



Leicester  
City Council

Minutes of the Meeting of the  
PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Held: TUESDAY, 4 NOVEMBER 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair  
Councillor Agath – Vice Chair

Councillor Byrne  
Councillor Kitterick

Councillor Haq  
Councillor Westley

Assistant City Mayor – Councillor Dempster  
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**162. WELCOME AND APOLOGIES FOR ABSENCE**

Apologies were received from Cllr Clarke and Cllr Sahu.

**163. DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**164. MINUTES OF THE PREVIOUS MEETING**

It was raised that the action from the previous meeting regarding attendance at the next meeting from the Chair and the Chief Executive of the LNR. The Governance Officer noted this and the minutes will go to the next meeting on 27<sup>th</sup> January to be approved.

**165. CHAIRS ANNOUNCEMENTS**

There were no announcements.

**166. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

None were received.

**167. PETITIONS**

None were received.

## 168. HEALTH PROTECTION

The Director of Public Health gave a verbal presentation of the latest position of health protection. It was noted that:

- Tuberculosis (TB) rates had increased nationally in recent years although they were not as high as before. Changes were linked to demographic patterns, migration and links to countries with higher prevalence, including India. Leicester's position was considered in comparison to other higher incidence areas.
- The renewed strategy for TB work following a recent workshop had explored late TB case identification, stigma reduction and improved engagement with GPs and communities on screening.
- One case of Measles recorded this year following a peak in 2023 and 2024. Members heard that coverage remained below the required ninety five percent and further work was needed to increase vaccine uptake.
- MMR coverage linked with wider vaccination rates and that less than half of school age children had received vaccines that prevented Cervical Cancer. Work was taking place with the ICB to address stigma and simplify consent processes for families and young people.
- Bowel cancer screenings work was taking place on reducing stigma through targeted campaigns and encouraging more people to complete the screening programme.
- The Covid vaccine uptake remained lower than expected. Covid outbreaks had recently peaked and were now reducing, and further seasonal waves were anticipated each year.
- Concerns were raised regarding flu due to current rates being aligned with previous years but with indications of an early season and greater variation of influenza A, which showed evidence of immune escape in some people.

In response to comments from Members, the following was noted:

- Members sought clarification on the procedure for isolating people with tuberculosis. It was explained that tuberculosis was not highly infectious and that close contact was usually limited to those living with or staying overnight with a patient. Latent tuberculosis was the most common form, which showed no symptoms and could not be passed on.
- Members enquired why Leicester's rates were higher and where the main issues were arising. It was reported that Leicester's position reflected other deprived areas with complex needs and vaccine hesitancy. Engagement work had not always been effective in the past but recent activity, including roving vaccination units in schools and places of worship, had achieved positive results. This approach required significant time and funding but had helped increase uptake and the approach would be to continue to support wider vaccination and screening programmes.
- Concerns were expressed about families being unable to see the same GP consistently. Members commented that the lack of continuity made it more difficult for people to ask questions or feel reassured about

vaccinations or screening. It was noted that GP to patient ratios and vaccine apathy were also contributing to pressures on emergency departments.

- Members commented on partnership working and access to GP services. Confidence was expressed in the local public health team although concerns were raised about the need for stronger collaboration across organisations. GP access had been considered at the previous meeting and would return in January. Senior representatives from the ICB would continue to attend future meetings to provide updates on their functions and priorities.
- A query was raised on the progress in improving access to people's usual GPs and whether the new service model would support this. Concerns were also expressed about how appointment processes within the ICB had been managed. It was agreed that all five health prevention items would be taken to the next meeting.
- Members discussed the low HPV vaccination rate which was described as particularly worrying. It was felt that this would lead to preventable cases of cervical cancer in the future due to limited awareness, low engagement with screening and delays in seeking medical help. The Commission was assured that HPV was a key prevention priority and that further work would be undertaken.

**AGREED:**

1. That the report be noted.
2. That the 5 Health Prevention items be taken to the next meeting.

## **169. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The Director of Public Health submitted his annual report to the Commission. The following was noted:

- The Director detailed how he discovered a library of old council minutes from 1894-1895 which documented levels of disease in Victorian Leicester
- The minutes detailed the impact of when smallpox vaccinations were compulsory and the subsequent local impact including, riots and arrests
- This demonstrated the Leicester method of isolation and contact tracing which parallels methods used during the COVID pandemic.
- Population and ethnicity changes shown in the data, particularly over the last 20 years and examined life expectancy changes for men and women, which highlighted the effects of Covid.
- The Director also featured a 1948 book which was a compendium of chief medical officer annual reports dating back 100 years. This included references to the management of Smallpox and infectious disease, the development of new housing programmes and Slum clearances. The establishment of the isolation hospital at Glenfield was also featured, which again was noted as having parallels with

the Covid isolation wards of the early 2020s.

- Lessons learned from past public health practice were outlined. Links were again drawn again with Covid with a focus on how understanding communities and maintaining clear communication had been essential in supporting vaccine uptake.
- Secondary factors where from the past were considered such as slum clearance and the introduction of clean water supplies. Present day challenges such as the energy crisis which is creating similar conditions that impact people's health.
- The presentation featured a historic photo of two children, one with and one without smallpox that was taken in Leicester in 1901 and was circulated nationally at the time and had supported public awareness of the benefits of vaccination.
- The future direction of public health was explored, including potential developments in personalised care, genetics and the increased use of AI. The final chapter of the report had been drafted with Chat GPT to demonstrate how AI could support local government work.

Following member discussions, the following was noted:

- Members referenced historic use of clinical vans in the 1950s which visited council estates to vaccinate against Polio and achieved a very high uptake. In responses it was highlighted that the Council still have a roving health unit who go to schools and places of worship to offer this service. They offer vaccines such as HPV and MMR, as well as services such as blood pressure checks, unfortunately they only have one van. If there were 10 vans, a real difference could be made.
- Concerns were raised that the report did not reflect today's problems such as the notable decrease in the uptake of the HPV virus, 10 years ago 90% today 48%.
- In response it was confirmed that this was not the purpose of this report and there were lots of other reports that have previously come to scrutiny which go into detail on the issues mentioned.
- There was a lengthy discussion on GP waiting times and the difficulties of obtaining an appointment. It was suggested that people often attended their GP when their needs could otherwise have been met by other NHS services, which placed additional pressure on GP practices. It was also noted that people were hesitant to contact their GP due to widespread media coverage of service pressures.
- The issue of vaccine apathy was discussed and the impact of information people were reading online. The discussion focused particularly on the HPV vaccine uptake which had been affected by perceptions of a sexual link in certain communities. Therefore, a new approach had been adopted which framed the vaccine as an anti-cancer vaccine, alongside work to engage community leaders such as Imams.
- The use of AI within public health and the wider health service was considered. Members noted that AI had potential to be beneficial or harmful depending on how it was used, and it was emphasised that organisations shared a collective responsibility to use it ethically.

AGREED:

1. The report was noted.
2. The Chair requested figures for vaccinations within Leicester City communities to be collected. This is with the aim of collecting more data to contact Wes Streeting and discuss more funding for Leicester vaccine programmes.

## **170. WHOLE SYSTEMS APPROACH TO HEALTHY WEIGHT**

The Director of Public Health submitted a report to update the Commission on the current position regarding the approach to healthy weight in Leicester. It was noted that:

- The mission for the Whole System Approach to Healthy Weight was shared with the Commission “Everyone in Leicester is able and has the power to achieve and maintain a healthy lifestyle, move more, and eat well through the development of a citywide approach, that will create an environment free from weight stigma, where the healthy choice is the easy choice and healthy living is the whole systems responsibility.”
- The Adoption of the action plan and Healthy Weight Declaration included 3 key themes: Building a stronger system, Changing environments to increase opportunity and empowering workforces and communities.
- A detailed three year action plan was outlined which set out how the various aims would be met. Excess weight was defined as a BMI of twenty five or twenty three for people from Asian, Chinese, Middle Eastern, Black African or African-Caribbean backgrounds.
- Data for children in year six indicated higher levels of excess weight than reception age children in 2023/24. Inequalities were highlighted across different groups, age ranges and people with poor mental health.
- Weight stigma and bias across the city were noted, including during contact with primary care and other services. Work was underway to understand how information could be shared with partners to support residents.
- Work on maternal weight was described. Women were expected to gain weight in pregnancy but not excess weight. Work continued with Live Well services across the city to address myths about weight during pregnancy and confidence in physical activity. Leisure centre and Live Well staff had been trained to support pregnant women. Support from the hospital was provided for women with a BMI over forty during pregnancy. There was currently no equivalent offer for those below a BMI of forty.
- Support from early childhood onwards was described to promote healthy habits and reduce the influence of advertising and unhealthy products. Work was linked to family hubs and parenting programmes. The HENRY programme provides programmes and workshops for parents of children aged nought to five to support healthy eating and parenting.
- For school age children a targeted approach was taken with schools that

had the highest rates of excess weight. This aimed to improve the overall school environment, including breakfast clubs and after school provision, to ensure nutritious food was available throughout the school day.

- Work with adults focused on the impact of the cost of living crisis and the need to help people eat as healthily as possible on a limited budget. Cooking sessions were provided across the year including courses on cooking on a budget and food with friendship. Improvements in participants' skills were reported.
- Only thirteen percent of people with a learning disability in the city had a healthy weight. Special training was being developed for social care settings, officers and care navigators. Training for managers had been introduced on quality assurance checks and nutrition. Work was being rolled out across several workforces to help professionals support people within the restrictions and budgets of their daily lives.
- Work was taking place with NHS partners on the healthy weight declaration, including reviewing food available in hospital trusts and considering what council contracts could do to promote healthy choices for staff and residents.
- National policy changes were noted including restrictions on advertising high fat, salt and sugar products. Local work was underway to implement these changes.

In response to comments from Members, the following was noted:

- Concerns were expressed about the high levels of sugar in many manufactured foods, particularly for people with diabetes. Members felt that national action was needed to address this and noted that many residents were not fully aware of the health impacts associated with excessive sugar intake.
- The discussion highlighted reformulation as a key part of the overall system response. The soft drinks sugar levy was referenced as a successful national example where reduced sugar content had been achieved through reformulation.
- Members discussed whether the programme should expand its focus to influence secondary schools. The current emphasis remained on reception to year six, where excess weight levels were most prominent. There was recognition that engagement with older age groups could be more challenging due to established habits and the availability of food purchased outside the school environment.
- It was acknowledged that delivering the programme would require sustained effort and coordination across a wide range of partners.
- Recent NICE guidance had introduced waist to height ratios alongside BMI to assess health risk. While BMI remained a population level tool, services were expected to incorporate the additional measurement in future.
- Concerns were raised about the number of children visiting takeaways after school and the influence this had on dietary habits.
- Questions were asked about food imported from abroad and whether nutritional information requirements applied consistently. Officers agreed to clarify which shops this related to and provide a follow up for

members.

- The role of trading standards in monitoring compliance with food guidance was noted. A new pilot project was being developed with local takeaways to encourage healthier options, including gradual reformulation of oils and fat content. Fifteen businesses had already engaged and the project aimed to support both takeaways and restaurants to improve the local food environment.

#### AGREED:

1. That the report be noted.
2. That information would be clarified on food imported from abroad and whether nutritional information requirements applied consistently

### 171. SMOKE FREE GENERATION

The Director of Public Health introduced an officer from Public Health to update the Commission on the smoke Free Generation programme.

- Gave an overview of the services offered by LiveWell Leicester. Which includes the Stop Smoking Service, Healthy Lifestyles Service, Nutrition Guidance and Reducing Alcohol Service
- Stop smoking service is a 12- week programme for people who live, work or go to a GP practice in Leicester which supports people as young as 12. Support can be face to face or over the phone and can either be one to one or group orientated. All treatment is tailored to the client. There is weekly support, check ins, a supporting app and Nicotine Replacement Therapy/ E-cigs is offered as part of the programme.
- Extra funding was received from the government in the year 24/25 as part of the Government's plan to create a smoke free generation. The funding was allocated based on the average smoking prevalence between the years 2021-2023. Targets are based on the number of clients who set a quit date.
- Leicester has seen a decline in people smoking but this is still below the average nationally. Leicester 14.6% of residents smoke compared to 11.6% nationally.
- Target for Leicester 2024/2025 was to achieve 1,531 quit attempts so to achieve this, an action plan was created which was led by the Live well team and Tobacco control team. There is now a community engagement team who support the wider live well team by providing more stop smoking appointments, attending several events and holding drop-in centres at GPs with text notification to members of the public. While the target was not met last year (1,303 attempts) there was a marked increase each quarter of the numbers using the service and people successfully quitting.
- The Officer from Public Health then introduced the manager of the Community Engagement Team to provide more detail on the work.

- The engagement work carried out during Stoptober was highlighted. During which, the engagement team went to an event each day of the month and brought back more referrals. Numerous GP partnerships have been fostered across Leicester. Practices in areas of the city with high levels of smoking such as Saffron Health, have been fantastic partners.
- Third party partnerships with charities have also been beneficial. Community-based drop in events were held with 'Be Inspired' charity in Braunstone, which were valuable as Braunstone is another area with high smoking levels. Attempts to engage with businesses and get a workplace stop smoking package have been more challenging but attempts will continue to be made.
- Work has been carried out with UHL to create an outpatient referral scheme, which works on a non-opt out basis. Work has been carried out with the lung cancer, the mini-stroke and the Emergency Departments. The team have contacted any smokers who are receiving treatment from these departments and offered them the stop smoking services which has resulted in hundreds of referrals.
- Case studies were shown to demonstrate the impact of the community engagement team and how they are able to adapt to more complex needs of individuals using the service.
- Future action plans involve ensuring that there is always cover for appointments to prevent absence causing appointments to be cancelled and increasing contact attempts for people who miss appointments. The potential of widening the outpatient referral scheme to include dentistry is being explored. Opportunities to further develop joint working initiatives with other Council departments are being probed in areas such as Social Housing, Mental Health services, Adult Social Care, the Leisure Sector and Education.

In discussions with Members, the following was noted:

- There was a discussion surrounding the issue of quitting smoking with several Councillors sharing their own personal experiences with quitting or attempting to quit. There was further talk about some of the consequences of quitting such as weight gain with it being highlighted that this is why the stop smoking service has a nutrition wing.
- The topic of Shisha consumption in the city was discussed as shisha is comparable (if not worse for health than smoking) and if there were any plans to tackle it with a similar scheme. The Commission was advised that the smoke free services are already open to people who smoke shisha. There is also a project being carried out alongside the University of Leicester to investigate the issue of shisha and how to tackle it.
- Comments were raised about the use of vapes as an alternative to smoking as vapes are still bad for your health. It was argued that while vaping is not healthy, it is healthier than smoking. So, offering vapes as a short-term solution is practical. Building on this it was stated by the officer from public health that the problem is non-smokers who have adopted vaping. There is also currently research taking place with



schools to explore what would discourage vaping.

- Further conversations delved in to the matter of smoking cessation success rates and what research is there into relapses as well as support offered. It was revealed that the cessation success rate is measured by if a person has quit for 4 weeks which is the nationally collected model. In Leicester, 55% of people who have used the scheme have quit. But Leicester Public Health follow people's progress for longer than that as relapses do happen. There is an awareness of this fact and support in place to encourage people to try again as many times as needed. They have recently started recoding data for scheme users after a year to provide better data of the success of the scheme.

AGREED:

1. The report was noted.

## **172. UPDATE ON SEXUAL HEALTH SERVICE**

The Director of Public Health gave a presentation to update the commission on Sexual Health Services. It was noted that:

Public Health Sexual Health Portfolio:

- Integrated Sexual Health Service (ISHS)
  - Long acting Reversible Contraception (LARC)
  - Emergency Hormonal Contraception (EHC)
  - HIV Self Sampling Service
  - HIV IAG Service
  - HIV Peer Support Service (New)
- 
- The service covered testing, both complex and noncomplex contraception, sexual counselling, education in schools and colleges, work with the HPV team, community outreach and responses to HPV exposure.
  - The service was reported to be functioning well, with high levels of walk in and online activity. For city residents in July there were 1680 contacts, including 1463 orders and 729 distributions of free condoms. Service users continued to express appreciation for the staff and the quality of care provided.
  - Ongoing challenges remained around bookings and access to the service.
  - There had been operational pressures over the summer. The city service was now delivered solely within Leicester as Leicestershire County Council and Rutland Council had moved to a different provider. Walk in access at the city site had been temporarily closed to encourage behaviour change among county residents. Staffing had now increased and walk in access had reopened. Demand from county residents to use the city service remained high. The previous condom distribution scheme had operated irrespective of where people lived, but county arrangements had since changed which reduced confusion. There remained a potential financial risk if a high number of county residents continued to use the city service.
  - Work was underway with primary care to support the delivery of long acting

reversible contraception. People requiring these procedures were directed to Haymarket Health, with a clear pathway for fitting and removal. Efforts were being made to make access as easy as possible and to support general practice with the associated costs.

- Emergency hormonal contraception had previously been commissioned locally and delivered through both the clinic and pharmacies. Most activity had taken place at the clinic. From 29<sup>th</sup> October the entire pharmacy provision transferred to the national NHS pharmacy contraception service. This made emergency contraception free for all age groups and increased reimbursement for pharmacies. Local contracts were therefore being decommissioned. Pharmacies could seek payment from the council or primary care networks during the transition period. Mystery shopper work had been undertaken to assess accessibility and findings had been shared with colleagues to support service improvement.
- HIV self-sampling kits were being used by around forty people in the first quarter through a provider called SH24. Future commissioning intentions were still to be confirmed.
- The HIV information, advice and guidance service based at the clinic supported people to access and engage in treatment, with case studies demonstrating positive outcomes.
- A HIV peer support pilot was in place. Under national policy people attending emergency departments were now routinely tested for blood borne viruses unless they opted out. Those identified with HIV were able to receive immediate support through the pilot.

The following was noted in Members discussions:

- Questions were asked about the financial risk associated with county residents using the city service and why arrangements had changed. It was noted that the issue remained a concern due to the open access nature of sexual health services. Work was underway with partners to understand data trends and encourage people to use services closer to where they lived.
- Concerns were raised about the wider NHS structure and the extent to which patients were required to work around service changes. It was acknowledged that the situation was complex and that regular discussions were taking place across the system.

AGREED:

That members note the update on Sexual Health Services.

### **173. WORK PROGRAMME**

In discussion with members it was agreed that GP Access and Annual review of Health Inequalities would be added to the work programme for the January meeting.

### **174. ANY OTHER URGENT BUSINESS**

The Chair added they would like the Commission to take a focus on Rheumatology in Leicester as an informal task group.

With there being no further business, the meeting closed at 8:08pm.