Leicester
City Council

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

Held: TUESDAY, 8 JULY 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering – (Chair)
Councillor Agath – (Vice Chair)

Councillor Clarke	Councillor March
Councillor Haq	
Councillor Sahu	Councillor Singh Johal

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133. WELCOME AND APOLOGIES FOR ABSENCE

The Chair led on introductions and welcomed everyone to the meeting, No apologies were received.

134. DECLARATIONS OF INTERESTS

Councillor March declared that she had been involved in the Community Wellbeing Champions programme.

135. MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting on 29th April 2025 were agreed as a correct record.

136. MEMBERSHIP OF THE COMMISSION 2025-26

The membership of the commission were confirmed as follows:

Councillor Pickering (Chair)
Councillor Agath (Vice Chair)
Councillor Clarke
Councillor Haq
Councillor March
Councillor Sahu
Councillor Singh Johal

Councillor Westley

137. DATES OF THE COMMISSION 2025-26

The dates of the meeting of the Commission were confirmed as follows:

8 July 2025
9 September 2025
4 November 2025
27 January 2026
24 March 2026
28 April 2026

138. SCRUTINY TERMS OF REFERENCE

The Commission noted the Scrutiny Terms of Reference.

139. CHAIRS ANNOUNCEMENTS

The Chair highlighted that scrutiny was an opportunity for members to work together to act as a critical friend and other's views should be respected. The Chair emphasised that the Commission valued youth representatives' participation and the insights they provided.

It was noted that papers were to be taken as read for the most effective use of time at the meetings.

140. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

141. PETITIONS

It was noted that none had been received.

142. BRIEF INTRODUCTION TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

The Director for Public Health, in agreement with the Chair, deferred this item for outside the meeting for the members who required an introduction.

143. HEALTH PROTECTION

The Director for Public Health gave an overview and presentation of the latest

position of health protection issues in Leicester including Bowel Cancer Screening, TB, Measles, COVID-19 AND a vaccination summary. It was noted that:

- The Director outlined the role of public health in outbreak control, screening and vaccination promotion, working alongside the ICB and NHS England.
- Health Protection relied heavily on partnership work and relationships. The three areas of health protection are:
    1. Communicable disease control
        - Outbreak control (e.g. measles, TB, diarrhoea)
        - Screening and immunisation
        - Infection prevention control
    2. Emergency preparedness and planning
    3. Environmental health

Annual work highlights

- **Outbreak control**
- Bed bugs IMT
- Bed bugs look back exercise
- Community measles outbreak
- TB
- Scabies
- Respiratory infections in care homes
- **Infection prevention control**
- IPC audit of all care and nursing homes
- Urinary tract infection quality improvement
- NICE guideline development
- Safe discharge guidelines
- **Screening & immunisations**
- Cervical cancer elimination strategy
- HPV school vaccination
- Childhood immunisations
- Community engagement
- Evaluation of LIST project
- **TB**
- HNA final draft
- LLR TB strategy development
- ICB business case
- Information sessions to multiple community groups and GP practices
- Monthly health protection CPD sessions for all staff.
- The importance of community infection prevention was highlighted, with a shared responsibility across systems, particularly in care home settings.
- Broader health protection work continued throughout the year, with a strong focus on pandemic preparedness, building on lessons learned from COVID-19. This included ongoing exercises to ensure systems are equipped for future public health emergencies.
- Environmental health and trading standards played a key role,

particularly in relation to food safety and managing outbreaks. This included incidents such as bed bugs in care homes, measles, TB, flu, and COVID-19.

- Specific cases were highlighted, including one involving an individual with autism and recurring urinary tract infections, which contributed to wider work on infection reduction in care settings. This work aligned with NICE guidance and included efforts to improve care quality and discharge procedures.
- Screening responsibilities lie with the ICB and NHS, but public health continued to support efforts to improve uptake, particularly around HPV and childhood immunisations. There had been an increased focus on engaging with communities to build trust and confidence in vaccination programmes, both locally and nationally.
- An update was provided on TB, a health needs assessment and strategy were ongoing, with work focusing on identifying and supporting individuals with dormant TB. Leicester remained involved in the regional TB control group and the LLR TB strategy group, with efforts aimed at increasing visibility and consistency across the programme.
- Care home discharge notifications were also discussed, with the recent measles outbreak used as a positive example of effective partnership working. Nearly 600 MMR vaccinations were delivered during the outbreak, and no new measles cases had been reported since last summer. While MMR uptake had dipped in recent years, some recent improvement was noted.
- The HPV school vaccination programme continued, with visits to secondary schools taking place.
- In terms of wider screening, bowel cancer remained a priority. Although work to increase uptake had been ongoing since 2015, Leicester's rates still fell below the national average, with just over 50% of eligible individuals taking part. Many were still presenting with late-stage symptoms, highlighting the need for early detection. Materials had been made more accessible, and a champions programme was being developed to help improve awareness.
- To further support uptake, GP practices with the lowest screening rates were being identified, with plans to share colour-coded data slides as part of the wider approach.
- Flu vaccine uptake remained lower than desired, but it was emphasised that there was no cause for concern or panic at this time.

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

- A question was raised about the size of the Public Health team at Leicester City Council and how it compared to similar local authorities.
- It was confirmed that the team was relatively small but high quality, with a small increase in the Public Health grant. Strengthening capacity was a priority, particularly in areas such as vaccination and screening rates.
- Approximately 130 staff were part of the wider Public Health Division including the Live Well service, which has expanded in recent years.
- It was noted that comparisons were usually made with other cities that

had similar levels of deprivation. Factors such as poverty, inequality, diversity, and travel patterns in and out of Leicester were all relevant in interpreting public health data.

- Interest was expressed in bowel cancer screening, particularly regarding practices with high rates of non-attendance. It appeared that two such practices were located in opposite areas of the city.
- A full report on this area of work was offered for a future meeting, with reference to new partnership work involving the ICB and NHS England. It was noted that the data was complex, with factors such as deprivation and the role of GP practices contributing to uptake levels.
- Cultural considerations were acknowledged, with ongoing work to produce translated materials and to involve community organisations in promoting screening.
- It was confirmed that local engagement was already underway, including community-led sessions where residents were taken to hospital to learn about screening and dispel myths. These sessions targeted a range of individuals, including taxi drivers and community leaders, and included demonstrations of the bowel screening kits.
- Concern was raised about the number of stage 4 bowel cancer diagnoses, despite the availability of tools such as FIT tests. The issue was particularly prevalent among older men, and questions were asked about what more could be done. A full report was recommended to explore this further, along with an overview of the work already underway.
- Personal experiences were shared, including barriers such as language and the difficulty of contacting GP practices for support. Suggestions were made to have local champions who could provide guidance in the community, particularly when screening kits were sent out. A local helpline and community contacts that could help guide residents through the process, particularly where language barriers existed.
- It was acknowledged that NHS England currently held responsibility for this work, and there were ongoing concerns about the current service specification. There was a need to ensure that future arrangements, supported by the ICB, would be an improvement.
- The value of targeted, roaming outreach teams was highlighted as an effective approach.
- It was noted that low screening uptake was not always due to hesitancy, but often because people had not received their invitations. The NHS App was mentioned as an alternative access route.
- Some members of the group shared that the screening kits themselves could be confusing, and there was a need to simplify instructions.
- Positive examples were shared of healthcare professionals creating instructional videos in different languages, which had helped make the process more accessible and understandable.

AGREED:

1. The Commission notes the report.
2. An item on bowel screening and cancer to be added to the work programme.

3. Governance services to circulate the slides shared at the meeting to members.

144. NHS TRANSFORMATION

The Deputy Chief Operating Officer of Integration and Transformation and the Chief People Officer from the Integrated Care Board (ICB) presented the update. It was noted that:

- Last year £150million had to be saved from the NHS budget, this was incredibly difficult but was achieved. This year it was expected that £190million needed to be saved.
- These savings were expected to come from reducing the workforce in non-patient facing roles and reducing the use of agency and bank staff. Services were to be redesigned and recommissioned to remove any duplication, to maximise productivity and ensure value was being provided while promoting equitability.
- A big area of cost identified was prescribing so medication was to be non-branded where possible.
- These savings were a huge ask for the NHS.

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

- The ICB was to provide a paper for circulation on the savings to provide further details.
- The £190million savings were across the whole of the NHS – including the ICB, LPT and UHL. £74million of the savings were the responsibility of the ICB.
- Prescribing had cost £205million, it was hoped £17.9million would be saved from this through switches and optimisation.
- Lot of smaller chunks were to be saved, including the staffing costs at the ICB. £11million was to be saved from the system development fund by closing down and stopping pilots.
- Other savings were to be made by pathway redesigns to improve efficiency, but there was lots of work to be done to make them happen and risks needed to be considered.
- The pressure on budgets had significantly increased in the last 10 years.
- There was the possibility of underspends if there was good financial house keeping.
- Some services which were to be cut would not reach the threshold for public consultation so it was important that the voices around the table raised concerns.
- Saving £150million was incredibly hard and required a continued, concerted effort. It was public money though so there was a responsibility to ensure value for money.
- The team were unable to comment on national government announcements on NHS funding and service expansion as no details were known yet, but it could be that the extra funding was for a particular provision such as digital innovation.

- Members were concerned that Leicester was the worst city for GP rations, faced significant health inequalities and had poorer health outcomes and the impact of £190million cuts were going to have. The NHS was in a difficult position of meeting the needs of the population and improving health outcomes whilst balancing the books.
- The ICB reassured members that safeguarding was only going to move to provider level once there was confidence in the handover, there were statutory duties which the ICB had a legal duty to discharge.
- Further work was going to occur on the full implications of the cuts as well as an equality impact assessment.
- The Chair requested a more in-depth update be brought back to the Commission in September as the changes were occurring so quickly.

The Chair invited the youth representatives to comment. It was noted that:

- Concerns were raised that SEND young people and others in difficult to access populations were at risk of further disadvantage.
- A large consultation occurred for the 10-year plan which considered how to involve young people in Leicester, Leicestershire and Rutland (LLR). The ICB were to share the feedback they received and link in with the youth representatives.

The Deputy Chief Operating Officer of Integration and Transformation and the Chief People Officer from the Integrated Care Board presented a further update on the ICB transitions. It was noted that:

- The ICB were expected to reduce their costs by 33% this year as part of the government's commitment to reinforce funding for the front-line services. Savings made were not staying in LLR though, they would be with the government.
- The ICB had clustered with Northamptonshire to improve efficiencies and this transition was progressing.
- The ICB had 6 months to remove this cost from the organisation. This meant by the end of December, the work currently being done by the ICB needed to be done with 150 fewer people.
- The transformation programme was intended to see what could be done differently to allow for these changes.
- A further announcement had followed from government that other NHS funded organisations would close down, including Guardian Angels and Healthwatch.

Following the update, as part of questions and discussions it was noted that:

- Whistleblowing may be discouraged without a national structure and that support mechanisms were being removed by taking away organisations like Healthwatch and Guardian Angels.
- Councillors were going to need to provide some of this support to ensure constituents were getting the care they needed and to provide a watchdog element to hold the NHS accountable.

Agreed:

1) The report was noted.
2) ICB was to provide funding paper to circulate to Members.
3) An update to come back to the next meeting on further progression.

145. ORAL HEALTH

The Director of Public Health submitted a presentation to update the commission on oral health in Leicester. It was noted that:

- Leicester had experienced persistently poor oral health outcomes across both children and adults. Over one in three children examined were found to have dental decay, and when enamel decay was included, the figure rose to over 42% of five-year-olds.
- These early signs of decay were particularly prevalent in the east of the city, which consistently showed the worst oral health outcomes.
- Aylestone was an outlier with much lower rates and required further investigation.
- Leicester reported the third highest oral cancer mortality rate in the country, highlighting the serious implications of poor oral health for the population.
- Analysis revealed that areas with water fluoridation and comparable deprivation levels had significantly lower rates of dental decay.
- Emergency tooth extractions were notably higher among children in the east of the city, suggesting that many were not accessing care until urgent intervention was needed.
- A new enamel decay indicator had been introduced to identify early warning signs before decay progressed further. Four in ten children aged five showed signs of enamel decay, and these were less prevalent in fluoridated areas, indicating the potential of water fluoridation as a preventative measure.
- Public health actions focused on leading the Oral Health Promotion Partnership Board to drive improvements and reduce inequalities.
- A formal request was submitted to the Secretary of State to consider water fluoridation across Leicester, Leicestershire and Rutland.
- Broader health improvement initiatives were promoted through the Live Well service, covering key areas such as diet, smoking including smokeless tobacco and E-Cigarettes, alcohol and physical activity.
- National campaigns like Fizz Free February, National Smile Month and Mouth Cancer Action Month were supported, alongside the distribution of oral health resources for people of all ages.
- A major focus was placed on the supervised toothbrushing (STB) programme for children. This evidence-based initiative was offered to early years settings and primary schools across the city and had contributed to significant improvements in oral health before the pandemic.
- However, the programme was paused due to COVID-19, and while it had since resumed, uptake had not yet returned to pre-pandemic levels. As of quarter three in 2024/25, uptake reached 45% in early years settings, 13% in primary schools and 33% in SEND schools. In total, over 4,000 children were participating in daily toothbrushing activities within their education settings.

- Efforts were made to increase programme participation, particularly in priority areas, by reallocating and recruiting staff, developing mentoring schemes and enhancing educational resources.
- Surveys highlighted common barriers such as limited time in the day, implementation challenges and uncertainty over whether schools or parents were responsible. A community-based approach was being developed to address these issues and promote shared ownership.
- Leicester received £119,088 in additional funding from central government to support the rollout of supervised toothbrushing in the most deprived communities. A collaboration with Colgate-Palmolive provided thousands of toothbrushes and tubes of toothpaste to be distributed to children. The funding enabled staffing and expansion efforts without needing to rebuild the programme from scratch.
- In response to high rates of oral cancer, a targeted adult-focused action plan was introduced. It aimed to raise awareness of symptoms, reduce risk factors and improve access to healthcare.
- Collaborative work took place with local communities to address specific cultural behaviours such as chewing tobacco and betel nut use, particularly within South Asian groups.
- Training was delivered to pharmacists and GPs to support earlier detection of Oral Cancer, and efforts were made to improve HPV vaccination uptake and system-wide data collection.
- Oral health support also extended to care home residents, with a strong emphasis on prevention and quality of life. Training was delivered to care staff, including managers and wellbeing champions, to support residents with daily oral care, including denture hygiene.
- Out of 94 care homes in Leicester, 14 had completed the training and 20 more were booked. The need to expand this programme further was recognised, with ongoing support provided through adult social care connections.

Following the presentation, as part of questions and discussions it was noted that:

- Members welcomed the focus on schools and endorsed the message that promoting oral health should be a city-wide effort, not limited to the most deprived areas.
- Leicester's changing demographics added complexity to the issue. The main concern raised was the severe lack of access to NHS dental treatment and many residents unable to afford private care. New private dental practices had appeared, particularly along Narborough Road, but the number of NHS dentists taking on new patients remained very limited.
- There was a shared view that NHS dentistry was fundamentally broken, and that national reform was urgently needed. While some funding had been made available for urgent treatment in the region, this only addressed a small part of the wider issue.
- The current NHS dental contract was considered outdated, and members acknowledged that substantial national change would take time.

- Concerns over Leicester’s declining position on oral cancer outcomes were raised, despite previous assurances that care in the city was strong.
- Questions were raised around whether there was fatigue in early years settings, especially with pressures from other public health programmes such as vaccinations. It was suggested that a better understanding was needed of why some early years settings had disengaged from supervised toothbrushing, with many staff unaware of the need to brush children's teeth or unsure how to prioritise it.
- Although the toothbrushing scheme was available to all schools in the city, efforts had been focused on the most deprived areas due to stronger links between poor oral health and deprivation.
- Concerns were raised about overall population density and the insufficient number of dentists available.
- Members asked for clarification on how five-year-olds were examined and were informed that there was a statutory requirement for local authorities to carry out surveys in partnership with community dental services. In severe cases, follow-up care was arranged, while in less serious cases, information was sent home to parents. It was highlighted that new measures of dental decay could be reversed with good brushing, avoiding the need for fillings or other interventions.
- Discussions also covered the potential benefits and concerns around water fluoridation. While some members supported the idea, others raised concerns about individual choice, misinformation, and public hesitancy.
- National consultations were taking place in other parts of the country, but it was recognised that implementation would take time and funding remained a key barrier
- There was interest in the link between oral cancer and certain cultural behaviours, such as chewing tobacco or shisha smoking. It was confirmed that a working group had been established to explore the risks of shisha use, and that public health teams were working with communities and licensing services to raise awareness and reduce harm.
- The commission discussed the limited uptake of the supervised toothbrushing scheme, noting that only 10 out of 33 identified schools with high rates of dental decay had agreed to participate. Officers explained that the scheme was voluntary and efforts were being made to engage more schools through curriculum integration, parent engagement, and mentoring offers. Schools were aware of the scheme but fitting it into their day-to-day activity remained a challenge. The team was also working with libraries and book buses to distribute information more widely.
- Concerns were raised about toothpaste availability in food banks and suggested approaching supermarkets for local support or promotions. Officers confirmed that resources were being distributed through a network of food banks, but logistical challenges limited coverage. Donations of toothpaste and brushes were available and were being shared across partners wherever possible.

- Questions were raised around how to better target men aged 55 to 74, who are at highest risk for oral cancer. Officers responded that targeted work was being carried out in key areas of the city, using health improvement services to tackle smoking and alcohol use.
- It was noted that some areas such as Evington and Belgrave showed lighter shading on decay maps, potentially due to lower numbers of hospital extractions. However, the data could not be linked directly to individuals, and extractions might reflect other factors, such as injuries. Shisha and vaping were identified as areas needing more education, especially among young people.

AGREED:

1. That the report was noted.
2. NHS dentistry would be added to the work programme

146. SAME DAY ACCESS

The Urgent and Emergency Care System Clinical Director for LLR and the Deputy Chief Operating Officer of Integration and Transformation, the Engagement and Insight Manager and the Senior Engagement and Insights Lead from the ICB presented the item. As part of the presentation, it was noted that:

- There was lots of work across services to improve access, whether this was GP practises, urgent treatment centres, pharmacies or the Emergency Department (ED).
- The number of patients who presented at ED was growing 4-7% each year which had increased the pressures on the NHS and pathways for access.
- There were peaks in the demand such as winter or heat waves but a large proportion of the patients required care that was not an ED issue and was more suitable for presentation elsewhere.
- Patient presentation at the wrong place was not just an ED issues, it was seen across all primary care areas. It was ultimately down to patient choice but this was putting a lot of onus on the patient, and where they presented may be out of their control. All areas were needed to address this challenge.
- Despite the ongoing funding challenges that faced the service, extra capacity was being provided. This included 100 extra urgent centre appointments per day and an expansion of Pharmacy First appointments.
- When a patient presented at ED, they were offered an appointment at another premises that was more suitable. This was to prevent overcrowding in ED. It also reduced risks to patients who came into the ED with time critical illnesses.
- There had been work with health partners and wider partners within the community to understand how to direct patients and to right size services, to ensure access was available where it needed to be. This had been hindered by historical arrangements and old contracts. There

were 3 hubs in the city which were a suitable solution historically but Pharmacy First and other new arrangements provided more suitable access. These services were put into place as a safety net while the future was considered.

- A clinical audit was planned to assess use and the needs of the patients.
- Engagement was occurring with communities on how services would best be accessed. The feedback was to be reviewed and themes identified. There had been previous work with communities, the Local Authority and Adult Education Service on keeping people out of ED which had been very successful.
- There was to be a focus on promoting and educating NHS 111 services, Pharmacy First, self-care and translation services. Through partnership working with GP's and PCN's there was going to be interactive sessions and practical workshops that would be facilitated by communities.
- It was important to work differently with different audiences.
- There was funded engagement aimed at those who lived on the main route into the city, families with babies and young children under the age of 10, people within the age categories of 21-30 and 31-40, homeless, asylum seekers and refugees, Eastern European, Black, Asian and Minority Ethnic Communities and Groups with Plus to healthcare access.
- A meeting was scheduled with the VCSE to understand what the communities wanted and needed for understanding services.
- An independent report was intended to consider the decision making, as well as an independent review process to identify gaps.

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

- The 3 hubs that were operating in the city were closing in Autumn 2025. They were a legacy arrangement from before the PCN's and accessibility was poor. This was to ensure access was meeting the needs of the population in the right areas and to create capacity. The PCN's were working across 8 sites and Pharmacy First was being provided by 97% of community pharmacies in the city. A lot of work was occurring with pharmacies to ensure this was being done right.
- The hubs were going to be used for same day access appointments. Additional same day access appointments were to be kept separate from core GP contracts.
- If there were issues identified in accessing services, it needed to be fed back so it was monitored and addressed.
- There was a drive for better triage in walk in's and this was an ongoing process as best practise was implemented. There was a steering group to target pharmacies and GPs to address any issues. Clinical audit work was being done which PCN's were working to utilise.
- The Choose Better campaign that had ran previously had a large impact with the imagery used for the public.
- Members were reassured that where it was necessary to see a GP, the patient would be seen by one.
- There was a growth in the number of appointments being delivered,

including a 1% increase in GP appointments and more face-to-face appointments.

- It was emphasised that ED cannot be the default provision so other services needed to be easier to access and this was the message the health service wanted to disseminate.
- Pharmacy First was a national contract and cost £12 per appointment. There was no cap on the number of appointments that could be provided.
- The unintended consequences of the changes had been assessed as much as possible, but this was why evaluation was so important so it could be monitored moving forward.
- There had been discussions with GP's ahead of the changes but it allowed 111 to offer better support in localised provision as they were able to access city wide appointments.
- Redirection of patients from ED on the day was likely to help deter it being the default provision.
- It was clarified by officers that this was engagement, not consultation.

AGREED:

1. The report was noted.
2. Numbers for uptake of Pharmacy First to be shared by ICB.
3. Further details of 8 hubs to be shared once information is available.
4. Details of the communications campaign was to be shared.

147. COMMUNITY ENGAGEMENT AND WELLBEING CHAMPIONS ROUND-UP

The Director of Public Health submitted a report on the Community Wellbeing Champions Project and network. This project was created to bring community organisations and trusted community figures together with Public Health and other partners to share insight on health needs, barriers, and enablers for the residents of Leicester, reach communities with key messages and services, and collaborate on addressing health and wellbeing priorities for the city. It was noted that:

- A community engagement programme was implemented in 2021 in response to concerns about non-compliance with COVID-19 regulations and low vaccination rates.
- The aim was to better understand the barriers faced by communities, respond to their needs, and provide more effective access to information, support and services.
- The engagement work successfully helped to increase vaccine confidence and ensure that key public health messages reached communities. Building on that success, the intention was to continue the programme beyond the pandemic, recognising the strong relationships that had developed with community groups and the genuine care partners had shown for the people they worked with.
- A key strength of the programme was its commitment to open, honest and trusted dialogue with voluntary, community and social enterprise

(VCSE) organisations.

- As of 2025, the network included 298 members, a slight decrease from previous years following the introduction of a new sign-up process in February 2025.
- This process was designed to promote more consistent working, strengthen collaboration, and improve the quality of data and network profiling. Feedback from organisations that had left the network was also gathered to inform ongoing improvements.
- Communication was maintained through a weekly email bulletin, which typically shared 10 to 12 items of interest from public health, Leicester City Council, and other network members.
- A monthly online forum had also been established in October 2022 in response to member requests for a regular space to connect and learn from each other. This was valued highly by participants and complemented by attendance at wider health and wellbeing conferences, where opportunities were taken to build relationships and align work with city-wide priorities.
- The programme also supported the delivery of community engagement grants, enabling VCSE organisations to carry out activities that improved health outcomes for local residents.
- In total, 32 organisations were funded after committing to open their doors and run sessions for their communities. An evaluation of this work was underway. A pilot internship project had also emerged from the network's forum, providing a route for passionate individuals to learn more about public health and contribute to projects. Three paid internships were offered to volunteers and staff from member organisations, each lasting four months and involving 15 hours of work per week.
- Throughout, the programme promoted an inclusive community engagement approach based on equal participation and mutual respect. Efforts were being made to enhance engagement with underrepresented groups, ensuring that lived experiences continued to inform and shape all areas of activity.

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

- It was noted that some relationships had been developed with social prescribers across the city, with a few highly engaged individuals attending meetings and accessing information through regular communications.
- The two way communication approach with the voluntary and community sector was praised.
- Weekly emails were described as concise but informative, and the guest speakers were described as valuable to the project.
- The scheme was recognised as a positive and creative use of funding
- It was noted that areas in the east and north west of the city had previously been underrepresented in signups. Further analysis was expected to confirm if this was still the case.

- Members agreed that quality of engagement was more important than the number of signups.
- The re-sign up process was described as lengthy but useful for collecting consistent data.

AGREED:

1) The commission noted the report.

148. WORK PROGRAMME

NHS dental access was to be added to the work programme. It was highlighted that the minutes from Joint Health Scrutiny were available online if anyone wished to view them.

149. ANY OTHER URGENT BUSINESS

It was raised that a letter to the Secretary of State was recommended to consider concern son current GP access and levels of patients at full council on 16th January 2025. This was not actioned immediately, but the letter had since been sent.

There being no further business, the meeting was closed at 20.36.