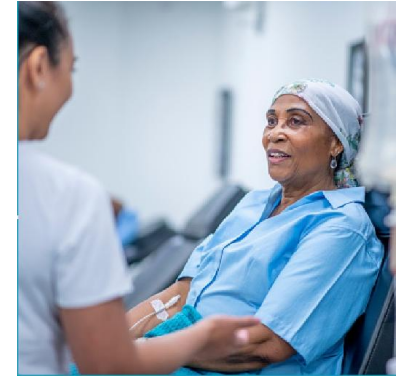


# Health Inequalities Annual Report 2024-25

Leicester, Leicestershire and Rutland  
March 2026



# Key messages

- This report sets out key health inequalities linked to socio-economic deprivation and ethnic group as required by [NHS England's Statement on Health Inequalities](#)
- The data demonstrates the following inequalities
- By deprivation
  - People living with deprivation have higher rates of emergency activity than more affluent populations
  - People living with deprivation have lower rates of elective activity
  - They also wait longer for elective treatment
- By ethnicity
  - Different ethnic groups have different rates of access for emergency and elective activity
  - The three broad ethnic groups included are Asian/ Asian British, Black/ Black British and Mixed ethnic groups
  - When compared with the White population, all three groups had higher rates of emergency attendances and higher rates of admissions for stroke
  - Asian/ Asian British, Black/ Black British had higher rates of emergency admissions than the White population
  - Admissions for heart attack were 80% higher in the Asian population when compared with the White population
  - All three broad ethnic groups had higher rates of pre-term births
  - All three broad ethnic groups had low rates of elective activity than the White population and Asian/ Asian British and Black/ Black British were more likely to wait over 18 weeks from referral to treatment

# Background

- Addressing health equity and health inequalities is central to all major strategies and work programmes for Leicester, Leicestershire and Rutland ICB
- The ICBs programme of work to improve health equity is guided by the principles set out in LLR Health Inequalities Strategic Framework, “Better Care For All” and embedded in the systems Integrated Care Strategy and the Five-Year Plan
- These strategic documents have been developed to ensure our residents have exceptional quality healthcare by ensuring equitable access, excellent experience and optimal outcomes
- The ICBs strategic direction is built on the NHS inequalities improvement programme CORE20Plus5

## **NHSE’s annual assessment of ICB performance 2024/25 Published 17 December 2025 reported for LLR that:**

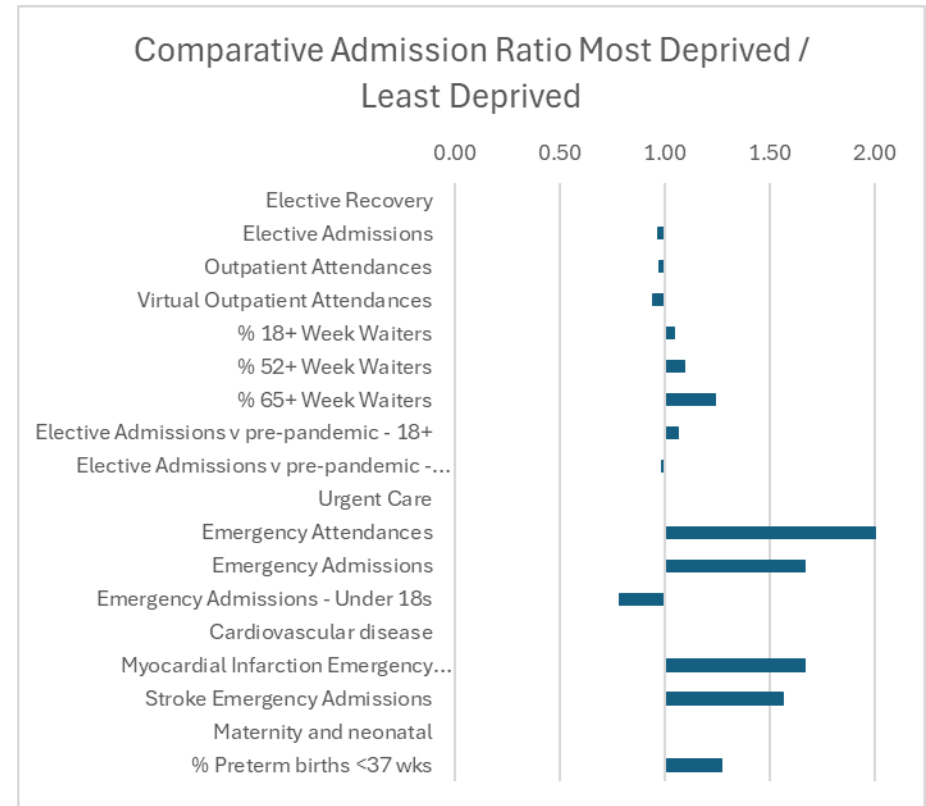
- There has been clear evidence supplied that health inequalities are embedded within system leadership with defined strategies and routine reporting against deliverables
- LLR ICB is a recognised leader in many areas of this work with notable achievements in sophisticated data stratification on cancer screening uptake and a strategic long-term approach to primary care financing to level-up funding based on population need

# Statement on Information on Health Inequalities

- NHS England's Statement on Health Inequalities supports NHS bodies to fulfil their legal duties and take an evidence-led improvement approach to tackling health inequalities, aligned with Core20PLUS5 for adults and children and young people. It also provides guidance on how health inequalities information should be used to inform local action and how this should be reflected in annual reports.
- For LLR, the 2023/24 Health Inequalities Annual Report [Health Inequalities in Leicester, Leicestershire and Rutland 2024 Annual Report on Health Inequalities and response to NHS England's Statement on Health Inequalities](#) was published on the ICBs website in March 2025
- This report provides an update against core metrics for 2024/25
- The report is supported by the following resources which are available via NHS Futures
  - [Leicester, Leicestershire and Rutland Health Summary 2025](#)
  - [Leicester, Leicestershire and Rutland Health Profile September 2025](#)
  - [LLR Neighbourhood Health Intelligence Packs](#)
- The metrics included in this report have been supplied by MLCSU and relate to activity that took place between March 2024 and February 2025

# Summary of Inequalities by Deprivation

- Strongest inequalities linked to deprivation in urgent and emergency care
  - attendance rates are 100% higher
  - emergency admissions are 67% higher
  - admissions for heart attack are 67% higher
  - admissions for stroke are 57% higher
- Deprived populations are more likely to experience preterm birth
- The elective admission rates and outpatient rates are lower in the most deprived populations
- Deprived populations are more likely to wait over 18 weeks, over 52 weeks and over 65 weeks from referral to treatment

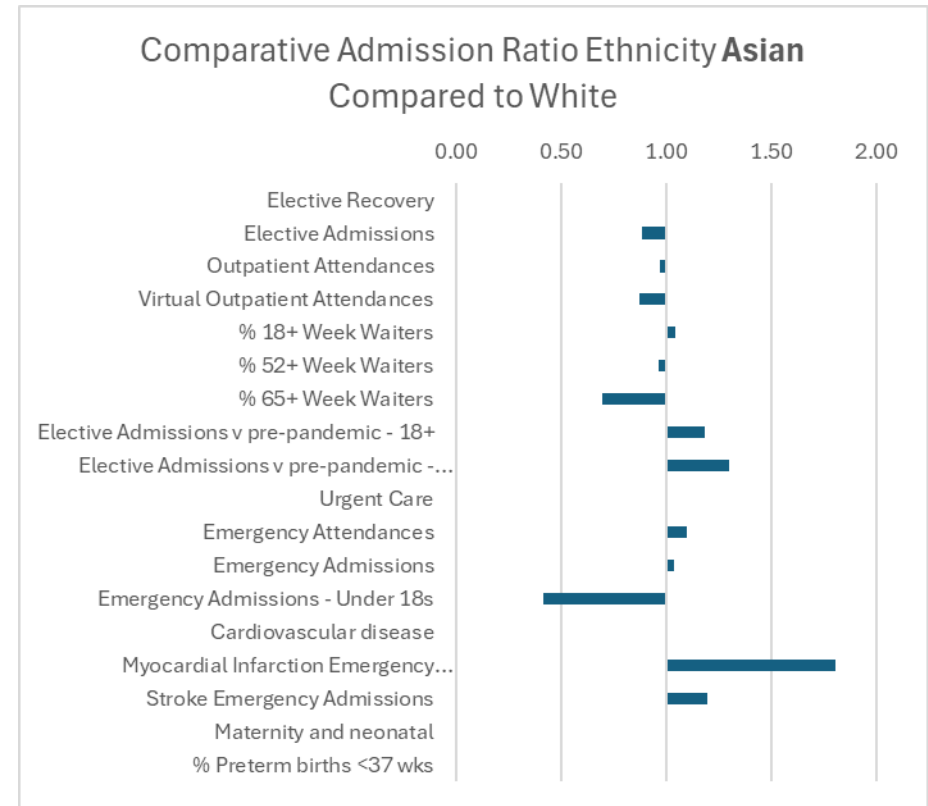


This slide compares activity rates in the most deprived areas (quintile 1) with the least deprived areas (quintile 5)

A value of 1 means the rates are the same, a rate of 1.05 means that the rate is 5% higher in the most deprived area, a rate of 0.95 means that the rate is 5% lower in the deprived area

# Summary of Inequalities by Ethnicity – Asian or Asian British

- Strongest inequalities for Asian/ Asian British population
  - admissions for heart attack are 80% higher
  - admissions for stroke are 19% higher
  - emergency attendances are 10% higher
  - emergency admissions are 3% higher
- The elective admission rates (11%) and virtual outpatient rates (13%) are lower in the Asian/ Asian British populations.
- Asian/ Asian British populations are more likely to wait over 18 weeks from referral to treatment

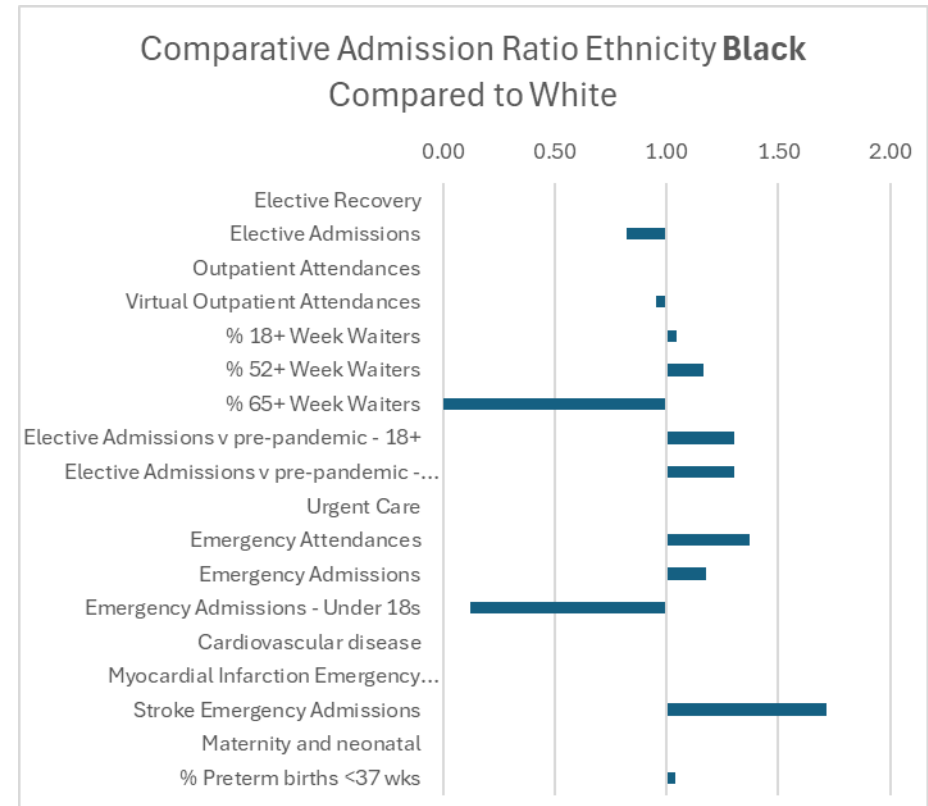


This slide compares activity rates in the Asian/ Asian British population with the White population

A value of 1 means the rates are the same, a rate of 1.05 means that the rate is 5% higher in the Asian population, a rate of 0.95 means that the rate is 5% lower in the Asian population

# Summary of Inequalities by Ethnicity – Black or Black British

- Strongest inequalities for Black/ Black British population
  - admissions for stroke are 72% higher
  - emergency attendances are 37% higher
  - emergency admissions are 18% higher
- Black populations are more likely to experience preterm birth (4%)
- The elective admission rates (18%) are lower in the Black/ Black British British populations.
- Black/ Black British populations British populations are more likely to wait over 18 weeks (4%) and 52 weeks (17%) from referral to treatment

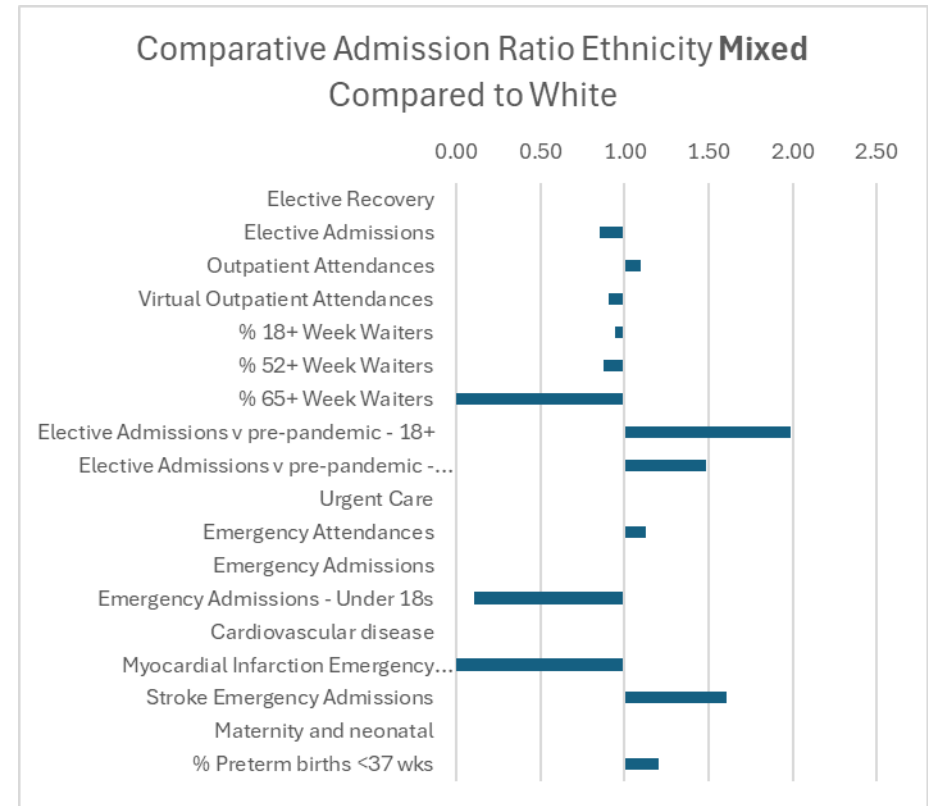


This slide compares activity rates in the Black/ Black British British population with the White population

A value of 1 means the rates are the same, a rate of 1.05 means that the rate is 5% higher in the Black population, a rate of 0.95 means that the rate is 5% lower in the Black population

# Summary of Inequalities by Ethnicity – Mixed Ethnic Groups

- Strongest inequalities for people from Mixed Ethnic Groups
  - admissions for stroke are 61% higher
  - emergency attendances are 13% higher
- People from Mixed Ethnic Groups are more likely to experience preterm birth (20%)
- The elective admission rates (15%) are lower in people from Mixed Ethnic Groups



This slide compares activity rates in the Mixed Ethnic Groups with the White population

A value of 1 means the rates are the same, a rate of 1.05 means that the rate is 5% higher in the population from Mixed Ethnic Groups, a rate of 0.95 means that the rate is 5% lower in the the population from Mixed Ethnic Groups

# Elective Recovery – Key Headlines

## By Deprivation

- Deprived populations (quintiles 1&2) have lower elective admission and outpatient rates than people living in less deprived areas (quintiles 4&5)
- For waiting lists, people living in more deprived areas have a higher percentage of patients waiting over 18 weeks, over 52 weeks and over 65 weeks

Indicators by Deprivation	Latest Data (Feb - 25)	1 - most deprived	2	3	4	5 - least deprived
<b>Elective Recovery</b>						
Elective Admissions	145.8	144.3	131.9	147.9	150.9	149.6
Outpatient Attendances	1184.8	1,171.9	1,110.3	1,200.1	1,220.1	1,204.4
Virtual Outpatient Attendances	226.5	220.7	204.0	230.3	238.4	234.0
% 18+ Week Waiters	44.1	45.2	45.5	44.5	43.5	43.1
% 52+ Week Waiters	1.9	2.1	1.9	1.9	1.9	1.9
% 65+ Week Waiters	0.1	0.2	0.1	0.2	0.1	0.1
Elective Admissions v pre-pandemic - 18+	107.0	113.1	105.8	103.4	107.5	106.4
Elective Admissions v pre-pandemic - Under 18s	125.8	125.0	120.0	163.2	108.8	126.5

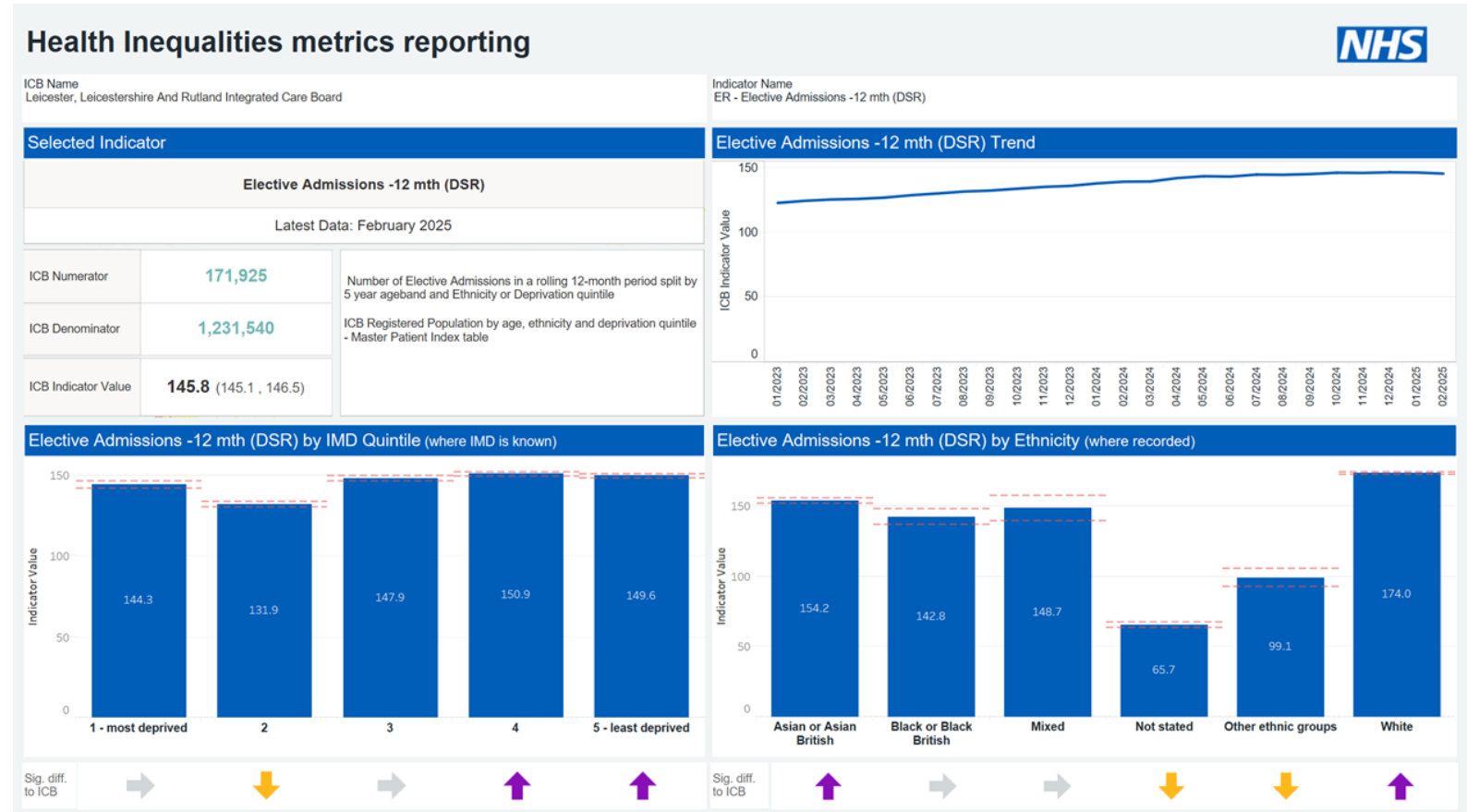
## By Ethnicity

- Black/ Black British and Asian/ Asian British people have lower elective admission and outpatient attendance rates than White people
- For waiting lists, Black/ Black British and Asian/ Asian British people have a higher percentage of patients waiting over 18 weeks than White people

Indicators by Ethnicity	Latest Data (Feb - 25)	White	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	Not stated
<b>Elective Recovery</b>							
Elective Admissions	145.8	174.0	154.2	142.8	148.7	99.1	65.7
Outpatient Attendances	1184.8	1,392.3	1,350.7	1,384.2	1,528.4	748.8	624.7
Virtual Outpatient Attendances	226.5	273.5	238.0	260.3	248.6	141.0	102.8
% 18+ Week Waiters	44.1	44.5	46.4	46.4	42.0	46.0	40.8
% 52+ Week Waiters	1.9	1.9	1.8	2.2	1.7	2.2	1.8
% 65+ Week Waiters	0.1	0.2	0.1				0.1
Elective Admissions v pre-pandemic - 18+	107.0	100.8	119.3	131.6	200.0	200.0	200.0
Elective Admissions v pre-pandemic - Under 18s	125.8	107.6	140.0	140.0	160.0		500.0

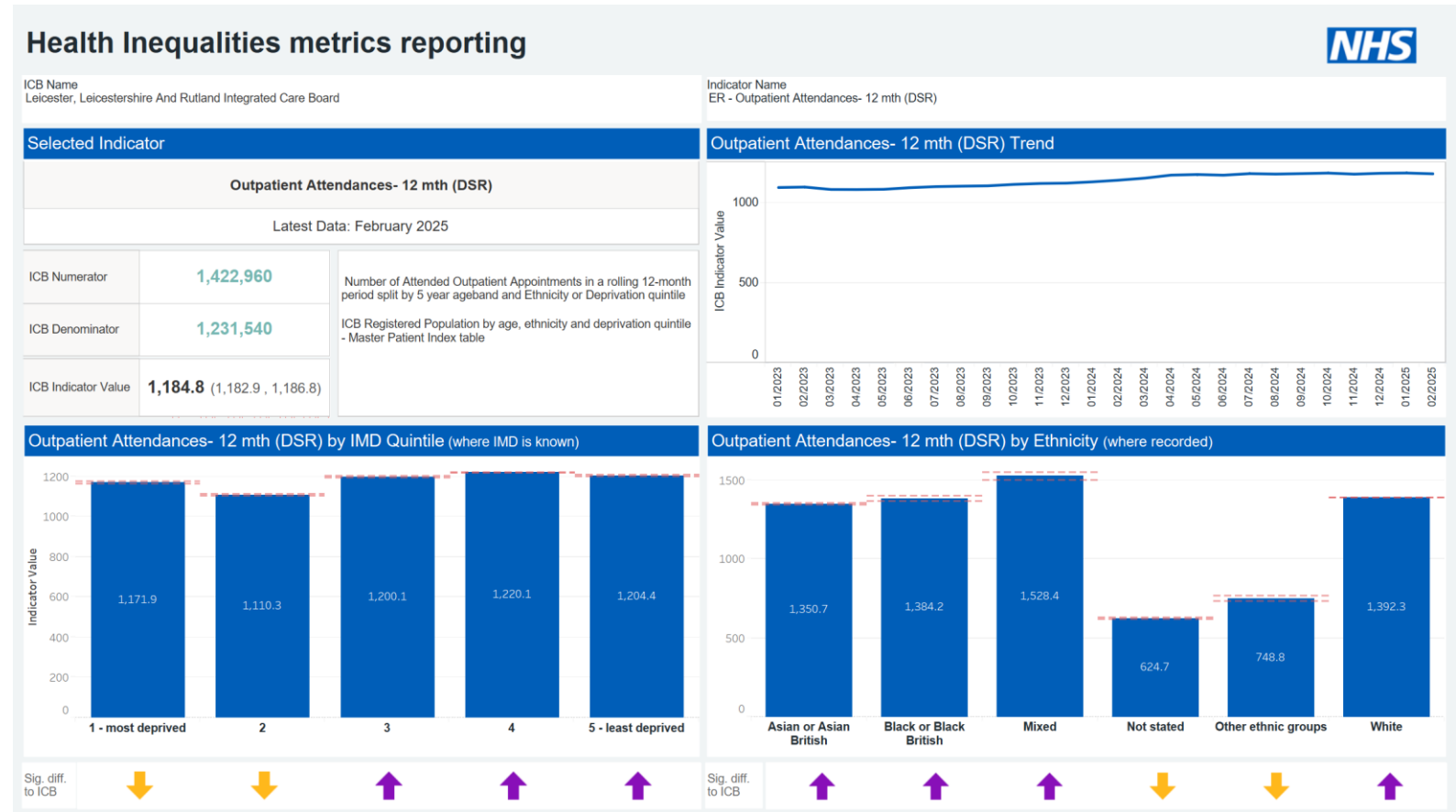
# Elective Recovery - Elective Admissions

- The rate of elective admissions (12 months rolling) in LLR in February 2025 was 145.8 per 100k population
- Elective admission rate has seen a steady increase in 2024-25
- By deprivation
  - Deprivation gradient
  - Least deprived areas (quintiles 4 and 5) are significantly high
  - Significantly low rates in quintile 2
- By ethnicity
  - White and Asian and Asian British have significantly high elective admission rates
  - Significantly low rates for Other and Not-stated ethnic groups



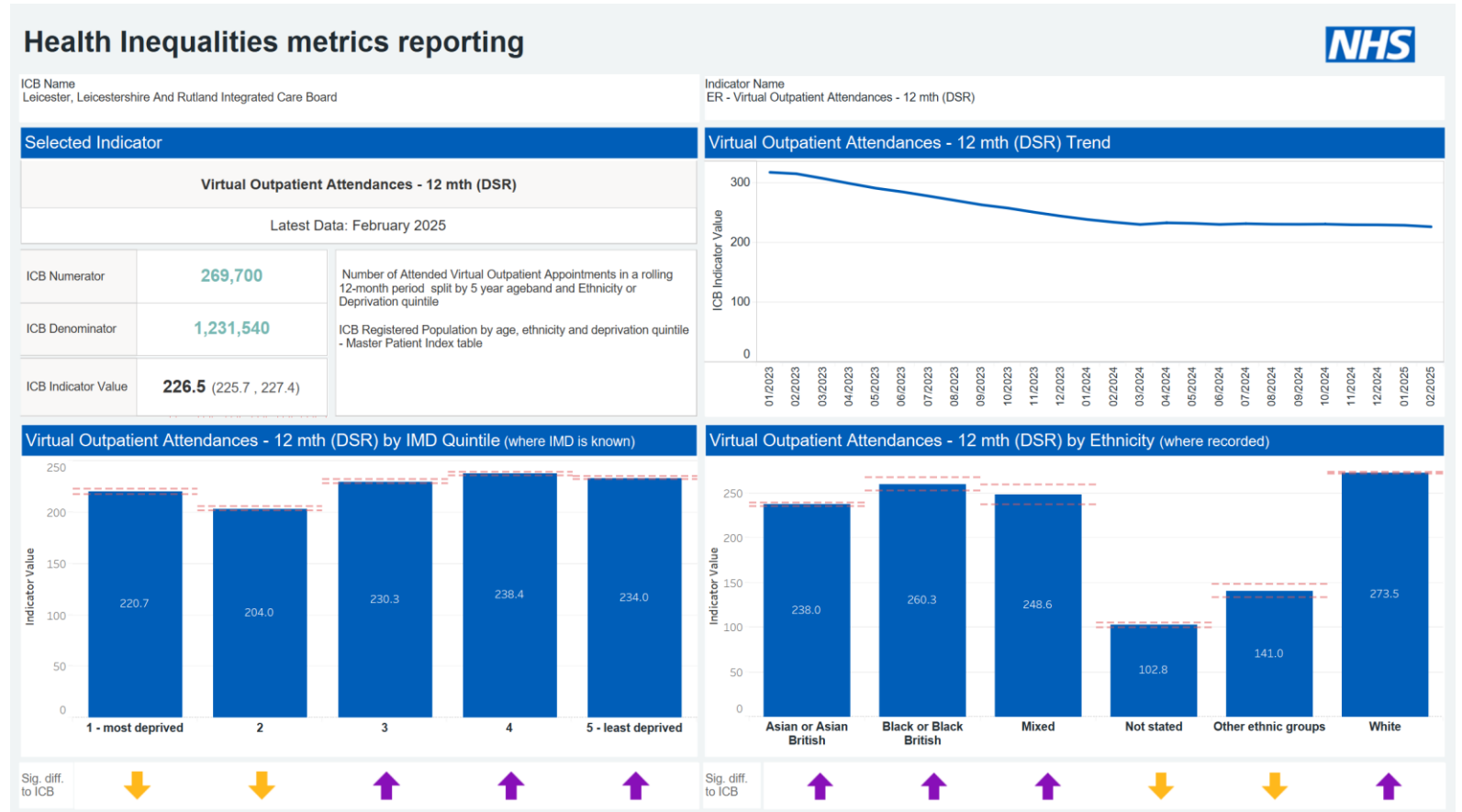
# Elective Recovery - Outpatient Attendances

- The rate of outpatient attendances (12 months rolling) in LLR in February 2025 was 1,184 per 100k population
- Outpatient attendances rate has seen a steady increase in 2024-25
- By Deprivation
  - There is an inequalities gradient
  - The rates are significantly lower than LLR average for quintiles 1 and 2
  - Rates are significantly high for quintiles 3-5
- By deprivation
  - Rates are significantly higher among the Asian and Asian British, Black and Black British, White and Mixed ethnic groups



# Elective Recovery – Virtual Outpatient Attendances

- The rate of virtual outpatient attendances (12 months rolling) in LLR in February 2025 was 226.5 per 100k population
- Virtual outpatient attendances have dropped substantially by the beginning of 2024-25 and maintained at steady volumes throughout the year.
- By deprivation
  - There is an inequalities gradient
  - The rates are significantly lower than LLR average for quintiles 1 and 2
  - Rates are significantly high for quintiles 3-5
- By ethnicity
  - Rates are significantly higher among the Asian and Asian British, Black and Black British, White and Mixed ethnic groups



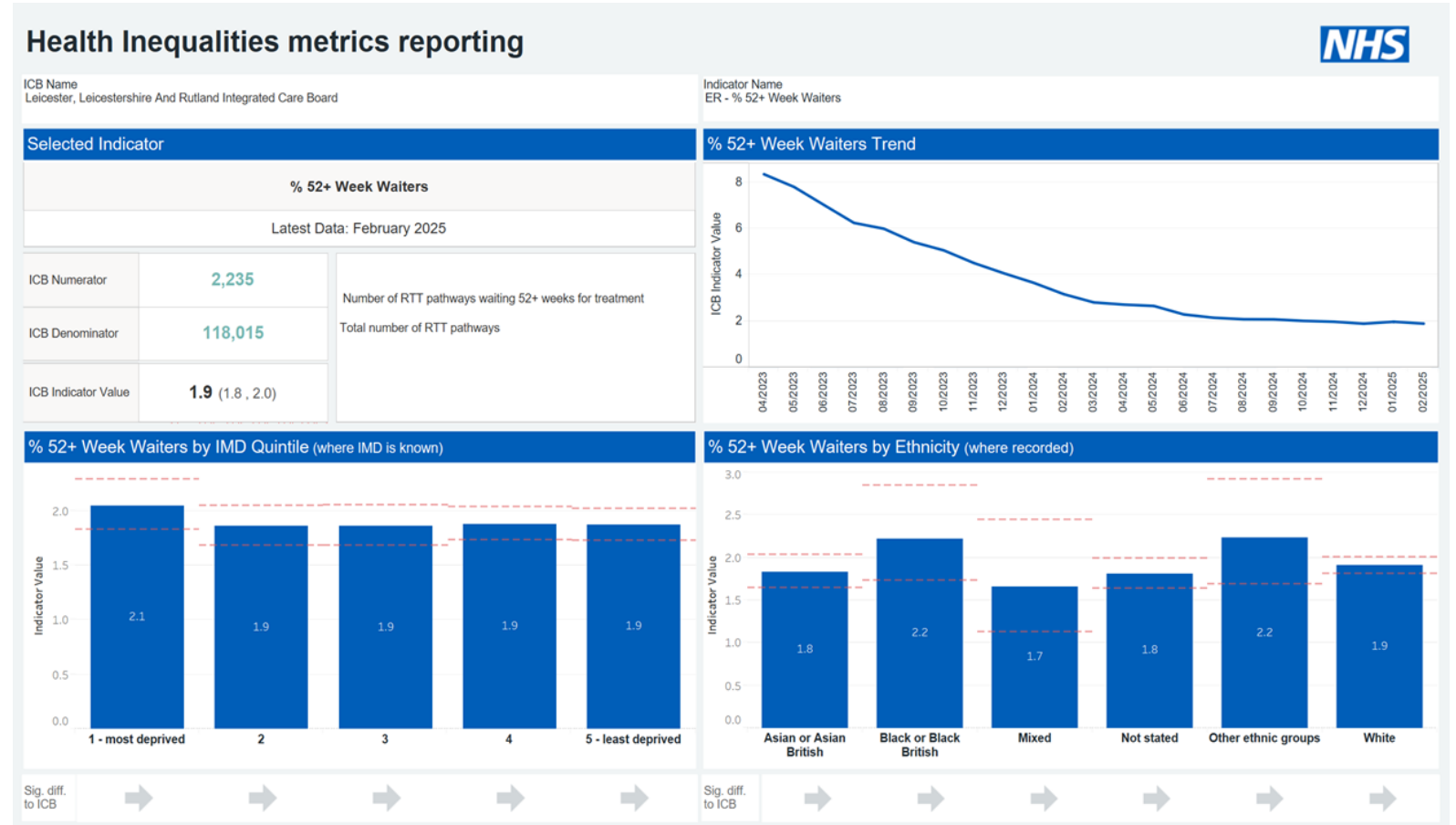
# Elective Recovery – Percentage of Patients Waiting over 18 Weeks from Referral to Treatment

- The percentage of patients waiting over 18 weeks from referral to treatment in LLR was 44.1% in February 2025
- The percentage has remained within 43-44% in 2024-25
- By Deprivation
  - Quintile 2, 2<sup>nd</sup> most deprived quintile, significantly high percentage
  - Quintile 5, least deprived quintile, significantly low
- By ethnic group
  - Asian or Asian British and Black or Black British people have a significantly high percentage of patients waiting more than 18 weeks for treatment



# Elective Recovery – Percentage of Patients Waiting over 52 Weeks from Referral to Treatment

- The percentage of patients waiting over 52 weeks from referral to treatment in LLR was 1.9% in February 2025
- The rate reduced from 8% to 3% by the end of 2023-24 and to 1.9% by the end of 2024-25
- By Deprivation
  - No significant variation by deprivation
  - The proportion is highest in the most deprived quintile
- By ethnic group
  - No significant variation by ethnic group
  - The highest rates are seen in the Black or Black British population.



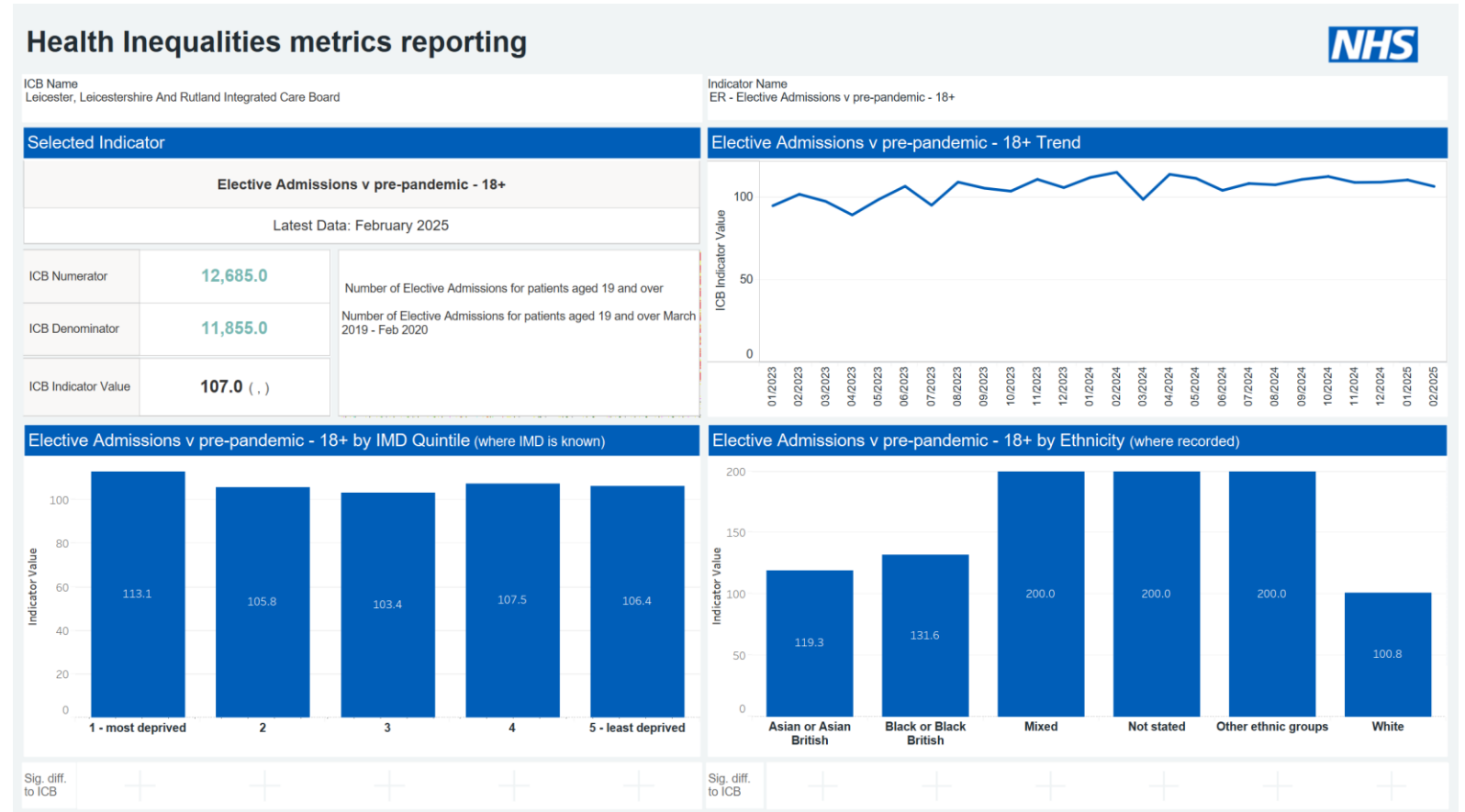
# Elective Recovery – Percentage of Patients Waiting over 65 Weeks from Referral to Treatment

- The percentage of patients waiting over 65 weeks from referral to treatment in LLR was 0.1% in February 2025
- The rate reduced from 2.6% to 0.3% by the end of 2023-24 and to 0.1% by the end of 2024-25
- By deprivation
  - No significant variation by deprivation
- By ethnicity
  - No significant variation by ethnicity
  - Highest rates in the White population



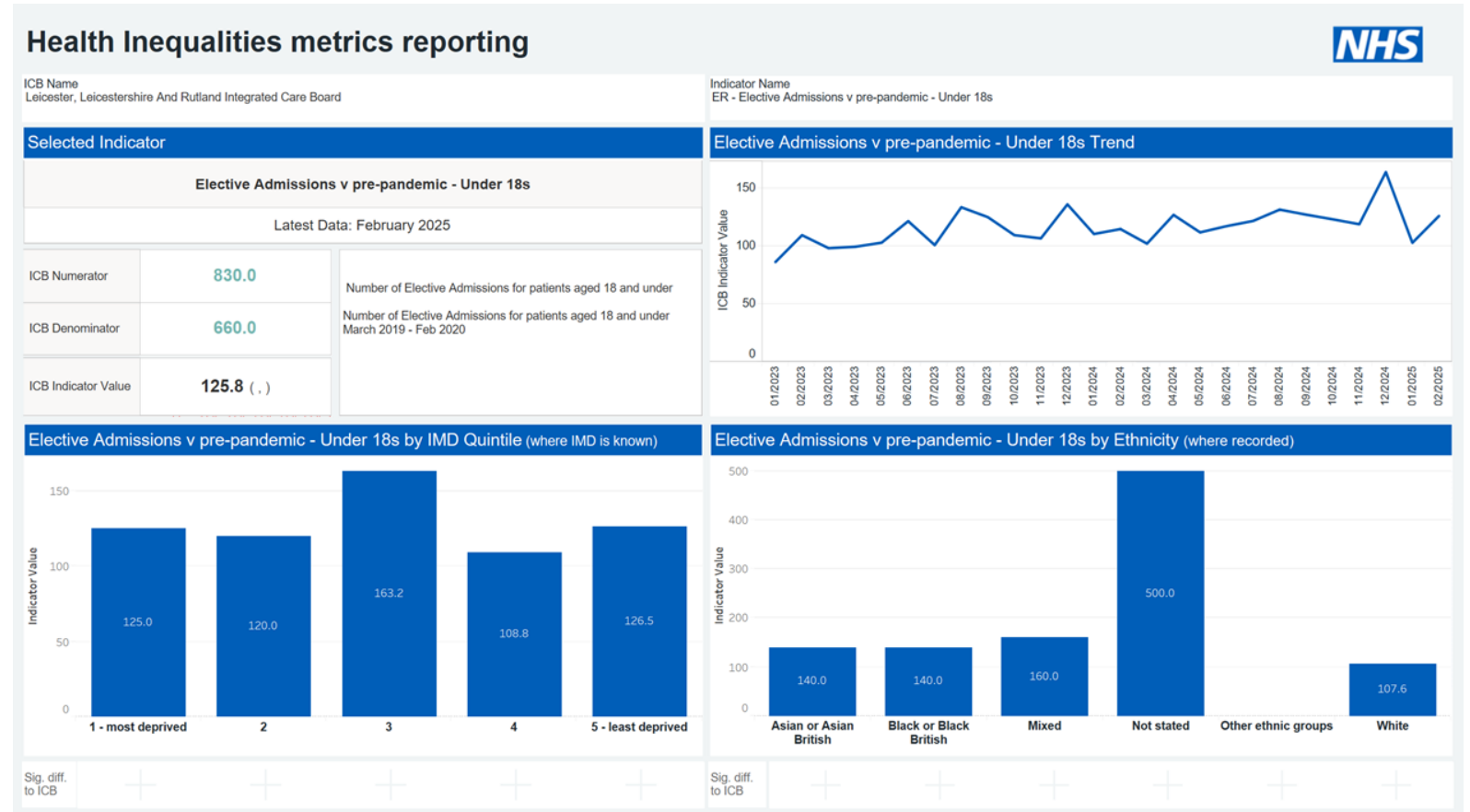
# Elective Recovery - Elective Admissions versus Pre-Pandemic Elective Admissions for Adults Aged 18+

- The rate of elective admissions v pre-pandemic elective admissions for adults is 107% in February 2025. Indicating that rates are 7% higher than pre-pandemic rates
- By deprivation
  - The rates are similar across all deprivation quintiles
- By ethnicity
  - The rates are higher among Mixed, not stated and other ethnic groups compared to Asian, Black, and White populations



# Elective Recovery - Elective Admissions versus Pre-pandemic – Under 18s

- The rate of elective admissions v pre-pandemic elective admissions for under 18 year olds in LLR is 126% in February 2025. Indicating that rates are 26% higher than pre-pandemic levels
- By deprivation
  - The rates are higher in areas with medium deprivation (IMD quintile 3)
- By ethnicity
  - The rates are higher among the ethnic group not stated with elective admission rates in under 18s showing 5 times higher compared to pre-pandemic levels



# Urgent Care – Key Headlines

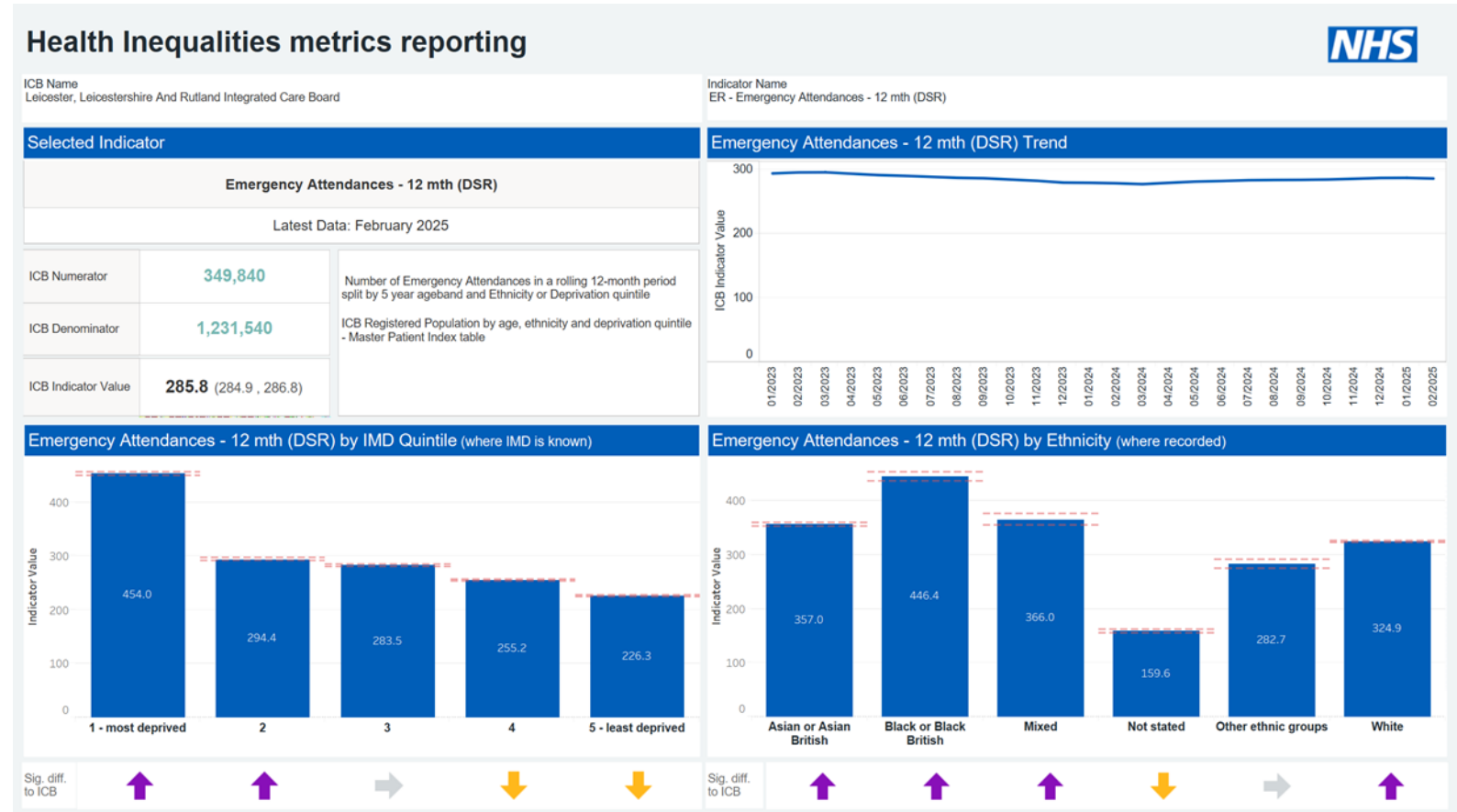
- The highest rates of emergency attendances and emergency admissions
  - The emergency hospital attendance rate is 101% higher in the most deprived quintile when compared with the least deprived quintile
  - The emergency hospital admission rate is 67% higher in the most deprived quintile when compared with the least deprived quintile
- The highest rates of emergency attendances and emergency admissions are experienced by the Black population with rates that are 37% higher for attendances and 18% higher for admissions than the White population

Indicators by Deprivation	Latest Data (Feb - 25)	1 - most deprived	2	3	4	5 - least deprived
<b>Urgent Care</b>						
Emergency Attendances	285.8	454.0	294.4	283.5	255.2	226.3
Emergency Admissions	111.1	154.8	123.5	115.8	102.1	92.7
Emergency Admissions - Under 18s	1075.0	185.0	245.0	165.0	240.0	235.0

Indicators by Ethnicity	Latest Data (Feb - 25)	White	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	Not stated
<b>Urgent Care</b>							
Emergency Attendances	285.8	324.9	357.0	446.4	366.0	282.7	159.6
Emergency Admissions	111.1	129.1	133.4	152.2	129.6	91.1	40.2
Emergency Admissions - Under 18s	1075.0	620.0	255.0	75.0	65.0	20.0	40.0

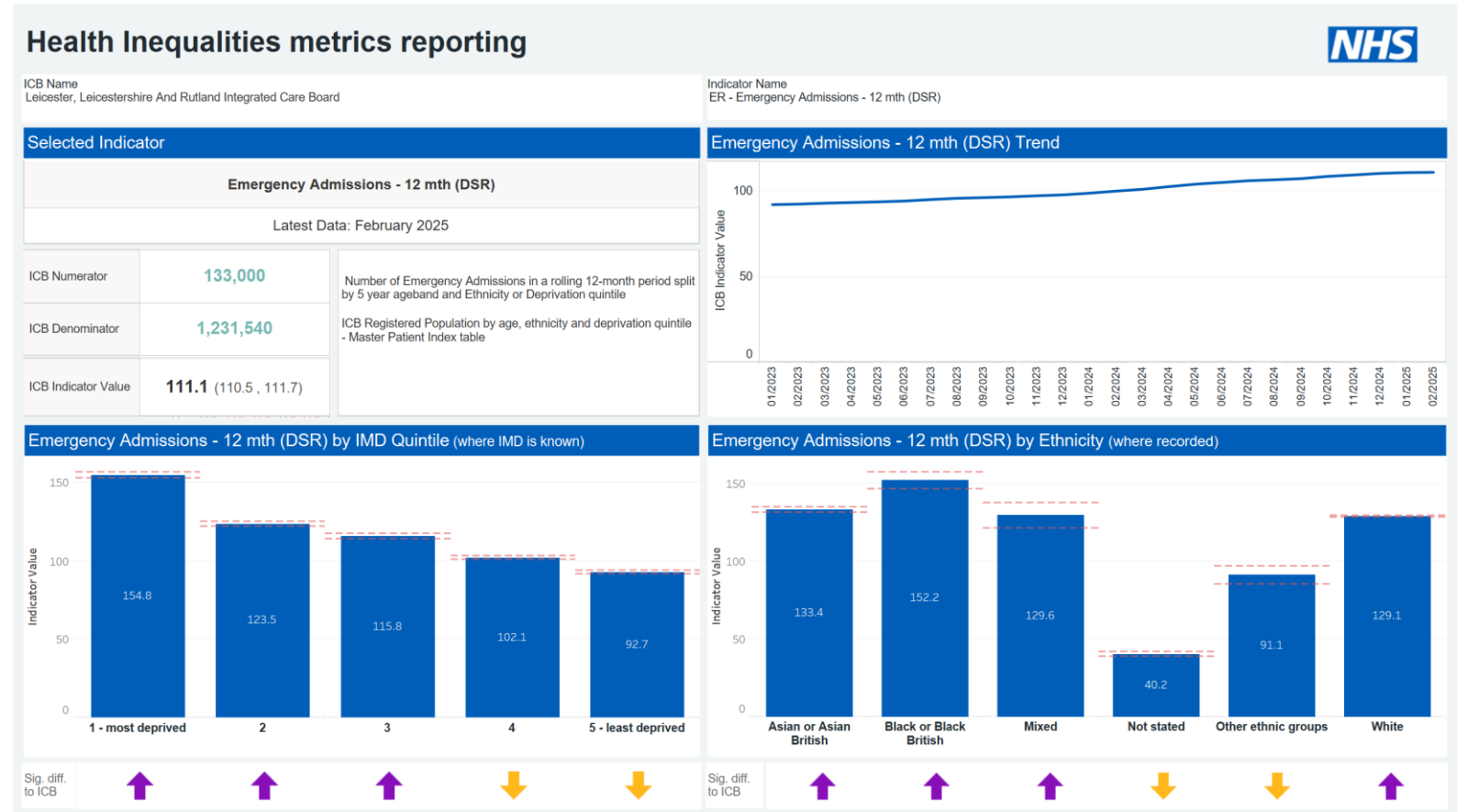
# Urgent Care - Emergency Attendances

- The rate of emergency attendances (12 months rolling) in LLR in February 2025 was 285.8 per 100k population
- The rate has been consistent over the last two years
- By deprivation
  - The rate is significantly higher in the most deprived areas (IMD 1)
- By ethnicity
  - The rates are significantly higher among the Black or Black British, Asian or Asian British and Mixed ethnic groups



# Urgent Care - Emergency Admissions

- The rate of emergency admissions (12 months rolling) in LLR in February 2025 was 111.1 per 100k population
- Emergency admission rate has seen a steady increase in 2024-25
- By deprivation
  - Clear linear deprivation gradient – as deprivation increases the emergency admission rate increases
  - Significantly high rates in quintiles 1-3
  - Significantly low rates in quintiles 4 and 5
- By ethnicity
  - Significantly high in Asian or Asian British, Black or Black British, White populations
  - Significantly low rates in Not Stated and Other ethnic groups



# Urgent Care - Emergency Admissions – Under 18s

- Total emergency admissions for under 18s in February 2025 was 1,075
- There is an increase in the number of emergency admissions under 18s in 2024-25 compared to the previous year
- By deprivation
  - The rates are higher in the least deprived areas (IMD quintiles 4 and 5). Higher rates are also seen in IMD quintile 2
- By ethnicity
  - The rates are higher among the white population



# Cardiovascular Disease – Key Headlines

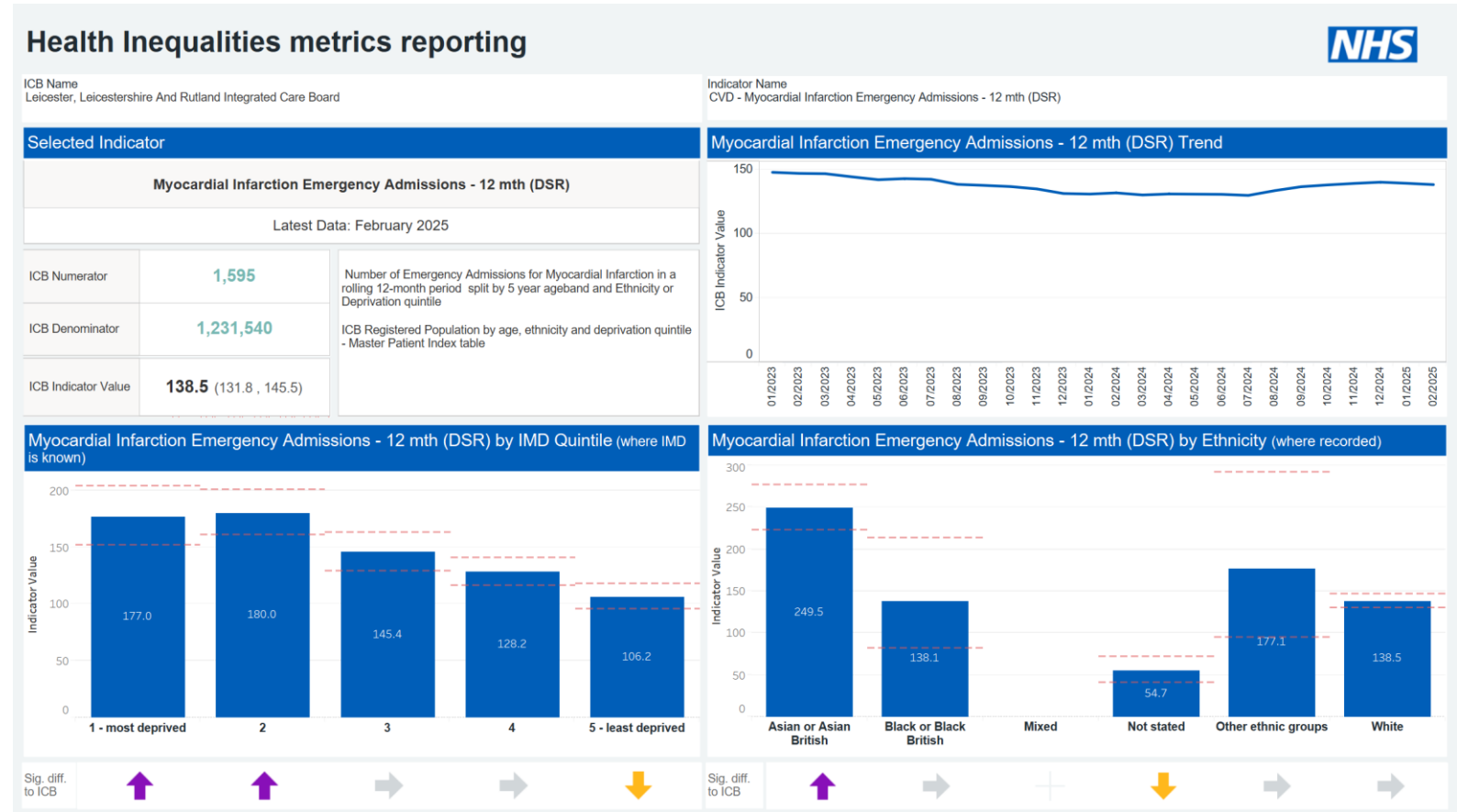
- The highest rates of hospital admissions for stroke and myocardial infarctions are experienced by the most deprived populations
  - The hospital admission rate for MI is 67% higher in the most deprived quintile when compared with the least deprived quintile
  - The hospital admission rate for stroke is 57% higher in the most deprived quintile when compared with the least deprived quintile
- The highest rates of hospital admissions for MI are experienced by the Asian population with rates that are 80% higher than the White population
- The highest rates of hospital admissions for stroke are experienced by the Black population with rates that are 72% higher than the White population

Indicators by Deprivation	Latest Data (Feb - 25)	1 - most deprived	2	3	4	5 - least deprived
<b>Cardiovascular disease</b>						
Myocardial Infarction Emergency Admissions	138.5	177.0	180.0	145.4	128.2	106.2
Stroke Emergency Admissions	135.0	185.1	147.7	144.3	123.6	118.0

Indicators by Ethnicity	Latest Data (Feb - 25)	White	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	Not stated
<b>Cardiovascular disease</b>							
Myocardial Infarction Emergency Admissions	138.5	138.5	249.5	138.1		177.1	54.7
Stroke Emergency Admissions	135.0	138.9	165.6	238.3	222.9	133.7	78.6

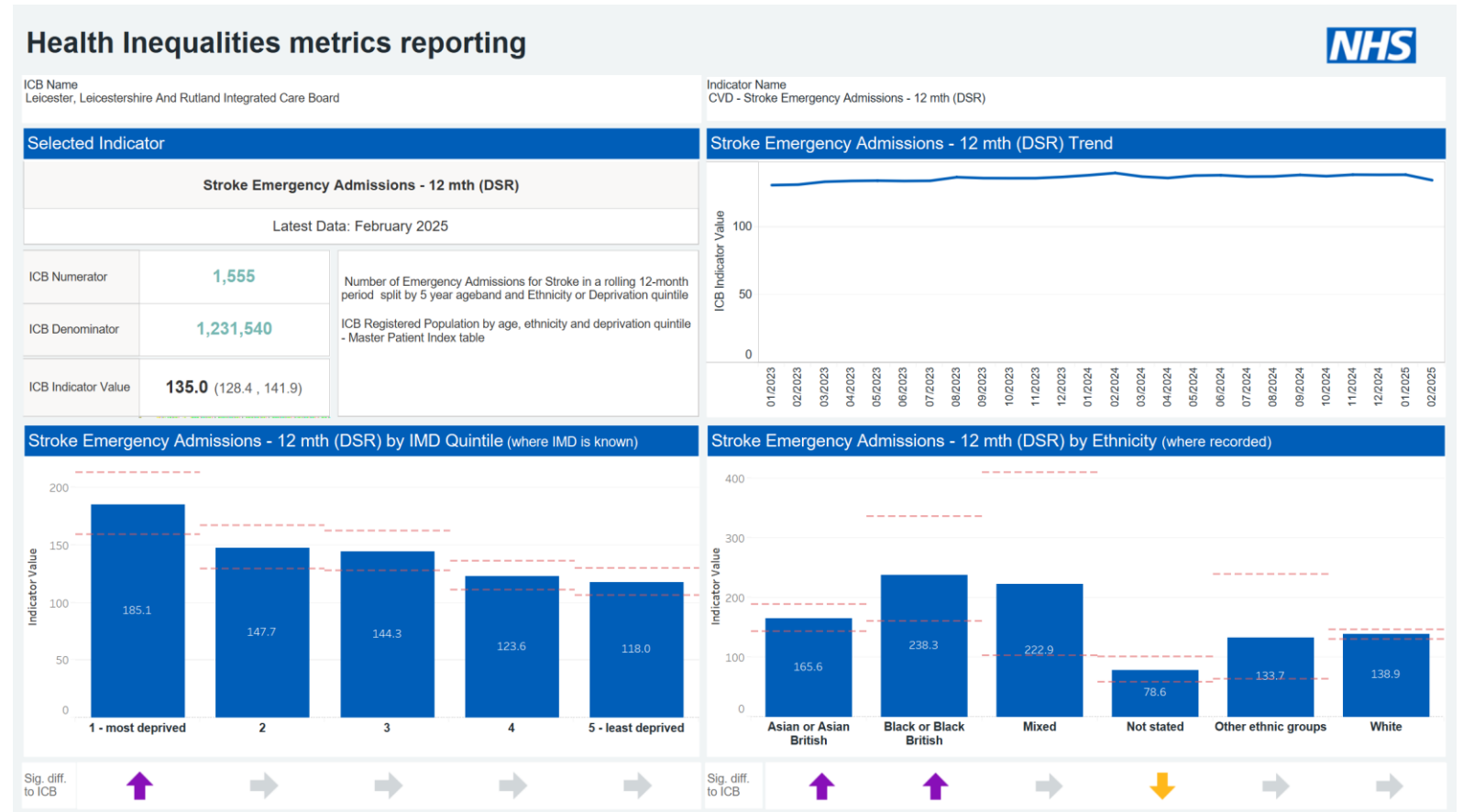
# Cardiovascular Disease – Emergency Admissions for Myocardial Infarction (Heart Attacks)

- The rate of Myocardial Infarction emergency admissions in LLR in February 2025 was 138.5 per 100k population
- By Deprivation
  - Clear deprivation gradient
  - Significantly high rates in the most deprived areas (IMD quintiles 1 and 2)
  - Significantly low rates observed in the least deprived areas (IMD quintile 5)
- By ethnic group
  - Significantly high rates in the Asian or Asian British population compared to the ICB average



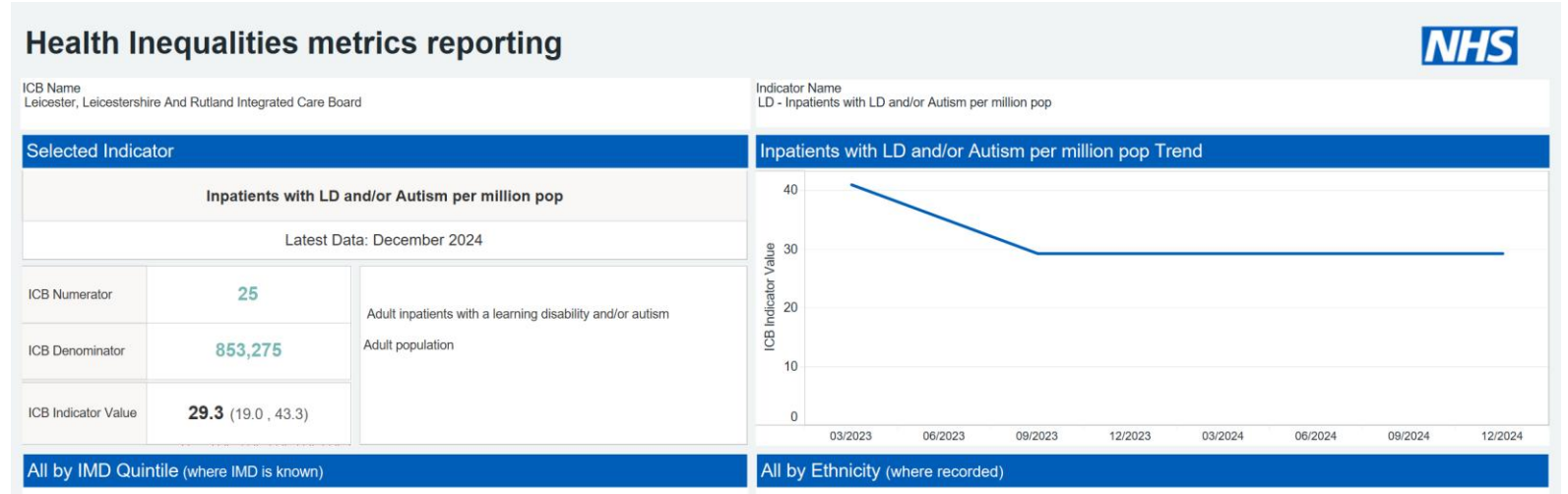
# Cardiovascular Disease – Emergency Admissions for Stroke

- The rate of stroke emergency admissions (rolling 12 months) in LLR in February 2025 was 135 per 100k population
- By deprivation
  - Deprivation gradient in stroke emergency admissions
  - Highest rates in the most deprived areas and lowest rates in the least deprived
  - Most deprived quintile rates are significantly higher than ICB average
- By ethnic group
  - Significantly high rates for Black or Black British and Mixed ethnic groups compared to the ICB average



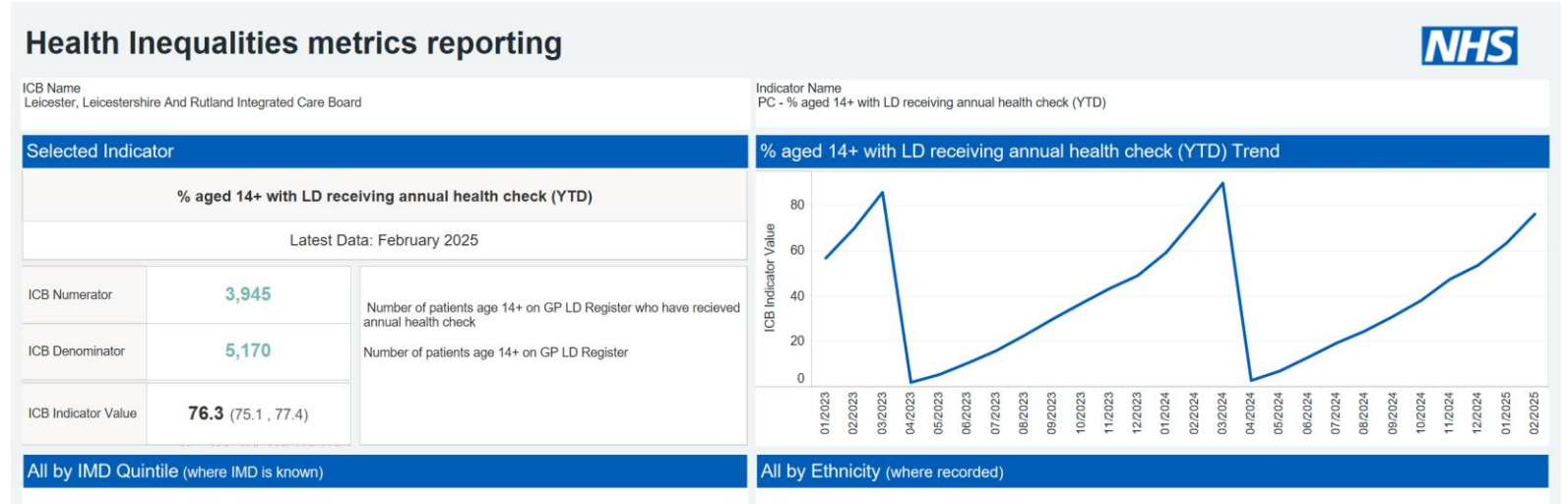
# Learning Disability - Inpatients with Learning Disability and/or Autism per million population

- Inpatients with learning disability and/or Autism per million population is 29.3 in December 2024
- The rate has been consistent since September 2023



# Learning Disability – Percentage aged over 14 years with learning disability receiving an annual health check

- The year-to-date percentage of learning disability patients aged 14 years and over receiving annual health checks is 76.3% in February 2025
- The rate has dropped from 89.9% in February 2024



# Maternity – Key Headlines

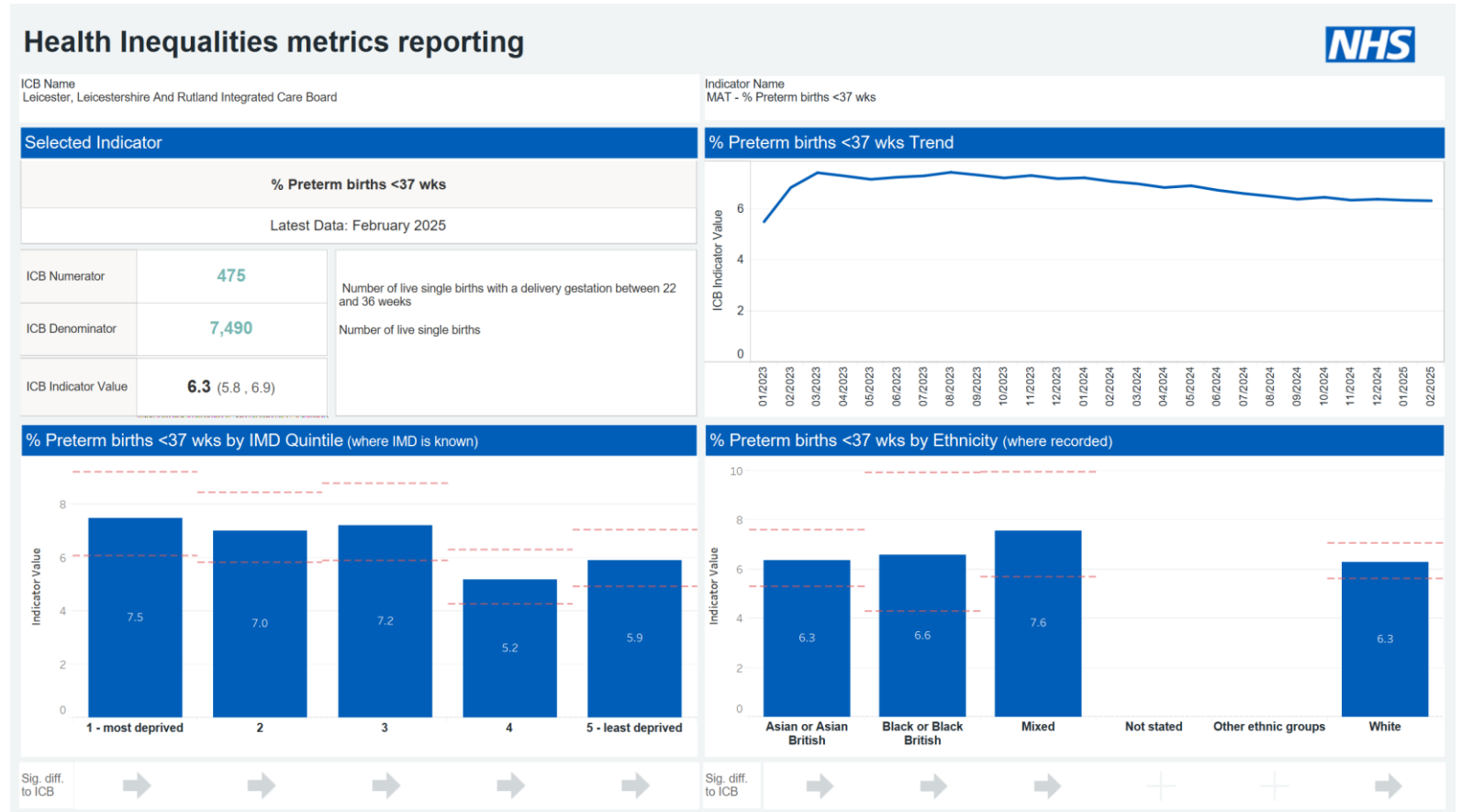
- The highest rates of preterm births are seen in the most deprived areas and in the Mixed ethnic groups
  - The preterm birth rate is 27% higher in the most deprived quintile when compared with the least deprived quintile
  - The preterm birth rate is 20% higher in the Mixed ethnic group when compared with the White ethnic group

Indicators by Deprivation	Latest Data (Feb - 25)	1 - most deprived	2	3	4	5 - least deprived
<b>Maternity and neonatal</b>						
% Preterm births <37 wks	6.3	7.5	7.0	7.2	5.2	5.9

Indicators by Ethnicity	Latest Data (Feb - 25)	White	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	Not stated
<b>Maternity and neonatal</b>							
% Preterm births <37 wks	6.3	6.3	6.3	6.6	7.6		

# Maternity - Percentage of preterm births (< 37 Weeks)

- The National Maternity Safety Ambition sets an ambition to reduce the preterm birth rate from 8% to 6% by 2025
- In February 2025, the preterm birth rate for LLR was 6.3%
- Rates have dropped since Jan 23
- By deprivation
  - Higher preterm birth rate in the most deprived areas, reduces in less deprived areas
  - Inequalities gradient is not statistically significant
- By ethnicity
  - Higher rates among women from Mixed and Black ethnic groups. This is not statistically significant



# Summary of Inequalities by Deprivation

Indicators by Deprivation	Latest Data (Feb - 25)	1 - most deprived	2	3	4	5 - least deprived
<b>Elective Recovery</b>						
Elective Admissions	145.8	144.3	131.9	147.9	150.9	149.6
Outpatient Attendances	1184.8	1,171.9	1,110.3	1,200.1	1,220.1	1,204.4
Virtual Outpatient Attendances	226.5	220.7	204.0	230.3	238.4	234.0
% 18+ Week Waiters	44.1	45.2	45.5	44.5	43.5	43.1
% 52+ Week Waiters	1.9	2.1	1.9	1.9	1.9	1.9
% 65+ Week Waiters	0.1	0.2	0.1	0.2	0.1	0.1
Elective Admissions v pre-pandemic - 18+	107.0	113.1	105.8	103.4	107.5	106.4
Elective Admissions v pre-pandemic - Under 18s	125.8	125.0	120.0	163.2	108.8	126.5
<b>Urgent Care</b>						
Emergency Attendances	285.8	454.0	294.4	283.5	255.2	226.3
Emergency Admissions	111.1	154.8	123.5	115.8	102.1	92.7
Emergency Admissions - Under 18s	1075.0	185.0	245.0	165.0	240.0	235.0
<b>Cardiovascular disease</b>						
Myocardial Infarction Emergency Admissions	138.5	177.0	180.0	145.4	128.2	106.2
Stroke Emergency Admissions	135.0	185.1	147.7	144.3	123.6	118.0
<b>Maternity and neonatal</b>						
% Preterm births <37 wks	6.3	7.5	7.0	7.2	5.2	5.9



# Summary of Inequalities by Ethnicity

Indicators by Ethnicity	Latest Data (Feb - 25)	White	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	Not stated
<b>Elective Recovery</b>							
Elective Admissions	145.8	174.0	154.2	142.8	148.7	99.1	65.7
Outpatient Attendances	1184.8	1,392.3	1,350.7	1,384.2	1,528.4	748.8	624.7
Virtual Outpatient Attendances	226.5	273.5	238.0	260.3	248.6	141.0	102.8
% 18+ Week Waiters	44.1	44.5	46.4	46.4	42.0	46.0	40.8
% 52+ Week Waiters	1.9	1.9	1.8	2.2	1.7	2.2	1.8
% 65+ Week Waiters	0.1	0.2	0.1				0.1
Elective Admissions v pre-pandemic - 18+	107.0	100.8	119.3	131.6	200.0	200.0	200.0
Elective Admissions v pre-pandemic - Under 18s	125.8	107.6	140.0	140.0	160.0		500.0
<b>Urgent Care</b>							
Emergency Attendances	285.8	324.9	357.0	446.4	366.0	282.7	159.6
Emergency Admissions	111.1	129.1	133.4	152.2	129.6	91.1	40.2
Emergency Admissions - Under 18s	1075.0	620.0	255.0	75.0	65.0	20.0	40.0
<b>Cardiovascular disease</b>							
Myocardial Infarction Emergency Admissions	138.5	138.5	249.5	138.1		177.1	54.7
Stroke Emergency Admissions	135.0	138.9	165.6	238.3	222.9	133.7	78.6
<b>Maternity and neonatal</b>							
% Preterm births <37 wks	6.3	6.3	6.3	6.6	7.6		

High  
 Low