Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 4 DECEMBER 2025 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Cultures, Libraries and Community Centres, Leicester City Council.
Councillor Elaine Pantling	–	Assistant City Mayor, Children and Young People and Education, Leicester City Council.
Councillor Geoff Whittle	–	Assistant City Mayor, Environment & Transport, Leicester City Council.
Rob Howard (Apologies Received)	–	Director of Public Health, Leicester City Council.
Kate Galoppi	–	Director of Social Care and Commissioning, Leicester City Council.
Dr Katherine Packham (Apologies Received)	–	Public Health Consultant, Leicester City Council.
Caroline Trevithick	–	Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board.
Dr Nil Sanganee	–	Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board.
Helen Mather	–	Head of Children's and Young People and Leicester Place Lead.
Dr Avi Prasad	–	Place Board Clinical Lead, Integrated Care Board.
Dr Ruw Abeyratne (Apologies Received)	–	Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.
Jean Knight	–	Deputy Chief Executive, Leicestershire Partnership Trust.
Benjamin Bee (Apologies Received – Substitute sent)	–	Area Manager Community Risk, Leicestershire Fire and Rescue Service
Harsha Kotecha (Apologies Received)	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Kevin Allen-Khimani	–	Chief Executive, Voluntary Action Leicester.
Rupert Matthews	–	Leicestershire and Rutland Police and Crime

(Absent)		Commissioner.
Kevin Routledge	–	Strategic Sports Alliance Group.
Phoebe Dawson	–	Director, Leicester, Leicestershire Enterprise Partnership.
Barney Thorne	–	Mental Health Manager, Leicestershire Police.
Professor Bertha Ochieng	–	Integrated Health and Social Care, De Montfort University.

In Attendance

Sharon Mann	–	Public Health, Leicester City Council.
Katie Jordan & Oliver Harrison		Governance Services, Leicester City Council

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150. APOLOGIES FOR ABSENCE

It was noted that apologies for absence were received from Ben Bee, Ruw Abeyratne, Rob Howard and Katherine Packham.

151. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

152. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 25th September 2025 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 25th September 2025 were a correct record.

153. CHAIRS ANNOUNCEMENTS

The Chair highlighted the recent opening of 4 additional beds at a local hospice, which was welcomed as positive news. However, it was noted that concerns had been raised by residents about other available beds that were not currently being funded. The Chair asked that further consideration be given to understanding why these beds were not funded by the Integrated Care Board and invited members to reflect on how they could contribute to this work.

The Chair also raised concerns following a recent visit to Leicester Prison and in light of inspection and national reports on the health of people in prison. It was noted that many individuals entered custody with existing health conditions

and that healthcare outcomes during and after imprisonment were poor. The Chair stated that people in prison should receive the same standard of healthcare as the wider population and that delays in accessing treatment were a serious concern.

The Chair asked whether enough was being done locally to address the health needs of people who were in prison or had recently been released. It was proposed that further work be coordinated by public health officers and that this issue be brought back to the Board for further consideration. The Chair also suggested that clarification was needed on commissioning responsibilities for healthcare in Leicester Prison, including potential engagement with NHS England.

154. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was noted that no questions were received.

155. FIRST STEP PROJECT

The current CEO and her newly appointed successor of the First Step Project gave a verbal update on the First Step Project:

- The project supported male survivors of rape and sexual abuse from ages 13 and over in the Leicester, Leicestershire and Rutland area. The project also offered online support via Teams and Zoom to men outside of LLR as it was highlighted that there were only 7 male survivors centres in the UK. They were a small organisation who had 16 Counsellors and 5 part-time staff.
- Up to 26 weeks of counselling was offered, with clients who ranged from young adults up to people in their seventies. In many cases, it was the first time these men had spoken about their experiences which often happened during childhood. They also offered up to 12 weeks of therapeutic emotional support for men who for whatever reason, were unable to take up the counselling. Another service offered was support and counselling for secondary survivors of sexual abuse, such as family and friends of survivors. A further support group was offered to former clients who have been through the First Step Project, so they could talk with other survivors and keep in contact with the project. They also offered 12 weeks of Counselling to prisoners at HMP Stocken in Rutland, support was also offered at Leicester prison. However, this offer was withdrawn as it became no longer safe for the counsellor to go into that environment due to prison staff shortages at Leicester Prison.
- The challenges which the First Step Project was facing were detailed. It was explained that the charity was receiving multiple inappropriate referrals from the primary care sector which was affecting the charity and members of the public. There were numerous cases of men being signposted to the First Step Project from the Primary Care Sector who in some cases, had attempted suicide in the previous 24 hours. While it was acknowledged that the Primary Care Sector was facing a lot of pressures and that the First Step Project would be happy to help where

they can, it was commented that inappropriate referrals were doing more harm than good. The charity did not have the capacity to support men in such a vulnerable condition.

Comments:

- Members raised questions about the referrals being received by the charity from the Primary Care Sector and whether they thought this was a knee jerk reaction from the health service. In response, it was commented by the CEOs that it appeared to be a tick box exercise by the triage team of the Mental Health Crisis unit. It appeared that they simply checked if a patient had a history of sexual abuse and then signposted them to the charity without assessing if that was appropriate. As mentioned in the presentation, they were contacted by men who in the previous 24 hours had attempted suicide and had been in contact with the Bradgate Unit. It became so frequent an occurrence that the charity developed a prepared statement which was put onto their website and detailed the criteria for an appropriate referral. The Managing Director of Leicestershire Partnership Trust (LPT) advised that she would speak with the Mental Health Crisis Team and discuss the situation. She would also collect the contact details for the CEO of First Step and liaise with them about how they can resolve the situation.
- Members were interested to find out what was the gap in the statutory care services, such as Children's and Adult Social Care, that the charity was filling. It was explained that First Step only dealt with clients who were sexually abused and that because of this niche, their waiting lists were minimal. This topic prompted further discussion about the voluntary and charity sector and their interactions with the Primary Care Sector. It was commented on that the situation of First Step was not unusual and that more communication and transparency was needed between both parties. The chair discussed with the Chief Executive of Voluntary Action Leicester about drafting a report on the voluntary sector which would explore the area in detail.
- The Director of Adult Social Care & Commissioning as well as The Associate Director for Integration & Transformation, advised that they were unaware of the existence of the First Step Project. The members noted that they would like to develop a dialogue and links between themselves and the charity, so that they were able to utilise the service and refer the correct clients to the charity. The CEOs of First Step advised that they were not surprised that many of the members were unaware of their existence as male sexual abuse carried a lot of stigma.
- The chair raised again the situation of prisons in Leicester and that the charity was forced to stop their support for inmates due to safety concerns. The chair also commented on the lack of coverage of mental health on the Board and asked for officers to prepare a report on the topic.

AGREED:

1. The Board noted the presentation.
2. The Managing Director of LPT to speak to the Mental Health Crisis Unit and liaise with First Step Project to help improve the current referral

situation.

3. The Chief Executive of Voluntary Action Leicester to liaise with Public Health about a potential report looking deeper into the voluntary sector.
4. Chair requested a specific mental health focused agenda, specifically on the demand in the system.
5. The ICB and LCC Adult Social Care would make contact with First step.

156. CHANGE PARTNERSHIP PROGRAMME - SEND ALLIANCE

The Director for LLR Send and Inclusion Alliance gave a presentation on the Change Partnership Programme. The following was noted:

- The Alliance branding and identity had been co-produced with local young people and that there were 5 strategic alliances in place.
- A co production lead for children and young people had been appointed, with links into a regional young people forum.
- A report produced by young researchers had been published for young people, parents and carers.
- The Local Inclusion Support Offer is a multi-disciplinary approach to bridge the gap between specialist and mainstream provision
- The Alliance had been formed from the national Change Partnership Programme, which commenced in September 2023.
- The first 2 years of the programme focused on the local area, with the current phase moving towards sustaining and embedding work beyond the end of the programme in March.
- The Local Inclusion Offer was outlined, with a focus on supporting children and young people with special educational needs to remain in mainstream education wherever possible.
- It was reported that a significant amount of testing and learning had taken place, with support in place to continue this work after the programme concluded.
- An overview of the change programme and the Local Inclusion Offer was provided. Key elements included the existing specialist teacher service in the city and a strong focus on alternative provision.
- Partnership working for neurodiversity support was highlighted, alongside a universal support offer for every child.
- It was noted that almost 1000 children had been supported and diverted away from specialist services.
- There was a particular focus on early years and pre-primary provision.
- Community inclusion work was outlined, with similarities noted to other local programmes focused on inclusive practice.
- Work had taken place within local communities to better understand and strengthen the role of the voluntary and community sector.
- Social prescribing for 14 to 18 year olds had been tested, with a particular focus on key trigger points for neurodivergent children.
- Consideration was being given to expanding the social prescribing role to include children and young people as part of a general offer.
- Strong links were reported with the Families First Programme and Family Hubs, with work underway to integrate services more effectively.

- Frustration around navigating the system was acknowledged as a key priority.
- Commissioning for the programme had been aligned, with no additional funding available.
- It was noted that supported services were working well across age boundaries.
- Priorities had been informed through local inclusion plans, local research with children and young people and work undertaken by health partners.
- A data dashboard had been developed to bring together intelligence and improve understanding of need.
- Seven key priority areas had been identified, which included Mental health, particularly for children below the CAMHS threshold and the impact of mental health on school attendance.
- Information, advice and support, highlighted through the local SEND inspection and the need to align local authority and health advice.
- Coordination and navigation of services.
- Preparing for adulthood, including post 16 pathways and learning to be shared across the wider system.
- Speech, language and communication needs, with evidence highlighting vocabulary challenges at age 4.
- Neurodiversity waiting lists, including work on integrated waiting safely offers and neurodevelopment pathways.
- Transport, noting the impact of SEND transport issues on continuing care packages
- Accountability and collective ownership were highlighted as essential, with a focus on strengthening governance arrangements.
- The Board was informed that the Alliance was constituted and funded through a Department for Education funding stream.
- Partners included health providers, integrated care partners, all 3 local authorities, and parent and carer forums, which were described as critical to the work.
- Schools development and local organisations were noted as playing a key role in regional and local support, informing and hosting key roles.
- It was acknowledged that the structure of the Alliance could appear complex, but it had been designed to enable specialists to collaborate flexibly across different areas of interest.
- The Alliance was described as operating alongside existing partnerships, with a focus on joint strategy, neighbourhood inclusion planning and profiling work in schools.
- It was noted that the Alliance was not resourced to resolve all issues but aimed to operate in gaps and take forward specific pieces of joint work, drawing on national models and links with NHS projects.

A test of SEND Local Partnership Maturity Assessment Tool had been designed by the DfE to support Local SEND and Inclusion Partners to evaluate and enhance current practice in a structured way.

1. Co-productions with parents/carers and children and young people.
2. Understanding and evidencing the needs of children and young

people with SEND and those children and young people who may need alternative provision.

3. A clear focus on early identification, intervention and inclusion in mainstream settings through improving mainstream inclusion.
4. Creating collaborative relationships with providers of early years, school and further education places, specialist provision, children and young people health services for 0-25. Social care services and the Local Authority.
5. Improving outcomes based accountability through transparency, communication and trust.
6. Using a range of sources to monitor effectiveness and enable continuous improvement, ensuring targeted, judicious and sustainable use of resources.
7. Driving strategic decision making at the right level.

In discussion with Members, the following was noted:

- Members discussed the limited reference to the voluntary and community sector and noted that formal representation was not currently reflected within the Alliance governance.
- It was acknowledged that while some partnership links existed, there was scope to broaden engagement with local communities and a wider range of voluntary organisations, particularly to support social prescribing and reduce pressure on existing provision.
- Members highlighted the importance of stronger links with academic institutions to ensure that the work was underpinned by research, evidence and data.
- Gaps in alignment with existing SEND partnership governance arrangements were noted.
- Reflections were shared on the long term impact of exclusion and lack of early inclusion, particularly for young people aged 18 to 25 with complex needs.
- Members emphasised that early intervention in mainstream education could prevent later crisis interventions and reduce restrictive and high cost care.
- Concerns were raised about growing unmet need among young people aged 14 to 18, particularly those not in education, and the risk of young people falling through system gaps.
- Members noted that many young people did not identify with SEND terminology and that needs often related to wider social and family circumstances, reinforcing the importance of aligned family based approaches.
- Members welcomed the progress made through the Alliance but noted that funding was limited and time limited.
- It was highlighted that decisions would be required within the next year to sustain the work and retain skilled staff.
- Members discussed diagnostic waiting lists and the significant backlog.
- It was noted that national models showed earlier needs based support could reduce pressure on diagnosis pathways, while recognising that formal diagnosis remained important for some families.

- The Chair highlighted concerns around rising exclusions of children with SEND, including informal exclusions, and the impact this had on families and the wider system.
- Members agreed that inclusive approaches across education and health were essential to address these pressures.
- Members emphasised the need for stronger evidence within reports to demonstrate improved access and outcomes for children and young people with disabilities, including how reasonable adjustments were being made across generic services.

AGREED:

1. That the board notes the report.
2. That the board will scrutinize future reports to ensure it is addressing the health and wellbeing of young people with disabilities.

157. IMMUNISATIONS AND VACCINATIONS

The Head of Immunisations and Screening for the ICB submitted a presentation on the current vaccine and immunisation rate in LLR:

- The ICB was not currently a commissioner of vaccines but was due to be by April 2027. The ICB was preparing for the delegation of commissioning responsibilities and increasing uptake of vaccinations in the city across the whole age board by incorporating the lessons learned during Covid.
- An uptake in the Maternal Pertussis was seen. The dip in uptake following the Covid period was gradually reduced from its nadir in 2023 by several projects to boost engagement with the community. These projects included clinical phone calls and text messages to unvaccinated women, a community pharmacy pilot, a roving healthcare unit who offered vaccines, stabilised staffing levels and bookable appointments at hospital sites.
- For the last decade there was a decline in uptake of children's vaccination and the City was falling below the World Health Organisation goal of 95% vaccine coverage for children. The 2024-2025 data was a lot more positive and indicated an upward trajectory in vaccine uptake. It was commented by the Head of Immunisation and Screening that the current operational data which was not currently published was showing even more improvement.
- LPT introduced their e-consent forms for school vaccines and there was an increase in uptake in school children being seen. There was also an increase in contacting parents whose children are eligible and an attempt to standardise the contact methods and attempts across the GP practices. Feedback was collected from parents about the language of the form to make the information less technical and more accessible to the public.
- The LLR Vaccine Hub website had 22,000 views in the past 12 months and the 'Walk in Immunisation Finder' which details the

location of local walk-in clinics saw 9,700 hits since October 2025.

- Strategic priorities of the service were to secure sustainable funding that specifically targets health inequalities as well as improve on the two key doctrines of allocating efficiently and universal proportionalism. Embed vaccination into the NHS prevention plan, expand the community outreach and engagement, prepare for commissioning responsibilities and optimise opportunities for NHS reorganisation.
- Overall, it was stated that LLR is in a better situation than most others in the midlands and was above the regional and national averages. This year's winter vaccination campaign saw a much higher profile awareness campaign in the media and the ICB senior leadership, which helped to increase uptake. Areas for improvement were increasing vaccine rates among pregnant women, the clinically vulnerable and those who were eligible for the RSV vaccine.

Comments:

- Members enquired about the maternal RSV vaccines and what the potential risks were if the vaccine wasn't administered. It was explained that by not taking the vaccine, mothers were exposing their child to respiratory viruses when they were born. A further question was raised by members about the possible legal implications of not vaccinating children and were there any laws about child endangerment regarding this. In response, the Chief Medical Officer for the ICB detailed that there were no laws in the UK which compel vaccination and it was not covered under child safeguarding. Culture in the UK was always angled towards personal choice for the individual rather than compulsion, it was noted that apathy and scepticism was a large factor because of this. It was also commented that scepticism and apathy was even an issue amongst healthcare and social care workers.
- The joint work occurring between the ICB and Public Health to increase engagement and uptake of vaccines in the City was discussed. The situation regarding the HPV vaccine in Leicester and the various engagement programmes to increase its uptake in schools were mentioned. The new e-consent form was due to be rolled out in January 2026 which combined with the other engagement work was hoped to improve uptake. It was raised by the Head of Immunisations and Screening that she would like to come back to the Scrutiny Board with a presentation specifically on the HPV issue as it was arguably the biggest challenge in the City.
- Representatives for the ICB announced that they were discussing the potential of shift to an outreach provider based in the community, rather than a roving health unit. It was argued that these community outreach providers would achieve the main future goal of prevention rather than treatment.
- The chair stated that she would like the topic of engagement with

members of the public who have mental health problems or a learning disability to be explored. She also supported a future in depth look at the HPV vaccine and a further progress update on the immunisation and vaccine rate.

Agreed:

1. The report was noted by the Board.
2. The ICB to bring forward a future report which explores the HPV vaccine uptake in the City.

158. HEALTHY WEIGHT

The Deputy Director of Public Health presented a report on Leicester's Whole System Approach to Health Weight:

- This presentation arose from a previous presentation to the Health and Wellbeing Board on the NHS Healthy Weight Declaration. In said meeting, members requested a deeper look into the wider work being undertaken as part of the Healthy Weight Declaration.
- The project was developed as a preventative service. The goal was to stop people becoming overweight in the first place by changing the system.
- The initiative was built on 3 key pillars: The first pillar was building a stronger system. This was through embedding healthy weight goals into the infrastructure and strategies. So that the goals of the project were known and striven for.
- The second was changing the environments to increase opportunity. It was highlighted that society doesn't make healthy choice easy and therefore work was needed to help combat that. The projects for this pillar were developing more cycle and walking routes to promote exercise as well as work with takeaways to offer heathier options and reduce fat and salt content.
- The final pillar focused on empowering workforces and communities. Training was provided to social care staff about healthy weight, nutrition and healthy conversations programmes. This was combined with outreach to communities to better understand and tackle the root causes behind obesity rates.
- The excess weight stats for the City were a cause for concern. In the City, 62.8% of adults, 19.3% of reception age children and 39.1% of year 6 age children were classed as living with excess weight. It was commented that for adults and reception age children, the percentages were levelling out which shows progress was being made. However, the figure for year 6 age children was above both the regional and national average and was still increasing year on year.
- The project was keen to focus on tackling the weight stigma and bias that can put people off from engaging with weight loss services. Focus groups were held in October and December 2025 to help inform the language and communication toolkit of the work. This was with the aim

of avoiding the language of blame or lecturing which could be off putting to members of the public.

- In 2018, 23.8% of pregnant women in Leicester at appointments were defined by BMI as living with obesity. Work had been done to help support pregnant women with keeping healthy such as aqua natal and buggy fit classes. There was also myth busting such as the eating for two myth and being unable to do exercise.
- Projects that were helping keep children healthy were detailed. The HENRY Parenting Programme, for children aged zero to five years old, had proved to be quite successful in Leeds. It was piloted in Leicester with future plans for full adoption of the programme underway. The Leicestershire Nutrition and Diet Service (LNDS) had built on the work of food for life in changing the culture in schools around food. The project targeted areas such as tuck shops in schools and children bringing in cakes and sweets for their birthdays.
- The link of food poverty and unhealthy eating was identified, and projects were set up to reduce food insecurity through skills-based cooking sessions and support. 'Food with Friendship' and 'Cooking on a Budget', taught members of the public how to cook as well as how to reduce food waste and had a community aspect, which helped to tackle social isolation.
- Specific work had been implemented in social care as part of the learning disability collaborative. This helped to support people with disabilities who were living with excess weight. Around 70% of people with learning disabilities were living with excess weight and to help reduce this, a healthy weight toolkit was created with an LPT nutritionist.
- Notable attention was paid to food commissioning as the City Council had 30 contracts linked to food procurement. The Public Health department spent time analysing these contracts and assessed whether making healthier food could be a requirement of the contract. There was also a drive towards engraining healthy eating into the future procurement process.
- There was also collaboration between Public Health and the Festivals and Events Team regarding food stalls at events. The main aim of this was to explore if healthier options could be offered by some of the catering businesses at events.

Comments:

- The Managing Director of LPT highlighted the topic of mental health and weight gain. It was explained that LPT was supporting people with a severe mental illness to maintain a healthy weight as the drugs supplied can cause notable weight gain. It was advised that they supported those people with dietary advice and healthy eating. The Deputy Director of Public Health responded that mental health was another target of the initiative, and they were planning to release a programme specifically targeting certain groups, including people suffering with mental health.
- There was a lengthy discussion about tackling childhood obesity and the various methods which could be implemented to lower it. The Chief

Medical Officer for the ICB suggested that tackling obesity at a young was one of the most vital preventative health measures and should be prioritised. It was argued that there needs to be a shift away from the traditional methods of treating obesity towards a broader more global programme.

- The Director for Adult Social Care & Commissioning asked the Deputy Director of Public Health about their involvement with Children's Social Care and Education colleagues. It was mentioned that there was some work underway, but they were unsure of the progress at that time. They agreed to have a discussion regarding this in a separate meeting.
- Members raised concerns about schools as it was highlighted that Healthy Weight initiatives in the past have approached certain schools and been refused access. School meals were also featured as a concern as well as breakfast clubs, while it was commented that they were a good idea, there were fears of high sugar options being offered. The Deputy Director of Public Health advised that it had become easier to build relationships with schools and that they were getting much more access with breakfast clubs as schools welcome external support. It was explained that school meals was a more complex issue as this is organised by private companies and varied from school to school.
- The Chair argued that a greater focus was needed on families as parents control the vast number of meals which children eat, and the change needed to starts there. She further suggested that healthcare professionals should comment on excess weight more when assessing patients' health and wellbeing. The Deputy Director of Public Health echoed this comment and explained that a survey was conducted last year with healthcare professionals, to check if they asked members of the public questions about their weight. It was found that most of the health practitioners surveyed did not ask patients about their weight as they felt uncomfortable raising the issue or felt unsure how to constructively discuss the matter. The Deputy Director of Public Health advised that they were conducting work with primary care workers to help address these concerns.
- The Chair requested a further update on the initiative and how it was being implemented by LPT and UHL.

AGREED:

1. The presentation was noted by the Board.
2. The Director of Adult Social Care & Commissioning and the Deputy Director of Public Health to have a separate meeting about the Healthy Weight programme in Children's Social Care and Education.
3. A future update on the work progress of UHL and LPT to be brought to a future meeting.

159. UPDATE FROM YOUNG VOICES CONSULTATION

Due to time limitations this item was deferred to the next meeting. It was agreed it would be the first item on the agenda.

160. UPDATE FROM THE ICB

The Chief Medical Officer from the Integrated Care Board (ICB) gave the board a verbal update on national changes to NHS England and the resulting reduction in running costs for Integrated Care Boards. The following was noted:

- There had been significant change over recent months, including revised timelines and the need to implement running cost reductions, supported by redundancy resources.
- Integrated Care Boards had clustered, bringing boards and leadership teams together, while resources and finances remained separate and were allocated based on population.
- The number of Integrated Care Boards nationally had reduced from 42 to 26, with a cluster arrangement now in place locally alongside a neighbouring system.
- Executive leadership arrangements for the cluster were outlined, with national appointment processes led by NHS England.
- Announcements on redundancy had been made, with consultation expected to take place in January.
- It was acknowledged that this was a difficult period for staff, particularly during winter pressures, but that there was relief in having greater clarity following national announcements.
- A blueprint document had been produced to reduce duplication and support new ways of working with partner organisations.
- It was emphasised that the new model would require delivery with a reduced organisational footprint.
- Reconfiguration work was ongoing, with further financial information expected in the new year.
- Partners were asked to note the challenging context while maintaining a focus on delivering a safe winter, financial planning for the year ahead, and the longer term 10 year plan.

An update was provided on neighbourhood working across Leicester, Leicestershire and Rutland by the ICB.

- It was explained that neighbourhoods were aligned to geographic boundaries, although local alignment had required agreement across partners and had not been straightforward.
- All partners had committed to this approach, recognising the challenges around funding flows and financial pressures.
- Members were informed that neighbourhoods aimed to provide access to a wide range of support in one place, spanning health, care and the voluntary and community sector.
- The Board discussed why neighbourhoods mattered, with a focus on improving population health, strengthening communities and supporting people to stay well for longer.
- It was highlighted that early intervention needed to start with children

and families, noting that many existing services focused on adults.
- The importance of using hospital services for specialist care only was emphasised.
- Data was shared showing that life expectancy in the city was lower than in the county and that 2 in 5 children were living with obesity.
- Members were informed that neighbourhood planning would include health alongside wider determinants of health.
- Plans were outlined for engagement activity, including workshops in each area towards the end of January involving communities, partner organisations and providers.
- Engagement with the voluntary and community sector had already begun, including webinars and in person events.
- It was emphasised that staff training would be critical to ensure awareness of available services and appropriate support for residents.
- The importance of using population data was highlighted, including understanding patterns of attendance at emergency departments and discharge outcomes.
- The approach would be evidence based, with a framework to support planning and delivery.
- Initial priorities would focus on achievable improvements in 2026 and 2027, recognising that neighbourhood and provider level change would take 2 to 3 years to embed.

In discussion with Members, the following was noted:

- Members discussed the importance of strong engagement with the voluntary and community sector and reflected on the value of community insight in shaping neighbourhood based approaches.
- It was suggested that voluntary and community sector representation within governance arrangements could further strengthen understanding of local need and support effective partnership working.
- Members reflected on the current financial context and the pressures being experienced across the system, including within the voluntary and community sector.
- The importance of open, ongoing dialogue with partners was emphasised to support shared understanding and collaborative planning.
- The scale and pace of change underway was acknowledged, with members recognising the impact on staff and partner organisations, with the importance of clear and timely communication during this period of transition.
- Members welcomed the focus on neighbourhood working and agreed that approaches should continue to be shaped by local priorities and community need.
- It was stated that the ambition to deliver care closer to home would require services to move from hospital settings into neighbourhoods, with funding and workforce capacity moving alongside those services.
- That the neighbourhood delivery would require changes to workforce models, including training and the use of different professional roles, and

that collaboration across providers would be necessary.

- Members stated that it was important to ensure the appropriate organisations were involved in neighbourhood discussions, including local authority services already operating neighbourhood based models.

AGREED:

1. Slides from the presentation would be circulated to Board members.
2. A short update on neighbourhood working would be included at each Board meeting, with a focus on tackling inequalities and improving outcomes for residents across the city.

161. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP

This item was deferred to the next meeting due to officer absence.

162. DATES OF FUTURE MEETINGS

The Board noted that future meetings of the Board would be held on the following dates:-

Thursday 5th March 2026 – 09:30 am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 at City Hall unless stated otherwise on the agenda for the meeting.

163. ANY OTHER URGENT BUSINESS

With there being no further business, the meeting closed at 12.35pm.