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# LEICESTER CITY HEALTH AND WELLBEING BOARD

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Date: THURSDAY, 4 JUNE 2026

Time: 9:30 am

Location:

MEETING ROOM G.01, GROUND FLOOR, CITY HALL,  
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer

**NOTE:**

This meeting will be webcast live at the following link:-

<http://www.leicester.public-i.tv>

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

<http://www.leicester.public-i.tv/core/portal/webcasts>



## **MEMBERS OF THE BOARD**

### **Councillors:**

Councillor Vi Dempster, Assistant City Mayor, Health, Culture, Libraries and Community Centres (Chair)

Councillor Elaine Pantling, Assistant City Mayor, Education

Councillor Geoff Whittle, Assistant City Mayor, Environment and Transport

2 Vacancies

### **City Council Officers:**

Rob Howard, Director Public Health

Laurence Jones, Strategic Director of Social Care and Education

Dr Katherine Packham, Public Health Consultant

1 Vacancy

### **NHS Representatives:**

Toby Sanders, Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

Prof Nil Sanganee, Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Afzal Ismail, Non-Executive Director on the, Leicester, Leicestershire and Rutland Integrated Care Board

Joanna Clinton, Head of Strategy Development, Leicester, Leicestershire and Rutland Integrated Care Board

Yasmin Sidyot, Deputy Director, Integration and Transformation, Integrated Care Board

Dr Ruw Abeyratne, Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust

Angela Hillery, Chief Executive, Leicestershire Partnership NHS Trust

SUB: Jean Knight, Deputy Chief Executive, Leicestershire Partnership NHS Trust

Paula Clark, Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System

### **Healthwatch / Other Representatives:**

Graham Vaux, Area Manager Community Risk, Leicestershire Fire and Rescue Service

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Kevin Allen-Khimani, Chief Executive, Voluntary Action Leicester

Rupert Matthews, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Kevin Routledge, Strategic Sports Alliance Group

Phoebe Dawson, Head of Leicester, Leicestershire Enterprise Partnership

Barney Thorne, Mental Health Manager, Local Policing Directorate, Leicestershire Police

Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort University



# Information for members of the public

## Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at [www.cabinet.leicester.gov.uk](http://www.cabinet.leicester.gov.uk), or by contacting us using the details below.

## Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

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Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Governance Services Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at [www.leicester.gov.uk](http://www.leicester.gov.uk) or from Governance Services.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Governance Services Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

## Further information

If you have any queries about any of the above or the business to be discussed, please contact Katie Jordan, Senior Governance Services Officer, [Katie.jordan@leicester.gov.uk](mailto:Katie.jordan@leicester.gov.uk) or Julie Bryant, Governance Services Officer, [Julie.bryant@leicester.gov.uk](mailto:Julie.bryant@leicester.gov.uk)

For Press Enquiries - please phone the Communications Unit on 0116 454 4151

# **PUBLIC SESSION**

## **AGENDA**

### **FIRE/EMERGENCY EVACUATION**

**If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Governance Services staff. Further instructions will then be given.**

#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

#### **3. CHAIRS ANNOUNCEMENTS**

The Chair is invited to make any announcements as they see fit.

#### **4. MEMBERSHIP OF THE BOARD**

**Appendix A  
(Pages 1 - 2)**

The Board is asked to note the membership of the Health and Wellbeing Board for 2026/27, as set out at Appendix A of this agenda pack.

#### **5. TERMS OF REFERENCE**

**Appendix B  
(Pages 3 - 8)**

The Board is asked to note the Terms of Reference for the Health and Wellbeing Board for 2026/27, as set out at Appendix B of this agenda pack.

#### **6. DATES OF THE BOARD**

Board Members are asked to note the meeting dates for the Health and Wellbeing Board for 2026-27.

1. Thurs 4 June
2. Thurs 24 September

3. Thurs 10 December
4. Thurs 14 January
5. Thurs 4 March

**7. MINUTES OF THE PREVIOUS MEETING**

**Appendix C  
(Pages 9 - 20)**

The Minutes of the previous meeting of the Board held on 5<sup>th</sup> March 2026 are attached and the Board is asked to confirm them as a correct record.

**8. REPORTS FOR THE BOARD TO APPROVE - BETTER CARE FUND - LIHCG UPDATE**

**Appendix D  
(Pages 21 - 44)**

Better Care Fund

The Board is asked to acknowledge the engagement and governance processes to date, as well as to review all three final submission BCF templates that detail the breakdown the allocation and are reviewed by the JICB members and recommended for the approval of the submission to the Board.

The BCF planning template 25-26 will be circulated to members separately.

The Leicester Integrated Health & Care Group update

The update can be found at appendix D of this agenda pack.

**9. QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Chair to invite questions from members of the public.

**10. HYPERTENSION PREVENTION AND CASE-FINDING**

**Appendix E**

The Director of Public Health submits a report to provide the Board with a summary of public health work to address undiagnosed hypertension amongst adults in Leicester City, where this work is aligned with other programmes to detect and manage hypertension locally and nationally, and future proposed work.

## **11. LEADING BETTER LIVES VERBAL UPDATE**

The Director for Adult Social Care and Commissioning will give a verbal update on the Leading Better Lives programme as part of our commitment to develop an early action approach for Leicester.

## **12. MENTAL HEALTH FRIENDLY PLACES AND MEN'S MENTAL HEALTH**

**Appendix F  
(Pages 45 - 52)**

The Director of Public Health submits a report providing information on suicide rates within the City, and the prevention response. As males are disproportionately affected by suicide, support for men is highlighted.

## **13. ICB VERBAL UPDATE**

The Integrated Care Board (ICB) will provide a verbal update on their current position.

## **14. NEIGHBOURHOODS VERBAL UPDATE**

The Integrated Care Board (ICB) will provide the board with a verbal update on the Neighbourhoods Strategy.

## **15. DATES OF FUTURE MEETINGS**

To note that meetings have been arranged for the following dates in 2025/2026 which were submitted to the Annual Council in May 2026. Please add these dates to your diaries. Diary appointments will be sent to Board Members.

Thursday 4<sup>th</sup> June 2026 – 9.30am  
Thursday 24<sup>th</sup> September 2026 – 9.30am  
Thursday 10<sup>th</sup> December 2026 – 9.30am  
Thursday 14<sup>th</sup> January 2027 – 9.30am  
Thursday 4<sup>th</sup> March 2027 – 9.30am

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

## **16. ANY OTHER URGENT BUSINESS**



# Appendix A

## Health & Wellbeing Board Membership

Councillors (voting)		
Councillor Vi Dempster (Chair)	Assistant City Mayor - Health, Culture, Libraries and Community Centres	[REDACTED]
Councillor Elaine Pantling,	LCC Assistant City Mayor, Education Leicester City Council	[REDACTED]
Councillor Geoff Whittle,	Assistant City Mayor, Environment and Transport Leicester City Council	[REDACTED]
Vacancy		
Vacancy		
City Council Officers (non-voting)		
Laurence Jones	Strategic Director of Social Care and Education Leicester City Council	[REDACTED]
SUB: Kate Galoppi	Director of ASC and Commissioning	[REDACTED]
Rob Howard	Director Public Health Leicester City Council	[REDACTED]
Dr Katherine Packham	Public Health Consultant Leicester City Council	[REDACTED]
Vacancy		
NHS Representatives (voting)		
Toby Sanders	Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board	[REDACTED]
Professor Nil Sanganee	Chief Medical Officer	[REDACTED]
Afzal Ismail	non-executive director on the ICB Board	[REDACTED]
Yasmin Sidyot	Deputy Director Integration and Transformation	[REDACTED]
Joanna Clinton	Head of Strategy Development (Place)	[REDACTED]
Ruw Abeyratne (permanent sub for Richard Mitchell)	Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust	[REDACTED]
Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust	[REDACTED]
SUB: Jean Knight	Deputy Chief Executive, Leicestershire Partnership NHS Trust	[REDACTED]
Paula Clark	Interim Chair ICS	[REDACTED]
Other Representatives		

Graham Vaux (Main sub for Callum Faint)	Area Manager Community Risk, Leicestershire Fire and Rescue Service	[REDACTED]
Harsha Kotecha	Chair, Healthwatch Advisory Board, Leicester and Leicestershire	[REDACTED]
Kevin Allen-Khimani	Chief Executive, Voluntary Action Leicester	[REDACTED]
Rupert Matthews	Leicester, Leicestershire and Rutland Police and Crime Commissioner	[REDACTED]
Kevin Routledge	Strategic Sports Alliance Group	[REDACTED]
Phoebe Dawson	Head of Leicester, Leicestershire Enterprise Partnership	[REDACTED]
Barney Thorne	Mental Health Manager, Local Policing Directorate, Leicestershire Police	[REDACTED]
Professor Bertha Ochieng	Integrated Health and Social Care, De Montfort University	[REDACTED]

## Leicester City Health and Wellbeing Board

### Terms of Reference

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#### Introduction

In line with the Health and Social Care Act 2012, the Health & Wellbeing Board is established as a Committee of Leicester City Council.

The Health & Wellbeing Board operated in shadow form since August 2011. In April 2013, the Board became a formally constituted Committee of the Council with statutory functions and met for the first time on 11 April 2013.

#### **1 Aim**

To achieve better health, wellbeing and social care outcomes for Leicester City's population and a better quality of care for patients and other people using health and social services.

#### **2 Objectives**

- 2.1 To provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and work to reduce health inequalities.
- 2.2 To lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- 2.3 To maximise opportunities for joint working and integration of services using existing opportunities and processes and prevent duplication or omission.
- 2.4 To provide a key forum for public accountability of NHS, Public Health, Adult Social Care and Children's Services and other commissioned services that the Health & Wellbeing Board agrees are directly related to health and wellbeing.

#### **3 Responsibilities**

- 3.1 Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. Preparing the JSNA is a statutory duty of Leicester City Council and Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB).

- 3.2 Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.
- 3.3 Prepare and publish a Joint Local Health and Wellbeing Strategy (JLHWS) that is evidence based through the work of the Joint Strategic Needs Assessment (JSNA) and supported by all stakeholders. This will set out strategic objectives, ambitions for achievement and how we will be jointly held to account for delivery. Preparing the JLHWS is a statutory duty of Leicester City Council and LLR Integrated Care Board.
- 3.4 Save in relation to agreeing the JSNA, JLHWS and any other function delegated to it from time to time, the Board will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties.
- 3.5 Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the Joint Strategic Needs Assessment and demonstrate strategic alignment between the JLHWS and each organisation's commissioning plans.
- 3.6 Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JLHWS has been implemented in their commissioning decisions.
- 3.7 To monitor, evaluate and annually report on the LLR Integrated Care Board's contribution to the delivery of the JLHWS at the request of NHS England as part of its annual performance assessment.
- 3.8 Review performance against key outcome indicators and be collectively accountable for outcomes and targets specific to performance frameworks within the NHS, Local Authority and Public Health.
- 3.9 Ensure that the work of the Board is aligned with policy developments both locally and nationally.
- 3.10 Provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of LLR Integrated Care Board to ensure that the Board is publicly accountable for delivery.
- 3.11 Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes.
- 3.12 Oversee the function and outcomes delivered by the Leicester Integrated Health and Care Group, which is a subgroup of the HWB.
- 3.13 Oversee the function and outcomes delivered by the Leicester Prevention and Health Inequalities Steering Group, which is a subgroup of the HWB.

- 3.14 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Scrutiny Commissions of Leicester City Council. Decisions taken and work progressed by the Health & Wellbeing Board will be subject to scrutiny by relevant Scrutiny Commissions of Leicester City Council.
- 3.15 The Board will need to be satisfied that all commissioning plans demonstrate compliance with the Equality Act 2010, improving health and social care services for groups within the population with protected characteristics and reducing health inequalities.
- 3.16 The Board will agree Better Care Fund submissions and have strategic oversight of the delivery of agreed programmes.

## **4 Membership**

### **Members:**

Up to five Elected Members of Leicester City Council (5)

- The Executive Lead Member for Health (1)
- Four Elected Members nominated by the City Mayor (4)

Up to seven representatives of the NHS (7)

- The Chief Executive and three other representatives from the LLR Integrated Care Board (4)
- The Independent Chair of the Integrated Care System (1)
- The Chief Executive of University Hospitals NHS Trust (1)
- The Chief Executive of Leicestershire Partnership NHS Trust (1)

Up to four Officers of Leicester City Council (4)

- The Strategic Director of Social Care and Education (Leicester City Council) (1)
- The Director of Public Health (Leicester City Council) (1)
- A Public Health Consultant leading on improving cross organisational initiatives and communication and developing links with the between system, place and neighbourhood within the Integrated Care System. (1)
- One Officer nominated by the Chief Operating Officer (1)

Up to eight further representatives including Healthwatch Leicester/Other Representatives (8)

- One representative of the Local Healthwatch organisation for Leicester City (1)
- Leicester City Local Policing Directorate, Leicestershire Police (1)
- The Leicester, Leicestershire and Rutland Police and Crime Commissioner (1)
- Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service (1)

- Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board (2)
- A representative of the city's sports community (1)
- A representative of the private sector/business/employers (1)

## **5 Quorum & Chair**

5.1 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the membership sections:

- Leicester City Council (Elected Member)
- LLR Integrated Care Board or NHS England & NHS Improvement - Midlands
- One senior officer Board Member from Leicester City Council
- Local Healthwatch/Other Representatives

5.2 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

5.3 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body and submitted to the Chair in advance of the meeting. The substitute shall abide by the Code of Conduct.

5.4 The City Council has nominated the Executive Lead for Health to Chair the Board. Where the Executive Lead for Health is unable to chair the meeting, then one of the other Elected Members shall chair (noting that at least one Elected Member must be present in order for the meeting to be declared quorate).

## **6 Voting**

6.1 The City Council at its meeting on 29 May 2014 resolved to disapply Section 13(1A) of the Local Government and Housing Act 1989 such that the four local authority officers on the Board will not exercise voting rights.

6.2 Any representatives of bodies asked to attend meetings of the Board as 'Standing Invitees' by the Board shall not have a vote.

6.3 All other members will have an equal vote.

6.4 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where votes are equal the chair will have a second and casting vote.

## **7 Code of conduct and member responsibilities**

All voting members are required to comply with Leicester City Council's Code of Conduct, including each submitting a Register of Interest.

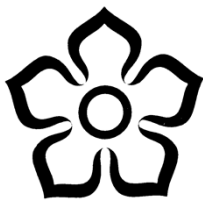
In addition, all members of the Board will commit to the following roles, responsibilities and expectations:

- 7.1 Commit to attending the majority of meetings.
- 7.2 Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest.
- 7.3 Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.
- 7.4 To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
- 7.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated.

## **8 Agenda and Meetings**

- 8.1 Administration support will be provided by Leicester City Council.
- 8.2 There will be standing items on each agenda to include:
  - Declarations of Interest
  - Minutes of the Previous Meeting
  - Matters Arising
  - Updates from each of the working subgroups of the Health & Wellbeing Board.
- 8.3 Meetings will be held a minimum of four times a year and the Board will meet in public and comply with the Access to Information procedures as outlined in Part 4b of the Council's Constitution.





Leicester  
City Council

# Appendix C

## Minutes of the Meeting of the HEALTH AND WELLBEING BOARD

Held: THURSDAY, 5 MARCH 2026 at 9:30 am

### **Present:**

- |                                |   |   |
|--------------------------------|---|---|
| Councillor Dempster<br>(Chair) | – | Assistant City Mayor, Health, Culture, Libraries and Community Centres, Leicester City Council. |
| Councillor Elaine<br>Pantling  | – | Assistant City Mayor, Education, Leicester City Council.  |
| Councillor Geoff Whittle       | – | Assistant City Mayor, Environment & Transport, Leicester City Council.                          |
| Rob Howard                     | – | Director of Public Health, Leicester City Council.  |
| Ruth Lake                      | – | Director of Adult Social Care and Safeguarding Leicester City Council.                          |
| Dr Katherine Packham           | – | Public Health Consultant, Leicester City Council.   |
| Dr Nil Sanganee                | – | Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board.             |
| Helen Mather                   | – | Head of Childrens and Young People and Leicester Place Lead.                                    |
| Dr Ruw Abeyratne               | – | Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.         |
| Jean Knight                    | – | Deputy Chief Executive, Leicestershire Partnership Trust.                                       |
| Benjamin Bee                   | – | Area Manager Community Risk, Leicestershire Fire and Rescue Service                             |
| Kash Bayani                    | – | Healthwatch Advisory Board, Leicester and Leicestershire.                                       |
| Kevin Allen-Khimani            | – | Chief Executive, Voluntary Action Leicester.  |
| Kevin Routledge                | – | Strategic Sports Alliance Group.  |
| Barney Thorne                  | – | Mental Health Manager, Leicestershire Police.   |

### **In Attendance**

\* \* \* \* \*

**164. APOLOGIES FOR ABSENCE**

Apologies were received from Bertha Ochieng.

**165. 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.

**166. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

The Minutes of the previous meeting of the Board held on 4<sup>th</sup> December 2025 be confirmed as a correct record.

**167. CHAIRS ANNOUNCEMENTS**

The Chair announced that this would be Helen Mathers last meeting. The Board thanked her for her contributions and wished her well.

**168. QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Monitoring Officer noted that none were received.

**169. UPDATE FROM YOUNG VOICES CONSULTATION**

The Board received an update on the Young Voices consultation and the development of the Integrated Care Board 3 year Children and Young People engagement plan.

It was noted that:

- The consultation engaged approximately 3000 participants across Leicester, Leicestershire and Rutland, including young people, parents, carers and healthcare professionals.
- The findings had informed the development of the ICB 3 year Children and Young People engagement plan, delivered through a range of formats including digital approaches.
- The plan aligned with wider strategies including the Darzi Review and the NHS 10 year plan.
- Key feedback from young people included the need to improve

communication, ensure young people felt heard and listened to, and develop stronger 2 way engagement.

- Young people highlighted the importance of being treated with respect and receiving services that met their needs.
- Mental health was identified as a high priority, with a need for more holistic support across services.
- Additional themes included sleep, anxiety and the impact of social media, alongside a need to strengthen links with the voluntary and community sector.
- Social media platforms such as TikTok and Instagram were identified as preferred methods for communication and information sharing.
- It was recognised that a wide range of activity was taking place across councils, schools and the voluntary and community sector, however this was not always well coordinated.
- Future work would focus on developing neighbourhood approaches and a more joined up offer across health, social care, education and the voluntary sector, with a focus on supporting whole families.
- From an acute perspective, it was noted that some children were waiting over a year to access services, which had a significant impact on outcomes.
- Progress in year 1 of the plan included development of an engagement policy, exploration of digital approaches including AI, work to understand barriers to access, and improvements to service delivery including transitions to adult services.
- Ongoing work included webinars, implementation of the Lundy model, neurodiversity support in schools, same day access initiatives, school assemblies and engagement through youth clubs.
- Year 3 priorities would be developed in partnership, with a focus on strengthening relationships with neighbourhoods and the voluntary and community sector.

In response to questions and comments from members, it was noted that:

- There was a need to ensure the voluntary and community sector was fully involved in delivery, with concerns raised that some work had been undertaken without full engagement.
- There was currently a lack of clarity around the definition of “hubs”, with multiple models in place, and a need to develop a clear and consistent local approach.
- Funding pressures across all sectors were acknowledged, particularly within the voluntary and community sector, and further work was required to consider how resources could be used more effectively.
- The importance of partnership working through initiatives such as Family Hubs and the Families First programme was highlighted, noting the need for a more coherent and less confusing offer for families.
- The Board recognised the importance of building on existing engagement with young people and avoiding duplication, ensuring that young people remained engaged and could see outcomes from their input.
- It was noted that young people required clearer information on available

services and how to access support.

AGREED:

1. That the update be noted.
2. That a future report be brought to the Board to provide further clarity on the development and definition of neighbourhood hubs.

## **170. ANDY'S MAN CLUB**

The Board received a presentation from Andy's Man Club, a mental health and suicide prevention charity supporting men aged 18 and over.

It was noted that:

- Andy's Man Club had been established following the death of Andy Roberts, aged 23, with the aim of tackling stigma around men's mental health and encouraging men to speak openly.
- Elaine Roberts and Luke Ambler are Andy's Mum and Brother-in-Law, together they came up with the idea of ANDYSMANCLUB, a group where men aged 18 and above can speak openly about their mental health in a judgment-free, non-clinical environment.
- Suicide remained the leading cause of death for men, with approximately 4900 men taking their own lives each year in the UK, equating to around 12 deaths per day.
- Each suicide was estimated to impact approximately 135 people, highlighting the wider effect on families, friends, colleagues and communities.
- The organisation had grown organically from a single group of 9 men in Halifax to a national network, with 344 groups now established across the UK.
- Weekly sessions took place every Monday at 7pm in community venues such as sports centres and fire stations, alongside online sessions.
- The groups operated on a self-referral basis with no booking, cost or formal referral process, aiming to remove barriers to access.
- Sessions provided a safe, non-judgemental space for men to talk, with no expectation to share more than they felt comfortable with, and no advice or clinical intervention offered.
- Facilitated discussions included reflections on the week, positive experiences and opportunities to share concerns, with sessions designed to ensure participants left feeling more positive.
- The charity did not provide clinical advice or discuss topics such as medication, but signposted individuals to appropriate services where needed, including emergency support where there was an immediate risk.
- The organisation had expanded locally, with groups established across the county and a presence in Leicester for approximately one year, with further development planned.
- Demand for the service continued to grow, with a record attendance of 6800 men nationally at sessions in a single week.

In response to questions and comments from members, it was noted that:

- The work of the organisation was welcomed, particularly in addressing stigma and providing a safe space for men who may not otherwise engage with services.
- Where individuals required additional support beyond the scope of the sessions, facilitators signposted to relevant services and, where necessary, contacted emergency services.
- The importance of improving engagement with minority communities was highlighted, including consideration of cultural factors and potential barriers to access.
- There was a need to explore how partners could support greater awareness and access, including whether additional groups were required within the city.
- The Board recognised wider challenges relating to social isolation and loneliness among men, and the importance of providing male focused spaces for support.
- Opportunities were identified to link the organisation into existing networks, including community wellbeing champions, neighbourhood forums and voluntary sector partnerships.
- The importance of supporting volunteers was emphasised, recognising that the model relied heavily on voluntary contribution and should not place undue pressure on individuals.
- The potential to strengthen links with health services, including emergency departments, was noted to ensure earlier support and prevent escalation to crisis point.
- It was suggested that further work be undertaken to map provision and identify gaps in access, particularly for those with higher levels of need.

AGREED:

1. That the presentation be noted.
2. That a task and finish group be established to explore how the voluntary, community and social enterprise sector can support mental health provision, including charities such as Andy's Man Club.
3. That the presentation slides and video be circulated to Board members following the meeting.

## **171. CHANGING FUTURES**

The Board received a presentation providing an update on the Changing Futures programme.

It was noted that:

- The programme was currently in year 5 of phase 1, funded by the National Lottery, with transition to phase 2 commencing in April under a 3 year funding settlement.
- Phase 1 had operated across 15 areas nationally, with changes expected in phase 2 including some areas leaving and others joining the

programme.

- The programme aimed to support individuals experiencing multiple disadvantage, including homelessness, mental health challenges, involvement in the criminal justice system and women engaged in sex work.
- Funding in phase 2 was expected to be reduced, with an increased focus on partnership working across systems.
- Analysis of data over a 5 month period highlighted the significant impact on public services, with one individual estimated to have cost approximately £220000 across police, ambulance, emergency department and temporary accommodation usage.
- High levels of emergency department attendance were identified, including instances where individuals were not seen and asked to leave.
- Data demonstrated that where coordinated support was in place, both demand on services and associated costs reduced significantly.
- Different parts of the system experienced varying pressures, with high demand identified in policing, emergency healthcare and temporary accommodation.
- Targeted interventions showed a clear reduction in service usage, particularly where individuals engaged with support following crisis points.
- A deep dive into a cohort of individuals highlighted links with children's social care, with approximately 80% of those with children already known to services.
- Work was underway with partners including children's social care, Leicester Royal Infirmary and inclusion healthcare teams to support high frequency users of services.
- It was noted that some individuals were not registered with primary care services and often relied on emergency departments as a point of access.
- Over a 6 month period, there had been a reduction in service usage, including a 60% reduction among a cohort of 70 individuals.
- Targeted work had been undertaken to support women experiencing multiple disadvantage, including partnership working through the Leicester Women's Network and provision of outreach resources.
- It was highlighted that women experiencing homelessness were often underrepresented in official data, with many not visible through traditional rough sleeping counts.
- Local work identified that only 1 in 10 women sleeping rough were captured through standard methods, with additional hidden homelessness identified through targeted outreach.

In response to questions and comments from members, it was noted that:

- The importance of strengthening partnership working across organisations was emphasised, particularly in relation to families experiencing high levels of need and frequent service use.
- It was recognised that individuals experiencing multiple disadvantage often required a different approach, with a need to move beyond

traditional service models and allow time to build trust and relationships.

- The impact on emergency departments was significant, with high frequency attendance placing pressure on services and not always providing the most appropriate support.
- Pilot work was underway to improve pathways from emergency departments into community based support, including links with family hubs.
- The complexity of need within this cohort was acknowledged, and the importance of a coordinated, person centred approach was emphasised.
- The Board highlighted the need for clear governance arrangements to support delivery of the programme and ensure effective oversight.

AGREED:

1. That the update be noted.
2. That information on the governance arrangements for the Changing Futures programme be shared with Board members.

## **172. ADULT MENTAL HEALTH SERVICES**

The Board received a presentation providing an overview of adult mental health services across Leicester, Leicestershire and Rutland.

It was noted that:

- There had been a continued rise in demand for secondary mental health services, with increasing system pressure particularly at the acute end.
- Referrals had increased, with more individuals presenting with complex needs, including dual diagnosis.
- Demand had significantly increased following the Covid 19 pandemic and had not plateaued.
- Inpatient services were under sustained pressure, with beds consistently at full capacity, impacting staff morale and resulting in delays for admission.
- Individuals were often waiting longer for admission due to limited bed availability and capacity constraints.
- A clinical triage approach was in place to manage demand, with calls received from both professionals and patients, enabling appropriate assessment and support.
- Whilst some individuals were being safely managed outside of secondary care, overall demand across the system continued to rise.
- Home treatment services were in place to support individuals in crisis and reduce the need for admission, however pressures remained across acute pathways.
- Investment had been made in neighbourhood mental health services to improve access and provide support at an earlier stage.
- Workforce shortages across the system continued to impact service delivery and capacity.
- Housing challenges were a significant factor, with some individuals experiencing delays in discharge due to a lack of suitable

accommodation and unsafe discharge options.

- Work to date had included strengthening triage and front door pathways, alongside quality improvement activity.
- Future priorities included addressing capacity constraints, workforce development, improving environments and exploring new roles within the workforce.
- There was a need to integrate pathways, improve joint planning, invest further in early intervention and prevention, and strengthen data sharing across partners.

In response to questions and comments from members, it was noted that:

- Reducing stigma and encouraging people to seek support earlier had contributed to increased demand, highlighting the importance of prevention and early intervention.
- Individuals with serious mental health conditions experienced significant health inequalities, and there were opportunities to improve both mental and physical health outcomes through earlier support.
- The voluntary and community sector had an important role in providing accessible, community based support, and further investment in these services could help reduce pressure on primary and secondary care.
- There was a need to improve the use of data to better understand demand, service pressures and outcomes, particularly at neighbourhood level.
- Although inpatient admissions had reduced slightly, occupancy rates had increased, reflecting higher levels of acuity and complexity among those requiring admission.
- Lengths of stay varied, with some individuals requiring longer periods of treatment due to complex needs, while others experienced delays in discharge due to non-clinical factors such as housing.
- Workforce challenges remained a key issue across the system.
- Opportunities were identified to strengthen partnership working and improve coordination between services, including links with neighbourhood approaches and digital tools for signposting.
- Progress had been made in children and young people's mental health services, with reductions in waiting times, and there were opportunities to apply learning across adult services.
- The importance of strengthening early intervention, prevention and community based provision, including crisis cafes, was emphasised.

AGREED:

1. That the update be noted.
2. That further information, including relevant research and data relating to demand, early intervention and prevention, be shared with the Chair.

### **173. CURE**

The Board noted the update provided on the Cure programme, including

ongoing engagement work supporting individuals in hospital and those experiencing crisis. It was recognised that there were increasing opportunities to work collaboratively and explore new approaches to support individuals at the point of need.

AGREED:

1. That the update be noted.
2. That the contact details for the lead officer be shared with Board members.

#### **174. NEIGHBOURHOOD WORKING UPDATE**

The Board received an update on progress with neighbourhood development work.

It was noted that:

- 3 of the 4 planned neighbourhood workshops had taken place, with strong attendance and positive engagement from a wide range of partners.
- Participants had actively contributed, highlighting the need to adapt approaches to reflect the specific needs of different neighbourhoods, populations and communities.
- Early discussions had identified key priorities, including waiting lists, GP access and improving awareness of available services.
- There was a need to improve signposting and ensure communities had a clearer understanding of what services and support were available, including children's hubs and related programmes.
- Future work would focus on bringing together a comprehensive view of provision across health, social care and the voluntary sector, and how this could be accessed by local communities.
- National priorities and guidance would be considered alongside locally identified needs to inform future planning.
- Consideration would be given to the development of integrated neighbourhood steering groups and how integrated teams would operate in practice.
- It was emphasised that the approach should be inclusive, recognising that neighbourhoods were not solely about health but wider wellbeing, including creating spaces for community engagement and communication.
- A further report would be brought to the next meeting setting out the outcomes of the workshops and identified priorities.
- The Chair reported positively on attendance at a workshop and the level of engagement observed.

In response to comments from members, it was noted that:

- A final workshop was scheduled, alongside a session specifically for the voluntary and community sector.
- There was a need to build on the momentum from the workshops and

involve those who had expressed an interest in contributing to neighbourhood steering groups, including representation beyond statutory services.

AGREED:

That the update be noted.

## **175. ICB UPDATE**

The Board received an update from the Integrated Care Board.

It was noted that:

- The consultation on the management of change process had concluded, with significant organisational changes expected, including a reduction in workforce and changes to roles and responsibilities.
- The importance of maintaining strong working relationships and clear communication with partners during this period of transition was emphasised.
- There would be a need to ensure continuity of engagement, including sharing updated contact details and responsibilities with partners to support a seamless transition.
- The organisation was undergoing a significant reduction in workforce, with approximately one third of posts affected.
- 3 key strategic transformation priorities had been identified, focused on frailty, premature mortality and prevention, and children and young people, including SEND, neurodiversity and mental health.
- There was a continued focus on shifting commissioning towards outcomes based approaches, ensuring services delivered improved outcomes for local populations.
- Positive progress had been made in relation to immunisation and vaccination programmes, supported through partnership working and engagement with national bodies.
- Work was ongoing to improve access and delivery models for seasonal vaccination programmes and sexual health services, including HPV provision for younger people.
- Engagement was taking place with national teams to support local delivery and alignment across systems.
- Obesity prevention, particularly in children, had been identified as a priority area, with further updates expected.
- Changes to the GP contract would place a stronger focus on improving access, including ensuring clinically urgent need was met on the day, alongside improving overall service delivery.
- There was a focus on making better use of clinical expertise across the system to reduce unnecessary referrals and improve patient pathways.

In response to comments from members, it was noted that:

- Concerns were raised regarding the potential loss of organisational knowledge, relationships and historical understanding as a result of

workforce changes.

- The importance of maintaining continuity and supporting partners through the transition was emphasised.

AGREED:

1. That the update be noted.
2. That regular updates be provided to the Board on organisational changes and key contacts, with updated information shared with Governance Services.
3. That an informal session be arranged to introduce new colleagues, provide an overview of changes and support relationship building with Board members.

#### **176. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP**

The Chair noted the report as read and advised Board members they could contact Georgia Humby if they had any questions.

#### **177. DATES OF FUTURE MEETINGS**

The Board noted that future meetings of the Board would be circulated following Annual Council on 14th May 2026.

#### **178. ANY OTHER URGENT BUSINESS**

With there being no further business, the meeting closed at 12:00pm.





## Leicester City Health and Wellbeing Board 4 June 2026

<b>Subject:</b>	Update from the Leicester Integrated Health and Care Group
<b>Presented to the Health and Wellbeing Board by:</b>	Georgia Humby, Integrated Board Lead Officer
<b>Author:</b>	Georgia Humby

### EXECUTIVE SUMMARY:

The Leicester Integrated Health & Care Group was established to support the Health & Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'. This summary is intended to provide an overview of the recent work undertaken by the Group to ensure the Health & Wellbeing Board is kept updated and informed.

Changes to the health landscape, particularly the clustering of the Integrated Care Board for Leicester, Leicestershire and Rutland with Northampton and Northamptonshire has been a priority area of discussion in recent meetings. The Group has recognised the management of change process underway, and meetings have been focussed on identifying changes and risks that may impact arrangements across the health and care system in Leicester.

The Group have also continued its discussions on developing the neighbourhood model for health and care in recent meetings. Four initial workshops have taken place, and further work is intended to establish neighbourhood boards to shape the next steps and priorities for the programme. It has been recognised however that the timeframe for the delivery of this programme may need to be extended whilst the management of change is embedded within health.

In light of the above, the Group intends to come together as a workshop to review its role, responsibilities and membership to effectively support the Health & Wellbeing Board.

Updates on the Health & Wellbeing Board Delivery Plan have continued to be provided on a cyclical basis to the Group for monitoring performance and identifying opportunities for joint working. The latest updates have included child immunisations and healthy weigh – the full updates can be found below.

The Group also has oversight of the Better Care Fund and the BCF subgroup has reported on its management of scheme lines and business cases for informing the plan for 2026/27 which is shared with the Health & Wellbeing Board for approval.

**Delivery Plan Updates:**

Title of workstream: Childhood Immunisations

Objective: To Increase Childhood Vaccination Uptake Across Leicester

Governance arrangements: LLR Immunisations Board

**Cross-cutting & System-wide Updates**

**National Access & Inequalities Funding:** The current funding is scheduled to conclude on 31 March 2026. The budget for the upcoming financial year has been maintained at the same level, ensuring the continuation of existing activities.

**Strengthening VCSE Partnerships:** New or expanded collaborations have been established with several minority communities, specifically aimed at enhancing vaccine confidence through the Public Health Investment Fund (PHIF), running from November 2025 to April 2026.

**NHSE Restructure:** The merger of LLR ICB with Northants ICB provides opportunities for shared learning and insight. The updated structure of the vaccination and immunisation team has been released, outlining an expanded remit that now encompasses screening. Recruitment for these positions is anticipated to begin in April.

**Expanded roving healthcare unit (RHU) offer:** From 1<sup>st</sup> RHUs will be operational 5-days per week – 3 in LLR and 2 in Northants. Furthermore additional vaccines will be added to the RHU offer to improve access and convenience.

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Reporting Project	Project KPIs & Targets	Update	Next steps	PLUS Groups	Risks & Mitigations	RAG for Period	Outcomes Contributing to RAG Rating
<b>Antenatal Vaccinations: Pertussis, Flu &amp; RSV</b>	<b>Respiratory Syncytial Virus (RSV)</b> in 3 <sup>rd</sup> trimester - Dec 2025 LLR: 40.5% NHSE target is 60%.	<b>RSV in pregnancy</b> National emphasis has increased - NHSE Winter 25/26 & 26/27 comms push aligns with LLR messaging on protecting baby from birth.	<b>Maternal RSV vaccination pilot project</b> Pilot aimed to increase vaccination uptake by proactively engaging eligible pregnant women (from 28 weeks	<b>Comms &amp; engagement</b> PHIF VSCes are targeting mothers in areas of high deprivation & low vaccine uptake with relevant messaging &	<b>Risks</b> Phased BadgerNet rollout is affecting data completeness.  <b>Mitigations</b> Increased opportunities via	Progress is steady but slow	

	<p><b>Pertussis</b> LLR uptake: 361 (72.9% Sept 2025)  NHSE target: 60%</p> <p><b>Flu (Dec 2025)</b> City: 31.4% County &amp; Rutland: 42.4%</p>	<p><b>Community pharmacy (CP) RSV pilot</b> Evidence shows improved access for women who cannot attend UHL clinics; a CP model is being evaluated for 2026/27 scale-up.</p> <p><b>BadgerNet transition</b> UHL's migration is now providing early improvements in live vaccination status visibility.</p> <p><b>Inequalities actions strengthened</b> Expansion of VCSE-led antenatal support groups (eg African Caribbean Centre) improving early vaccination conversations.</p> <p><b>Supervaccinators</b> Delivered: 25x maternal RSV &amp; 26x maternal pertussis vaccinations.</p>	<p>gestation), completing the routine offer in UHL antenatal clinics, GP practices, roving teams &amp; via 15x community pharmacies.</p> <p>This multi-agency project (involved ICB, UHL, PCL, Public Health), ran from mid-Nov 2025 to 8 Jan 2026, &amp; funded by PHIF £20k, &amp; was aiming for a 60% uptake.</p> <p>SMS text messages were sent to pregnant women in gestational scope of vaccination directing them to vaccination clinics &amp; further information. Telephone calls made to a refined cohort selection (priority to ≥32weeks) provided counselling, signposting &amp; vaccination appointment bookings</p> <p>SMS linked to ICB Vaccine Hub activity - 404 "RSV Why" &amp; 382</p>	<p>vaccination offers coordinated.</p>	<p>expanded CP provider base.</p> <p>Weekly data validation/review meeting progress.</p>		
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			<p>“RSV How” page views in a month; ~18% of hub traffic attributable to texts.</p> <p>Insight from calls suggested very low baseline awareness, strong demand for clear booking links &amp; follow-up texts after a call.</p> <p>A number of recommendations are currently being considered to re-run the activity for autumn/winter 2026/27.</p>				
<b>Babies &amp; Pre-school Children</b>	<p><b>MMR 1 at 24 months</b> (Q2 2025/6)</p> <p>City: 88.6%</p> <p>County: 93.2%</p> <p>Rutland: 88.1%</p> <p><b>MMR2 at 5 years</b></p>	<p><b>MMR Outbreak response</b></p> <p>Pressures continue due to isolated school-based measles incidents in the City. RHU deployed to areas of persistent low uptake to support measles response. Practices reminded of measles cases currently circulating in other areas &amp; provided with</p>	<p><b>Community-based outreach</b></p> <p>RHU provides MMR vaccinations as part of its standard offer at every location it frequents.</p>	<p><b>Learning disabilities (LD)</b></p> <p>Ongoing exercise with LPT to cross-match LD registers with CHIS immunisation status.</p> <p><b>Looked After Children (LAC)</b></p> <p>Strengthened</p>	<p><b>Risks</b></p> <p>Confirmed cases of measles still of concern.</p> <p><b>Mitigations</b></p> <p>Maintaining a rapid deployment model involving RHUs &amp; supervaccinators.</p>	On track	

	<p>City: 83.19%</p> <p>County: 90.6%</p> <p>Rutland: 91.0%</p> <p>WHO MMR target is 95% for 2 doses at 5 years.</p> <p><b>Flu: 2-3-year-olds</b></p> <p>LLR: 44.7%</p> <p>Target: 44.1%</p> <p>City: 3,140 (36.5%)</p> <p>County: 6,978 (49.1%)</p> <p>Rutland: 382 (58.7%)</p>	<p>the up-to-date promotional materials.</p> <p><b>MMRV Vaccination programme</b> New MMRV (includes chickenpox vaccine) vaccination programme launched 1<sup>st</sup> Jan 2026, with vaccination offer directly linked to date of birth. First uptake data expected shortly.</p> <p><b>CP flu (2 &amp; 3-year-olds)</b> Over 80 CPs now active providing improved access.</p> <p><b>RHU Targeted outreach</b> RHUs continue to be deployed to neighbourhoods identified as having lowest preschool vaccination uptake.</p> <p><b>Data improvements</b> Immunisation</p>		<p>LAC-SAIS-GP escalation pathway being developed to improve vaccination uptake for LAC.</p>	<p>MMRV v MMR – potential for parental confusion &amp; distrust – awaiting uptake data to help shape potential action.</p>		
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		<p>dashboard continues to mature; postcode-level views now used for RHU route-planning.</p> <p><b>Supervaccinators 254</b> Children vaccinated (Dec 2025 to Feb 2026) with:</p> <ul style="list-style-type: none"> <li>• 6-in-1: 159</li> <li>• MenB: 127</li> <li>• Rotavirus: 90</li> <li>• Pneumococcal 13: 75</li> <li>• MMRV: 89</li> <li>• MMR1: 5</li> <li>• MMR2: 16</li> <li>• 4-in-1: 55</li> <li>• Flu: 5</li> <li>• Nasal flu: 2</li> <li>• MenC: 19</li> <li>• MenB: 127</li> </ul>					
<p><b>School-age &amp; Adolescents</b> <b>(HPV, Flu, MenACWY, 3-in-1 teenage booster)</b></p>	<p><b>HPV</b> (Aug 2025 – new data due Aug 2026)</p> <p><b>Females:</b> City: 52.7%</p>	<p><b>HPV</b></p> <p><b>National Cancer Plan for England</b> (published Feb 2026) HPV now central to cervical cancer elimination; all systems required to accelerate catch-up programmes.</p>	<p><b>New SAIS contract</b> LPT has secured the SAIS contract from 1 April 2026. The new contract stipulates all school age children, including 16–18-year-olds are the</p>	<p><b>Outreach &amp; engagement</b></p> <p>Targeted work with LD, LAC &amp; SEND schools continue.</p> <p>Tailored comms for Eastern European families</p>	<p><b>Risks</b></p> <p>National HPV cancer plan raises expectations without new local funding.</p> <p><b>Mitigations</b></p>		

	<p>County: 80.5%</p> <p>Rutland: 87.2%</p> <p><b>HPV – Males:</b></p> <p>City: 44.2%</p> <p>County: 86.7%</p> <p>Rutland: 73.6%</p> <p>WHO target is 90% in females by 2030. There is no target for males.</p> <p>Cervical Cancer Elimination Strategy in place, with sub section on HPV vaccine &amp; goal is to achieve 90% uptake by 2030.</p>	<p><b>RHUs</b> HPV vaccination is now consistently available across the fleet at all locations.</p> <p><b>Improving HPV vaccination uptake</b> Targeted school engagement activities, GP 14-24 vaccination call/recall catch-up continues, secondary school 6<sup>th</sup> form &amp; FE college outreach programme commenced – all aligned to improve vaccination uptake. Separately the ICB is providing additional funding vaccination resource to 11 GP practices to 31 March.</p> <p><b>MAVIS Performance</b> SAIS confirm school consent rates &amp; vaccine uptake have improved in some cases as much as 10% as a result of</p>	<p>responsibility of the SAIS service.</p> <p><b>New delivery plan</b> Produce LLR HPV 2026/27 delivery plan aligned to new National Cancer Plan for England requirements (equity targets, catch-up pace, data improvements).</p> <p><b>Improving 17 to 19 awareness</b> Expand secondary school 6<sup>th</sup> form &amp; FE college vaccination programme into the spring &amp; summer months &amp; beyond using RHUs.</p> <p>Collaborate with specialist sexual health services to expand reach.</p> <p><b>Reducing inequality</b> Additional vaccinations eg MenACWY,</p>	<p>to be codesigned with local community organisations.</p>	<p>Joint planning group (ICB–SAIS–Public Health) established for HPV oversight.</p> <p>RHU opportunistic model used to reduce pressure on SAIS school schedule.</p>		
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	<p><b>Flu</b></p> <p>City primary schools: 36.1%</p> <p>County &amp; Rutland primary schools: 65.3%</p> <p>Target: 60.0%</p> <p>City secondary schools: 30.2%</p> <p>County &amp; Rutland secondary schools: 62.9%</p> <p>Target: 50.0%</p>	<p>the introduction of this new e-consent platform.</p> <p><b>Post-16 HPV campaign</b> Secondary school 6<sup>th</sup> forms &amp; FE colleges proactively contacted to book RHU on campus visits. Messaging emphasises young people taking charge of their own health from age 16.</p> <p><b>Cultural engagement</b> Collaboration with faith leaders &amp; ethnic minority organisations strengthened (eg African Heritage Alliance, South Asian Health Action, Public Health Investment Fund (PHIF) VCSEs).</p> <p><b>Teacher survey (University of Leicester)</b> Data collection underway to inform school-based HPV</p>	<p>(meningitis), to be offered from the RHU before end of 2026</p> <p><b>Comms &amp; engagement</b> To develop youth-led video assets to counter HPV misinformation.</p>				
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education improvements.

**School-based vaccination programme**

HPV vaccination is currently being administered in secondary schools (from school year 8) by the School Age Immunisation Service (SAIS), until mid-March. Activities encompass follow-up visits to schools for catch-up sessions, administering HPV vaccine alongside other adolescent immunisations (MMR, 3-in-1 booster, MenACWY), as well as community clinics & home visits for children with additional needs. Mop-up clinic activity continued throughout school holidays and on Saturdays.

Dedicated sub-groups are actively addressing low uptake issues in

collaboration with individual schools & communities eg LD & PH child exploitation teams.

**Post-16 activity**

Young adult males who missed vaccination due to the campaign start date, as outlined in national guidelines, are being prioritised within the GP call/recall programme.

**Supervaccinators**

Delivered the following vaccinations during the report time- period:

- HPV: 5
- Teenage booster: 7
- MenACWY: 6

**Comms campaign**

*'I choose me, I choose my child'* is a new targeted, youth-friendly, prevention-focused comms strategy that:

- |  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
|  |  | <ul style="list-style-type: none"><li>• Simplifies eligibility (under 25s, 1-dose message)</li><li>• Strongly highlights cancer-prevention benefits</li><li>• Encourages GP-based catch-up for anyone who missed school vaccination offer</li><li>• Integrates HPV messaging into broader student wellbeing advice</li><li>• Uses a multi-platform digital approach to reach young people at scale.</li></ul> |  |  |  |  |  |
|--|--|---|--|--|--|--|--|

**Case study/ qualitative examples of progress:**

Project	Example
Connecting systems partners	<p>Since October, LLR has strengthened system-wide collaboration to improve childhood vaccination uptake by bringing together GP practices, UHL, community pharmacies, Public Health, school nursing teams, teen health services, VCSE partners and NHSE under shared governance structures such as the LLR Immunisations Board. This partnership has expanded delivery models—including GP-based clinics, pharmacy pilots, RHUs, hospital vaccination teams and the rollout of the MAVIS school consent system—while coordinating targeted PHIF-funded outreach in Highfields, Loughborough and Oadby. Joint workforce deployment (supervaccinators) aligned call/recall processes through the One-Call GP model, and multi-agency project meetings have collectively enabled a collaborative, data-driven, cross-sector approach that is improving access, consistency and uptake across the childhood immunisation programme.</p> <p>The PHIF is a targeted, community-led outreach programme commissioned by the ICB and led by Public Health which aims to reduce health inequalities and improve uptake of childhood and antenatal vaccinations and NHS screening programmes across underserved areas. Running from Nov 2025 to March 2026, with evaluation to June 2026, the fund supports a coordinated model delivered by VCSE partners, local authorities, GP practices, RHUs, supervaccinators and Public Health teams. Activities include culturally appropriate health communication, VCSE-led engagement events, roving clinic support, and specialist training to build vaccine-confidence capacity, with priority focus on communities in Highfields, Hamilton, Oadby and Coalville. The project also funds bespoke VCSE training, and practice engagement, ensuring a unified, data-driven approach to improving access, trust and uptake among population groups experiencing the greatest barriers.</p>

**Point for escalation relating to any of the projects:**

1. The responsible team has funding only until 31 March 2026, with the new structure currently under consultation and set to be finalised from April.
2. Losing the LLR ICB training hub is likely to reduce the quality of vaccination delivery by providers throughout the system and could affect patient experience.
3. The business cases for investment in immunisation were rejected for both 2024/25 and 2025/26.

**Bibliography of Projects**

<b>Project</b>	<b>Description</b>
<b>Antenatal Vaccinations</b>	<p>To improve pertussis vaccination uptake:</p> <ul style="list-style-type: none"><li>• Increase awareness through education and collaboration with groups like Leicester Mammias and Heads Up.</li><li>• Enhance access via RHU community clinics.</li><li>• Maintain antenatal clinic support at UHL by using super vaccinators to fill staffing gaps.</li></ul> <p>For RSV vaccination campaign:</p> <ul style="list-style-type: none"><li>• Continuous communications campaign highlighting the vaccine’s importance.</li><li>• Provide multiple access points for pregnant patients, including antenatal clinics, GPs, RHU, and community sites.</li></ul> <p>PHIF is a targeted community-led outreach programme which aims to reduce health inequalities and improve childhood and antenatal vaccinations and NHS screening programmes across underserved areas (Running November 2025 to March 2026)</p>
<b>Babies &amp; Pre-school Children</b>	<ul style="list-style-type: none"><li>• Provide vaccination guidance for parents of infants and preschoolers to improve uptake.</li><li>• Focus support on GP practices with the lowest immunisation rates, enabling CHIS to target effectively.</li><li>• Raise primary care awareness through regular clinical webinars.</li><li>• Offer of supervaccinator staff and capacity via super vaccinators.</li><li>• Deliver childhood vaccines (MMR, Pertussis) with the RHU in low-uptake areas.</li><li>• MMR Core 20 project includes home visits for unvaccinated families and catch-up vaccinations.</li></ul>
<b>School-age and Adolescents</b>	<ul style="list-style-type: none"><li>• Support SAIS in delivering vaccinations as part of the in-school vaccination programme.</li><li>• Collaborate with schools to identify barriers and strengthen self-consent for informed health choices. Focus efforts on schools with low uptake, learn from those with higher rates, and develop an in-school educational programme for students, staff, and parents/carers.</li></ul>

Title of workstream: Healthy weight

Objective: To create a system that enables at least 40% of our adult population and at least 70% of the Year 6 population to live at a healthy weight by 2034.

**Governance arrangements:**

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
<b>Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living.</b>  Lead officer: Amy Hathway.  Provider: Leicestershire Nutrition and Dietetic Service	80 staff trained from a variety of workforces annually.  Change in confidence, knowledge and awareness of assets/signposting locally pre and post training.	36 staff have been trained in year 2 of contract, with 26 booked onto the April session, and two further sessions planned for the rest of 2026. Confidence and knowledge around evidence based nutrition or healthy eating and raising the topic with service users (and how they will do so) increased in all training sessions. Attendees take different elements away, some highlighting practical portion sizing tips,	Promote training to more staff groups, internally and externally.	Homelessness – Turning Point Training.	Another member of staff has been recruited to increase team capacity.	Green	Engagement and delivery has been effective and quarterly training sessions are receiving interest, as well as trainings arranged for different organisations.

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Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
		<p>language to use, the importance of social determinants and how it is not just choice to eat healthily that needs to be considered, and clarity of food myths. The booking information is now on the Live Well website with information about other Public Health training offers to also be added.</p> <p><a href="#">Healthy weight – information for professionals – Live Well Leicester</a></p> <p>Some Nutrition and Healthy Living training sessions are being run for just Turning Point staff which will also</p>					

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
		contribute to these figures.					
<p><b>Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy</b></p> <p>Lead reporting officer: Amy Hathway</p> <p>Lead operational officer: Annie Kennedy.</p> <p>To be governed through</p>	<p>Number of midwives and pre/post-natal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training</p> <p>Page views for healthy lifestyle sections of Health for Under 5s website</p>	<p>Maternal Obesity Health Needs Assessment (HNA) approved and published online.</p> <p><a href="#">Maternal Weight health needs assessment</a></p> <p>Initial conversations regarding development of the midwifery training are underway, linking to Healthy Pregnancy, Birth and Babies and to work of Office for Health Improvement and Disparities</p>	<p>Work towards recommendations within Health Needs Assessment, establishing governance through Healthy Pregnancy, Birth and Babies Group.</p> <p>Develop training in early 2026.</p>		<p>Recommendations of HNA do not sit evenly distributed across responsible organisations. Recommendations have been developed after consultation so it is hoped that shared responsibility is achieved, but capacity may impact.</p>	Amber	<p>Rated as Amber due to work timescales taking longer than anticipated and due to complexity of progressing some HNA recommendations and staff training.</p>

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
Healthy Pregnancy, Birth and Babies Group	<p>8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service.</p> <p>Explore opportunities for referrals of pregnant women with long term conditions to be made in to Live Well service.</p> <p>Number of mums attending Live Well Walk More mums walks.</p> <p>Review leisure centre opportunities to promote themselves as</p>	<p>(OHID) around reduce infant mortality. The challenge we are anticipating is embedding this training, so are currently exploring options to have the training verified so it can contribute to CPD hours required by midwives. Live Well Leicester has had its first client who is pregnant. This person is going to provide a case study/testimonial to support promotion.</p> <p>Walks have recommenced with 8 participants attending. These walks will take place on the first Saturday of the month until</p>	<p>Promote that Live Well Leicester are accepting pregnant women with long term conditions and explore feasibility of opening the service to all pregnant women.</p> <p>Explore feasibility of wider roll out of walks to other locations across the City.</p> <p>Staff training occurs and infant feeding priority space is set up at Aylestone Leisure Centre to then be</p>				

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
	<p>breastfeeding friendly.</p> <p>Antenatal physical activity classes at Aylestone Leisure Centre (March 2024)</p>	<p>October 2026. Plans are currently being reviewed as a new member of staff is leading the walks. It is hoped this year we can explore wider roll out of the walks and a focus on mum.</p> <p>Infant feeding training took place at Aylestone Leisure Centre and 7 staff attended. Centre is looking into infant feeding/breastfeeding friendly status in Aylestone but also across other sites.</p> <p>Two classes are running at Aylestone Leisure Centre but have been rebranded to make them more accessible (Active Mum and Baby Fit,</p>	<p>replicated at other sites.</p> <p>Promote classes and ensure they are promoted within relevant maternity contacts.</p>				

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
		and aquanatal). 9 people have attended to date.					
<p><b>Increase number of schools doing The Daily Mile</b></p> <p><b>To be monitored through the Childrens Healthy Weight working group (Chaired by Claire Mellon)</b></p>	<p>New campaign launched to increase school participation in The Daily Mile.</p> <p>Aim: grow participation and embed regular physical activity as part of the school day.</p> <p>At least 13 primary schools are currently</p>	<p>Small grants on offer to schools. 69 schools emailed with offer - three granted so far to restart Daily Mile with further 14 expressed interest.</p> <p>Three who have had grants will be followed up in June.</p> <p>Overall, 40 schools in the Sept 2025 survey stated they were carrying out some</p>	<p>Post-Christmas phase: targeted engagement with schools that have never implemented The Daily Mile</p>		<p>Programme Officer maternity leave so work around The Daily Mile to be covered. Recruit to cover the post.</p> <p>Schools not engaging. Mitigate – use existing contact with schools (i.e. LNDS, Inspire Together)</p>	<p>Amber</p>	<p>From survey of schools an increase in daily activity taking place but need further information about whether this is The Daily Mile. Engagement in The Daily Mile is still not at pre COVID-19 levels.</p>

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
<p><b>Lead reporting officer: Claire Mellon / Inspire Together</b></p> <p><b>Lead operational officer: Emma Everitt</b></p>	<p>known to be taking part in The Daily Mile, and we are following up September 2025 survey responses to update for this year.</p>	<p>form of daily activity (includes Daily Mile but also other activities). Will include question in Sept 26 survey.</p>					
<p><b>Social care (LD) focused work</b></p> <p>To be monitored through the Social Care Healthy Weight working group.</p> <p>Lead officer: Amy Hathway (with appropriate reps from</p>	<p>Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training. A total of</p> <p>Easy read information issued to all providers.</p> <p>Contracts reviewed to</p>	<p>23 staff trained in social care training. Struggling to get staff to attend. Quarterly sessions for 30-50 staff are all planned in and can be booked on via ESS, but very small numbers are showing interest. Officer delivering the training is attending team meetings, staff briefings to promote and try to increase uptake.</p>	<p>Deliver training on a quarterly basis and evaluate training outcomes including how practitioners have embedded information learnt within their day to day practice.</p>	<p>Conversations have commenced with Looked After Children's strategic group with new links to existing meetings being explored.</p>	<p>Other areas are progressing much of this work and because of the capacity of teams some work has taken longer to progress. Regular catch ups and conversation aims to support progression.</p>	<p>Amber</p>	<p>Outcomes are progressing and training is being delivered throughout 2026 in positive partnership with social care teams, but challenges in uptake must be considered.</p>

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Reporting Project ( <i>governance</i> )	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
LNDS/LPT and Social Care)	embed healthy living more prominently	A checklist for providers is currently in development with discussion regarding how this could be used as CQC evidence. Further discussion regarding how nutrition can be embedded within support plans and training regarding support plans is ongoing.	Continue to discuss opportunities to embed nutrition and hydration more prominently within contractual and process based elements within social care. There have been issues raised regarding Food Hygiene and staff knowledge in Carers which is being actively explored to ascertain what the training need is within these workforces and how it can be improved.				

**Case study/ qualitative examples of progress:**

Project	Example
NA	Na

**Point for escalation relating to any of the projects:**

- Support and advocate for social care workforces to attend Nutrition and Healthy Living Training for Social Care.
- Advocate for collaborative working to support the implementation of recommendations created in the maternal weight health needs assessment.
- Support and advocate the attendance to training, particularly for Midwifery and how to ensure that this training is engaged and supported.
- Where appropriate promote The Daily Mile to schools.
- Where appropriate to promote the Live Well buggy walks.

**Bibliography of Projects**

Project	Description
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living	Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted

<p>Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy</p>	<p>A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post-pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately.</p> <p>HWB Partners:  UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well</p>
<p>Increase number of schools doing The Daily Mile</p>	<p>A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity.</p> <p>HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership.</p>
<p>Social care (LD) focused work</p>	<p>A focus on how to improve health and wellbeing messages throughout social care including for working age people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training.</p> <p>HWB partners:  LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity.</p>



# **Hypertension prevention and case-finding**

Health and Wellbeing Board

Date of meeting: 4th June 2026

Lead Director/Officer: Rob Howard, Director of Public  
Health

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### Useful information

- Ward(s) affected: All
- Report author: Amy Endacott
- Author contact details: amy.endacott@leicester.gov.uk
- Report version number: 1

## 1. Summary

1. Hypertension prevention and case finding is a current Leicester Health and Wellbeing Board priority. This report is to provide a summary of public health work to address undiagnosed hypertension amongst adults in Leicester City, where this work is aligned with other programmes to detect and manage hypertension locally and nationally, and future proposed work.

### 1.1 Background

Hypertension is the medical term for persistent high blood pressure. It is the primary risk factor for deaths and illness related to cardiovascular disease (CVD). Amongst Leicester residents, it is the most common CVD condition, and it contributes to Leicester's higher-than-average under-75 mortality rate.<sup>1</sup>

Unlike many health conditions, hypertension often presents no symptoms but if left untreated can lead to very serious health outcomes such as heart attack or stroke. For this reason, it is often called "the silent killer". Leicester's Joint Strategic Needs Assessment states that, in addition to approximately 50,000 people on hypertension registers in Leicester, it is estimated that a further 24,000 Leicester adults are unknowingly living with hypertension. Finding this hidden population to enable timely diagnosis and management of hypertension is vital for preventing poor health outcomes.

High blood pressure can be detected by a quick, simple and non-intrusive blood pressure check. Whilst a single high blood pressure reading is not enough to diagnose hypertension, it does provide an instant reading which can be used to inform appropriate follow up action. This includes signposting or referral to services where further testing can be carried out and, when appropriate, diagnosis, or to services who can help people to manage risk factors.

Many of the risk factors for developing hypertension are preventable, and are similar to those for many other diseases, such as smoking, physical inactivity, diets high in salt, fat and sugar, excessive alcohol consumption, and excess weight<sup>2</sup>. Any activity which aims to reach people at risk of hypertension presents an added opportunity for health promotion around other preventable health conditions.

### 1.2 Current hypertension prevention and case-finding activity

#### 1.2.1. National services, delivered locally

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<sup>1</sup> [Cardiovascular disease in leicester adults - jsna](#)

<sup>2</sup> [Hypertension](#)

The NHS Health Check<sup>3</sup> is a nationwide statutory service which is commissioned locally by the local authority. It is a check-up of cardiovascular health which aims to spot early signs of cardiovascular conditions, such as high blood pressure and type 2 diabetes, and either help to prevent them or manage them to reduce potential future harm. Eligibility for this service is defined nationally; it is offered to people aged between 40 and 74, who do not have certain pre-existing health conditions, once every 5 years.

NHS England commission the community pharmacy hypertension case-finding service as an 'advanced' pharmacy service<sup>4</sup>. The aim of this service is for community pharmacies to identify people aged 40+ with high blood pressure (with no prior diagnosis of hypertension) and refer them to GP practice for confirmatory diagnosis.

### 1.2.2. Local partnership work

Alongside these locally delivered national services, and any other local primary care led initiatives, the Leicester Prevention and Health Inequalities Steering Group selected hypertension prevention and case finding as a priority area to be addressed throughout 2025. A multi-partner task and finish group was set up in December 2024, with a primary aim of identifying and addressing hypertension-related health inequalities. The proposed approach was to use community outreach methods to reach individuals or groups where data indicated highest risk. For example, people who were not actively engaged with or reached by other services offering blood pressure checks or were not aware of the need to have periodic blood pressure checks.

During 2025 the task and finish group have:

- Used data to identify which groups/geographical areas of the city for initial focus. City Central, Westcotes and Braunstone were identified as key areas, but with recognition that the risk factors for developing hypertension are seen widely across the city and that activity in other areas would also address the aims of the group.
- Developed a standard operating procedure (SOP) to enable appropriate PH staff to be trained to conduct BP checks alongside health promotion work, with the intention of broadening capacity to reach the target audience.
- Worked with the NHS Health Check commissioner to explore opportunities for targeted invitation to the NHS Health Checks programme, to increase opportunities to engage with individuals at greater risk of developing hypertension.
- Developed a plan to reach higher risk groups in different ways, working with partners. This has included:
  - working with the Roving Health Unit, who have implemented blood pressure testing on the unit alongside the vaccination programme and exploring ways to reach priority groups with this offer.
  - working with Community Pharmacy to develop an off-site delivery model for the case-finding service which aligns with the hypertension prevention and case-finding group aims.
  - actively seeking health promotion opportunities with communities at higher risk of hypertension-related health inequalities, or staff/volunteer groups working with those communities – examples include providing information and advice on blood pressure at a Mosque during Ramadan, attending city events such as the Caribbean Carnival and Leading Better Lives and talking to members of the public about blood pressure, and presenting on high blood pressure at the

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<sup>3</sup> [NHS Health Check - NHS](#)

<sup>4</sup> [Hypertension Case-Finding Service - Community Pharmacy England](#)

annual Community Wellbeing Champions Public Health Conference (November 2025) to engage the local voluntary and community sector in health promotion activity.

- working with GP registrars on placement with public health to offer healthy lifestyle advice and BP checks at community services serving the at-risk population, such as food hubs, men's sports groups, and local health events.

### 1.2.3. Outcomes to date

The NHS Health Check service in Leicester performs strongly with a 55.9% uptake compared to 34.4% nationally<sup>5</sup>. During 2025-2026, 10,083 individuals were screened for hypertension. When high blood pressure is detected, it triggers a structured pathway for diagnosis and management.

Since initiation of the hypertension prevention and case-finding task and finish group, at least 413 BP checks have been carried out across the range of mechanisms described in section 1.2.2. Approximately 30% of these BP results have been above the 'normal' range. Approximately 5-10% of those having a BP check had never had their BP checked previously. Five high footfall events have been attended with opportunities to engage with a large number of members of the public and staff/volunteers. Whilst it is harder to quantify outcomes from these conversations, several organisations have subsequently engaged with public health to explore how they can work collaboratively on raising awareness around high blood pressure within the populations they serve, presenting future opportunities to reach people at greatest risk.

### 1.3. Future plans

The hypertension prevention and case-finding group activity so far has demonstrated that members of the public are amenable to engaging in conversations about blood pressure and having their blood pressure checked through a range of mechanisms, and across a variety of settings. It has also demonstrated that individuals who have never previously had a blood pressure test can be reached through such activity. There is scope to now explore how this approach can be expanded to reach greater numbers and through different avenues, such as workplaces, and to build a more systematic approach to delivery of testing opportunities. Work is currently ongoing to consider how the current task and finish group approach should transition to enable this.

Training for public health staff, in line with the SOP described in 1.2.2 is due to take place in June 2026. It is anticipated that this will significantly boost capacity to embed health promotion relating to blood pressure into existing and future public health activity carried out across the department.

Working with primary care partners, further exploration of how targeted invitation to the NHS Health Check can be conducted will take place. The aim will be to identify how those at greatest risk of hypertension-related health inequalities can be identified through GP practice data, to understand any barriers which may be present for this population to attending a health check, and to explore how behaviour science can be applied to addressing any identified barriers.

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<sup>5</sup> [NHS Health Check - Data | Fingertips | Department of Health and Social Care](#)

A blood pressure monitor loan scheme is currently in the initial stages of development. This scheme will enable library members to borrow a validated blood pressure monitor for a period of up to three weeks, and to use it to check or monitor their own blood pressure at home. The intended outcomes of this scheme are to increase access to blood pressure monitors, particularly for those who may not be able to afford to own a home blood pressure monitor, the benefits of which are threefold: 1) it may lead to opportunistic detection of high blood pressure, and encourage those individuals to take positive action by following up with their GP or seeking support to manage risk factors; 2) home blood pressure monitoring has a strong evidence base for managing hypertension, and: 3) the scheme may bring people to libraries who are not currently members, enabling them to access wider library service offers. It is proposed that the scheme will be available at all libraries in the city.

Finally, opportunities to align with local and national campaigns will be investigated, such as the annual Blood Pressure UK 'Know Your Numbers' campaign, with a view to delivering awareness raising health promotion activity.

## **2. Recommended actions/decision**

2.1. For health and wellbeing board members partners to support and endorse the collaborative, multi-partner approaches to hypertension prevention and case-finding which have been described in this report.

2.2. For members to support with addressing any gaps in partnership representation by identifying appropriate personnel who can influence and contribute to the delivery of this work.

## **3. Stakeholder engagement**

3.1. Evaluation of the broader Prevention and Health Inequalities Steering Group approach included engagement with hypertension prevention and case-finding group members to understand the perceived impact of the work, key successes, and areas for development.

3.2 An overview of the work of the hypertension prevention and case-finding group was shared at the annual Community Wellbeing Champions public health conference (November 2026). Partners were invited to engage with public health to help shape how this work is delivered within the communities they serve.

## **5. Financial, legal, equalities, climate emergency and other implications**

### **5.1 Financial implications**

This report is not requesting any funding at this stage. If funding is required, then implications will need to be sought again to ensure that suitable budget can be identified.

Signed: Mohammed Irfan, Head of finance

Date: 21 May 2026

### **5.2 Legal implications**

There are no direct legal implications arising from this report.

Signed: Susan Holmes, Head of Law, Social Care and Safeguarding

Dated: 21/05/2026

### 5.3 Equalities implications

The Public Sector Equality Duty (PSED) requires the Council, in the exercise of its functions, to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not. Hypertension is more prevalent in some groups, including older people, some ethnic minority communities and residents experiencing deprivation. The proposed work seeks to address these inequalities by targeting outreach to communities and areas identified through data as being at higher risk, and by offering blood pressure checks in accessible community settings. The proposed library loan scheme may particularly benefit residents on lower incomes who may not be able to afford their own home blood pressure monitor. It is important that all activity is monitored to ensure it remains accessible and inclusive, with appropriate consideration given to language, culture and health literacy. Overall, the proposals are expected to have a positive equality impact by improving early detection and access to preventative support for under-represented and higher-risk groups.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 21 May 2026

### 5.4 Climate Emergency implications

Whilst there are no significant climate emergency implications associated directly with the report, work to promote healthy lifestyles and walking may have a positive impact through enabling increased levels of active travel, which could help to reduce travel-related carbon emissions within the city.

Service delivery by the council and partners generally contributes to the council's carbon footprint. Any impacts could be considered within delivery of future action plans, such as encouraging the use of sustainable travel options, using buildings and materials efficiently and following the council's sustainable procurement guidance, as appropriate and relevant.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 19<sup>th</sup> May 2026

### 5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

#### **6. Background information and other papers:**

#### **7. Summary of appendices:**

#### **8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?**

#### **9. Is this a “key decision”? If so, why?**

# **Mental Health Friendly Places and Men's Mental Health**

Health and Wellbeing Board

Date of meeting: 04 06 2026

Lead Director/Officer:  
Rob Howard

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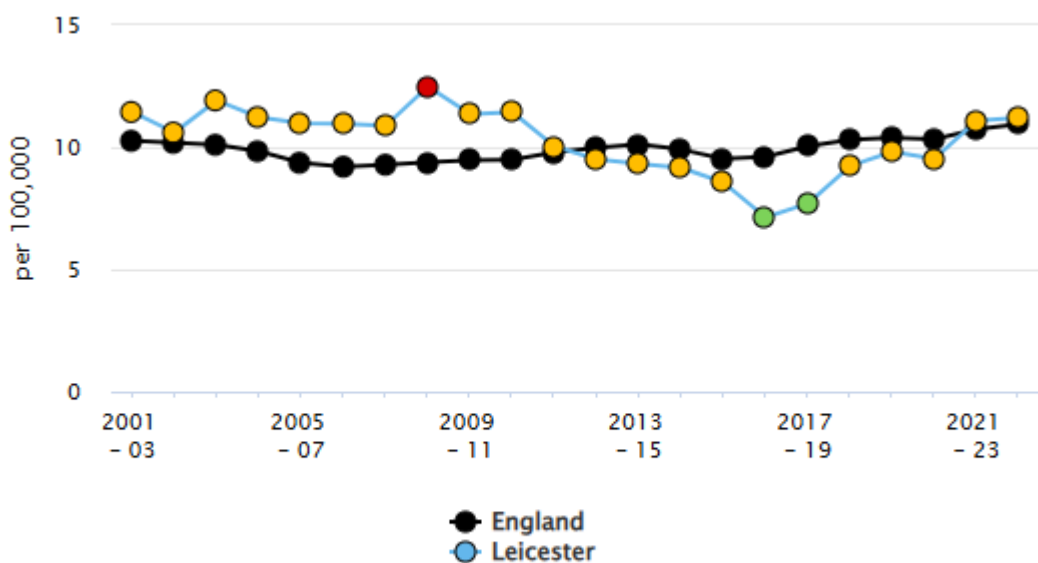
## Useful information

- Ward(s) affected: All
- Report author: Mark Wheatley, Amy Jones, Diana Humphries
- Author contact details: [diana.humphries@leicester.gov.uk](mailto:diana.humphries@leicester.gov.uk)
- Report version number: 1

### 1. Summary

- 1.1 Mental health conditions can have a substantial impact on all areas of life. They are linked to quality of life, discrimination, physical health outcomes, and reduced life expectancy. There are a range of risk factors such as loneliness and social isolation and socio-economic deprivation that could increase chances of poor mental health.
- 1.2 Risk of death by suicide reflects these wider inequalities. There are differences in suicide rates according to people's social and economic circumstances with those in poorer communities more likely to be affected.
- 1.3 Figure 1, below, shows that while the rate of death by suicide in Leicester has fluctuated, it is not significantly higher than the national average.<sup>1</sup>

**Figure 1: Rate of death by suicide in Leicester 2001-3 to 2021-23**



- 1.4 To collect, and act on, local data on suicide, Leicester City Council Public Health works with Leicestershire Police and other partners. Police first responders collect important information about incidents of suspected suicide called Real Time Suspected Suicide Surveillance Data (RTSSS). The data refer to suspected suicide, because the determination that a death happened by suicide is subject to coronial inquiry.

<sup>1</sup> [Fingertips | Department of Health and Social Care](#)

1.5 Early access to data on deaths by suspected suicide shapes our local response in ways which cannot be gathered from national data. Through RTSSS the suicide prevention partnership can learn about at-risk local populations, areas of concerns, the impact of factors such as deprivation. It can help the partnership to provide immediate bereavement support and work with people at risk to prevent suicide.

1.6 According to RTSSS in 2025 26 people from Leicester were reported to have died by suicide. They were mainly men and who lived in poorer areas of Leicester.

1.7 The response to and attempts to prevent deaths by suicide is shaped by the Leicester, Leicestershire and Rutland (LLR) Suicide Prevention Strategy.<sup>2</sup> The strategy focuses on the following priorities:

- High-Risk Target Groups: Providing targeted, evidence-based support for demographics at high risk (including for example, men, people with a history of self-harm, severe mental illness, or previous bereavement).
- Mental Health Friendly Places (MHFP): Expanding community-based training in local settings (such as shops, libraries, and clubs) to help staff and volunteers comfortably recognize the signs of crisis and refer people to appropriate care.
- Data-Driven Intervention: Utilizing RTSSS and other data to identify local suicide hotspots and implement targeted environmental interventions and localized support.
- Start a Conversation Campaign: Continuing to reduce stigma through a centralized digital platform that promotes open conversations and provides educational resources.

1.8 This paper touches on these priorities with a particular focus on MHFPs.

## **2. Mental Health Friendly places**

2.1 One response to deaths by suicide has been to develop a network of MHFPs and Mental Health Friendly Clubs. These are organisations which promote better mental wellbeing and which support people in adversity, who may be experiencing suicidal thoughts. To help lay people in MHFPs to have safe and supportive conversations with people in need, the Division of Public Health commissions and provides training and evaluates impact.

2.2 There are 97 organisations signed up as MHFPs and clubs. These are situated in areas where the need is greatest, such as Beaumont Leys, Braunstone, Evington, Eyres Monsell, New Parks and St Matthews. 516 people have accessed the MHFPs training offer.

2.3 Together MHFPs are a network of organisation which share information and good practice. More about these initiatives can be found on Start a Conversation, the LLR Suicide Prevention website.<sup>3</sup>

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<sup>2</sup> [Leicester, Leicestershire and Rutland \(LLR\) Suicide Prevention Strategy 2024-2029](#)

<sup>3</sup> [Home | Start a Conversation](#)

2.4 The Leicester City Council Public Health team is looking to expand MHFPs to small businesses, especially those which may have contact with people in need, such as barbers, hairdressers, tattoo parlours and local cafés. The training offer will be changed to an e-learning format so businesses can access the training on demand when they have the capacity. The training offered through the e-learning format is likely to cover mental health awareness and fitness, looking after mental wellbeing and elements which have a focus specifically on encouraging men to access support.

2.5 Once businesses have completed the e-learning they will become part of the wider MHFP network with access to health promotion resources. The objective of the training is to help business employees to have confidence in difficult conversations which may touch upon adversity in people's lives. They will also be able to encourage people in need to access supportive organisations.

### **3. Supporting men in Leicester**

3.1 An important aspect of suicide prevention is to support men. This is because men are disproportionately affected by suicide, accounting for roughly three-quarters of all suicide deaths in Leicester. Supporting men reflects this risk and is in line with the new national government strategy on men's health.<sup>4</sup>

3.2 Helping men to access mental health support involves overcoming stigma, encouraging action through direct conversation, working with community groups which focus on supporting men, male role models, and reducing barriers to support by highlighting the strengths to be drawn from seeking help.

3.3 As part of this endeavour, MHFPs is expanding to include an initiative called Mental Health Friendly Clubs. There are six football clubs across Leicester, Leicestershire and Rutland which offer either weekly or bi-weekly sessions for men called 'My Space My Game'. These are opportunities for men to engage in physical exercise and to socialize in the club house afterwards. Club coaches have received mental health awareness training to support difficult conversations and to signpost men in need to appropriate mental health support. Participating clubs are part of the MHFP network and have support from the Leicestershire and Rutland County Football Association. Two of the 6 clubs are in Leicester; these are Friar Lane and Epworth FC located in the Saffron Lane area and GNG FC based between Aylestone and Braunstone.

3.4 In November 2025 the Together for Men Conference was held at the Leicestershire County Cricket Ground on Grace Road. This was an opportunity to showcase, connect and strengthen the range of support, services and community initiatives available for men across LLR. It focused on the importance of mental and physical wellbeing and social connection. Members of the public with an interest in men's mental health were able to network with key partners and share information on their efforts to support men. More than 100 people attended on the night.

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<sup>4</sup> [Men's health: a strategic vision for England | CP 1432](#)

- 3.5 Since the conference the Division of Public Health, as part of the MHFP programme, has worked with Vita Health (the local NHS Talking Therapies provider) to co-produce a local programme specifically on men's mental health training for interested professionals and community organisations. The initiative was piloted in January 2026 with positive feedback. Since the pilot, the team have augmented the programme with a film of a local male with lived experience of poor mental health and suicidal thoughts.
- 3.6 MHFPs worked with Leicestershire Partnership Trust (LPT) to develop a men's support booklet.<sup>5</sup> This describes local services supportive of men's health and wellbeing. The booklet was co-produced with men's groups such as Modern Men Movement based at Team Hub, New Parks and Circulus for Men based at the community room in Morrisons, Glenfield. It was launched as part of Mental Health Awareness week on May 14<sup>th</sup>, 2026, at the Blaby Spartans FC My Space My Game Session. The aim of the booklet is to showcase the support available to local men, encouraging them to reach out earlier for support to prevent crisis.
- 3.7 As there has been positive feedback, it is envisaged that the booklet will be accessed in primary and secondary care, pharmacies, local community organisations, universities, community centres, libraries, gyms, sports clubs, East Midlands Ambulance Services, Leicestershire Police, family hubs, and beyond. The partners which devised the booklet are looking at other ways of disseminating information through drink mats, stickers and posters available with links to an online version. Network Rail have requested stickers for toilet doors and posters to be displayed at stations across LLR. The booklet will be monitored to ensure it remains up to date.
- 3.8 As a further way of promoting men's wellbeing, MHFPs has hosted 3 webinars with Ryan Parke, a coach with an interest in lifestyle and goal setting as ways of promoting men's mental health. Session content was sense checked by a senior clinician. The webinars looked at the importance of sleep, nutrition, lifestyle factors and goal setting techniques. One session looked at ways of supporting men with poor mental health and the importance of language used when supporting men. Each webinar was well attended with over 100 people joining including people from the NHS, VCSE organisations and sports clubs.

#### **4. Other actions to support people in adversity**

- 4.1 The work to prevent suicide is ongoing. There is a weekly partnership meeting to provide support to the bereaved, affected local communities, and to raise awareness about issues such as cost of living, loneliness, relationship breakdown, and untreated poor mental health. In addition to MHFPs, supportive organisations include the Tomorrow Project, Samaritans, as well as improved awareness in many other organisations across Leicester. There are likely to be opportunities to raise awareness about men's mental health in the forthcoming men's football World Cup.
- 4.2 Going forwards, one important area of work is likely to be reaching out to car parks to reduce access to lethal means, provide vital help-seeking resources, and train staff to intervene during a crisis. Multi-storey car parks are often highly accessible

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<sup>5</sup> [Mens-MH-Booklet-FINAL-DIGITAL-V1-MAY-2026.pdf](#)

and present opportunities for impulsive acts, making them critical focal points for community safety.

4.3 Public Health is also looking to work with ICB colleagues to promote suicide prevention in Primary Care. Although death by suicide of a registered patient is relatively rare for individual general practices, up to half of individuals who die by suicide visit their GP in the month prior to their death. Primary care is often the first point of contact for people in distress. In this way GPs are vital for early intervention.

4.4 The Public Health Mental Health team is working with Community Wellbeing Coordinators to develop a small grants programme, of up to £3,000, to encourage initiatives supportive of mental wellbeing in local community organisations. The objective will be to enable organisations to create opportunities for people to connect, build supportive relationships, and access safe, informal spaces where they feel comfortable discussing their wellbeing. The first round of funding will support 13 separate projects.

## **5. Recommended actions/decision**

The Health and Wellbeing Board is invited to note:

5.1 Death by suicide reflects wider inequalities, with those living in the most deprived areas likely to be worst affected.

5.2 Men are disproportionately affected by suicide, a range of projects and initiatives led by Public Health aim to work with communities and support men's mental health.

5.3 Initiatives linked to Mental Health Friendly Places are being developed across Leicester communities, especially in areas of greatest need, to promote safe, sensitive communication for people experiencing adversity in their everyday lives.

## **6. Stakeholder engagement**

6.1 In delivering Mental Health Friendly Places and Clubs Leicester City Council Division of Public Health works jointly with Leicestershire County Council Public Health. The local suicide prevention website is Start A Conversation (see above).

6.2 The Division of Public Health also works closely with Vita Health to co-produce and deliver free training through the MHFPs.

6.3 The Division of Public Health works with LPT Leicester Neighbourhood Mental Health Leads, supporting each other to reach services, deliver key messages and link services up in areas.

## **7. Financial, legal, equalities, climate emergency and other implications**

### 7.1 Financial implications

There are no direct financial implications arising from this report.

Signed: Mohamed Irfan

Dated: 22-05-2026

### 7.2 Legal implications

The Authority has statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 which includes improving the health of their local population and for public health services. Any initiative or commissioning identified to support this project should be in line with procurement rules and internal contract procedure rules. Use or collation of any data should also be compliant with data protection legislation. Appropriate advice and support should be sought as needed.

Signed: Mannah Begum, Principal Solicitor, Commercial Legal Team

Dated: 22 May 2026

### 7.3 Equalities implications

Our Public Sector Equality Duty (PSED) requires us to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic as defined by the Equality Act 2010 (sex, sexual orientation, gender reassignment, disability, race, religion or belief, marriage and civil partnership, pregnancy and maternity, age) and those who do not. The proposals set out in this report are intended to support improved mental health outcomes across Leicester, with a particular focus on reducing inequalities experienced by groups at higher risk of poor mental health and suicide. The report highlights that suicide risk is not evenly distributed across the population. People living in more deprived areas are disproportionately affected, and men account for the majority of suicide deaths locally. The targeted approach described, including the development of Mental Health Friendly Places and initiatives focused on men's mental health should lead to positive impacts. The expansion of Mental Health Friendly Places and related community-based support should help improve access to information, early support and signposting for people who may face barriers to using mainstream services. It will be important to ensure that initiatives remain inclusive and accessible to people with protected characteristics, including through consideration of language, cultural appropriateness, and accessibility of materials and training formats. Ongoing monitoring and engagement with diverse communities and partners will support understanding of how different groups are impacted and help to ensure that services continue to meet local needs.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 27 May 2026

### 7.4 Climate Emergency implications

There are no direct climate emergency implications associated with this report but it is worth noting that service delivery generally contributes to the council's carbon emissions. Impacts of delivery can be managed through measures such as encouraging partners to use sustainable travel and transport options and use buildings and materials efficiently.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 21<sup>st</sup> May 2026

7.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

**8. Background information and other papers:**

**9. Summary of appendices:**

**10. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?**

**11. Is this a “key decision”? If so, why?**