

**Leicester, Leicestershire
and Rutland**

LLR System Winter Plan 2025/26

Leicester City HOSC 09/09/2025

FINAL/ 22 Aug 2025

**NHS Leicester, Leicestershire and Rutland is the operating name of
Leicester, Leicestershire and Rutland Integrated Care Board**

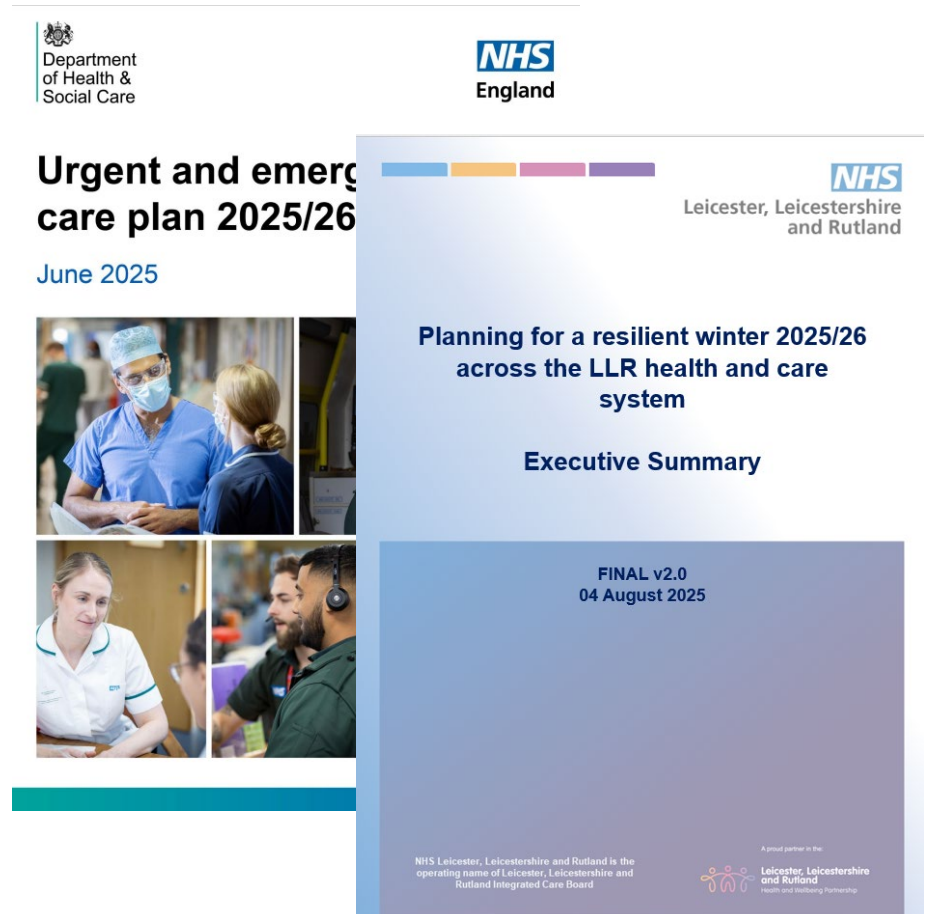


A proud partner in the:

**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

Overview

- The Winter Plan for 25/26 has been **developed collaboratively** and influenced by NHS England guidance and learning from previous winters.
- Sustained level of demand during the summer of 2025.
- The Winter plan sets out our planned response to manage the urgent care and patient flow pressures.
- Partnership working across the health and care system is the only way services can respond to increases in demand and ensure **our population can access safe services and have good outcomes with a positive experience.**
- The plan builds on improvements and developments in urgent care, in line with the National Urgent and Emergency Care Recovery Plan, for physical and mental health care.
- Key Lines of Enquiry (KLOEs): avoidance of patient harm by adopting an approach that focuses on clinical risk.












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Winter Planning Key Performance Indicators

National Metrics LLR is working towards:

-  Ambulance Response – reaching urgent patients (like chest pain or stroke) within 30 minutes.
-  Quicker Handovers – no one should wait in an ambulance outside hospital for more than 45 minutes.
-  Shorter A&E Waits – most people will be seen, treated, admitted, or discharged within 4 hours.
-  Better Care for Children – aiming for 90% of children and young people to be treated in A&E within 4 hours.
-  Cutting Very Long Waits – fewer people waiting over 12 hours in A&E, or 24 hours for a mental health bed.
-  Supporting Safe Discharge – helping patients return home as soon as they are ready, so fewer stay in hospital for over 3 weeks unnecessarily.
-  Protecting Staff and Patients – increasing flu vaccination rates for NHS staff to help keep services safe

Lessons Learnt last winter

What went well

- More support for 999 calls: Extra help was given for less urgent emergencies so ambulances could reach the most serious cases faster.
- Extra x-ray services: Loughborough Community Hospital offered more x-ray slots, so people didn't always need to travel to the main hospitals.
- More GP appointments: Extra primary care services helped more people get care without going to A&E.
- Quicker help for frail patients: New same-day care services were tested to support older people and those with frailty.
- Better discharge lounges: These helped patients get home sooner once they were ready to leave hospital.
- We continue to improve our system response to surge planning. Surge refers to a sudden, significant increase in the need for healthcare services that exceeds normal operational capacity.

What we need to do better

- Plan ahead more: We used data better this year, but still reacted to problems rather than getting ahead of them.
- Stronger infection control: Our measures were good, but we can still do more to protect patients and staff.
- Boost vaccination uptake: Flu and COVID vaccines protect the most vulnerable, so we need to continue to work on clear messages and easy access.
- Improve discharges across all services: Making sure patients leave hospital safely and on time frees up beds for those who need them most.



How we developed our Winter Plan 2025/26

- Our winter plan has been developed by closely working with a wide range of partners, including:
 - GPs and Primary Care Teams
 - Hospitals and urgent care services
 - Community health and care providers
 - Mental health teams
 - Local council teams
 - Children and young people services
 - Workforce and staff representatives
- We also involved experts in areas such as vaccinations and prevention and control, so the plan is safe, joined-up and focussed on keeping people well.

Immunisation & Vaccination

Improve flu vaccine uptake

- **Pregnant women:** Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas.
- **Children (2-3 years):** Actively working with GP practices with <20% uptake.
- **Children (school age):** introduce a new, simpler, more accessible on-line consent process for parents.
- **Patients in a clinical risk group e.g. Immunosuppressed, COPD, diabetes, learning disabilities (LD):** Dedicated team to monitor care home delivery, awareness raising via charities and representative groups, tailored LD clinics with drive through option, UHL to vaccinate patients being discharged to care homes.
- **Health and social care staff:** Bookable and walk-in offer, peer vaccination and clinics, promotion and awareness raising, targeting staff groups with lowest uptake

Improve RSV vaccine uptake

- **Pregnant women:** Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas, new Community Pharmacy pilot.
- **Older adults:** New community pharmacy pilot (11 sites) in low uptake areas in City, winter awareness campaign, active engagement with GP practices with low uptake rates.

Improve Covid-19 vaccine uptake

- **Large network of providers.**
- **Targeted work** with patients whose GPs don't offer the vaccine.
- **Patients with a learning disability:** Tailored clinics with drive through option.

Improvement initiatives across all vaccines

Resources are commissioned at an LLR level, distribution is managed using population health data to target key communities and co design interventions, this involves:

- Taking a proportionate universalism approach
- Gaining insights and understanding by listening to communities and working with VCSE organisations
- Taking a system wide approach in collaboration with public health teams and providers
- Monitoring and evaluating uptake and impact of interventions

Roving Healthcare Unit

Target: low uptake, high deprivation, diverse communities
Vaccination offer: COVID-19, flu, MMR, pertussis and RSV
Plus: Blood pressure checks and MECC
Collaboration with other services i.e. AAA, fibro scanning, cancer

Super Vaccinators

Team of healthcare professionals can offer all vaccines
Flexible resource, targeted at low uptake practices
Provides workforce resilience

Communications and Engagement Resources

LLR Vaccine Hub website, materials tailored to local communities, culturally appropriate

Central Booking Team

Inbound patient phone-line
GP Lists - call and text priority groups
Immunosuppressed, Care home and housebound patients



Educational Engagement

Webinars for healthcare professionals and the public

Training and Development

Culture & Faith in LLR training
Meetings with local cultural and faith leaders
Visits to community settings and faith centres
Vax Chat training

Working with Voluntary and Community Sector Enterprises

To gain insights and understand barriers
Collaborative projects commissioned through VCSE to improve uptake i.e. Local Immunisation Street Team
Health & wellbeing fairs and events





Primary Care

- Introduction of **same day access** additionality in Leicester City from October 2025. Note: County and Rutland's timeline is anticipated to be April 2026.
- General Practice support includes **enhanced access** (evenings and weekends), enhanced health in care homes, proactive care planning and engagement to reduce the numbers of wasted appointments ("Did Not Attends") by 15% by March 2026.
- An additional 13,968 **urgent dental care** appointments in the community.



Community Care

Supporting people with long-term conditions

- More personalised care plans so people feel in control of their health.
- Extra community support for people with breathing problems.
- Better checks and support for people with diabetes.
- Specialist kidney care teams working together to support patients.
- A new community weight management service to help reduce the risk of heart disease and stroke.

Community care improvements

- More use of virtual wards, so more people can be safely cared for at home instead of in hospital.
- Strengthening the “call before convey” service, so ambulance staff can link patients to community care where it’s safe and right for them.
- Making full use of the Clinical Navigation Hub, which helps direct patients to the right care outside hospital.
- Offering community-based antibiotics so people with moderate infections can be treated at home.
- Rolling out a delirium pathway to better support patients with sudden confusion.
- Making the best use of community hospital beds for people who need short-term care or rehabilitation, but not a full hospital stay.

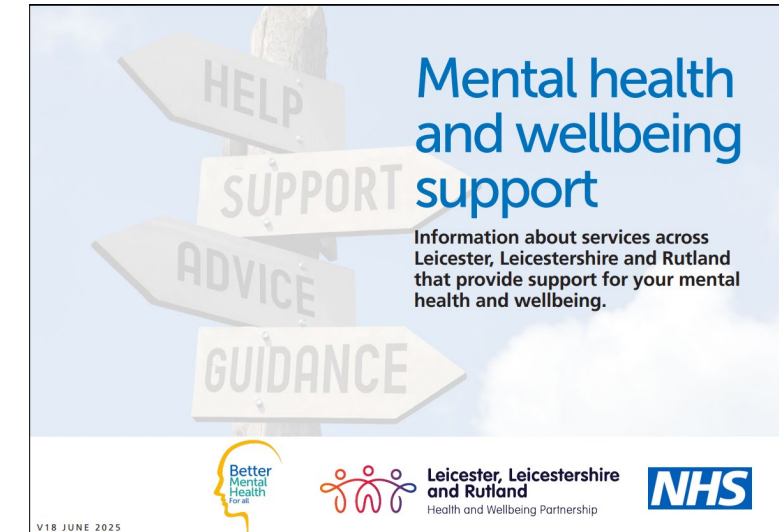
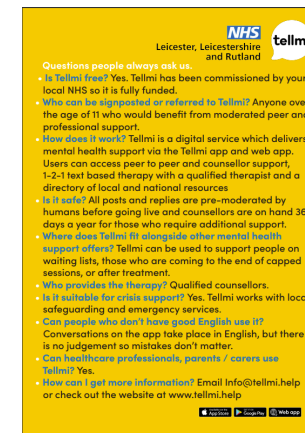


Urgent & Emergency Care

- Improve ambulance handovers: Quicker transfers at hospital so ambulances can get back on the road to respond to new 999 calls.
- More care closer to home: Some patients will be re-directed away from A&E to community-based urgent care (including pharmacies) when it's the safer and more appropriate option.
- Protecting staff and patients: Encouraging more NHS staff to have their flu and COVID vaccinations, helping keep services safe through winter.
- Better access to advice and appointments: Expanding online booking and symptom-checker tools so patients can get guidance and the right care more easily.
- Using technology: Offering virtual consultations where appropriate, making it quicker and more convenient for patients to get care.

Mental Health

- **25 Neighbourhood Mental Health Cafes.** 35 weekly sessions being delivered by 16 different VCS partners approx. 1,000 contacts.
- **45 Getting Help in Neighbourhoods** partners delivering mental health support projects to 136,439 contacts each year
- **Primary care promotion & upgrade of Joy** to provide improved, earlier signposting and navigation to patients. (Aug onwards)
- **Printing & distribution** to partners across the integrated care system, including primary care, LPT, ED and VCS colleagues (Sept)
- **Integration with local winter pressures campaign,** including Right Care, Right Place. Production of comms toolkits as part of this campaign for all ICS partners. (Sept – March)
- **Tellmi** promotional assets developed for winter distribution.



Communications

- Work to raise awareness about using services, when it isn't life-threatening, including community engagement.
 - Right care, right place
 - **Self care:** including support from pharmacies, NHS 111 online and NHS App.
 - **GP practice, or NHS 111** (when practice is closed). Through these routes patients will be able to receive booked appointments in a range of settings, including Pharmacy First, urgent treatment centres.
- System-wide communications plan covering immunisations and other winter health messages from all partners, with shared promotional toolkits.
- Focus on audiences who are highest users of services: families, young adults and those experiencing health inequalities.
- Refresh of guide for parents of children aged 0-9, alongside two online winter hubs on Health for Under 5s and Health for Kids.
- Supporting families when patients are discharged from hospital.

Right
Care,
Right
Place



Stay Home,
Stay Well

NHS
Leicester,
Leicestershire
and Rutland

A Parent's Guide to:

Self-care at home
for children aged
0-9





Winter Planning Governance

Governance – ongoing monitoring










- LLR UEC Working Groups monthly as a minimum.
- LLR UEC Operational Group updates fortnightly.
- LLR UEC Collaborative Transformation Group progress summary at working group level monthly.
- LLR Neighbourhood Programme Board monthly.
- LLR UEC System performance oversight via the UEC Huddles weekly.
- LLR UEC performance reporting at individual scheme level via a digital platform – MS Teams or NHS Futures – informed by the timeline for UHL migration to NHS.net email accounts.



Appendix 1: 2025/26 Urgent and Emergency Care at a glance, including winter period










Leicester, Leicestershire and Rutland Urgent & Emergency Care Plan for Adults 2025/26



Flow in	Flow through	Flow out
Processes & Productivity		
 <ul style="list-style-type: none"> • Optimise our clinical bed bureau pathways, moving towards a single point of access • Optimise clinical pathways to reduce ED admissions 	 <ul style="list-style-type: none"> • Reduce length of stay by developing medical day-case services and focusing on diagnostics • Review bed bases across all hospital sites to ensure patients are treated in the best place for their needs 	 <ul style="list-style-type: none"> • Improve the timely discharge of acute, non-complex patients • Move to a 7-day supported discharge model for all pathways
Capacity		
 <ul style="list-style-type: none"> • Improve urgent treatment demand flow and develop a co-located Urgent Treatment Centre at the LRI • Further develop Same Day Emergency Care (SDEC) pathways 	 <ul style="list-style-type: none"> • Open additional intermediate care capacity, including Preston Lodge • Review winter capacity to address seasonal variation 	 <ul style="list-style-type: none"> • Implement an intermediate care programme • Improve timely transfer to community hospital beds and care homes • Increase discharge rates through Criteria-Led Discharge
Partnerships		
 <ul style="list-style-type: none"> • Develop neighbourhood models of care and same day access in primary care • Develop direct admission pathways with EMAS • Work with the voluntary sector to reduce attendances among high frequency users 	 <ul style="list-style-type: none"> • Implement a frailty SDEC and enhance frailty pathways • Launch new interprofessional standards 	 <ul style="list-style-type: none"> • Optimise care planning • Improve use of virtual wards, procuring a digital platform • Enhance transport provision

Leicester, Leicestershire and Rutland
Urgent & Emergency Care Plan for Children and Young People 2025/26



Flow in	Flow through	Flow out
Processes & Productivity		
<div></div> <div><ul style="list-style-type: none">Develop new ways of working, including a Single Front Door model</div>	<div></div> <div><ul style="list-style-type: none">Introduce e-beds for paediatricsReduce the wait for imaging investigations on inpatient wards</div>	<div></div> <div><ul style="list-style-type: none">Maximise capacity in virtual wardsImprove discharge of acute non-complex patients</div>
Capacity		
<div></div> <div><ul style="list-style-type: none">Improve paediatric urgent treatment flow and develop a co-located Urgent Treatment Centre at the LRI</div>	<div></div> <div><ul style="list-style-type: none">Implement year 2 of bed expansionExplore seasonal adjustments of activity to support elective and emergency demand</div>	<div></div> <div><ul style="list-style-type: none">Develop a winter plan to support peaks in demandIncrease discharge rates through Criteria-Led Discharge</div>
Partnerships		
<div></div> <div><ul style="list-style-type: none">Develop Rapid Access ClinicsDevelop neighbourhood models of care and same day access in primary care</div>	<div></div> <div><ul style="list-style-type: none">Review the interface between primary and secondary paediatric care, improving integration</div>	<div></div> <div><ul style="list-style-type: none">Maximise Outpatient Parenteral Antibiotic Therapy (OPAT) at home</div>



Appendix 2: Immunisation and Vaccination



Immunisation & Vaccination

Vaccination is a national priority for winter 2025/26. The **national flu letter** requires that ICBs plan to:

- Have 100% offer to all eligible groups.
- Maintain flu uptake rates for citizens aged over 65 years and school-age children.
- Improve flu uptake for citizens in a clinical risk group, 2 to 3-year-olds and pregnant women.
- Improve flu uptake for frontline health and social care workers by at least 5% with an ambition for uptake to recover to pre-COVID-19 pandemic rates.
- Maintain COVID-19 vaccination uptake for eligible cohorts.
- Have robust plans in place to identify and address health inequalities for all underserved groups, and progress will be made on reducing unwarranted variation and improving uptake.

Improving Flu Vaccine Uptake

Cohorts	City	County	Rutland	LLR	East Mids	National
Aged 65+	64.5%	78.5%	81.8%	75.4%	77.3%	74.6%
Care home resident	71.2%	80.2%	85.9%	77.9%	80.6%	78.6%
Aged 2 & 3 years	31.9%	46.9%	60.0%	41.6%	42.7%	41.8%
At risk	37.9%	46.1%	49.0%	43.3%	45.4%	44.4%
Healthcare – ESR	29.4%	43.6%	48.6%	37.6%	42.1%	40.5%
Healthcare – self ID	70.6%	73.5%	65.6%	66.8%	68.3%	67.0%
Frontline social care	22.9%	27.4%	30.0%	26.3%	28.2%	26.7%
IS contacts	21.7%	32.9%	47.8%	29.5%	35.4%	29.9%
Immunosuppressed (IS)	31.7%	43.3%	47.5%	39.7%	42.3%	41.6%
Pregnant women*	13.8%	7.2%	4.4%	8.9%	4.6%	8.6%
Primary school	27.8%	49.5%	52.5%	41.4%	49.2%	50.0%
Secondary school	19.0%	40.7%	62.4%	33.4%	41.6%	40.6%

*Data lag discrepancy.

Red = <3% Nat/Mids %. **Green** = >3% Nat/Mids %

(Source: NHSE FDP 02/07/2025)

Priorities and approach to improve uptake

- Pregnant women
 - Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas.
- Children's flu (2-3 years)
 - Actively working with GP practices with <20% uptake.
- Children's flu (school age)
 - Introduction of a new, simpler, more accessible on-line consent process for parents.
- Patients in a clinical risk group i.e. IS, COPD, diabetes, LD etc.
 - Dedicated team to monitor care home delivery, awareness raising via charities and representative groups, tailored LD clinics with drive through option, UHL to vaccinate patients being discharged to care homes.
- Health and social care staff
 - Bookable and walk-in offer, peer vaccination and clinics, promotion and awareness raising, targeting staff groups with lowest uptake.

Improving RSV Vaccine Uptake

Priorities and approach to improve uptake

- Pregnant women
 - Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas, new Community Pharmacy pilot.
- Older adults
 - New community pharmacy pilot (11 sites) in low uptake areas in City, winter awareness campaign, active engagement with GP practices with low uptake rates.

Area	Pregnant women	75-79 yrs (catch-up)	75 yrs (routine)
	Target 60%	Target is 70%	Target is 60%
LLR	33.9%	62.2%	32.1%
City	27.8%	48.3%	21.0%
County	39.4%	65.4%	35.3%
Rutland	60.0%	68.9%	37.0%

Improving COVID-19 Vaccine Uptake

Priorities and approach to improve uptake

- Large network of providers.
- Tailored LD clinics with drive through option.
- Targeted work with patients whose GPs don't offer the vaccine.

Cohorts**	City	County	Rutland	LLR*	Midlands*	National*
Care home resident	66.0%	77.1%	82.2%	70.9%	70.2%	71.9%
Aged 65+	38.4%	67.4%	74.3%	58.8%	60.1%	60.3%
Aged 5+ at risk**	15.3%	33.9%	39.8%	21.4%	21.8%	22.5%
Frontline healthcare worker***	23.5%	37.3%	50.8%	29.9%	29.7%	33.2%
Social care worker***	40.8%	66.9%	90.4%	39.8%	39.4%	40.1%

Red = <3% Nat/Mids %. **Green** = >3% Nat/Mids %

Sources: *NHSE Midlands A/W 2024 Performance Report 10/02/2025. NHSE FDP 02/07/2025

** only immunosuppressed people eligible in 2025/6

*** not eligible in 2025/6