

Chapter 2: Where we are now

In this chapter, we provide an overview of health and wellbeing in LLR, as well as a snapshot of our performance, our finances and workforce.

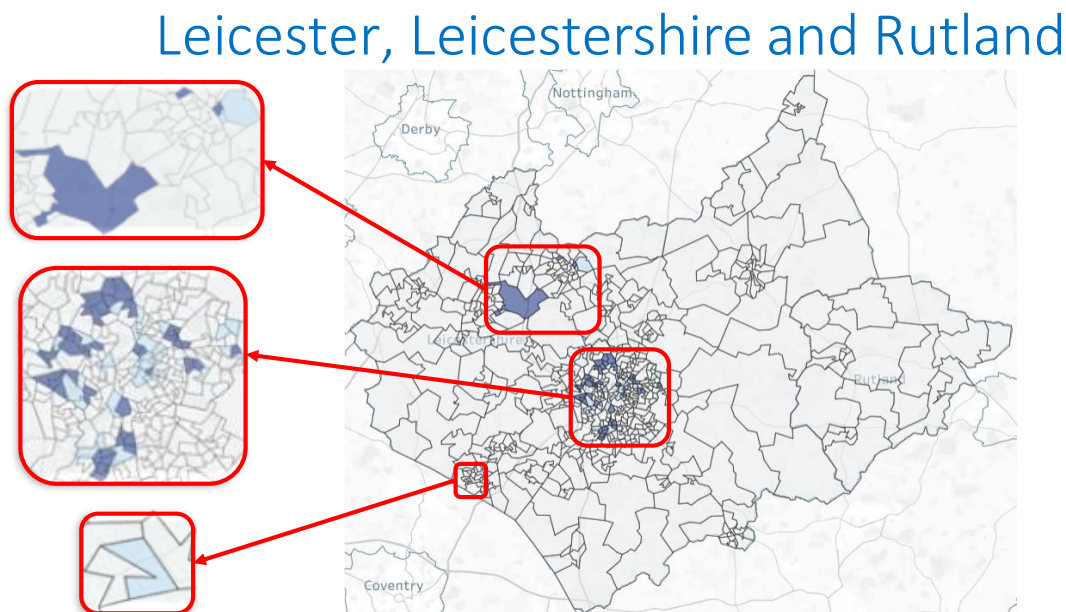
2.1 Overview of health and wellbeing

We highlight, here, key facts relating to the health and wellbeing of our population. We have produced a more detailed [Overview of Health and Wellbeing in LLR](#) document, and our council's Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies ([see 1.1](#)) contain detailed analysis of wellbeing and need.

Summary of deprivation

Figure 5 shows those areas of LLR where the population is in the most deprived 20%, nationally, as identified by the [Index of Multiple Deprivation \(IMD\)](#).

Figure 5: Most deprived neighbourhoods in LLR



STP/ICS map showing neighbourhoods (LSOAs) in 2019 Index of Multiple Deprivation deciles. Dark blue is for the most deprived decile, light blue is for the second most deprived decile. Other deprivation deciles are left unshaded.

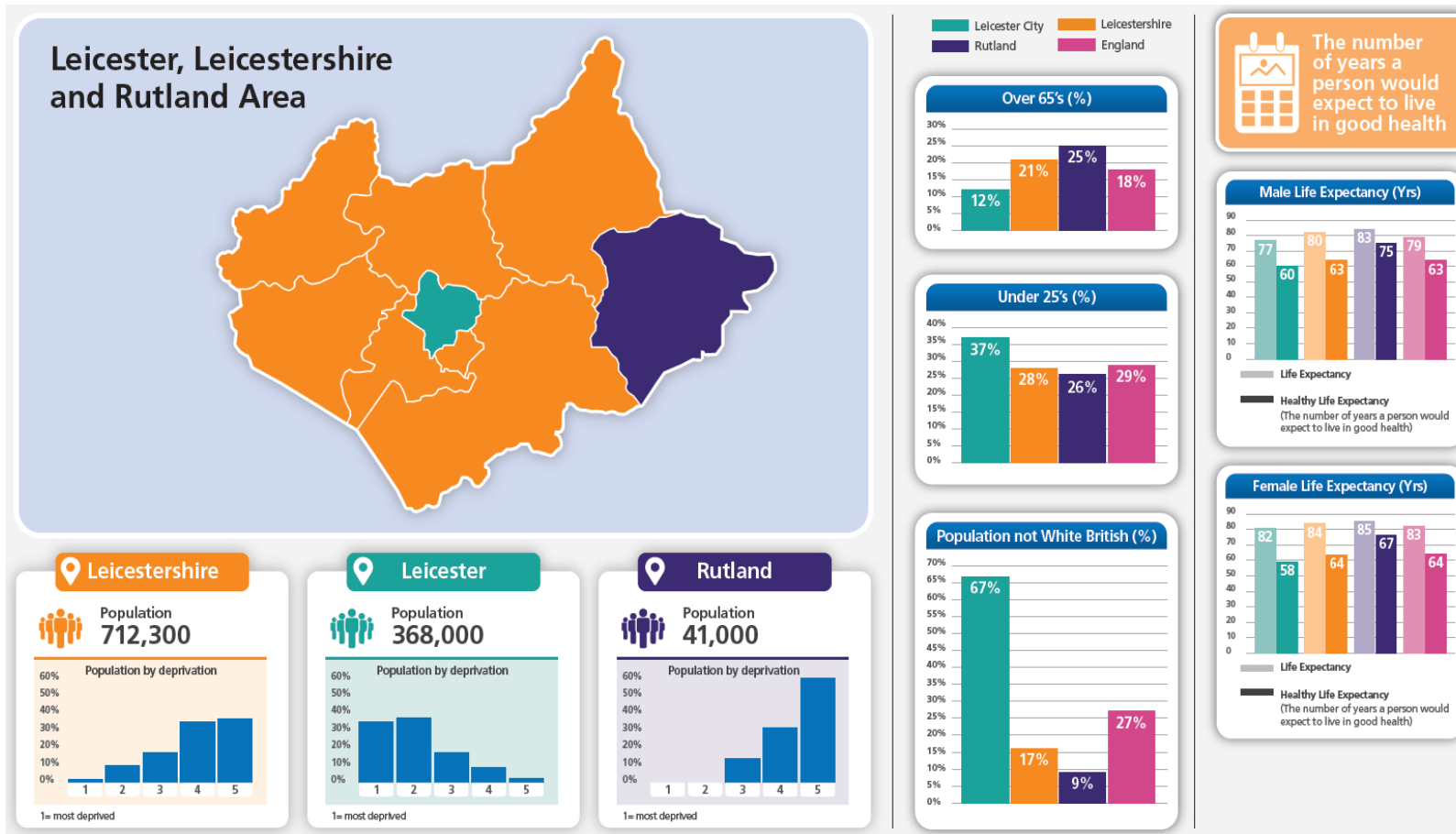
Interactive version can be viewed in tableau [https://tabanalytics.data.england.nhs.uk/#/site/viewpoint/views/PopDemo_CORE20/CORE20?iid=\(OKTA account required\)](https://tabanalytics.data.england.nhs.uk/#/site/viewpoint/views/PopDemo_CORE20/CORE20?iid=(OKTA account required))

13% of our registered patients (153,284) live in the 20% most deprived neighbourhoods in England (see Table 2). 85.3% of those (130,794) live in Leicester, 14.6% of those (22,321) live in Leicestershire and 0.1% of those (169) live in Rutland.

Table2: LLR registered patients and those that live in the 20% most deprived areas in England

	Registered patients living in 20% most deprived areas in England	Total registered patients	% of total registered patients
Leicester	130,794	413,074	31.7%
Leicestershire	22,321	688,401	3.2%
Rutland	169	40,035	0.4%
Total for LLR	153,284	1,141,510	13%

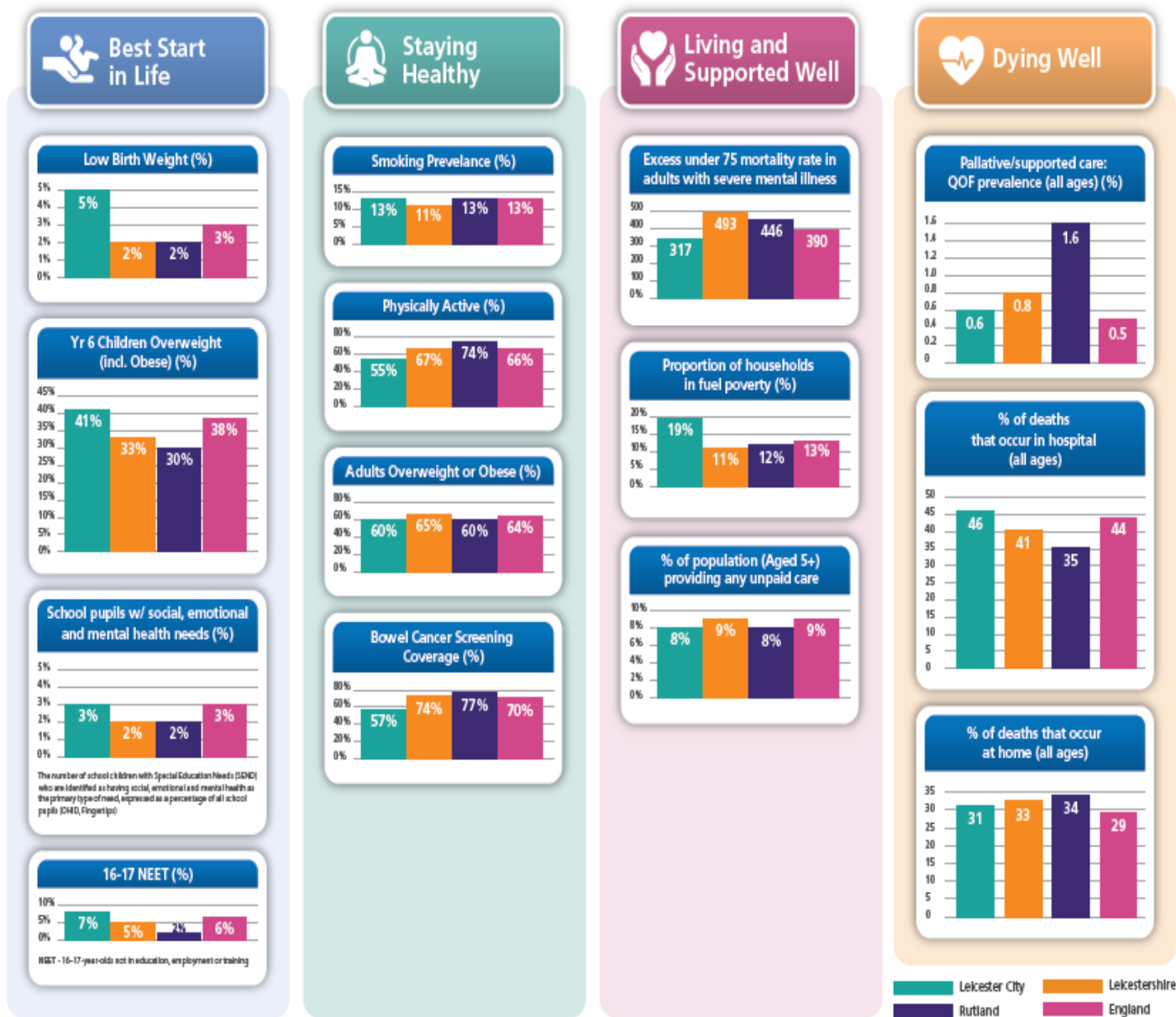
Summary of health and wellbeing facts and figures



This (right hand side) infographic describes the the number of years a person would expect to live in good health compared to their life expectancy. For example, a male living in leicester might expect to live (on average) for 77 years, of which 60 years would be in good health.

The above infographic describes deprivation across Leicestershire, Leicester and Rutland, in blocks from 1 to 5, with block 1 being the most deprived and block 5 being least deprived.

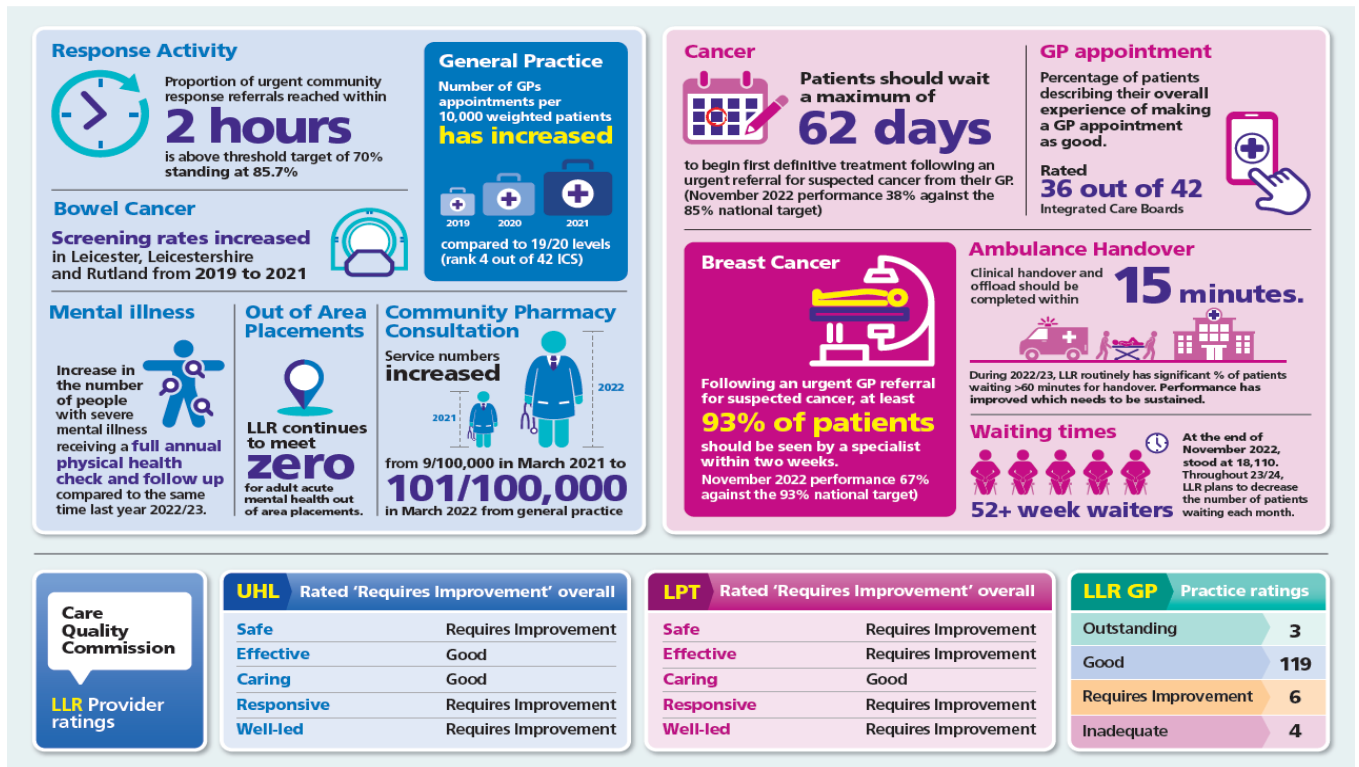
The infographic, below, describes how each of Leicester, Leicestershire and Rutland currently performs against key health and wellbeing indicators at each of the four-life course stages ([see 1.4](#)).



2.2 Our Performance

We highlight here some key areas where we are performing well and key areas where our performance needs to improve.

Our Performance and Quality



2.3 Our Finances

Local and national context

We have a history of financial challenges, the causes of which are not unique to LLR.

These challenges must be addressed for us to become financially sustainable in the longer term. National and local pressures that impact on LLR finances include:

- current cost of living crisis across all service provision;
- cost inflation beyond funded levels;
- workforce shortages;
- intense pressures on urgent care and primary care;
- supply and demand challenges within social care;
- waiting lists at an unprecedented level;
- mental health services capacity;
- expectations on quality, access and better health and social care at a time of increased operational pressure; and
- an uncertain outlook with significant pressure across public finances

Our numbers

In recent history, LLR has incurred financial deficits (overspends) in each year. In 20/21 and 21/22, a combination of extra funding for Covid-19 and reduced elective care costs (as appointments and surgeries were cancelled) has enabled the system to achieve a break-even financial position.

In 22/23 we planned to break-even and ended the year with a deficit of £15m. We were unable to keep within our planned resources, despite utilising significant non-recurrent revenue streams and financial mitigations, for the following reasons:

- reduced funding
- increased pressure on urgent care;
- increased mental health need;
- elective waiting list recovery;
- recruitment to safer staffing models of care;
- high levels of inflation;
- agency staff costs; and
- lack of funding for social care manifesting impacting on out of hospital discharge pathways.

Due to the use of non-recurrent revenue streams and other non-recurrent financial benefits to support 22/23, we now face a much greater challenge in 23/24 and beyond. Our plan for 23/24 is to deliver a £10m deficit as a system, this includes an extremely challenging savings target of £131.5m which is equivalent to 6.4% of our system allocation.

Chapter 6, [Our Finances](#), describes our plans to achieve longer-term financial sustainability.

2.4 Our People

Our people are our greatest asset, and we highlight below some key local workforce information and indicators. Chapter 7, [Our People](#), considers our future people planning.

Our People

