Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 25 SEPTEMBER 2025 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Culture, Libraries and Community Centres
Councillor Elaine 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.
Laurence Jones	–	Strategic Director of Social Care and Education, Leicester City Council.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Caroline Trevithick	–	Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board.
Rachna Vyas	–	Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board.
Helen Mather	–	Head of Childrens and Young People and Leicester Place Lead.
Dr Avi Prasad	–	Place Board Clinical Lead, Integrated Care Board.
Dr Ruw Abeyratne	–	Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.
Jean Knight	–	Deputy Chief Executive, Leicestershire Partnership Trust.
Paula Clark	–	Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System.
Benjamin Bee	–	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	–	Leicestershire and Rutland Police and Crime Commissioner.

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

In Attendance

Diana Humphries	–	Public Health, Leicester City Council.
Kirsty Wootton		Governance Services, Leicester City Council

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135. APOLOGIES FOR ABSENCE

Apologies were received from Professor Bertha Ochieng, Kate Galoppi and Kevin Allen-Khimani who both sent a substitute.

136. 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.

137. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 5th June 2025 were confirmed as a correct record.

138. QUESTIONS FROM MEMBERS OF THE PUBLIC

None were received.

139. CENTRE PROJECT

A Trustee of the Centre Project delivered a presentation on the Charities history, objectives, support work etc. It was noted that:

- Centre project was established in 1996, in response to a local community survey carried out by retirees of Central Baptist Church, Charles Street.
- Through the survey, it was discovered that many single accommodation occupants were lonely and isolated. Hence, the Centre was established to provide holistic services that promote social inclusion in the city and enhance the quality of life for a diverse group of people. The primary aim of the centre was to deliver client-centred services that were responsive

to the changing needs of the community.

- In the past year, the Centre had supported approximately 1,100 individuals across different demographics and genders, with 4/5 of clients being male.
- The centre provided three major activities, including:
  - Day Centre which provided open-access and a mix range of activities that catered to social, physical and emotional wellbeing e.g. 1:1 support on mental health, creative sessions, feel good events etc. Support was also provided through other means like preventing homelessness, signposting, digital support etc. Last year, about 763 individuals were served.
  - Food bank which was done through partnership with Leicester South Foodbank Reaching People. The food bank provided almost 3700 food parcels to people in crisis last year.
  - The Freedom Youth Club served young refugees and unaccompanied asylum-seeking minors. Last year, 235 young people from 20 countries/nationalities were represented. The club also provided a venue where asylum authorities could speak to the boys in a suitable environment.
- The centre had partnerships which aided in the provision of space, financial support etc. The centre also provided placement for local colleges and university students.
- A case study discussed a young male who had just gotten refugee status, this year, and had nowhere to live, but was provided with accommodation, GP registration, Universal Credit setup, travel documents, feeding, a social network etc. to emphasise the sort of holistic support that the Centre provided. It was therefore expressed that the centre welcomed partnerships.

Members were invited to make comments, and the following was noted:

- The importance of collaboration and funding opportunities was emphasised, with partnership potential being offered with respect to:
  - ICB's willingness to collaborate with partners to provide cancer screening to the service users, because they always maximise opportunities to get members of the public screened.
  - Vaccination opportunities, given the potential for the group to be under-immunised. It was acknowledged that the service users were a particularly vaccine-resistant group which made this offer very welcome.
  - Sign-up on offers at the Central Library
  - New Walk Museum group visit and engagement.
- These collaboration opportunities were to be further explored outside of the meeting, including the holistic role that the Council could play in supporting the Centre.
- The fact that the services were predominantly offered to males was commended, given the potential for them to be underrepresented.
- There was a suggestion for a meeting to be organised to discuss some of the issues with wider services for people who are often unheard, including sexual health., funding etc. and how support can be provided.

- The service offer was commended because of impact on young people in redirecting their lives.
- It was clarified that there were currently 5 paid staff, and around 30 volunteers who support different aspect of the services.

AGREED:

That the board notes the report

140. PHARMACEUTICAL NEEDS ASSESSMENT

The Senior Intelligence Manager presented the item and asked for the Health and Wellbeing Board to approve the final draft of the Pharmaceutical Needs Assessment to be published.

AGREED:
That the Health and Wellbeing Board APPROVE the Pharmaceutical Needs Assessment for publication.

141. HEALTHY WEIGHT DECLARATION

A Public Health Registrar delivered a presentation on the NHS Healthy Weight Declaration, an initiative developed by Food Active, that provided a mechanism for organisations to signal commitment and demonstrate leadership in addressing unhealthy weight. It was designed to support NHS organisations to take a structured and preventative approach, enabling them to work in partnership across organisational boundaries.
It was noted that:

- Maintaining a healthy weight was important for overall health and well-being. In Leicester, 62.8% of adults, 19.3% of children in reception and 39.1% of year 6 age children had excess weight. This was due to the way of living not being conducive to maintaining a healthy weight and a wide range of other influences that play a role.
- Action to address this was needed at all levels, which was why a systems approach had been adopted in Leicester, and NHS organisations formed part of this.
- The initiative consisted of 13 core commitments and 45 organisation-specific commitments where NHS organisations pledged support to achieve action on improving policy, prevention and healthy weight outcomes for the benefit of staff, patients and wider communities, e.g. workplace health programmes that support health and wellbeing, commitment to review food and drink provision in NHS buildings and facilities, commitment to training more staff.
- Adopting this declaration was beneficial in the prevention of excess weight through integrating healthy weight to every aspect of an organisation's operations and policies and had a different focus to weight management because its approach allowed greater emphasis on prevention. It could also lead to reduced inequalities, economic savings through reduced chronic diseases and was designed to positively impact

staff, patients and visitors to NHS sites.

- There were positive case studies from other areas that had adopted the declaration (included in the report).
- The actions to date were outlined, including:
  - Formation of the NHS Healthy Weight working group, which brought together partners across the LLR footprint.
  - Approval to proceed had been granted by the Public Health Division management team, since the initiative was funded through the council's Public Health Healthy Weight budget.
  - A letter had been issued to the Chief Executives of the ICB, LPT and UHL, outlining the proposals and asking for support. Additionally, work was ongoing to identify suitable leads within each organisation to help progress the initiative. Leads had been successfully identified within LPT and UHL.
- One of the next steps involves securing governance sign-off from the relevant NHS organisations. In addition, a meeting is being arranged to discuss the next phase of the work.
- The Health and Wellbeing Board was invited to note the benefits of adoption, and advocate and support adoption within NHS organisations as the work progresses.

Members were invited to make comments and ask questions, and the following points were noted:

- In response to the role of the VCSE sector in driving this forward, it was explained that the declaration primarily focused on NHS organisations initially. However, some of the learning/ commitments were general and could be adopted across other organisations. There were plans for the Voluntary sector to be involved in the wider work.
- It was important to ensure that the different pieces of work from both children's and adults' perspectives were fully integrated to ensure consistency in the messaging. Flowing from this, there was an £85m national research focused on effectively delivering public health messages and advancing the prevention agenda from a holistic view, and it would be beneficial to align with this.
- Concerning the strategy for engaging with PCNs, there were ongoing conversations with the ICB, given that they would be the channel for this. This would come through the neighbourhood work. Additionally, some engagements had begun around offering training for public health staff, and what is particularly relevant for them.
- Early years/ education did not fit into the NHS declaration directly, but there was a lot of work around healthy weight with schools and early year settings, e.g. LNDS, policies, food offer, etc. The LNDS had been commissioned to collaborate with schools to enhance the school meal provision and the broader food offer, promoting healthier options through staff training, food growing initiatives, and more. About 30 primary schools in the city got awards for this, and there was potential for more.
- There was a clear priority in the wider system approach in tackling weight-related stigma, with a project officer leading on this. There

was also community engagement with health services and professionals around this, with particular care taken where children and young people were involved.

- The declaration was specific and focused on NHS staff, rather than broader healthy weight issues. A task and finish group had been set up to review the different domains around food provision opportunities, promotion of activities that further this initiative in the workplace, etc. There were plans to collaborate with someone in the media, e.g. a celebrity chef, to provide healthy cooking tips and opportunities.
- The Board requested a clear presentation on the declaration, progress and achievements in about 6-9 months.
- A request was also made for a separate update in 6 months on the issues raised about the holistic involvement of schools, PCNs, the voluntary sector and the issues raised around stigma.

AGREED:

1. To note the report
2. Advocate and support adoption within NHS organisations

142. JOY PLATFORM OVERVIEW AND VETTING PROCESS UPDATE

A representative from Leicester Partnership Trust presented a report on Joy, a digital platform focused on preventative healthcare. It was noted that:

- Joy was launched in response to the demand for better access to information and local offers. It was now used in approximately 33 regions and served around 19M patients nationwide.
- The platform came into LLR following the allocation of resources to commission a joint platform by the Mental Health Investment Standard, to be used across Leicester and Leicestershire.
- There was a multi-sector steering group consisting of the LPT, ICB, UHL and the council, which allowed partners to contribute to how it is rolled out and its accessibility to as many people as possible.
- The platform had different elements, and the major one was the Joy Marketplace, which was public-facing and hosted adverts for different local activities, which were a combination of commissioned offers and voluntary sector offers, searchable on a location basis.
- The Joy Connect element allowed GPs and health professionals to access electronic patient records, given the longstanding challenge for GPs to access high-quality information. It allowed referral and signposting easily and found information relevant to the individual's needs.
- The benefits were numerous, including intervention, more access to support the needs and challenges of users, etc. It fulfilled these needs by collecting background information and insights, including reports and systems that allow a better understanding of issues and offers that match them.
- The most common needs searched were challenges around mental health, isolation, loneliness, long-term conditions and housing situations.

- When the system was bought, there were conversations with Joy about due diligence, e.g. policies and procedures. Typically, soft searches were conducted on the registered organisations to gain a thorough understanding of their day-to-day operations.
- There was a data-sharing agreement with other primary care networks to facilitate the rollout.
- The local public could get on the marketplace in a self-directed way.
- 913 activities promoted were being promoted through Joy now.

In response to comments, it was noted that:

- Members agreed that the item should be taken to scrutiny to determine the way forward and that a demonstration session should be arranged for all Members to showcase how to use the Joy Platform.
- Concerns were raised regarding due diligence processes and how the voluntary and community sector was being managed during times of change, particularly when staff leave. It was noted that a meeting had taken place with officers to feedback concerns relating to this.
- It was noted that the Joy Platform was a website rather than an app. Local groups were reported to be using it successfully in some areas and finding it very useful at a community level. Members asked how many groups or organisations had signed up to the platform.
- Officers confirmed that there were currently over 900 activities being promoted, noting that some were repeated based on location. It was explained that the aim was to ensure information was available across all parts of the platform and that work was ongoing to grow the range of offers available.
- Members commented that it was a great platform with a positive future, particularly as more people were engaging online.
- It was asked whether there were any future plans for the development of a standalone app. Officers explained that discussions were taking place with the parent company, with a focus on the Joy Connect element of the software and on developing an approved referral process for the clinical system platform. It was acknowledged that the platform did not currently present well on mobile devices and that there were no confirmed dates for further developments, though the issue continued to be raised.
- It was noted that the NHS App was expected to become increasingly central in the future.
- The importance of myth-busting was explained and that links to clinical systems were not as straightforward at the primary care end. It was noted that there was potential for rich data to emerge from the platform and that some areas had already used it successfully to produce valuable information for neighbourhood working by identifying themes and trends. The next stage at practice and locality level was expected to be beneficial.
- The Chair thanked officers for the presentation and suggested that it be shared with the Scrutiny Commission for information. Members discussed how best to take this forward and agreed that an open session should be arranged for all councillors to learn more about the Joy Platform and how to use it, with officers to provide the demonstration.

AGREED:

1. That the Board note the report.
2. The presentation would be shared with the Public Health and Health Integration Scrutiny Commission.
3. A session for all elected members on the Joy Platform would be arranged.

143. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP

The Integrated Board Lead Officer gave the Board an update on the Leicester Integrated Health and Care Group. It was noted that:

- A presentation was given providing an update on the work of the group, which had been established to support the Health and Wellbeing Board in delivering its priorities and escalating relevant matters for consideration at Board level.
- The group had been involved in discussions around key priorities including immunisations, healthy weight, and other public health themes. The previous cycle of work had been reported, and the new delivery plan cycle was about to commence, with any issues being flagged as part of that process.
- A key area of focus had been city neighbourhoods, where good progress was being made and which appeared as an item on the current agenda. Areas of good practice had been identified across the health and care system, with work underway to promote and share that practice more widely.
- The Crown King Schools Project had been highlighted as an example of positive partnership working.
- Ongoing issues remained around accessing the right care at the right place and time, particularly relating to the hospital emergency department.
- The group had also been made aware of questions regarding the hospital discharge process and immediate care arrangements, including the availability of community hospital beds, physiotherapy and other rehabilitation services. Providers were expected to feed back to the Health and Wellbeing Board on these matters, and the Chair was keen for further exploration of this area.
- It was noted that the VCSE subgroup had been focusing on developing a set of metrics to measure performance and impact across the system. Work was being undertaken to align data and performance indicators with projects receiving funding through the Better Care Fund to better understand outcomes and impact.

It discussion with Members, the following was noted:

- Members thanked officers for the work of the group, noting that it had successfully replaced two previous groups which had often overlapped and duplicated work. It was felt that the new group operated clearly and

effectively, handled challenging discussions well, and ensured the right people were involved in the right areas. Members agreed that it provided a strong mechanism for informing and coordinating ongoing work.

- It was noted that reporting on data had been helpful, particularly in relation to vaccination programmes such as RSV and HPV. While good progress had been made in establishing a consistent citywide approach, concerns were expressed that although performance indicators in the report were positive, vaccination outcomes were not yet at the desired level.
- Members discussed the group's links with the prevention and health inequalities workstreams and heard that five key topics had been prioritised, including vaccinations and HPV. These were described as focused pieces of work aimed at addressing complex issues in the same proactive way that previous measles outbreaks had been handled. Acknowledgement was given to the inequalities that remained and the actions being put in place to address them.
- Reference was made to a case study highlighting the city's approach to treating health inequalities as an emergency issue, which had been recognised as an example of good practice.
- Members raised concerns about the amber rating for NHS Health Checks and low engagement levels among GP practices. It was noted that this remained under performance monitoring and that a range of activity was underway, including hypertension case-finding. Examples were given of positive partnership working between GP practices and local pharmacies in East Leicester to increase blood pressure testing, although this work was not supported by additional funding. It was highlighted that the absence of extra resources was a barrier to wider GP participation.
- Members asked whether there was scope in the future to link this work to enhanced service funding. It was noted that this would fall outside the current programme area but could be explored further, as cardiovascular disease continued to be a leading cause of early mortality in the city and prevention should remain a high priority.
- Members were informed that performance on NHS Health Checks was improving, supported by a strong technical contract and consistent engagement with GP practices. The health promotion team had also delivered targeted community events, where a high proportion of attendees were identified with raised blood pressure.
- Members emphasised the importance of aligning funding, neighbourhood working, and prevention programmes to ensure the best use of public resources and maximise impact for residents.
- The Chair was satisfied with the reporting approach and noted that vaccination uptake remained a key issue for the city, particularly in relation to HPV. It was agreed that a future Board meeting would include a dedicated item on vaccination to consider progress and future priorities.
- Members raised concerns about misinformation relating to vaccinations and stressed the importance of actively challenging and correcting inaccurate information across communities.

144. DPH ANNUAL REPORT

The Director of Public Health presented the Annual Report 2024/25 for the Department of Public Health, which provided a snapshot of the population's health. Some key highlights were:

- The report presented an outlook of the history and present, providing similarities, differences and lessons.
- Changes in ethnicity over the last few decades and how significantly this has changed the make-up of the population.
- Leicester had remained lower in life expectancy than the England average and had a sharper decline post-COVID.
- The development of what is now known as the “Leicester Method” was highlighted, which followed a national move to make smallpox vaccination and the public resistance surrounding its safety (similar to the challenges faced during Covid-19). Due to opposition, individuals were fined and imprisoned, leading to riots and, consequently, a widespread anti-vaccination movement. This ultimately led to the creation of the Leicester Method, an alternative strategy that relied on contact tracing by isolation.
- It was noted that fostering trust and encouraging community-led innovation were critical in preventing public opposition and conflicts in the implementation of health-related policies. This principle underpinned how the city responded to the measles outbreak and informed lessons from the information campaign, utilising roving units to take the measles campaign into communities, working with schools, and other organisations, which led to an increase of over 600 vaccinations and a decline in the measles outbreak.
- Over the years, slum clearances, better housing, cleaner water, and improvements in sanitation were important factors that led to significant improvement in the health of the population.
- However, there were still current issues, including an energy crisis and the massive increase in people unable to heat their homes, and the resulting mental and physical health implications. In response, the ICB allocated significant funding, and the Leicester Energy Plan was established to support people against fuel poverty.
- The future of public health, which reflected on challenges as we advance, individualised care, genetic epidemiology and the use of AI was mentioned.

Members were invited to make comments and ask questions, and the following was noted:

- The Council played a fundamental role in community health, and the work done in the Public Health department was closely connected to other council services such as housing and education.
- Genomics and epidemiology relied on an in-depth understanding of the community. The Public Health department captured these insights, which will be more individualised in the future, by working with and learning from communities, building trust, explaining information clearly, listening to concerns and addressing them. While hesitancy was inevitable, observing

the foregoing would ensure that the department was well-positioned from the outset.

- The Public Health department had developed an action plan for Tuberculosis Health Need Assessment across three key areas, i.e. awareness and review, case findings, and good communication. The department was happy to share the strategy and action plan.
- Future challenges posed by climate change and microbial resistance were acknowledged. It was noted that the area of work known as Health and Policy put a Public Health lens on pressing issues. References were made to how social media enabled international issues to influence public opinion in the UK, such as debates around climate change being a hoax. As a result, there was a crucial need to lead efforts in correcting misinformation and debunking myths.
- It was clarified that the principle behind immunisation was that while not everyone was able to have a vaccine, higher vaccination rates protected those who could not. For example, measles was highly contagious, with one person potentially infecting 15-20 others. Achieving high immunity levels was essential, and the vaccine is 99% effective for life.
- A coordinated approach to engagement and communication among public health partners was crucial. There was a need to assess whether current efforts maximised impact and explore opportunities for financial savings through collaboration and improved efficiency. A future report on this topic was suggested as beneficial.

AGREED:

That the Board notes the report.

145. ICB UPDATE

The Chief Executive at Leicester, Leicestershire and Rutland Integrated Care Board (ICB) gave an update to the Health and Wellbeing Board. The following was noted:

- A presentation was given providing an overview of the significant changes taking place across Integrated Care Boards nationally. It was noted that two main factors were driving this change. Firstly, at a national level, NHS England had set out a clear vision for the future focus of the NHS, with a shift from analogue to digital delivery and an emphasis on understanding local populations and how services were performing. The role of ICBs across the country was being reshaped to focus on improvement, value, and the effective use of resources, enabling providers and voluntary sector organisations to work more effectively across systems.
- The Government had required all ICBs to reduce running costs and corporate resources, not in relation to healthcare provision but to operational budgets. The local system covering Leicester, Leicestershire and Rutland, together with Northamptonshire, was expected to achieve around a one third reduction. This would be supported by more streamlined structures, improved efficiency, and a shift towards strategic

commissioning.

- There were currently eleven ICBs across the East Midlands, and all had reached similar conclusions that in order to remain viable and operate effectively, they would need to work in partnership with neighbouring systems. This would include clustering arrangements between two or more ICBs to share expertise and align workstreams.
- Work was underway to develop single leadership and governance arrangements across these new structures, while maintaining a strong focus on neighbourhoods and places to ensure that local needs continued to be addressed. It was emphasised that the next twelve to eighteen months would be a period of transition, with systems responding to national requirements while maintaining strong local relationships and delegating as much responsibility as possible to place-based work.
- The intention was to bring together leadership teams to guide the development and delivery of this new model. There remained some uncertainty regarding timelines and national funding, but there was a strong commitment to ensuring that Leicester and its local partners retained a clear focus within the wider arrangements.

In discussion with Members it was noted that:

- That this was the start of a wider journey and that further discussions would be required as the proposals developed. Concerns were expressed about the size and diversity of the proposed cluster and the potential impact on Leicester residents. Members stressed that the city's voice needed to be clearly heard and recognised within the new arrangements.
- Members asked whether the new cluster would have a single leadership team and how the unique health needs of Leicester would be represented. Questions were also raised about whether the Health and Wellbeing Board would have a role in shaping the structure and direction of the cluster.
- It was explained that work was taking place to bring together the boards of the two ICBs to appoint a chair and leadership group made up of executive and non-executive members. Although leadership structures would be streamlined, the funding allocations and statutory responsibilities for each ICB would remain separate, ensuring that the needs of each local population continued to be reflected. The changes were described as a partnership approach rather than a formal merger, with the aim of identifying where efficiencies could sensibly be achieved while maintaining a strong local focus.
- Members were advised that the Health and Wellbeing Board would continue to play a role within the new arrangements, working alongside other place-based partnerships across the wider cluster geography to shape and manage priorities. The starting point would remain local, built from neighbourhood and place level upwards, with efficiency changes only where appropriate.
- It was highlighted that regular engagement was already taking place across work programmes, including children's services, healthy weight,

and other cross-boundary issues, where collaboration with neighbouring areas could bring benefits.
- Members acknowledged the strong commitment of staff working across the system to support their local populations and emphasised the importance of maintaining this focus throughout the period of change.

146. LEICESTER NEIGHBOURHOODS

The Consultant of Public Health introduced the item, noting that so much work went into the project to make it work for LPT, UHL, primary care, local authorities, etc. It was noted that the initiative was not an attempt to reinvent the wheel but was building on an already existing framework.

It was noted by the LCC Health Consultant that:

- The process was based on dividing the city into units based on Middle Layer Super Output Areas (MSOA), a statistical unit of geography developed by the Office of National Statistics. This was important because MSOAs were linked to the census and other related data, providing the detailed information needed at this level.
- The objective was to ensure that, however the city was divided based on attaining the goals, it was built on grouping MSOA units.
- The team went through several iterations of what this should look like and settled on four neighbourhoods, which were different in size in terms of geography and population. Ideally, there would be more than four neighbourhoods based on the structure of the community and where people go for service provisions, as well as the NHS recommendations for neighbourhoods. However, the goal was to offer a pragmatic solution to all partners involved.
- Each neighbourhood contained multiple Primary Care Networks (PCN). In practice, consideration was given to ensuring community access to services without unnecessary travel, financial burden or time loss for users. Hence, the neighbourhood boundaries would need to evolve continually on a community level, in terms of resource allocation and economies of scale. This also highlighted the importance of ongoing community engagement.
- Adult Social Care (ASC) operated across eight localities (2 localities = 1 neighbourhood) because they needed smaller footprints for their localities due to the number of people accessing their services. However, the neighbourhood division was designed to be scalable while maintaining the MSOA as the base unit.
- Three of the four neighbourhoods were of similar size in terms of population size, range of GP and PCN numbers. While the sizes were not perfect, the framework offered a good starting point to formalise and expand the neighbourhood work that had been developing.
- The current structure allowed focus on main challenges/priorities in particular neighbourhoods and a structure to enable data-driven decision making.

- The governance and approval were outlined, including working closely with GP practices. The success of this depended on identifying priority issues through data and pairing with practical solutions tailored to the needs of each neighbourhood and community.

The ICB lead further noted that:

- PCNs were not geographically assigned, and a lead PCN was being identified per neighbourhood, who would be the coordination point.
- In terms of next steps, this would be taken to all forums to get a form of agreement with the understanding that this is the future.
- A community-led approach had been adopted. Consequently, there were plans to look at undertaking a workshop in respective neighbourhoods and to get the public narrative as to neighbourhoods' needs and how people feel involved, so that they can own it. Additionally, being able to demonstrate the impact, how we can develop and grow and implement changes where necessary.
- The priorities of this initiative were outlined, from the perspectives of the Health and Wellbeing Board as well as PCNs. There was a lot of crossovers, and further work was required on individual neighbourhoods because of potential peculiarities in the needs of the population.
- National priorities emphasised complex health needs, while local priorities required a clear focus to ensure that all partners recognised and aligned with a shared sense of purpose.
- Plans were underway to advance this work through workshops and to develop the structure within the ICB from a city-wide perspective, ensuring it remains streamlined, action-oriented, and focused on driving positive progress in the city's key indicators.
- The immediate next step was a meeting on 2nd October with the city on how to develop the four workshops to progress the plan.

In response to the request for comments and questions, the following points were made:

- The initiative was important and commendable, particularly being able to design services for communities at the level outlined in the presentation. However, notice was drawn to the constraints of the ICB, emphasising the need to address inequalities in the system as a whole, rather than focusing on small areas. For example, the life expectancy gap between the city and county was highlighted, noting that if this disparity were to be reduced, resources to be strategically allocated across the entire system.
- It was important to have measurable outcomes, ensuring understanding of the frameworks for each group and be clear on the baseline of the programme from the perspective of each area.
- The Healthwatch representative assured that discussions had been had with regards to this neighbourhood work and the next steps, including potential professional patient engagement groups to ensure communities come along and have their say.
- There was a desire for continuing engagement by members.

AGREED:

That the Board note the report.

147. HEALTH WATCH ANNUAL REPORT

A representative of Healthwatch presented the organisation's annual report for 2024/25, including its activities, impact and priorities for 2025/26. It was noted that.

- Health Watch had statutory functions carried out through a host organisation known as Val. It was independent, serving as a Local Champion for patients and a public voice, ensuring people's experiences positively influenced health and social care provision.
- Its findings were usually brought to strategic meetings across Leicester and Leicestershire
- It was a jointly commissioned contract through Leicester City Council and Leicestershire County Council.
- The recent announcement about the future of the organisation was highlighted.
- Its engagement and activity for 2024-25 were highlighted, including the percentage of the numbers that constitute people in the city.
- Impact-wise, it had representation at key strategic meetings and several meetings through the Health Watch advisory board, which was not contractual but was considered important.
- The organisation had a collaborative approach with stakeholders as a critical friend and had developed good working relationships across organisations like ICB, UHL, and LPT.
- Some of the works delivered as detailed in the year 2024-25 were:
  - children's emergency department visit, highlighting opportunities where UHL could enhance their services, etc. The result of this was that a detailed action plan had been produced and some of the improvements had already been implemented, e.g. information on wait times, making the environment more user-friendly, etc. Work would continue with UHL on this.
  - Healthwatch also worked with CAHMs and Beacon Unit, including improvements to food provisions, staff recruitment, training, etc.
  - work with LPT on men's mental health and communication for families around wait times, since this was a national issue.
  - work around temporary accommodation for Leicester families because of experience with engagement with the community and public. Nine hotels were visited and an online survey carried out, which yielded 35 responses, primarily from women. Before this, there was a struggle to get them to talk about their experiences.
- The priorities for 25-26 included
  - GP access, given that this was the number one issue for local people based on feedback from public engagement. This would involve enhancing an understanding of practices where things are working well in the city and county and taking on board new learnings.
  - Mental health, which remained a key concern for both adults and children, especially around wait times. There was ongoing work with the ICB and LPT on initiatives that have worked.
  - Engagement of people who use care services to understand needs and

areas needing improvement

- Some of the planned activities within capacity would continue, e.g. hashtag. Insights will also be shared with providers and commissions, making sure that meetings were attended and intelligence could be shared.

In discussions with Members the following was noted:

- Members requested that the forthcoming mental health report from the provider trust be shared with the Board and that future plans for mental health services be brought forward for consideration. It was also suggested that the Board issue a letter to the West stressing its concerns regarding the continuation of Healthwatch and the potential impact on local engagement and public voice.
- It was noted that Healthwatch would continue to operate as normal for the next year, although there might be a closure or reorganisation around 2027. Members expressed concern about the possible effect this could have on ensuring that the voice of the public continued to be heard within the health and care system.
- Members referred to ongoing work commissioned around suicide prevention and mental health and supported the proposal for the Board to have sight of that report.
- Members recognised the valuable contribution made by Healthwatch and the strong support it had provided to local work programmes.
- Concern was expressed about how feedback loops would operate in the absence of Healthwatch, and members questioned how learning and improvement would continue without its independent input. It was noted that Healthwatch feedback had been a key mechanism in understanding patient experience across the system and had played an important role in supporting NHS partners.
- Members asked whether GP practices had alternative feedback mechanisms in place. It was explained that Healthwatch had undertaken visits to practices and other providers, feeding back findings which had led to service improvements. Healthwatch representatives had also been invited to Primary Care Network meetings to share insights directly with practices.
- It was noted that Healthwatch's main area of focus had been primary care and that visits to providers and the patient participation group network had provided valuable informal feedback from patients.
- Members expressed appreciation for the work of Healthwatch and reiterated the importance of maintaining a strong mechanism for capturing patient voice across the system.

AGREED:

1. That the board notes the report.
2. That the Board write to NHS England outlining its concerns regarding the potential impact of changes to Healthwatch and the need to ensure continuity in capturing the voice of local residents.

148. DATES OF FUTURE MEETINGS

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

Thursday 4th December 2025 – 9.30 am
Thursday 5th March 2026 – 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.

149. ANY OTHER URGENT BUSINESS

• It was noted that future agendas were currently being driven largely by the Chair, and members discussed the importance of collective input into shaping the Board's priorities.
• Members agreed that a development session would be arranged to consider next steps for the Board and how it wished to develop its role going forward.
• It was suggested that the session focus on identifying key priorities and agreeing how future items would be brought forward for discussion.
• Key areas for inclusion in the forthcoming work programme were identified as mental health, Integrated Care Board updates, and Leicester neighbourhoods.
• Members were encouraged to attend the next meeting, or to nominate a representative if unable to do so, to ensure full participation in discussions on the Board's future direction.
• The Chair welcomed further contributions and ideas from members ahead of the session, which would provide an opportunity to reflect on the Board's purpose and priorities for the coming year.

With there being no further business, the meeting closed at 12.30.