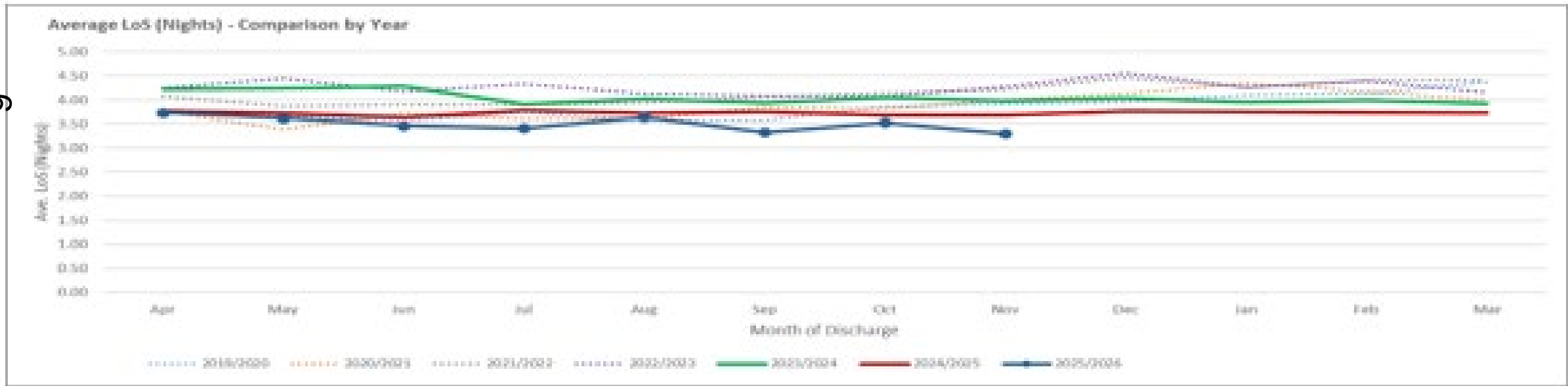
## 2. Actions for Improvement

- Re-directing lower acuity patients away from the Emergency Department (ED) to either Community Urgent Treatment Centres (UTCs) or the LRI Minor Illness and Minor Injuries (“MiaMI”) service – in place
- Improving MiaMI productivity via an appointment system and supported with local blood testing processes – commencing in March 2026.
- Improving Same Day Emergency Care access to diagnostic services – pilot underway.
- Increasing the number of patients EMAS convey directly to UHL Same Day Emergency Care without arriving via ED – in place.
- Ongoing development of the co-located Urgent Treatment Centre for opening in August 2027.
- Supporting community-based colleagues to refer patients into UHL via Clinical Bed Bureau without arriving via ED – in place.
- Maximising the community-based Pre-Transfer Clinical Discussion & Assessment service – in place.

## 2. UHL Emergency Length of Stay

- The graph below is UHL Trust-level Emergency length of stay comparing average year on year. The blue line is 2025/26 and demonstrates a marginal improvement from last year (the red line) with every month year to date showing some improvement (ranging from 0.04 to 0.43 nights). Year to date average length of stay is 0.22 nights lower than the same period last year.

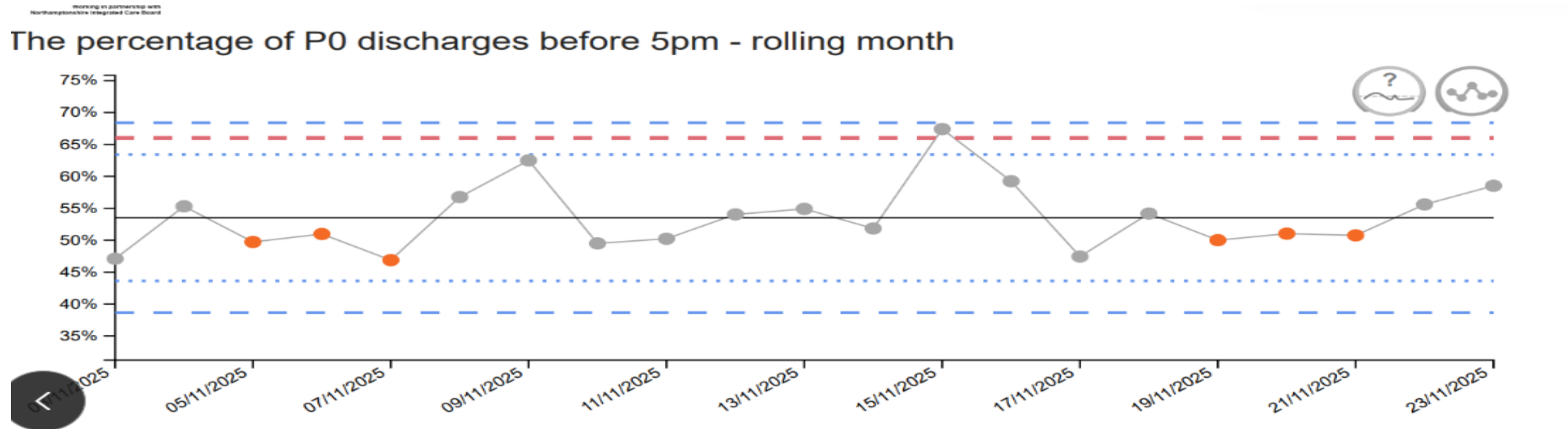
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## 2. UHL Discharge Performance

- We continue to see an increase to the previous month on month increases for Simple (P0) discharges when compared to the same period in 2024/25.
- Our ambition is to improve the time of the day that patients are discharged with a focus on the number of our patients discharged by 5pm - our aspiration is 70%. This is reported daily internally and to our ICB and regional colleagues.

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## 2. UHL Discharge Performance

### Discharge Improvement Programme focusing on:

- a. Percentage of patients discharged on discharge ready date
- b. Reducing the average hour of discharge
- c. Reduce the percentage of incomplete discharge.
- d. Increase the percentage of weekend discharges.
- e. Reduce the number of transfers of care for non-clinical reasons.
- f. Reduction in Long Lengths of Stay > 21 days in hospital as a % of general and acute bed occupancy

Series of Discharge events have taken place in December and continue in January to support improvements in discharge have been taking place – learning from these will be incorporated into the improvement plan.

### 3. LLR Urgent Care Pathways

- The table on the next slide summarises the monthly activity for the first half of Winter 2025/26 for the key community-based LLR urgent & emergency care pathways.
- Demand has been at or exceeded commissioned capacity each month.
- All system Urgent Emergency Care (UEC) providers are working together to maximise opportunities to manage patients away from ED and, wherever clinically appropriate, in their usual place of residence.
- Primary Care and UEC providers continue to work with community pharmacies for lower acuity presentations so that capacity may be available for those patients requiring a face-to-face consultation.

### 3. LLR Urgent Care Pathways

		Activity Delivered	Commissioned Capacity	% Utilisation
LLR Clinical Navigation Hub	Oct 2025	10,883	9,679	112%
	Nov 2025	11,401	10,235	111%
	Dec 2025 (unvalidated)	12,328	10,483	118%
LLR Home Visiting Service (Core Hours)	Oct 2025	1,451	1,472	99%
	Nov 2025	1,308	1,280	102%
	Dec 2025 (unvalidated)	1,496	1,344	111%
LLR Home Visiting Service (Out of Hours)	Oct 2025	1,666	1,698	98%
	Nov 2025	1,731	1,860	93%
	Dec 2025 (unvalidated)	1,729	1,890	92%
LLR GP Out of Hours Service	Oct 2025	1,244	1,271	98%
	Nov 2025	1,240	1,230	101%
	Dec 2025 (unvalidated)	1,264	1,271	99%
Loughborough Urgent Treatment Centre	Oct 2025	7,499	5,797	129%
	Nov 2025	7,515	5,610	134%
	Dec 2025 (unvalidated)	7,396	5,797	128%
Oadby Urgent Treatment Centre	Oct 2025	3,305	2,976	111%
	Nov 2025	3,275	2,880	114%
	Dec 2025 (unvalidated)	3,394	2,976	114%
Merlyn Vaz Urgent Treatment Centre	Oct 2025	1,677	1,575	106%
	Nov 2025	1,697	1,610	105%
	Dec 2025 (unvalidated)	1,753	1,651	106%



## 4. General Practice access

**Leicester, Leicestershire, and Rutland (LLR) Integrated Care Board (ICB)** is focused on transforming General Practice to meet rising patient demand and clinical complexity.

- From 1<sup>st</sup> October 2025, all LLR practices are continuing to implement Online Consultation (OLC) solutions for improved access, alongside telephone and traditional face-to-face appointments where clinically appropriate and/or preferred by patients. A total of 196,736 OLC requests have been submitted between Apr – Oct 25. This is an increase of  $\pm$  113% in utilisation based on the same period in the previous year in Leicester City.

OLC Requests in Leicester City per last 3 months

- July 25– 16,841
- August 25 – 22,888
- September 25 – 32,457(+86% increase from Sept 24)

In LLR there is a 2.2% Increase in GP appointment compared to the same period in 24/25(additional 99,223 appointments).

## 4. General Practice access (continued)

### Care homes

Across LLR, **100% of Primary Care Networks (PCNs)** are delivering the Enhanced Health in Care Homes service, providing comprehensive support to **297 care homes** and **8,490 beds**.

This dedicated provision ensures that residents receive high-quality, proactive care through consistent weekly care home rounds, Structured Medication Reviews (SMRs), and the development of personalised care plans tailored to individual needs.

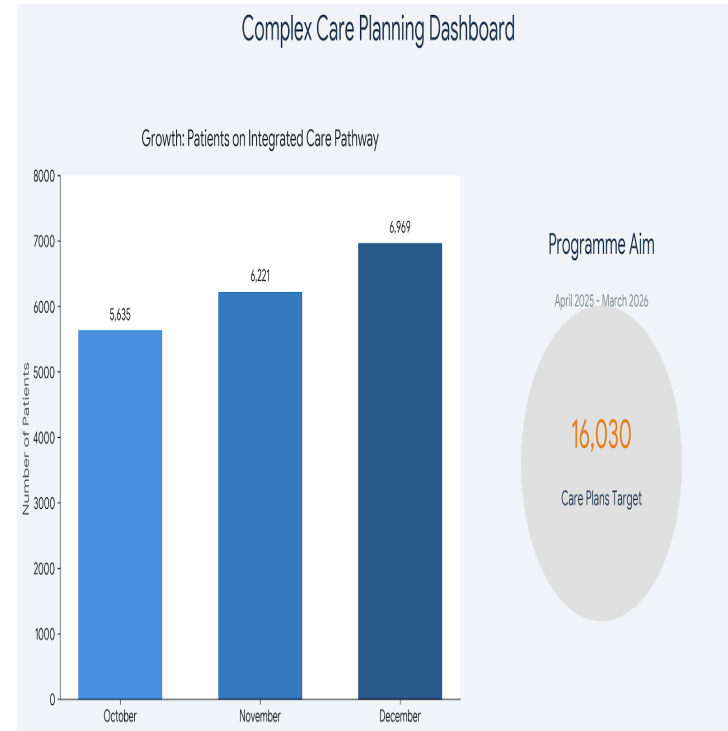
### Manging Complex patients

The ICB has a local programme with GP Practices for the identification of complex patients that would benefit from having a personalised care plans in place.

Allocated number of **care plans for 2025/26 is 16,030**. These plans are available for community teams to review when supporting patients to reduce ambulance call outs and unnecessary hospital admissions.

Our efforts will continue to support practices this winter to identify high risk patients that would benefit from care planning as well as having effective interventions. We are also doing some further work to ensure care plans are available to all partners on the Shared Care Record system.

City practices are actively being contacted to write more plans, however this number is showing an increase month on month



### Complex Care Plans Completed

October: 5,635 patients  
November: 6,221 patients +10.4%  
December: 6,969 patients +12.0%  
**Leicester City numbers up to the end of December are 2,057 of which the allocation is 4,216**

# 5. Wider Primary Care Same Day Access

## Same Day Access

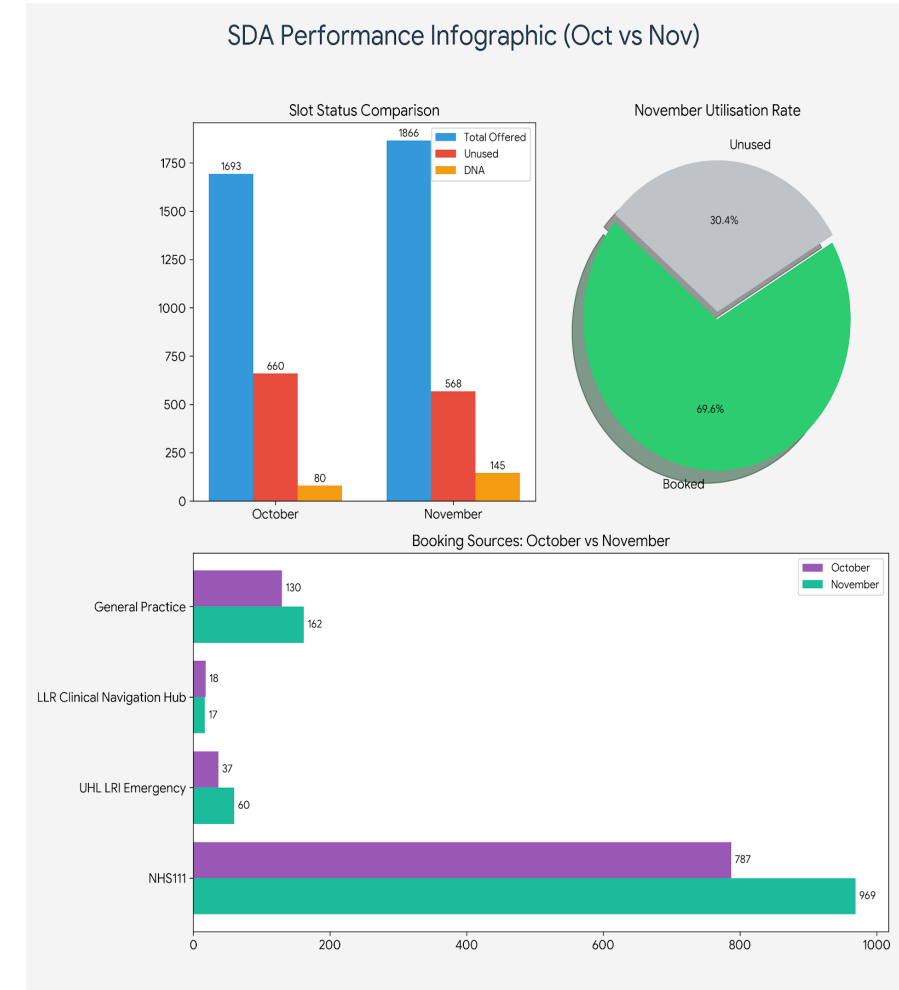
The Same Day Access (SDA) initiative in LLR provides an integrated triage and consultation model designed to ensure patients receive the "Right Care, Right Place, First Time," thereby reducing pressure on Emergency Departments.

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- **Leicester City**, the GP-led service launched in October 2025, offering roughly **1,770 monthly appointments** with 70–100% of capacity dedicated to NHS 111, Clinical Navigation Hub and ED department to support improved same day access.

By offering same day access evening and weekend appointments through a GP-led service aims to provide equitable, neighbourhood-based care that manages urgent needs within a Primary Care setting.

## Leicester City SDA Activity



# 5. Wider Primary Care Same Day Access

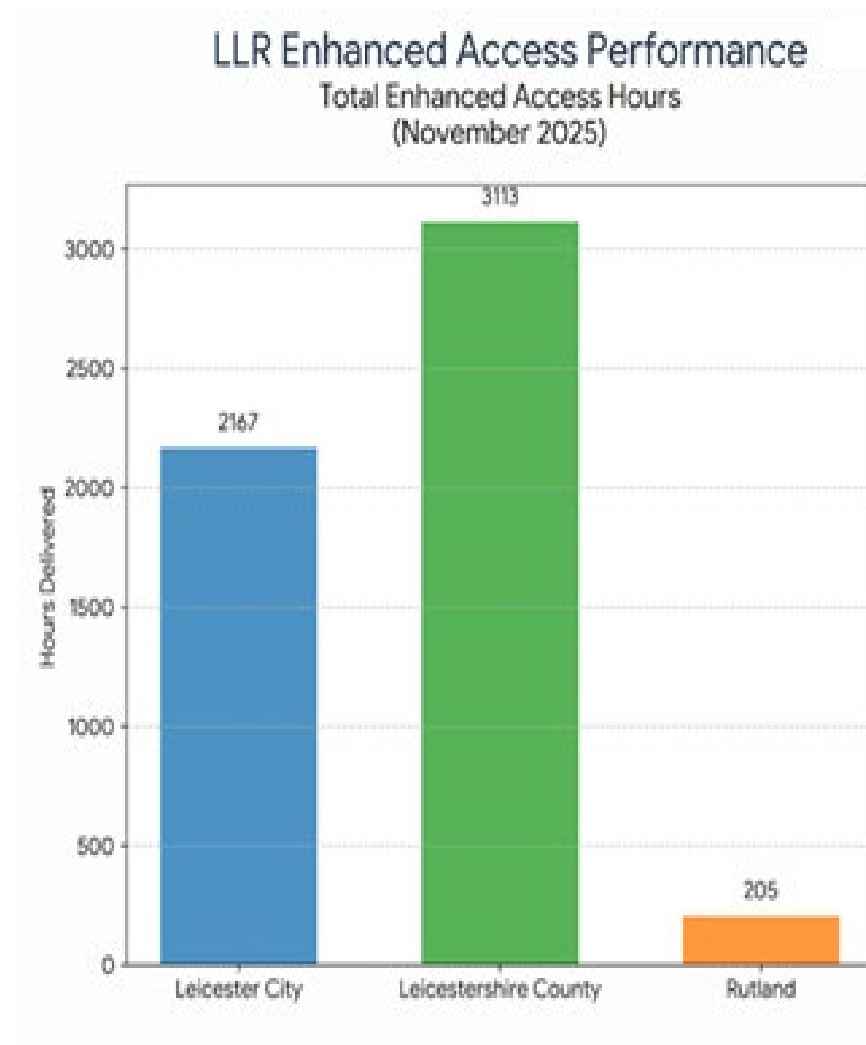
## LLR Enhanced Access

Enhanced Access services across LLR continue to exceed contractual requirements, providing vital evening and Saturday capacity for long-term complex care, health reviews, and preventative screenings.

In November 2025, Primary Care Networks (PCNs) delivered above their contracted Enhanced Access hours as follows;

- **Leicester City** providing **2,167 hours (20% ↑)**

Enhanced Access clinics offer a diverse range of services, including mental health, women's health, immunisations and vaccinations.

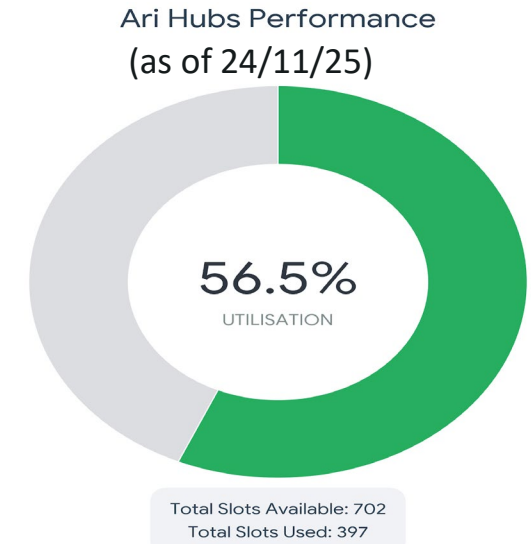


# 5. Wider Primary Care Same Day Access

## Acute Respiratory Infection (ARI) Hubs

The Acute Respiratory Infection (ARI) Hub in Leicester is providing essential winter capacity by offering **2,470 additional appointments** for children with non-life-threatening respiratory symptoms from 24/11/2025 to 31/03/2026.

Operating weekdays from 2:00pm to 9:00pm, the hub accepts referrals from GPs and Emergency Department triage to ensure acute hospital resources remain focused on critical emergencies.



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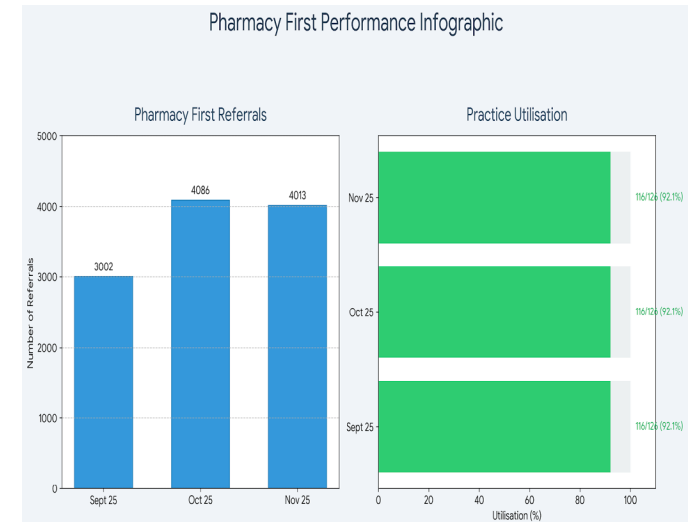
## Pharmacy First

Pharmacy First has gone from strength to strength following the introduction of the “Focus groups” at the start of 2025.

Referral rates have climbed significantly, with an engagement utilisation of **92.1%** of practices referring consistently over the last 3 months.

Average referrals per GP practice most recently have been

- September 2025: 23.8
- October 2025: 32.4
- November 2025: 31.9



# 6. Flu Winter Vaccination Campaign – Leicester City



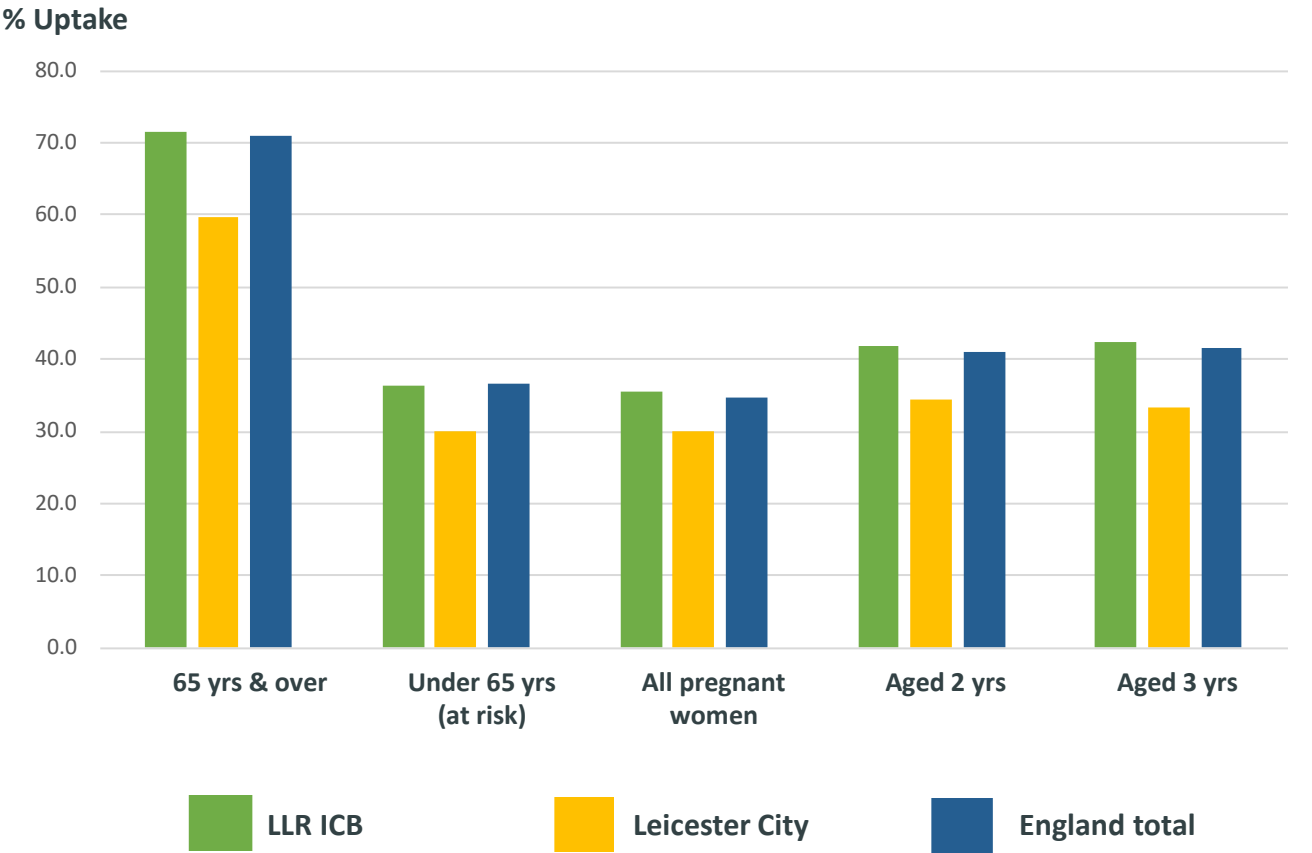
Seasonal influenza vaccine uptake among GP patients in England 2025 to 2026: GP main survey by ICB & sub-ICB  
Provisional monthly data for November 2025: Cumulative uptake data for England on influenza  
Official Statistics, UK Health Security Agency, 18 December 2025.

By the end of November, Leicester City had vaccinated for flu:

- 59.7% of patients aged 65 and over
- 30% of patients under 65 at risk
- 29.9% of pregnant women
- 34.3% of patients aged 2
- 33.3% of patients aged 3

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Programme	NHS LLR ICB	East Leics & Rutland	Leicester City	West Leics	England Total
65 yrs & over	71.6%	75.6%	59.7%	75.1%	70.9%
Under 65 yrs (at risk only)	36.4%	32.9%	30.0%	40.6%	36.5%
All pregnant women	35.5%	37.2%	29.9%	41.3%	34.8%
Aged 2 yrs	41.9%	46.2%	34.3%	46.6%	40.9%
Aged 3 yrs	42.4%	48.3%	33.3%	47.7%	41.5%



Source: Seasonal influenza vaccine uptake in GP patients: monthly data, 2025 to 2026 - GOV.UK

# 6. Highlights of Winter Vaccination Campaign

The LLR Winter Vaccination Campaign's strategic priorities centre on reducing health inequalities, coverage improvement and community engagement, underpinned by a coordinated system-wide approach. Priority vaccines are flu, COVID-19 and Respiratory Syncytial Virus (RSV). Work commenced in July 2025; an overview of key activities are detailed below:

- New streamlined e-consent process introduced in schools is having a positive effect on uptake and making it easier for parents to respond.
- Community Pharmacy pilots are improving access and engagement: flu for 2-3 year olds offered for the first time (> 80 sites) and RSV vaccine in low uptake areas (all 15 sites are in Leicester City).
- 17 • Mobile healthcare units are visiting low uptake areas, also offering blood pressure checks, MECC conversations and active sign-posting.
- Integrated communications strategy launched (complementing the national comms campaign), includes a new winter comms tool kit issued to clinical providers, accessible online [LLR Vaccine Hub](#) and [LLR Walk-In Immunisation Finder](#) to improve information and access.
- Targeted outreach for vulnerable groups includes specialist clinics and roving vaccination teams focused on older adult care home residents, housebound patients and individuals with learning disabilities.
- Supervaccinators are providing additional vaccination capacity in various clinical providers across the system.
- LPT are using therapy dogs in community hospital vaccination sessions to support vaccine hesitant patients and staff.
- UHL introduced incentives such as free hot chocolate on specified days to encourage vaccination conversations among staff at pop-up events in restaurants and clinical areas.
- Meetings undertaken with primary care managers in Leicester City, with the lowest flu uptake, to seek assurance on access and uptake improvement plans.
- Maternal RSV project launched, involving text messages and clinical phone calls to unvaccinated pregnant women. Texts offer links to the LLR Vaccine Hub website for information on maternal vaccination 'why' and 'how' to get vaccinated. Hits have been monitored, showing significant engagement levels.

## Next Steps

- Priorities in this quarter include completing mop-up clinics, advancing maternal RSV vaccination rollout to pregnant women, and a lessons learned session to support winter 2026/7 planning.
- Performance monitoring, data quality, workforce resilience, and proactive communications remain critical enablers for success.

## 7. Industrial Action Update

The implementation of a strike action response was predicated on replacing resident doctors with other health care professionals to keep services safe. We have analysed a range of metrics the key outcomes are:-

- Numbers of resident doctors taking action - when comparing the November strikes with July 2025 – overall 30.25% acted in July compared to 31.22% in November
- ED attendances did not change during the strikes
- The number of admissions did not substantially decrease with senior reviews
- Performance across a range of metrics, 4 hour wait, 12 hour waits, ambulance handover all improved
- Quality metrics also improved such as waiting times for first assessment and waiting times for admission to a bed.
- Discharges did not increase but the timeliness of patient movement did improve
- We maintained 95% of elective activity



# 8. LLR UEC metrics against plan 2025/26

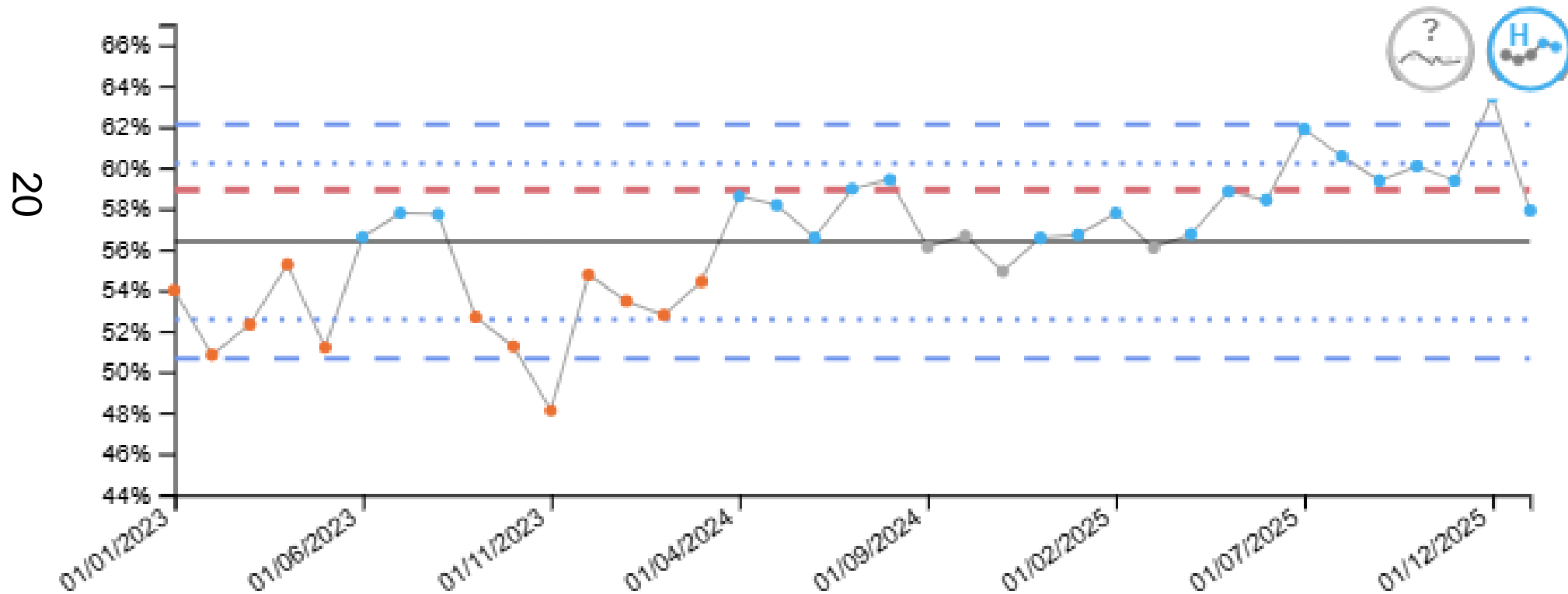
	Month	YTD	Actual vs plan
19 UHL - ED Attendances (SitRep)	<div>24,848</div> <div>● -1.3%</div> <div>variance to plan</div>	<div>192,542</div> <div>◆ 2.0%</div> <div>variance to plan</div>	
UHL - ED 4 hour performance % (SitRep)	<div>62%</div> <div>▲ 0.7%</div> <div>variance to plan</div>	<div>62%</div>	
ED >12 hours (ECDS)	<div>9%</div> <div>● -0.1%</div> <div>variance to plan</div>	<div>10%</div>	
Conveyances to ED (EMAS)	<div>5,638</div> <div>● -14.1%</div> <div>variance to plan</div>	<div>45,610</div> <div>● -10.4%</div> <div>variance to plan</div>	
Average handover time (EMAS)	<div>00:47:14</div> <div>● 00:02:11</div> <div>variance to plan</div>		

## Key Points to Note

- Improvement in 4 hour performance
- Improvement in non-conveyances to ED
- More recent improvements to the Ambulance Handover performance particularly December with the implementation of 'release to respond'

## 8. UHL LRI ED 4hr Performance (UHL Type 1)

The percentage of patients seen within 4 hours - Type 1 - monthly

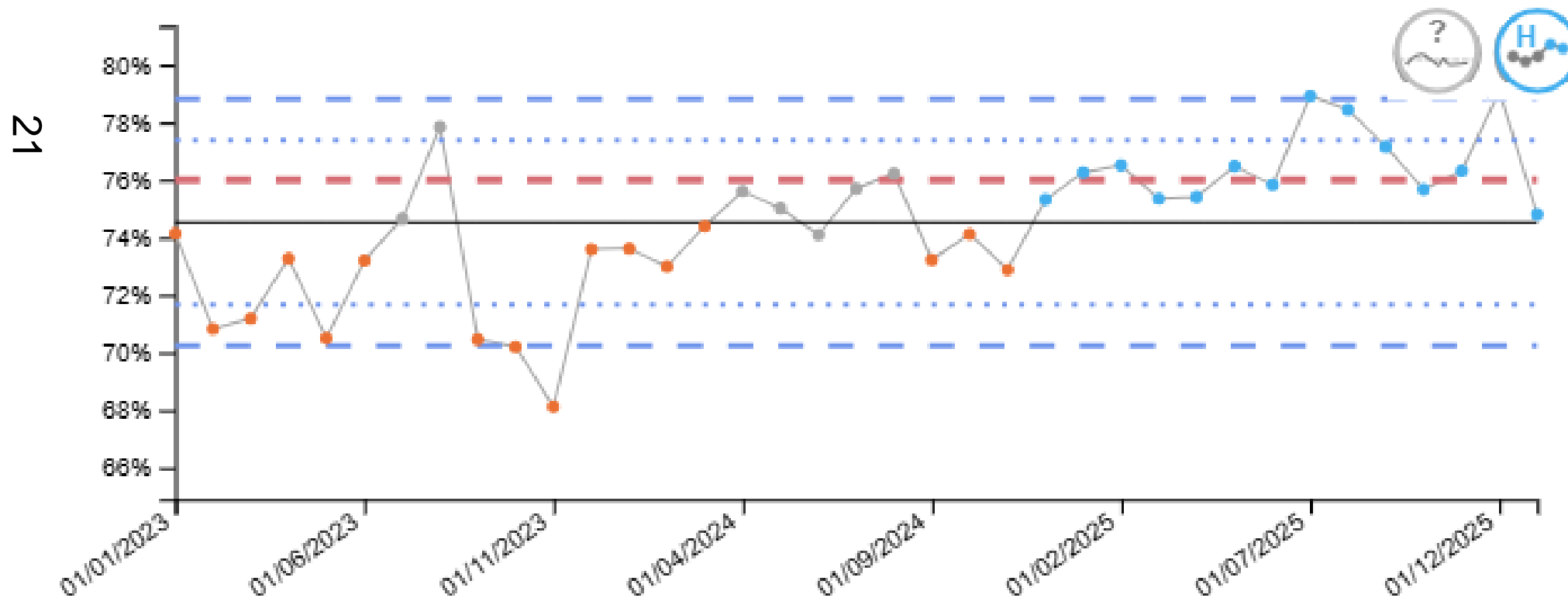


### Key Point to Note

- Improvement in 4-hour performance

## 8. UHL LRI ED 4hr Performance (System Total )

The percentage of patients seen within 4 hours - all types - monthly

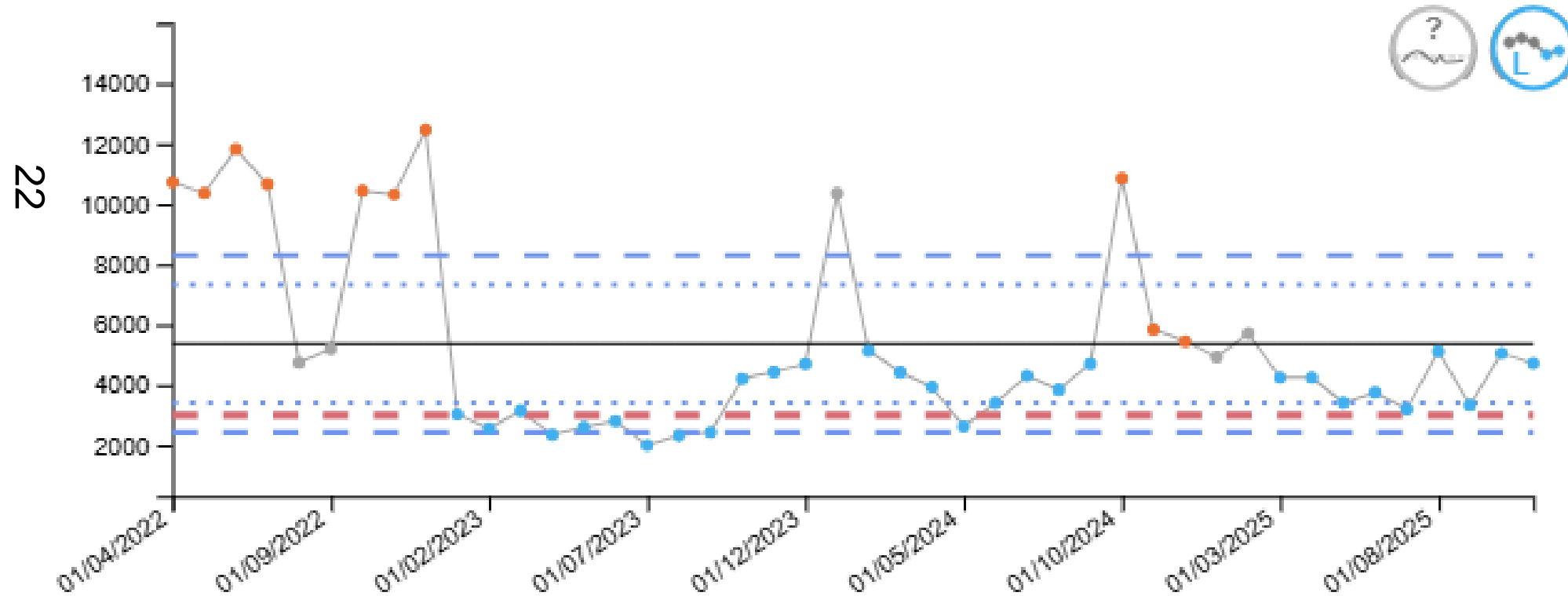


### Key Point to Note

- This includes UTC 4-hour performance as-well as LRI
- Improvement in 4-hour performance has been consistent

## 8. EMAS / UHL Ambulance Handovers Performance

Average pre-handover times - monthly

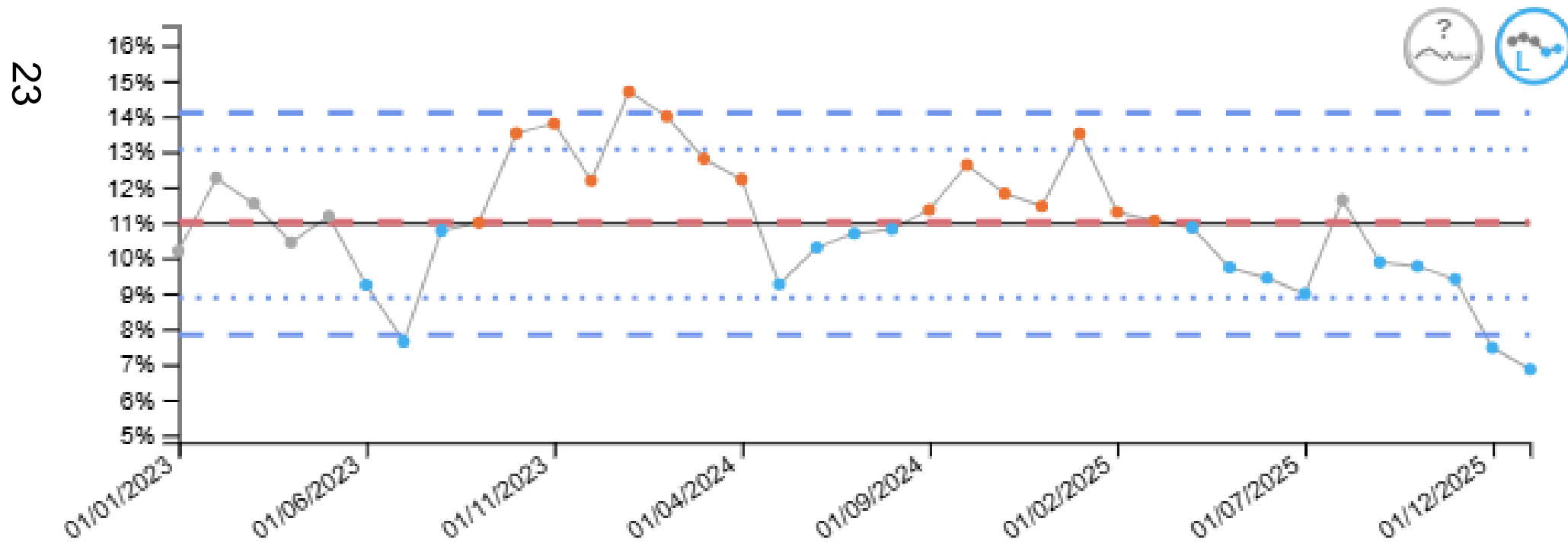


### Key Point to Note

- Improvement in pre-handover time

## 8. UHL LRI ED 12hr Performance

The percentage of patients spending over 12 hours in department - monthly



### Key Point to Note

- Improvement in 12-hour performance – with December seeing the lowest percentage of patients spending over 12 hours in the ED Department



## 9. LLR Additional Winter Schemes

Schemes have been identified and implemented across the following 3 key categories to identify where the impact will be the greatest:

- 24 • Reduces Demand
- Increases Flow
- Increases Discharge

## 9. LLR Additional Winter Schemes – Reduces Demand

- Extension of the Pre-Transfer Clinical Decision Assessment Service (PTCDA) – additional 14 hours a week taking it to a 7-day a week service.

### 25 • Implementation of community antimicrobials service

- Paediatric Surge Hub – Additional 130 appointments a week in Primary Care based in Leicester
- Urgent Care Response – increased responders for nursing and therapy
- Expansion of Clinical Bed Bureau at the ED front desk of ED to improve patient flow into SDEC away from ED Floor.



## 9. LLR Additional Winter Schemes – Increasing Flow and Discharge

### **Additional Beds opened at the UHL**

Ward 19 LGH – 20 beds to support Medicine

Ward 16/17 GH – 10 beds opened to create additional capacity

### **Preston Lodge**

26 Opened a further 30 beds to create further capacity to support UHL patient flow

### **Additional Beds at LPT**

18 Beds opened early Jan 26

Additional 4 LOROS Beds to support discharge opened early December and in use

Early Supported Discharge for Stroke Rehab in place mid December onwards