



Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: TUESDAY, 8 JULY 2025

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles
Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor Pickering (Chair)

Councillor Agath (Vice-Chair)

Councillors Clarke, Haq, March, Sahu, Singh Johal and Westley

Youth Council Representatives

To be advised

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Katie Jordan, Governance Services and Kirsty Wootton, Governance Services

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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- ✓ 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@leiceser.gov.uk and Kirsty.Wootton@leicester.gov.uk of Governance Services. Alternatively, email governance@leicester.gov.uk, or call in at City Hall.

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**USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH
INTEGRATION SCRUTINY COMMISSION**

Acronym	Meaning
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DES	Directly Enhanced Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWB	Health & Wellbeing Board
HWLL	Healthwatch Leicester and Leicestershire
ICB	Integrated Care Board
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service

JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NEPTS	Non-Emergency Patient Transport Service
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PPG	Patient Participation Group
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
UHL	University Hospitals of Leicester

PUBLIC SESSION

AGENDA

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

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

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

FIRE / EMERGENCY EVACUATION

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1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. DECLARATIONS OF INTERESTS

Members will be asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

[Appendix A](#)

The minutes of the meeting of the Public Health & Health Integration Scrutiny Commission held on 29th April 2025 have been circulated, and Members will be asked to confirm them as a correct record.

4. MEMBERSHIP OF THE COMMISSION 2025-26

Members will be asked to note the membership of the Public Health and Health Integration Scrutiny Commission for 2025/26:

Councillor Pickering (Chair)

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

5. DATES OF THE COMMISSION 2025-26

Members are asked to note the commission meeting dates as follows:

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

6. SCRUTINY TERMS OF REFERENCE

Appendix B

Members are asked to note the scrutiny terms of reference.

7. CHAIRS ANNOUNCEMENTS

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

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

9. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

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

The Director of Public Health, alongside key health partners, will deliver a presentation providing the Commission with an overview of local public health services and the wider health and care system, including current structures and areas of integration

11. HEALTH PROTECTION

The Director of Public Health will provide the Commission with a verbal update.

12. NHS TRANSFORMATION

Appendix C

The Senior Communications & Public Affairs Lead for Communications and Engagement team at NHS Leicester, Leicestershire and Rutland submits a report on the NHS Transformation.

13. ORAL HEALTH

Appendix D

The Director of Public Health submits a presentation on Oral Health.

14. SAME DAY ACCESS

The Integrated Care Board (ICB) will provide the commission with an overview of same day access.

15. COMMUNITY ENGAGEMENT AND WELLBEING CHAMPIONS ROUND-UP

Appendix E

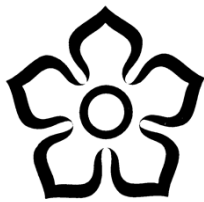
The Director of Public Health submits a report to give an overview of workstreams and initiatives currently underway across the Community Engagement and Wellbeing Champions (CWC) project.

16. WORK PROGRAMME

Appendix F

Members will be asked to note the work programme and consider any future items for inclusion.

17. ANY OTHER URGENT BUSINESS



Leicester
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Appendix A

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

Held: TUESDAY, 29 APRIL 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham
Councillor Haq
Councillor Sahu

Councillor Clarke
Councillor Joannou
Councillor Zaman

Assistant City Mayor – Councillor Dempster
* * * * *

121. WELCOME AND APOLOGIES FOR ABSENCE

There were no apologies received.

122. DECLARATIONS OF INTERESTS

The Chair asked members of the commission to declare any interests in the proceedings for which there were none. Councillor Clarke declared that his wife is a social worker for the item on the Bradgate Unit.

123. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 5 March 2025 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

AGREED:

- Members confirmed that the minutes for the meetings on 5 March 2025 were a correct record.

124. CHAIRS ANNOUNCEMENTS

The Chair thanked members, the executive lead and officers for their work and commitment over the municipal year ahead of a new one beginning.

125. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

126. PETITIONS

It was noted that none had been received.

127. HEALTH PROTECTION

The Director of Public Health gave a verbal update of the latest position of health protection, and it was noted that:

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

- Discussions were ongoing with University Hospitals Leicester (UHL) on safe discharge for residents in care homes.
- The flu vaccine uptake in schools remained poor, particularly in secondary schools, despite the aim of protecting older and vulnerable individuals via the school programme. A new procurement process was underway, due to start in September 2025.
- Changes to Covid and flu vaccination delivery were expected from the Integrated Care Board (ICB) in the coming months. Members highlighted the importance of addressing stark inequalities in vaccination uptake within the city.
- It was noted that funding for the roving vaccination unit had been significantly reduced, resulting in a more limited service despite a broader range of service needs and targets.
- The new vaccine season was due to begin in April 2025.
- Since the last meeting, additional staff had joined the service monitoring tuberculosis (TB), and a record number of tests had been carried out. An emerging strategy was in development, supported by increased attention and a new East Midlands TB board. Leicester continued to have the highest TB rates in the country.
- Stark inequalities persisted, and future updates were expected on work with the VCSE sector to support the vaccination programme and build long-term improvements.
- Leicester's TB data, when compared to similar cities, remained high, and the trend had continued over the past year.
- There had been a few suspected cases of measles in the city, however none had been confirmed. Investigations had taken place, and there were currently no concerns.
- MMR vaccine uptake had shown a slight improvement over the last quarter. A significant amount of work was ongoing, though members agreed that a stronger grip was still needed. There

were concerns about potential future resource reductions and their implications for the programme.

- Covid rates had declined, and there were no immediate concerns.
- Flu uptake across LLR showed significant variation, with uptake in the city reported as half the rate seen elsewhere. Members agreed this was unacceptable and needed to be addressed, particularly as many services and conditions were affected by social deprivation.

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

- Tackling health inequalities was highly important, members raised concerns about the lack of funding. They questioned whether more honesty was needed with the public, acknowledging that without sufficient resources, change in the city would be extremely difficult.
- Leicester had previously outperformed the national average on MMR uptake 10 years ago, suggesting that differences in system-level spending decisions played a critical role. The need to reassess how resources were prioritised and allocated across the system was important.
- Concerns were raised on the low flu vaccination uptake in children in the city. It was noted that new staff had been appointed to work with communities and promote vaccine programmes through champions and ICB networks. The efforts already underway were praised and work would continue for increased effort and resources to change the current trajectory.
- Another factor adding to the low uptake of vaccinations was the growing influence of conspiracy theories online and the challenge this presented to public health messaging.
- Members noted Black Maternal Health Awareness Week and raised serious concerns about the disparity in outcomes, including data showing that Black women were three times more likely to die during pregnancy. It was agreed that this information should be widely shared among members and the public.
- The importance of schools in educating families about health was a missed opportunity to engage with expectant mothers early and recommended that health education begin during pregnancy.
- Concerns were raised for NHS staff working under increasingly difficult circumstances. Members acknowledged that staff were ordinary people facing job insecurity and difficult conditions, expressing empathy and support for their efforts.
- Members asked for details on the impact of the funding cuts. It was noted that while details were not yet available, the ICB was in the process of developing plans that would require 33% savings across LLR. This would have significant implications and confirmed that NHS England had been absorbed into the Department of Health and Social Care. The situation was both important and troubling.

AGREED:

- The Commission noted the report.
- Decision-makers responsible for funding and service changes to attend the next meeting to ensure the city was not left behind.

128. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH REFERRAL UPDATE

Lead directors and professionals from the Integrated Care Board and the Leicestershire Partnership Trust presented the update on Children and Young People's Mental Health referrals and it was noted that:

- Children and Adolescent Mental Health Services (CAHMS) was only one part of the mental health service offering across Leicester. The aim had been that the appropriate support was available at the appropriate time. The team was really proud of the self-referral route and the triage and navigation service.
- The latest key performance indicators demonstrated a mixed picture. There were lots of things that effected delivery against the KPIs such as the eating disorder clinic seeing small numbers of patients each month. The overall impression was that the service was performing quite strongly. Where it was not meeting targets, such as the 15-week waiting list, measures had been put in place such as follow up calls and checks.
- The most significant challenge the team was facing was the significantly increased referrals for Autism and ADHD. They had increasingly become part of the public consciousness, and this had affected services nationally. Leicester was in the middle in terms of referrals and waiting lists. It was emphasised that treatment consisted of controlled drugs.
- A national report was expected in spring 2026 which would provide further guidance, however the bottom line was that there was not the capacity to meet the current demand.
- There had been success in reducing inequalities in accessing mental health services. A programme had been run in partnership with Leicester City Football Club which provided mentors for children and young people who would not usually access mental health services. The cohort was largely young black men.
- Partnership working had also occurred with the police on topical issues such as social media and knife crime.

The Associate Director from the Integrated Care Board clarified that:

- The triage and navigation service were the entrance point to the service for all children.
- Emergencies could come from 111 or CAHMS crisis line.
- There were 787 referrals between 1st November 2023- 2024. This was a full year which was impacted by collective action.
- The number of referrals being returned to GP's had not changed

as there was still a lack of information being included on the form. There had been a number of meetings to discuss this and the use of PRISM forms but this had been complicated by collective action.

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

- Members expressed revelation that there had not been a review to consider the returned referrals, and how this was to be improved.
- Concerns were expressed at GP's writing letters for referrals as this removed the standardisation of forms and increased the risk of more complications in the referral. The most underserved demographic were black communities which would see huge disparities in how an issue could be represented by different individuals and could allow unintended discriminatory practises into the system.
- The ICB was working with the Local Medical Committee and had explained the concerns and agreed the minimum level of information required.
- There was a specialist team who specifically worked with young people who had come through the court system. The data for young offenders was requested by Members.
- Self-referrals were only possible for certain things, others required individuals to go through the GP. The PRISM form was used for many different types of referrals, but Members enquired which GP's were refusing to use the forms for Children's mental health.
- One of the challenges that the Trust had faced was the differential use of PRISM forms. Any support Member could provide to encourage their use would be appreciated.
- The ICB had met with the Local Medical Collective 4 times since the collective action had ended as they had desperately tried to achieve better outcomes for young people. 5000 children had a successful referral to the correct service which was not happening prior to the triage team being in place.
- Families had sought private care to try and get support, due to the waiting lists, but on occasion the diagnosis was not then accepted by GP's. A list was requested of providers who were being accepted by GP's.
- Due to the nature of the medication used to treat ADHD, robust assessments on the process were needed, particularly as the diagnosis would be lifelong.
- Those who had a neurodivergent condition were more at risk of developing mental health conditions.
- The health aspect of this issue was only part of the work surrounding it, there was also the SEND agenda, inclusivity in schools and the support provided to the children and families among others.
- It was suggested this topic could be the subject of a joint PHHI and CYPE scrutiny commission due to the many areas working on it.
- The children and young people who were on the waiting list were given a robust list of services they were able to access and if required, they could escalate back in if the need increased.

AGREED:

- The Commission noted the report.
- Data requested for number of young people being referred through the courts.
- Data was requested for how many and which GPs are rejecting PRISM forms.
- Further discussion to be held on a joint scrutiny commission.
- The list of services received by families on the waiting list to be shared.

129. SYSTEM PRESSURES ON THE BRADGATE MENTAL HEALTH UNIT

The lead for Mental Health Services, Adults and Older Persons for the Leicestershire Partnership Trust presented the report on system pressures at the Bradgate Mental Health Unit. It was noted that:

- The Bradgate Unit comprised six acute Adult Mental Health Wards.
- A detailed activity pack was developed outlining practical support provided across LLR during the winter period. A paper on this was due for release following a validation process.
- During the winter period, an average of six patients were waiting within a 24-hour period. On some occasions, this increased to ten patients.
- The OPEL (Operational Pressures Escalation Level) framework was used to standardise pressure levels, with four defined levels. The service operated at OPEL 3 (severe pressure) for 93% of the time.
- OPEL 4 (critical pressure) was escalated and triggered additional support for three days over winter.
- Activity levels and bed demand were illustrated through graphs showing pressure on flow and length of stay.
- The average stay was 47 days, in December, the average length of stay rose to 66 days.
- Planning for winter 2025 had already begun in line with the new financial year.
- As part of the additional winter funding for 2024/25, the following shift patterns were made available to all core and bank staff within the Mental Health Liaison Service to enhance service coverage during peak periods:
 - 06:00 – 12:00
 - 18:00 – 02:00
 - 16:00 – 00:00
- In addition, the service received investment funding for the recruitment of two Link Worker posts. These roles were designed to provide dedicated support to patients within the Emergency Department and to further strengthen collaborative working with

colleagues at University Hospitals of Leicester (UHL). Recruitment to these posts was successfully completed in March, with both positions scheduled to commence in June 2025.

- The OPEL framework was reviewed prior to winter to assess robustness, supported by a national review in December.
- Governance arrangements were strengthened and aligned with national standards, with actions identified to help de-escalate pressure levels.
- The Psychiatric Intensive Care Unit (PICU) ward underwent extensive refurbishment work. Block purchasing arrangements with a private provider were made to minimise disruption to patients and families. Additional acute bed capacity was commissioned due to the temporary closure of the unit, including external placements when necessary. The service worked to avoid out-of-area placements where possible, though this was sometimes unavoidable.
- Sole access to a number of beds was secured to support families in maintaining care at home.
- There were 18 adults clinically ready for discharge per day, with 40% being city patients.
- Some patients could not be discharged due to housing and support issues, despite not requiring hospital care.
- Clinical discharge was managed effectively compared to other areas.
- Multi-professional teams, including housing providers, local authorities, and practitioners, collaborated to identify support needs early and facilitate timely discharge.
- On 13 occasions, B&Bs were used to accommodate patients, with an average stay of six days.

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

- The OPAL scoring reflected pressure risk more than clinical risk. Mental health services nationally were experiencing consistently high OPAL levels due to a new benchmarking system. Members were informed that the new framework had standardised OPAL scoring in mental health for the first time, leading to more consistent use across the country, but also resulting in more frequent high-level alerts.
- Bed availability, discharge readiness, and the number of people waiting for admission were all factors in the OPAL algorithm, with occupancy often reaching 99%.
- Changes that had taken place March, including a dormitory eradication programme and reconfiguration of two wards, had led to an increase of five additional beds at a minimal cost, which had helped to reduce pressure.
- Despite these changes, the trust continued to operate at approximately 98% acute bed occupancy. Members were reassured that this was consistent with national benchmarks

and reflected the high demand across mental health services nationally.

- Members raised concerns around the sustainability of operating at such high occupancy levels and questioned whether this level of pressure was affecting staff and patient wellbeing.
- The Trust performed well nationally in managing out-of-area placements, often operating at 98–99% occupancy without sending many patients out of area. The Trust had been asked to present their approach to other trusts due to their performance and significantly lower costs compared to others.
- Although higher pressure levels did not release extra funding, they triggered practical actions, such as increased engagement with local authorities and redeployment of staff to support discharges and care transitions.
- There was a current contract with St Andrew's in Northampton for PICU beds, as this is the nearest unit to LLR.
- Concerns were raised about the potential loss of funding for the Mental Health Wellbeing Recovery and Support Service, noting it served around 1,500 people and could affect pressures on Bradgate if withdrawn. The proposals to end the contract were part of wider ICB savings considerations driven by an £11 million funding gap. It was noted that no final decisions had been made and that all proposals were undergoing quality and equality impact assessments.
- It was noted that population density in Leicester supported the argument for expanding service boundaries, as it may exceed that of larger cities.

AGREED:

- The Commission noted the report.
- That better use of trend data be used in future reports, rather than year on year snapshots.
- An item on winter pressures with the impact on staff and patients to come to a future meeting.

130. NEIGHBOURHOOD MENTAL HEALTH CAFES

The lead for Mental Health Improvement and Transformation and the Executive Director for Mental Health at the Leicestershire Partnership Trust presented the update on the Neighbourhood Mental Health Cafes scheme which originally launched in 2021/22. It was noted that:

- It had been a collaborative scheme and there were nine Voluntary and Community Sector organisations (VCSE) who operated the weekly mental health cafes which were located across the city.
- Work had taken place with Public Health to identify the areas of

high need and that the diversity of the city was represented ensuring they were accessible.

- The organisations running the cafes represented the local communities. The scheme thrived due to the organisations understanding the individuals and their needs when they walked through the door.
- The cafes offered open access to individuals who experienced mental health distress, it provided an opportunity to discuss how they were feeling or offered a quiet place.
- The recovery workers in the cafes had a varied skill set and had been provided with a lot of training to prepare them for what could be presented by people attending the cafes with a myriad of different issues. They were offered coping strategies, risk and safety planning, psychological self-help and coping tools.
- 3500 individuals had accessed the cafes and they were demonstrating increasing resilience.
- Information had been gathered to understand the individual experiences. The primary concerns were anxiety and depression.
- Most of the support offered is in-person but there is also text messaging, phone and online support. This had allowed those who were not able to travel to still be able to access the cafes support.
- There had been varied use across localities. New Park was noted to be particularly active. Eyres Monsell had not been open long but access was increasing continuously.
- Demographic breakdown of those who have access the cafes show:
 - More women were accessing the cafes. Work was ongoing to consider the best ways to support men.
 - Ethnicity appeared to align with the JSNA with high use from White and Asian backgrounds, however this demonstrated the need for more work to be done around Black and African populations and other ethnic groups that were not represented in the data.
 - Younger adults were not reflected in the data. There was a university offer but more work was still required, particularly to cover what the cafes could offer as young people transition from children's services to adults. Largely older population, particularly those who had been bereaved.
 - Higher attendance from those who were retired or unemployed.
 - More work was required to understand access to the cafes for those with disabilities.
- Although collecting data was important to the team, they were mindful that they didn't want to overwhelm individuals visiting the cafes with a barrage of questions.
- The main presenting needs found at the cafes were depression, anxiety, isolation, needing practical support and stress. The staff

support the individual and consider other factors and challenges which may impact their presenting issues.

- The cafes provided an alternative in support which diverted individuals away from other primary healthcare access.
- Support offered included one to one tailored support and positively signposting. Escalation pathways were available in the cafes if required.
- The work that had been done by VCS organisations couldn't be praised enough. Although there was still work to do, the cafes were heading in a really positive direction.

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

- The VCS organisations running the cafes were from the local communities so were trusted.
- Signposting was provided once repeat visitors were in a position to be moved on in their recovery, it was recognised the social aspect and connection were valued. Another grant funded programme worked alongside the cafes. Repeat visitors had allowed individuals to begin to build their own networks in their community though.
- Collaborative working with the Local Authority and VCS allowed a real understanding of local communities to underpin the work.
- It was suggested that the Suicide Strategy work would link well with the cafes.
- The majority of individuals using the Neighbourhood Mental Health Cafes were from the city and this was reflected in the service delivery.
- On an annual basis, there was a £30,000 grant for provisions and for 6 hours of café time per week. Across Leicester, Leicestershire and Rutland there were 44 sessions run a week. Modelling had been done around similar schemes across the Midlands and this scheme benchmarked well in comparison and provided good value for money.
- Concerns were raised that the good work done by the cafes in the city would be undermined if the funding was affected.
- It was essential VCSE organisations were provided with appropriate training and skills to handle this, as well as having their own wellbeing protected. Over the last 12 months, there had been development of a psychological framework for VCSE staff to ensure their own wellbeing. Ensuring a healthy, resilient workforce was essential as vicarious trauma could have a significant impact, especially as very local people were working in the cafes.
- There was ongoing work with the Bradgate Unit to consider how the cafes could be part of discharge plans and support.
- The number of cafes was a result of the number of PCN's that existed in 2021. This changed but the cafes managed to extend their provision.

AGREED:

- The Commission noted the report.

131. WORK PROGRAMME

The Chair noted that the topics noted in the items would be added to the work programme.

132. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 20.01.

SCRUTINY COMMITTEES: TERMS OF REFERENCE

INTRODUCTION

Scrutiny Committees hold the Executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:

- i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
- ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
- iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to their initiatives or projects.
- iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
- v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
- vi. question and gather evidence from any person (with their consent). •

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Education Scrutiny Commission (which also sits as the statutory Education Committee)

- Culture and Neighbourhoods Scrutiny Commission
- Economic Development, Transport and Climate Emergency Scrutiny Commission
- Housing Scrutiny Commission
- Public Health and Health Integration Scrutiny Commission

The key work areas covered by each Scrutiny Commission are to be found here <https://www.leicester.gov.uk/your-council/decisions-meetings-and-minutes/overviewand-scrutiny>

SCRUTINY COMMITTEE: OVERVIEW SELECT COMMITTEE

The Overview Select Committee **will**:

- Scrutinise the work of the City Mayor and Deputy City Mayors and areas of the Council's work overseen by them.
- Consider cross cutting issues such as monitoring of petitions
- Consider cross-cutting issues which span across Executive portfolios.
- Manage the work of Scrutiny Commissions where the proposed work is considered to have impact on more than one portfolio.
- Consider work which would normally be considered by a Scrutiny Commission but cannot be considered in time due to scheduling issues.
- Report annually to Council.
- Be responsible for overseeing the work of scrutiny and the commissions and to refer certain matters to particular commissions as appropriate.

SCRUTINY COMMISSIONS

Scrutiny Commissions **will**:

- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member(s), who will be a standing invitee.
- Have their own work programme and may make recommendations to the Executive on work areas where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.

Stakeholder brief – NHS Transformation

The NHS in Leicester, Leicestershire and Rutland (LLR) is built on a strong foundation of partnership working, helping us make the most of available budgets to deliver high-quality care for our communities.

During the last financial year, we worked together as a system to deliver a challenging joint financial plan. Despite the difficulty, the system saved £150 million by improving the efficiency of how services are delivered.

However, the financial challenge continues — both locally and nationally. Demand for health and care services is rising, and the pressure to deliver savings this year is even greater. It is clear that we must live within our means and stay within budget. For LLR, our budget is £2 billion this means that we need to make savings of around £190 million.

National and local changes announced earlier this year have added further pressure. These include organisational restructures that are impacting staff, with the ICB in LLR required to reduce its running costs by up to 33%. NHS Trusts have also been given targets to reduce workforce growth, particularly in non-clinical/non-patient-facing areas roles and there has been a pause on recruitment to some vacancies in these areas.

Health and care partners across LLR are tackling these challenges head-on. Everyone working in our system remains committed to delivering the high-quality care our communities expect and deserve. We are focused on making every pound count — but the scale of the challenge means we will need to make difficult choices about how services are delivered or potentially stopped.

We will need to work closely with our partners — including councils, voluntary sector organisations, patients and the public, to become more efficient and make the changes needed to meet our financial targets. By working together as a system, we can make the changes needed to succeed.

We know there are three key areas to focus on:

- **Recruitment and staffing** – Prioritising the most critical, patient-facing roles, and reducing bank and agency spend, whilst maintaining our strong focus on putting patient safety first.
- **Tackling inefficiencies** – including inefficient processes to delivering care that doesn't meet patients' needs. We can all help by improving how we work and making sure we are delivering the right care in the right way.
- **Redesigning services** – We need to make sure we are using our budgets to fund the services our population most needs. That may mean changing or potentially

Leicester, Leicestershire and Rutland

stopping some established services and rethinking how to deliver better outcomes for patients.

As well as focusing on these areas, we are contributing to the development of the national 10-Year Health Plan, which aims to transform healthcare delivery by emphasising prevention, enhancing community-based care, and embracing digital technologies. Our local shorter-term operational plans will be developed alongside this to ensure we are aligned nationally while responding to local needs.

If you'd like to discuss anything in more detail, please do get in touch. We will continue to keep you informed through our usual channels.

To help support conversations with your constituents, teams, or communities, we've also **included a short briefing on the organisational changes to the NHS.**

Best wishes



Caroline Trevithick
CEO, LLR Integrated Care Board



Paula Clark
Chair, LLR Integrated Care Board

NHS transformation – briefing

National overview

The government announced during March that over the next two years, NHS England (NHSE) will be formally integrated into the Department of Health & Social Care (DHSC). The announcement also included that running costs of Integrated Care Boards (ICBs) will be reduced nationally by around 50%. There is also an ask to all NHS providers to focus on productivity and deliver value.

The new Chief Executive Officer of NHS England, Jim Mackey, wrote to the NHS to share further information on the transformation plans, including the future plans for Integrated Care Boards (ICBs) which can be read in full [here](#). A model for ICBs has now been shared to support executive teams to put in place next steps to support the changes – the full details can be found below.

The role of the ICB – what will it look like?

There are 42 ICBs across the country which are responsible for planning health services for their local populations. ICBs manage the NHS budget, allocate resource, and oversee the delivery of healthcare services to improve outcomes. The Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) is the ICB for this region.

The national [10 Year Health Plan](#) sets out a leaner and simpler way of working, where every part of the NHS is clear on its purpose, what it is accountable for, and to whom. The 10 Year Health Plan will be published later this year and will include more detail on the wider system architecture and clarify the role and accountabilities of trusts, systems, and the centre of the NHS.

The new model for ICBs focusses on strategic commissioning to support the delivery of the 10 Year Health Plan to:

- Increase population health
- Improve access to more consistently high-quality care
- Help deliver strategies that move more funding and support out of hospitals and into local services.
- Reduce inequalities and work with people who use services and communities to develop strategies to improve and tackle inequalities

The model asks for ICBs to cluster where necessary in order to reduce running costs by up to 50%. The aim is to reduce duplication, improve efficiencies and support collaboration between health and care organisations. ICBs will be funded based on a per-head population cost, around £18 per head, as part of the transformation.

These changes will mean that some work the ICB does at the moment will move to providers of services, local authorities or other parts of the NHS, subject to legislation changes.

To make these changes, staff working in the ICB will need to be supported through a management of change and the national timeframe for this is planned to be worked through and delivered by the end of the calendar year.

What does this mean for LLR?

The ICB executive team is working closely with colleagues across the East Midlands to consider the next steps. Discussions so far have focused on the future ICB model, the significant savings required based on per-head population costs, and the potential development of a cluster model as a planning assumption. In LLR, running costs will need to be reduced by 30 per cent.

Details around the emerging clusters across the East Midlands are still being worked through. As these are finalised, the national team will confirm the final cluster alignments.

There is still a significant amount of work to do to fully understand and implement the changes needed to deliver the ambition of the national transformation plan. To support this, weekly meetings are taking place at national, regional, and local levels to ensure progress is made at pace and with alignment across the system.

What does this mean for patients?

The changes will not impact patients' access to the NHS - it will still be free at the point of use.

The national changes being made are about who makes decisions and who spends the money.

In the long term, the NHS may look different - but patients going to see their GP or going into hospital will see little difference and any changes made to services will involve people.

Latest updates

We will continue to keep you updated through our stakeholder updates – Five for Friday. If you have any questions, please get in touch via llricb-llr.corporatecomms@nhs.net

More information

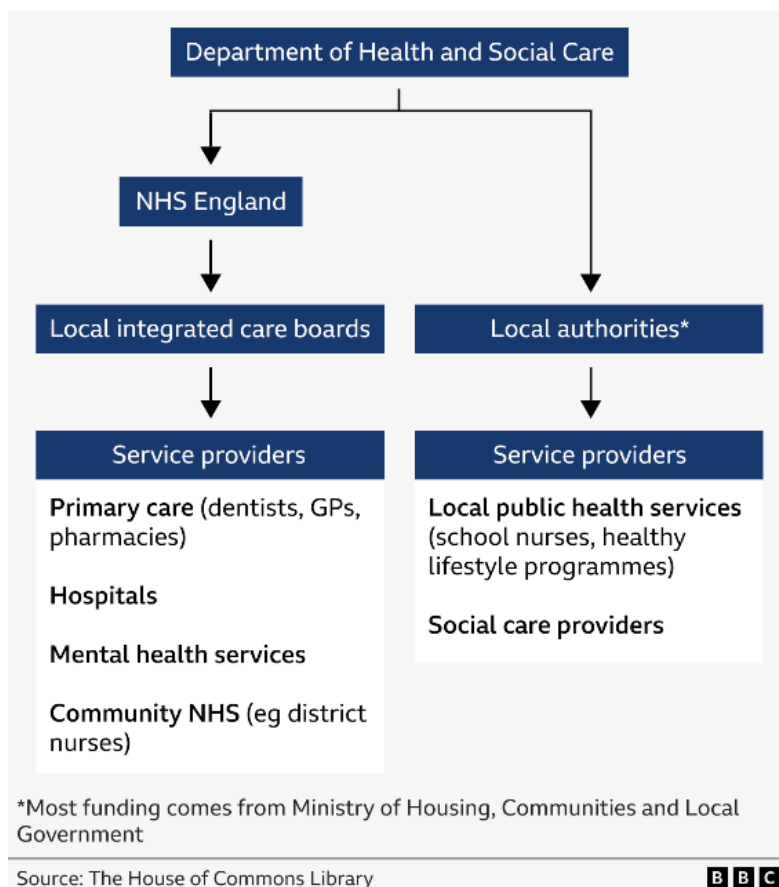
BBC – [What does NHS England do?](#)

NHS Confederation – [NHS Changes – all you need to know](#)

Kings Fund – [The reshaping of NHS Bodies](#)

For more information about [Leicester, Leicestershire and Rutland ICB](#)

How the NHS is funded



Model ICB



Oral Health in Leicester 2025



Headlines – Oral Health Survey and Child Tooth Extractions

- Of five-year-olds examined, 35.6% were found to have decay experience (decayed, missing to due extraction or filled teeth).
- When accounting for enamel decay, this increases to 42.4% of five-year-olds examined
- Mapping of dentinal decay shows that, similar to the previous survey, children living in the East of the city tend to experience the most amount of decay.
- Childhood tooth extraction mapping from Hospital Episode Statistics (HES) highlights areas in Crown Hills and Stoneygate with a higher number of admissions - potentially indicating less routine dental monitoring.

Children's Oral Health Sampling & Participation

The population for this survey were 5-year-olds attending mainstream, state funded schools. Overall, 130 out of 153 Upper-Tier Local Authorities commissioned the 2023/24 survey. Of all schools sampled for across England, 59.9% were examined, or 12% of all five-year-olds according to mid-year-estimates for 2022.

Leicester

Participation in Leicester continues to fall with less than 400 children examined in the main sample for this latest survey.

23

Year	Number Examined (Main Sample)	% of Sample	% 5-year-olds (MYE 2022)
2023/24	392	66.4	8.3
2021/22	866	73.0	17
2018/19	1,076	72.4	23

Dentinal Decay

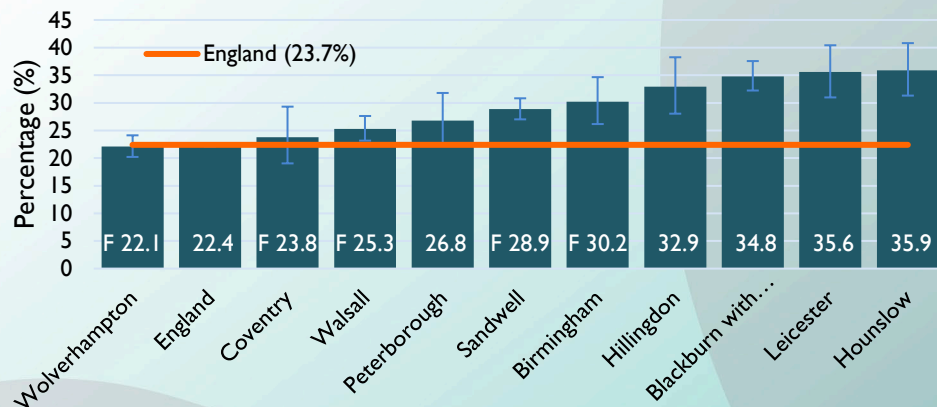
Percentage of children with any decay experience

For dentinal decay, the main indicator reported for Leicester, around 35.6% of children examined were found to have decay experience.

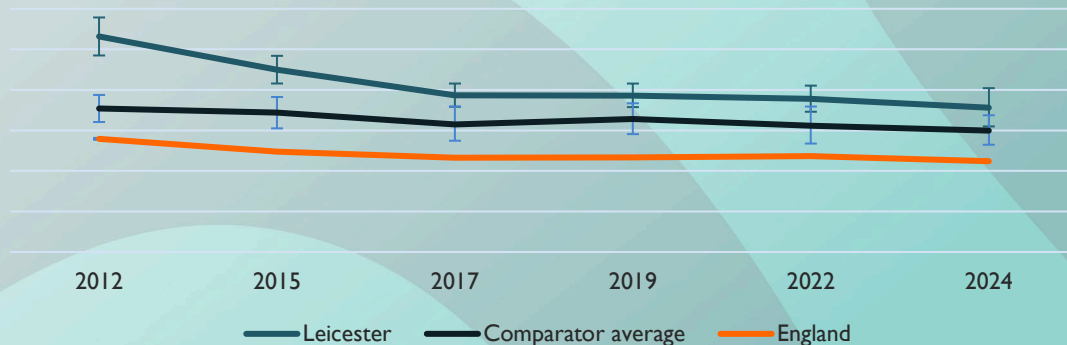
This is a fall from the 9th highest prevalence to 13th of all participating local authorities and is significantly higher than the national average (23.7%).

Nevertheless, this figure follows the slight decrease observed in the previous survey and is significantly lower than a decade ago (53.2% in 2012).

Percentage of 5-year-olds with Dentinal Decay Experience (d3mft>0), 2024



Percentage of five-year-olds with decay experience 2012-24



Dentinal Decay

Amongst the 5-year-olds examined, those of Asian or 'Other' ethnicity had a higher prevalence of decay experience compared to the overall city figure or any other ethnic group.

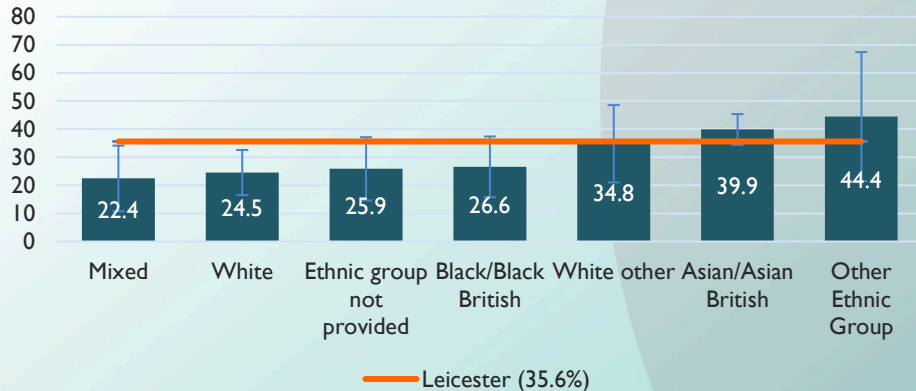
This finding is consistent with results from previous surveys.

25

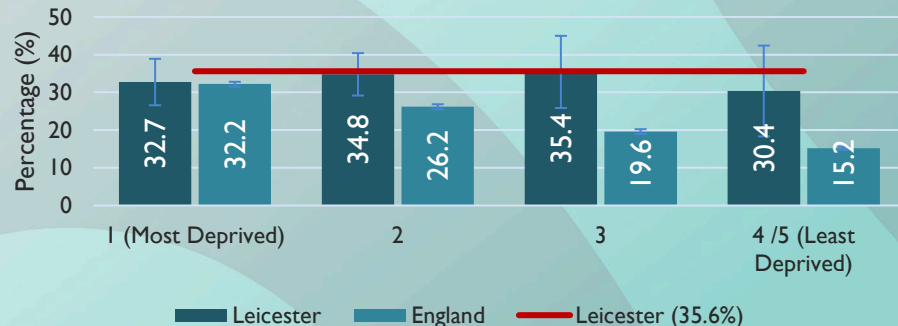
Looking at decay experience by deprivation, the pattern observed in Leicester does not reflect the National findings, where the proportion of children with decay experience increases with deprivation levels.

Nevertheless, 5-year-olds in Leicester living in the least deprived areas had the lowest proportion of decay experience.

Percentage of Leicester Five-Year-Olds with Decay Experience, by Ethnicity



Percentage of Leicester Five-Year-Olds with Decay Experience, by Deprivation Quintile 2024



IMD Deprivation Quintile, where 1 means the 20% most deprived and 5 is the 20% least deprived

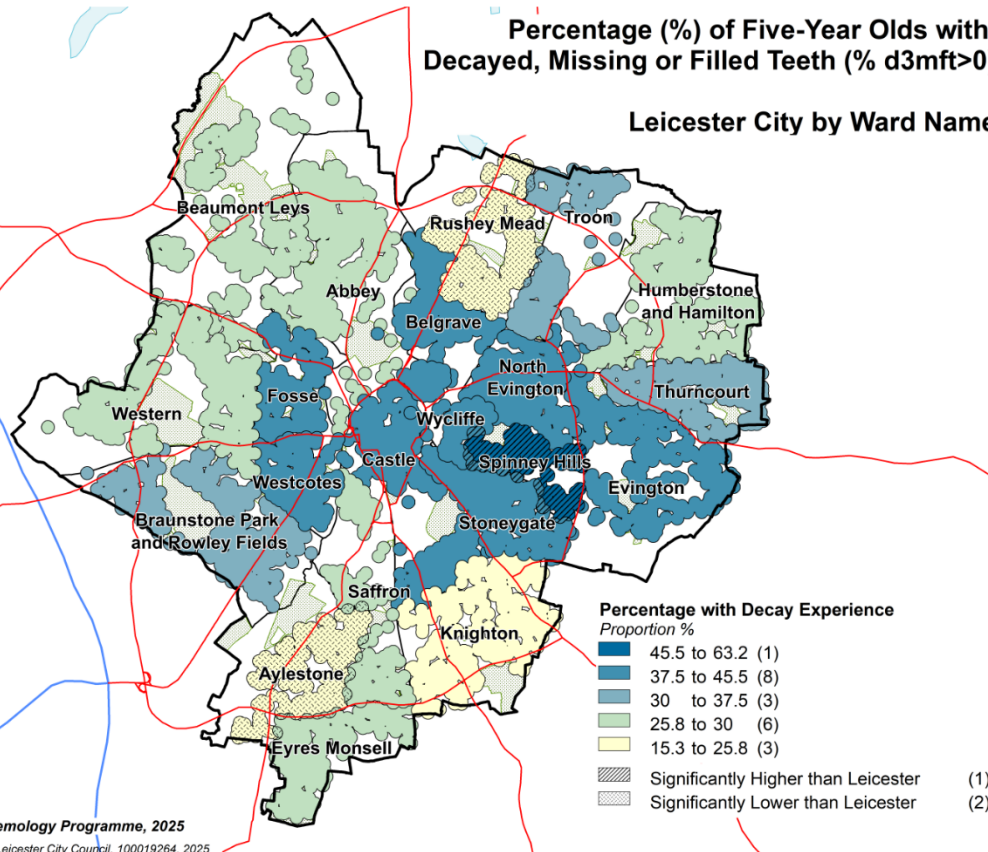
Dentinal Decay - Mapping

Leicester - 35.6
England - 22.4

Percentage (%) of Five-Year Olds with
Decayed, Missing or Filled Teeth (% d3mft>0)

Leicester City by Ward Name

26



Public Health Division
Leicester City Council
Created: 18/06/2025

Source: National Dental Epidemiology Programme, 2025

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Similar to last survey's picture, the highest prevalence of decay experience for Leicester's 5-year-olds is concentrated in the East of the city. This area of Leicester is also represented in the mapping of enamel and dental decay.

The ward with the highest prevalence was Spinney Hills, with 63% of 5-year-olds examined having decay experience.

Since the previous survey, however, comparatively high prevalences of decay occur in the Centre and West of Leicester.

Wards with the lowest prevalence of decay are Knighton (22%), Rushey Mead (19%) and Aylestone (15%).

Enamel and Dentinal Decay

Percentage of children with enamel and or dentinal decay

In Leicester, more than four in every ten children (42.4%) examined were found to have enamel or dentinal decay.

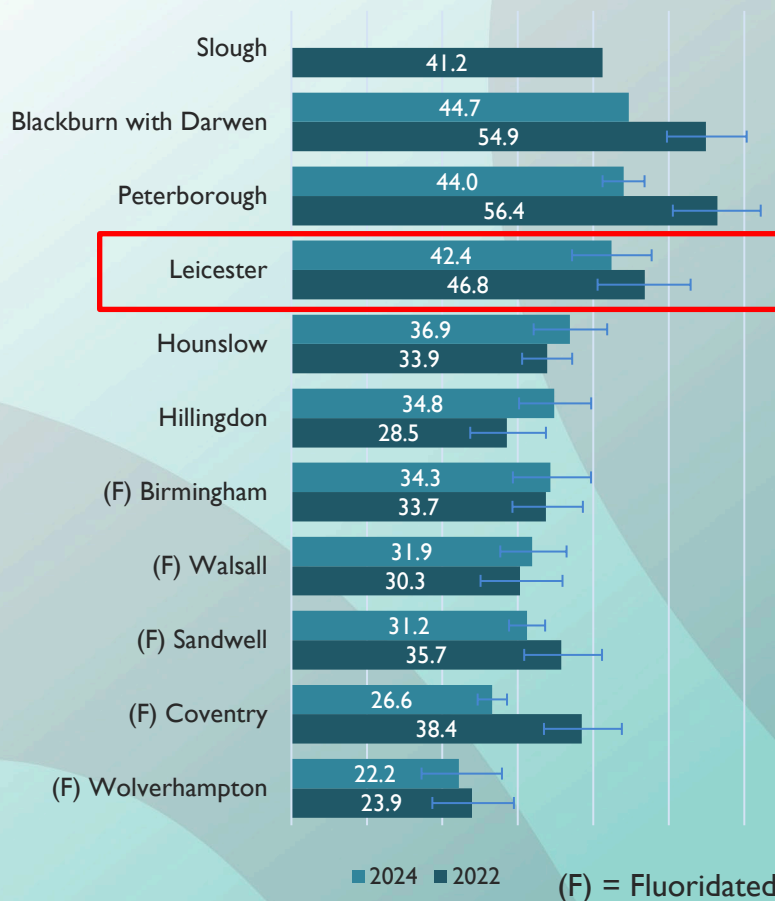
Amongst all participating local authorities, Leicester has the 13th highest prevalence of enamel or dentinal decay for 5-year-olds.

Leicester, amongst most its comparator areas, has seen a slight decrease in prevalence since the previous year of measurement however this change is statistically not significant.

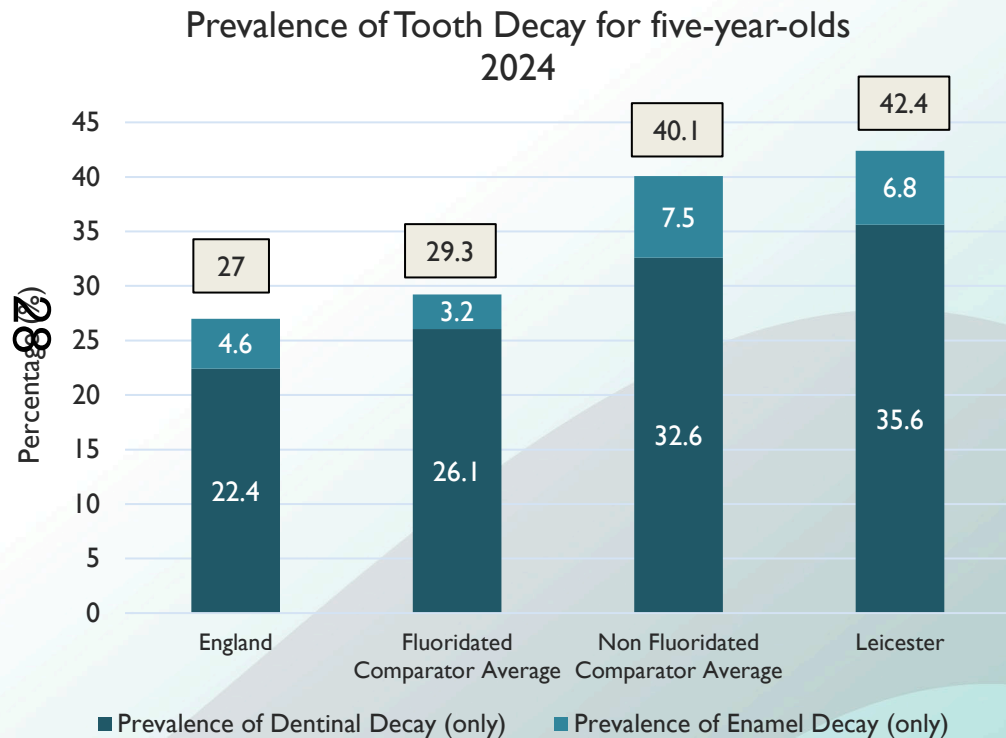
Wolverhampton is the only peer area with a prevalence below the national figure (Wolverhampton 22.2%, England 26.9%).

Note: No participation from Slough in the 2024 survey

Prevalence of enamel and or dentinal decay 2022 & 2024



Enamel and Dentinal Decay – Fluoridation

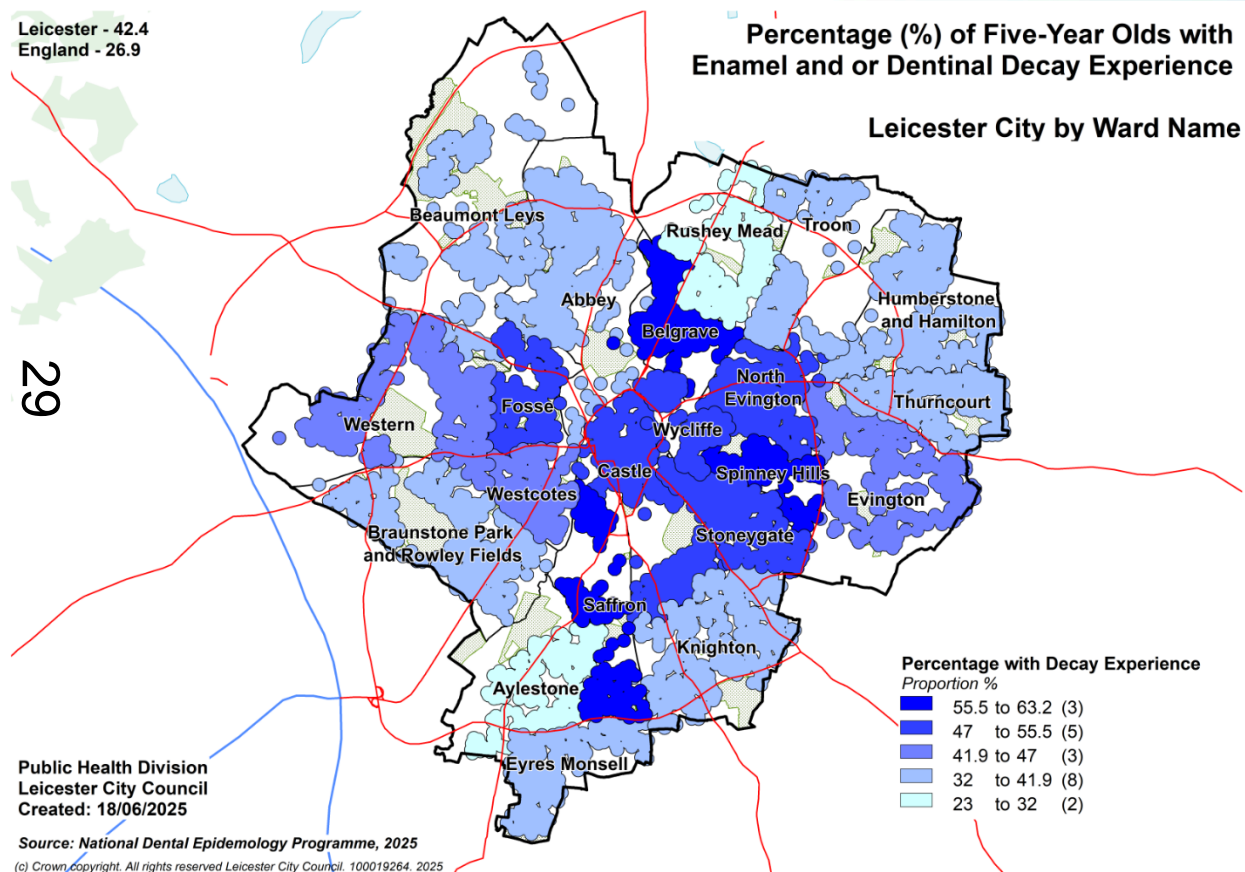


As mentioned previously, enamel decay is captured to account for children with an earlier stage of tooth decay that otherwise would have been missed.

The graph below shows the contribution this indicator makes to the prevalence of dentinal decay that we usually monitor.

With Leicester's higher prevalence of enamel decay compared to the national figure and the city's comparators with fluoridation, the gap in prevalence is widened.

Enamel and Dentinal Decay - Mapping



Higher prevalences of enamel and decay experience by Leicester Ward are concentrated in the city's Centre and East.

Spinney Hills had the highest prevalence with nearly two thirds (63%) of 5-year-olds examined found to have visible signs of enamel or dentinal decay. Meanwhile Aylestone, the prevalence was 23%. This was the lowest of all wards.

While there are a range of values represented in this map, no Ward has been calculated as significantly different to the overall prevalence

Additional Data – Emergency Tooth Extractions

Extractions published under HES indicate a more likely emergency extraction.

This data highlights areas in Crown Hills and Stoneygate with a higher number of admissions potentially highlighting less routine dental monitoring.

Note: The Community Dental Service (CDS), is commonly the service that carries out extractions on children. The CDS uses hospital facilities, but the activity data are not always recorded via Hospital Episode Statistics (HES).

Leicester children aged 0 to 19 experiencing a tooth extraction HES

Number: 265

The HES admissions are generally extractions as an emergency or where other treatment is required.

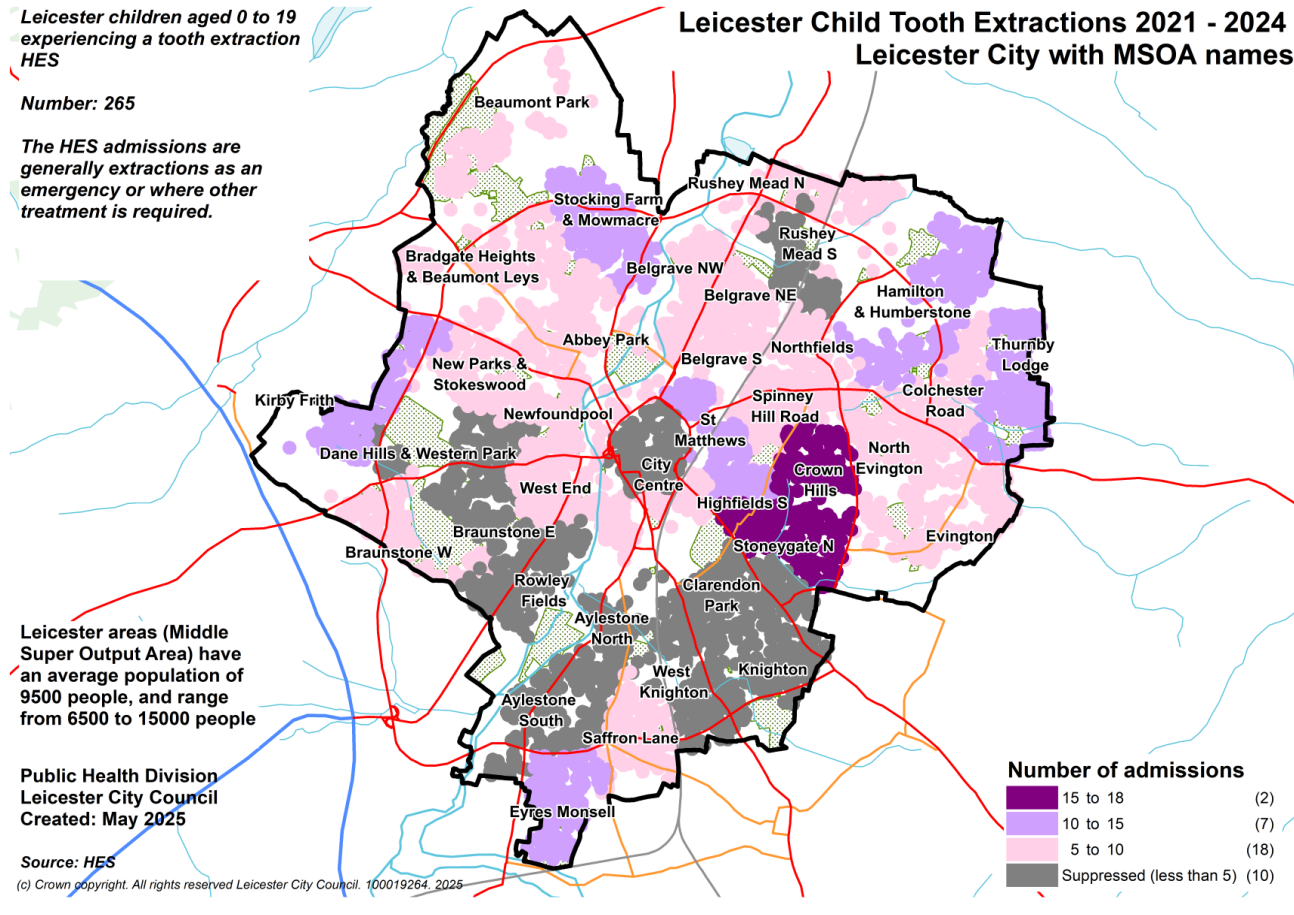
Leicester areas (Middle Super Output Area) have an average population of 9500 people, and range from 6500 to 15000 people

Public Health Division
Leicester City Council
Created: May 2025

Source: HES

(c) Crown copyright. All rights reserved Leicester City Council. 100019264. 2025

Leicester Child Tooth Extractions 2021 - 2024 Leicester City with MSOA names



Hospital Admissions for Oral Cancer, Leicester Cohort

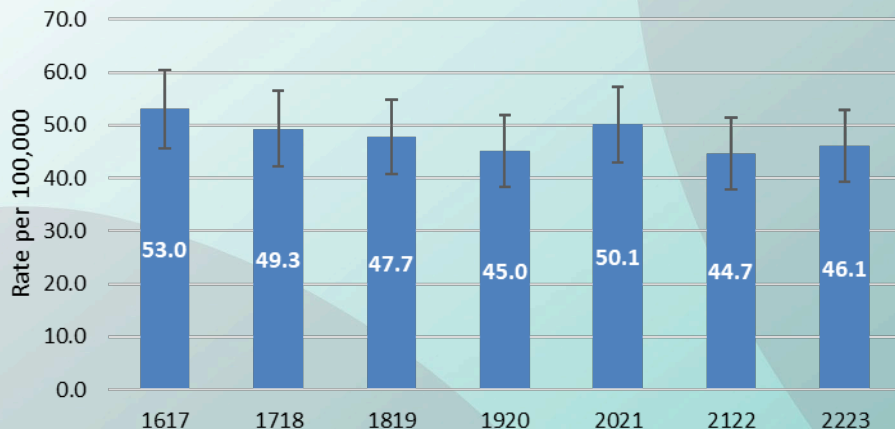
Key finding:

- Overall number of Oral Cancer admissions in Leicester 2022/23, n=172
- Leicester observed a rate of 46.1 per 100,000 population in 2022/23
- 31 The annual admission rates remained statistically similar across all the years from 2016/17 to 2022/23
- Overall, hospital admissions were highest among individuals aged 55-74 and males have significantly higher oral cancer admission rates than females in most of the age groups
- White British individuals have the highest overall admission rates, particularly between ages 55-74
- North Health and Wellbeing Area (HWBs) area had significantly highest admission rates compared to Leicester city overall and other locality areas

Admission rates: Leicester according to time period

- Leicester's oral cancer admission rates have varied over the years, with a slight decrease observed in 2022/23 (46.1 per 100,000) compared to 2016/17 (53.0 per 100,000).
- However, the rates have remained statistically similar across all years.

Leicester's oral cancer hospital admission rates per 100,000, 2016/17 to 2022/23

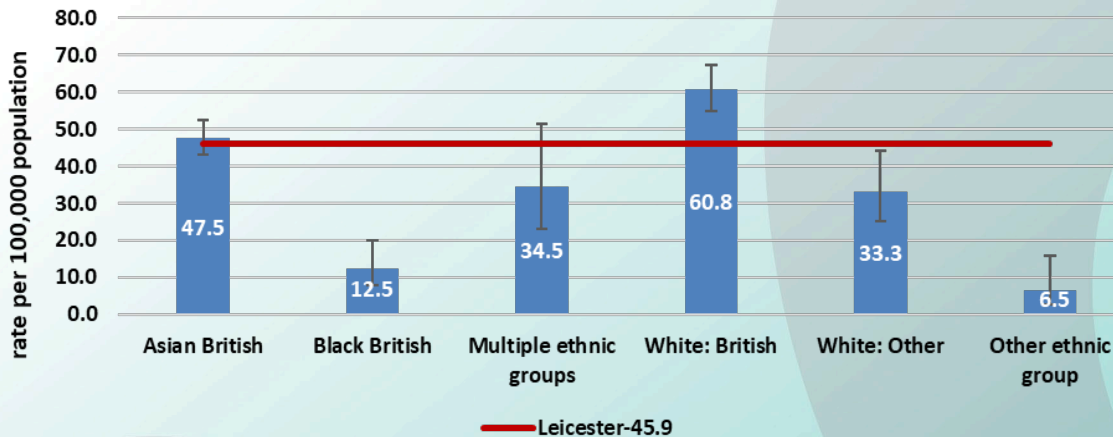


Admission rates by Ethnicity

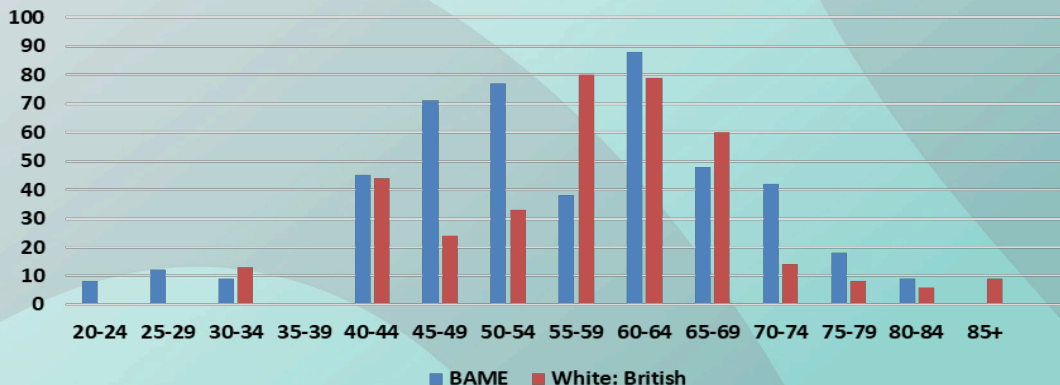
- White: British group shows significantly highest rate at 60.8 per 100,000 population
- Asian British shows the next highest rate at 47.5 per 100,000 population; Black British (12.5) and Other ethnic groups (6.5) have significantly the lowest rates according to the ethnic groups in Leicester
- Higher admission in younger age groups (under 55) in BAME communities than in White: British populations
- White: British admissions increase significantly, especially from ages 55 to 69, with a peak notices between 55-64 years age group

Source: HES Data 2016/17-2022/23

Oral cancer admissions by ethnic group (rate per 100,000 population - Census 2021 based rates) - 5 year range, 2018/19 to 2022/23

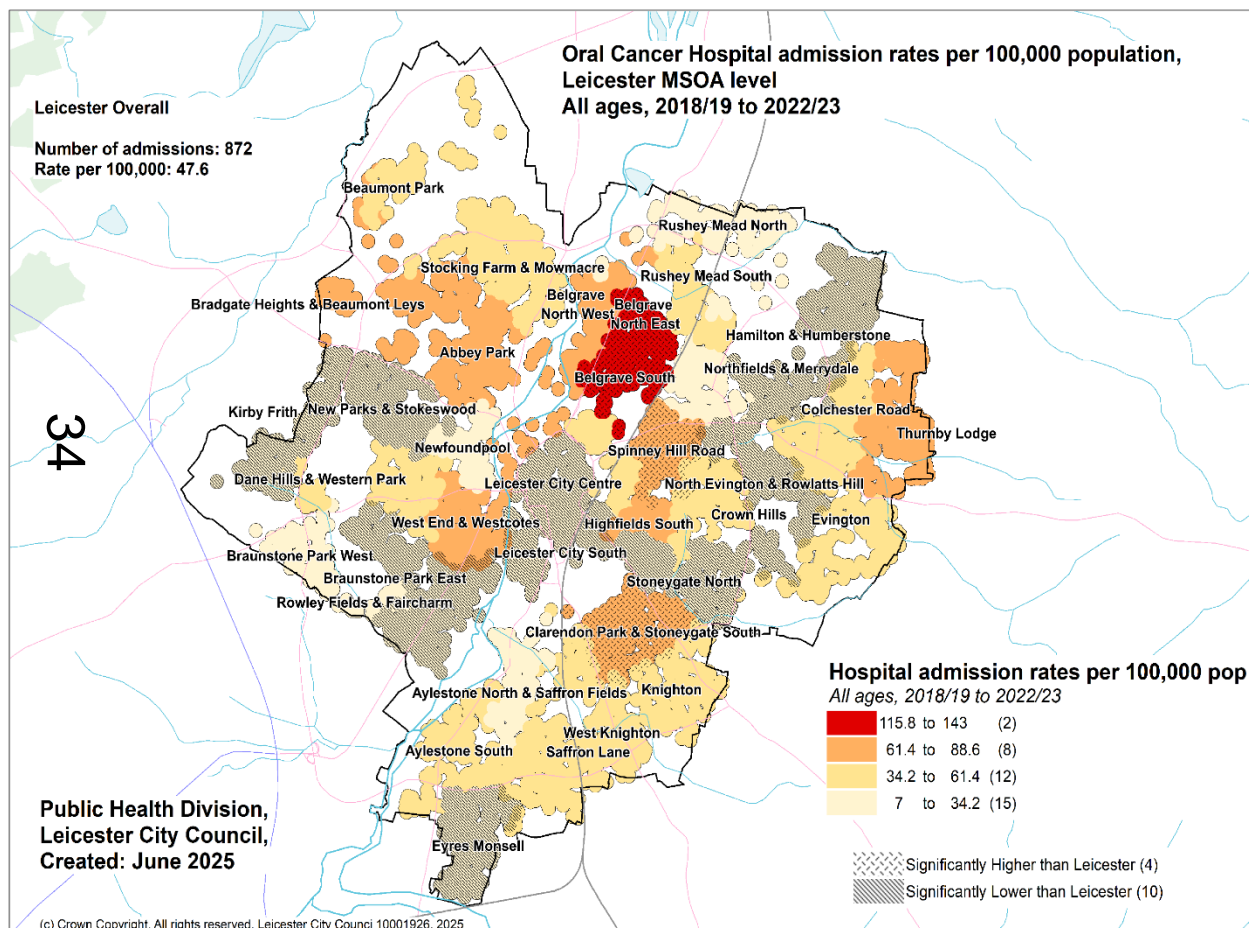


Number of Oral Cancer Admissions for Minority (BAME) and White: British communities by Age band, 5 year range-2018/19 to 2022/23



Note: Numbers less than 5 have been suppressed

Admission rate by Leicester MSOAs: 5 year range (2018/19 to 2022/23)



Significantly higher admission rates were found in Belgrave South, Belgrave Northeast, Spinney Hill Road, and Clarendon Park & Stoneygate South.

Conversely, areas such as New Parks & Stokeswood, North Evington & Rowlatts Hill, Leicester City South, Rowley Fields & Faircharm, Kirby Frith, Eyres Monsell, Hamilton & Humberstone, Stonegate North, Braunstone Park East, and Leicester City Centre have significantly lower admission rates than the Leicester overall average.

Public Health Actions

Overarching approaches at a population level:

- Letter sent to Secretary of State requesting that Leicester, Leicestershire and Rutland (LLR) is considered for fluoridation.
- Promotion of health improvement across all populations via the Live Well service.
 - Diet (sugar reduction)
 - Tobacco (including smokeless tobacco)
 - Alcohol
 - Physical Activity
- Campaign Support
 - Mouth Cancer Action Month
 - National Smile Month
 - Fizz Free February
- Oral health resources provided for all early years children.

Public Health Actions Supporting Early Years Children

- Supervised Toothbrushing (STB) Programme with early years children.
- Smile Early Years Award accreditation scheme for early years settings.
- Oral health resource distribution via Family Hubs, Healthy Together Programme and events.
- Training for health professionals and community organisations.

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Supervised Toothbrushing Programme

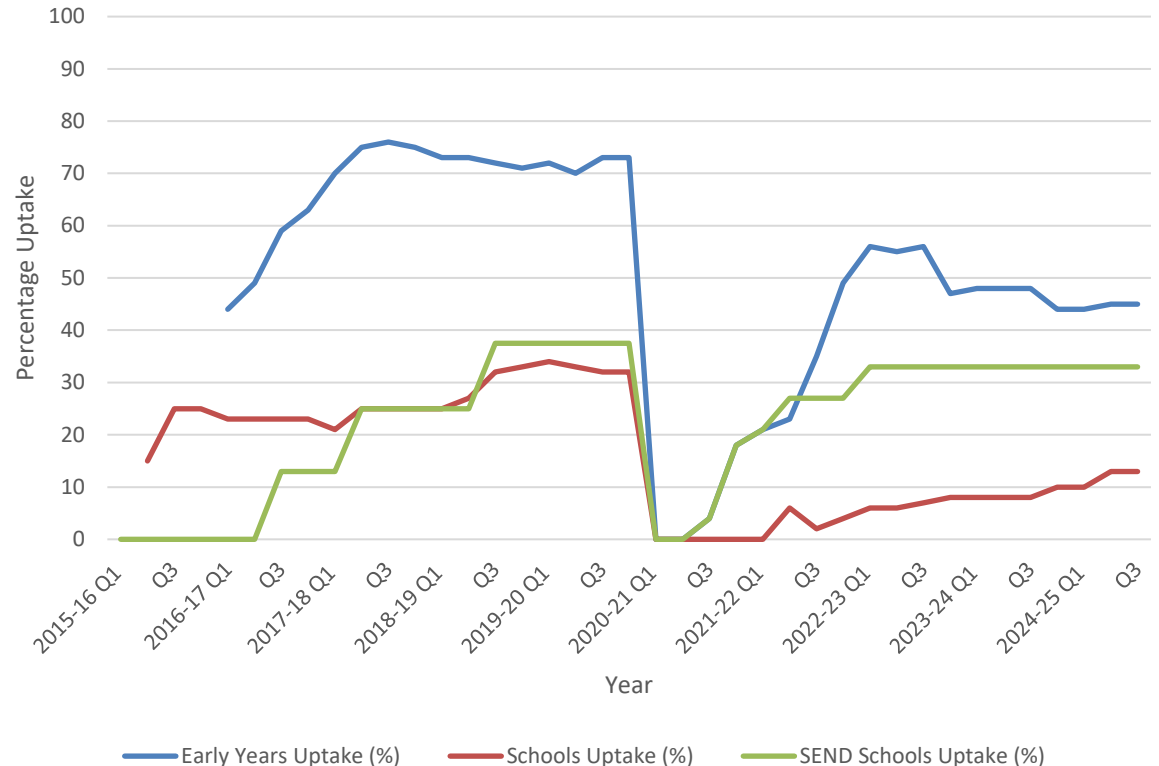
Evidence based programme to reduce decay amongst children, universally offered for free to all Early Years Settings and Primary Schools in Leicester.



Overall uptake in Leicester City

- Positive uptake amongst early years settings contributed to a significant improvement in decay levels amongst 5 year olds.
- Due to covid, the programme was paused resulting in reduced resumption.
- As of Quarter 3 of 2024/25, 45% of early years settings (nurseries and pre-schools), 13% of primary schools and 33% of SEND schools participate in STB.
- Resulting in 2358 early years children and 1967 primary school children taking part in daily STB within their educational setting.

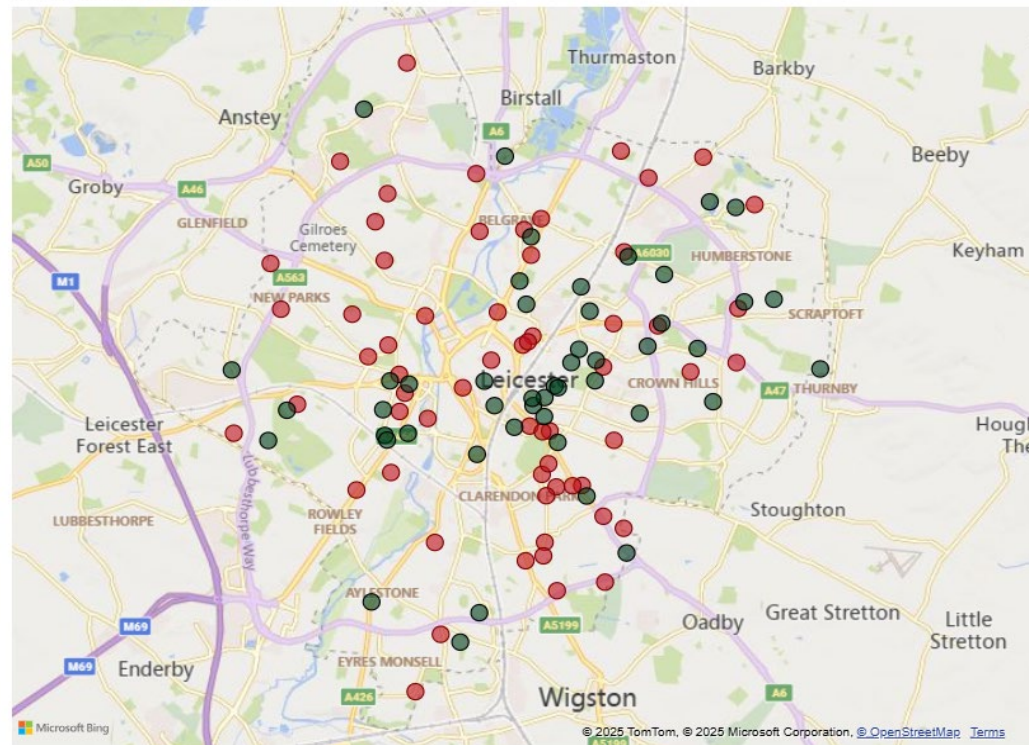
Supervised Toothbrushing Uptake



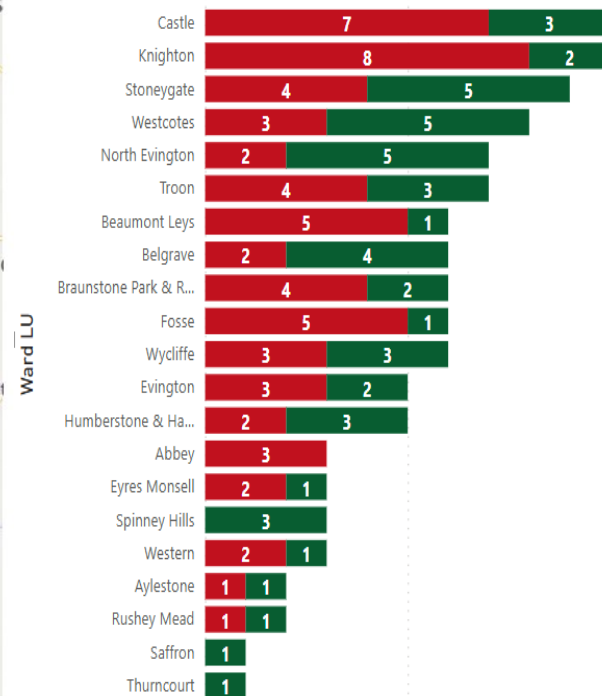
Early years settings STB uptake 2025

38

OFFERING STB ● No ● Yes



OFFERING STB ● No ● Yes



0

5

10

Action Plan to Increase STB Uptake

39

- Leicester City Council will receive an additional £119,088 for 2025/26 to implement targeted supervised toothbrushing programme for children aged 3, 4 and 5 in the most deprived communities.
- Funding eligibility and allocations are based on the number of 3- to 5-year-old children living in the 20% most deprived Lower Super Output Areas according to the Indices of Multiple Deprivation.
- Leicester City Council will also receive toothbrushes and toothpaste over the next 5 years through a donation from Colgate-Palmolive.
- Improving resources
 - Healthy Teeth, Happy Smiles refresh
 - Promotional content
 - Oral health resources from participating settings
 - Educational content for schools
- Improve uptake of schools within priority areas
 - Extend offer to Childminders
 - SEND focus
 - Reallocation and recruitment of staff
 - Attendance and promotion of programme at forums
 - Develop mentoring scheme
 - Offer educational sessions
- Community focus to prevent dental decay and poor oral health
 - Pilot informal childcare settings such as Team Hub and Playgroups
 - Community Wellbeing Champion
 - Utilisation of digital community assets
 - Supporting vulnerable groups
 - Asylum seekers/refugees
 - Supported Living
 - Looked After Children
 - Homeless
 - Travellers
 - SEND

Public Health Actions Supporting Adults

Oral Cancer

- Working with University Hospital of Leicester to understand the risk factors impacting Leicester.
- Working with South Asian communities to support the improvement of risk factor awareness and behaviour change that are associated with mouth cancer e.g. Chewing tobacco and betel nut.
- Co-production of mouth cancer promotional assets.
- Work with communities to understand the knowledge and behaviours around shisha smoking and to develop strategies to reduce this.
- Mouth Cancer Action Plan including training pharmacists to recognise oral cancers, refresh training with GPs, improved data collection across the health system, improving HPV vaccination uptake,

Oral Health

- Work with harder to engage with groups:
 - Increasing knowledge of support staff.
 - Distribution of oral health resources including Family Packs of toothpaste, toothbrush and literature at foodbanks, hotels for displaced families, homeless teams.

Public Health Actions Supporting Care Homes Residents

Maintaining good oral health throughout life and into older age improves general health and wellbeing, and plays an important part in helping people stay independent.

The Care Quality Commission report Smiling matters: oral health in care homes showed that too many people living in care homes were not being supported to maintain and improve their oral health.



Free oral health training for care homes

Leicester City Council are pleased to offer free oral health training and support to care homes in Leicester City, to enable your care team to effectively support residents with their daily oral hygiene.

Training includes:

- CQC requirements for oral health care
- Causes and prevention of dental diseases
- Practical guidance on how to assist residents with oral hygiene
- How to complete oral health assessments



To book a session:

Email us:  HealthyTeethHappySmiles@leicester.gov.uk



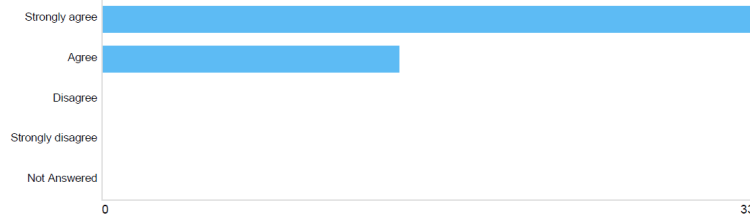
Leicester
City Council

Uptake and Feedback:

Activity	Number
Total number of care homes	94
Care homes trained	14
Staff trained*	132
Outstanding care homes booked onto training	20

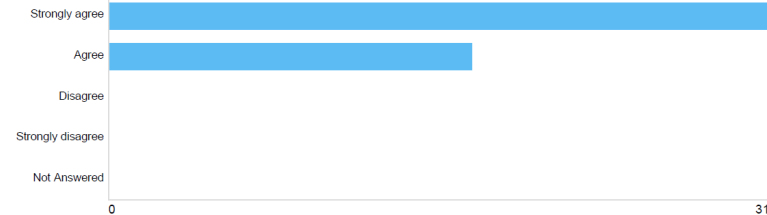


Training and course quality - I learned practical tips and guidance on how to get oral health messages into my setting



Option	Total	Percent
Strongly agree	33	68.75%
Agree	15	31.25%
Disagree	0	0.00%
Strongly disagree	0	0.00%
Not Answered	0	0.00%

Training and course quality - I would recommend this session to a colleague



Option	Total	Percent
Strongly agree	31	64.58%
Agree	17	35.42%
Disagree	0	0.00%
Strongly disagree	0	0.00%
Not Answered	0	0.00%

*Staff trained include managers, deputies, care leaders and oral health champions

Further Information

1. National data and reporting is available here: [National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/national-dental-epidemiology-programme-ndep-for-england)
2. Local information and oral health guidance is available here: <https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/>
3. The latest oral health needs assessment (2023) for Leicester City is available here: [Oral health \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/)
4. Oral cancer admissions are not published and therefore comparator data is not available.
5. Further information on published oral cancer mortality data can be found online here: [Fingertips | Department of Health and Social Care](https://www.fingertips.org/)
6. Further information on HES admissions: [Hospital Episode Statistics \(HES\) - NHS England Digital](https://www.hes.nhs.uk/)





Community Wellbeing Champions round-up

Public Health Scrutiny Commission

Date of meeting: 08/07/2025

Lead director: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Nazira Vania, Project Manager, Public Health
- Author contact details:
- Report version number:

1. Summary

- 1.1 The Community Wellbeing Champions (CWC) project has now been underway for over three years. In this time, it has developed and delivered a number of initiatives and workstreams aimed at increasing engagement with residents, especially those most affected by health inequalities, improving understanding of health needs and challenges, and fostering closer working relationships between trusted community organisations and figures, Public Health (PH), and other partners for the benefit of the people of Leicester.
- 1.2 This report provides details of workstreams and initiatives currently underway across the CWC project, as follows.
- a. **CWC Network membership and management:** Current membership of the network 298. This represents a reduction from three months ago due to the introduction of a new sign-up system, but new members continue to join the network regularly. The new sign-up system has been introduced to support robust data management and governance. The new process includes Working Together Principles to help Champions, PH, and other partners work together in a safe and effective way for all. Introducing the new system has led to membership falling, as existing members must complete the sign-up form to stay on the Network, but it is expected numbers will recover. Data collected through the new system will be used to produce a profile network.
 - b. **Network communication and resources:** Established in October 2022, the CWC weekly email is one of three core channels for engaging with the network and sharing useful information with and from members. This includes the Help Leicester Stay Connected workbook, a key resource created to support information sharing in light of the cost-of-living crisis. The CWC team also produces an internal newsletter to help keep PH staff informed of Network news and promote members' services.
 - c. **Online CWC Network Forum:** the second of three core network engagement channels, the forum has been running monthly since October 2022, when early members voiced a request for an easily accessible platform through which to regularly connect, share, and learn. It is used to raise awareness of services, explore health topics, conduct consultations, and form connections.
 - d. **CWC Network Conferences:** the third core channel for engaging with the Network, the CWC conferences were established to provide PH, community organisations, partners, and other stakeholders time and space to connect and collaborate in-person over the city's health and wellbeing priorities. Five have been delivered in the past three years. All have received positive feedback. The next conference is being planned for November 2025.

- e. **PH Community Engagement Grants Programme:** With the purpose of supporting community engagement work aimed at improving health outcomes for underheard and underserved groups across Leicester, the PH Community Engagement Grants Programme provided 32 community organisations with grants up to £2,000 to undertake health and wellbeing events/activities tailored to the needs of their communities. All but one of the projects has completed delivery and an evaluation is underway.
- f. **PH Community Internships Pilot Project:** Developed in response to requests from CWC Network members and others (e.g., event attendees) for opportunities to gain work experience in PH, this initiative offered three paid Intern Project Support Officer placements of three months' duration, working 15 hours per week, to volunteers and staff from community organisations on the CWC Network. The interns have completed their placements, where they worked on a range of communities and social inclusion projects. An evaluation of the scheme is underway.
- g. **PH community engagement framework and alignment:** Engaging communities is a necessity and cross-cutting priority for PH, and its engagement with community organisations and the public happens extensively outside of the CWC Team and Network structure as well as through it. As a number of teams and projects across the service undertake community engagement activities, a new internal working group is being developed to help align and enhance this work. A framework is also being developed to help embed a holistic and strategic approach to inclusion and participation across PH, so the views, insights, and lived experiences of people affected by poor health and negative health inequalities are used in a more meaningful and impactful way in informing needs assessments, strategies, action plans, intervention programmes, services, and research as well as health promotion activities.

1.3 In addition to the above, the CWC team is involved in a number of other areas of PH work, such as the supporting the social inclusion portfolio, and informing the Prevention and Health Inequalities Steering Group priority task and finish workstreams with a VCSE and community engagement perspective.

2. Recommendation(s) to scrutiny:

Public Health Scrutiny Commission are invited to support efforts to reach all communities across Leicester and address health inequalities by signposting VCSE organisations and other champions to the CWC Network (wellbeingchampions@leicester.gov.uk).

3. Detailed report

Introduction

3.1 The CWC project and network were 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.

3.2 CWC is being delivered through a combination of ongoing workstreams and standalone initiatives that align with PH's community engagement objectives. This report provides a summary of the various activities currently underway, as follows:

- a. CWC Network membership and management
- b. Network communication and resources
- c. Online CWC Network Forum
- d. CWC Network Conferences
- e. PH Community Engagement Grants Programme
- f. PH Community Internships Pilot Project
- g. PH community engagement framework and alignment

CWC Network membership and management

3.3 As of 25.06.25, there are 298 members on the CWC Network, representing around 160 organisations/services from across different sectors (VCSE, health, education, etc.) and 40 individuals. However, at the end of March 2025, membership was around the 600 mark. The reduction is due to a change to the sign-up system for the network (see 3.4 for details). While many members have migrated to the new system, some are yet to sign up, and others have left due to a change in their circumstances (e.g., moving to a different job role). Although the overall membership level has dropped, however, since the new system was introduced, there are signs that the network is healthy and growing, with new people joining regularly – e.g., between January to March 2025, the network gained nearly 100 new members.

3.4 The new sign-up system for the CWC Network was introduced in February 2025. Under the previous system, interested parties who asked to join the Network were added directly to a mailing list in Excel and Outlook. Data collection was inconsistent and unstructured and management of information about members was at a very basic level, which made it difficult to understand the make-up, activities, and reach of network members. There was also no framework for terms of engagement or shared understanding of the purpose, roles, and responsibilities of the Champions and Public Health. To address this, a new process was introduced with clear information about the Network and the criteria and procedure for joining it. A new Microsoft Forms e-form was developed, enabling consistent, secure, and structured data collection. In addition to mandatory information (name, email address, etc.), the form asks Champions to provide (optional) information on their organisation, work, areas of interest, and community reach. This will facilitate better profiling of the network and more targeted engagement.

3.5 The new framework also includes Working Together Principles and a Concerns Review and Resolution Process, which have been introduced to provide guiding standards and values so all parties involved in the CWC Network work together in a way that is safe, consistent, and effective for themselves, each other, and communities we collectively serve. This is an important reason underpinning the introduction of the new sign-up system, as there would be no framework for addressing concerns about member if had arisen under the previous process.

3.6 Outreach will be undertaken with members on the former mailing list and selected communication – e.g., promotion for conferences and funding opportunities – will be sent periodically to encourage them to re-join the network. Insight will also be sought from anyone leaving the network to understand if improvements can be made.

3.7 The PH Data and Intelligence Team helped create the sign-up form to ensure information provided by members is collected and stored in a format that lends itself to analysis. Work to analyse member data and produce a profile of the Network and its reach is getting underway.

Network communication and resources

3.8 The CWC weekly email is one of three core channels for engaging with the network. The email was established in October 2022 as a vehicle for sharing information with and across network members that might be of use to them and their communities.

This includes information about:

- Services and support
- Events and activities
- Consultations and research
- Jobs and volunteering
- Funding opportunities
- Training, workshops, and webinars
- Health priorities and key messages

3.9 Information for the emails is contributed by PH, services across the council, VCSE and community members, NHS organisations, service providers, and other partners. The criterion for inclusion is content must be related to health and wellbeing, whether directly on in a broader sense. For example, information about free or low-cost council-run cultural events will be shared to help promote social inclusion, whereas promotion for more commercial events at entertainment venues will not.

3.10 Standalone emails are also sent occasionally to Network members in addition to weekly emails if particularly urgent or important need to be shared information – for example, in response to flooding across the city earlier in the year.

3.11 The email is well used by many internal and external partners and has come to be seen as a go-to channel for getting information out to communities as well as the Network. As a result, content has grown significantly over the years, and whereas early emails sometimes contained only one or two pieces of information or were not sent out in some weeks due to lack of content, the emails now regularly contain at least 10 to 12 items. The format of the emails has, therefore, also evolved to help make it easier for recipients to navigate the content and discern what is of particular relevance to them and the people they support.

3.12 The weekly email also includes Help Leicester Stay Connected (HLSC), an information sharing resource created to support organisations with their response to the cost-of-living crisis. HLSC is an MS Excel workbook containing information on warm spaces to go, no- and low-cost things to do, and other support and resources available to help people manage the increased cost of living (e.g., free period products). Like the emails, information contained in the is drawn from a range of sources, including community organisations, council services, and other projects.

3.13 Both the emails and the HLSC workbook receive positive feedback from Network members. For example, some social prescribers use them to identify local activities to which they can signpost their patients. Feedback is also used to shape CWC communications and resources so they are user friendly and relevant.

3.14 The CWC team also produces an internal newsletter ('CWC Wrap-Up') to help keep PH staff informed of Network news and promote members' services.

Monthly Online Forum

3.15 The CWC Network Forum is the second of three core network engagement channels. The Forum has been running monthly since October 2022, when early members voiced a request for an easily accessible platform through which to regularly connect, share, and learn.

3.16 The sessions last around 90 minutes and cover three to four topics each month, delivered by PH, council services, Network members, and other organisations. Recordings and notes from Forums are shared via the CWC weekly email so people that cannot attend can catch up with content when convenient.

3.17 27 Forum meetings have been held since their inception, featuring around 80 speakers. The Forum has helped to link organisations and services and increased awareness of work being undertaken on a wide range of health needs and issues across different sectors. The Forum has helped facilitate connections and promote opportunities for collaboration. For example, the Forum provided a platform for the Fuel Poverty Programme to raise awareness of NEA, promote their energy advisor training opportunities to VCSE organisations, and recruit participants from target communities. The Forum has also been used to conduct focus groups and consultations.

Conferences

3.18 CWC conferences form the third of three core channels for engaging with the Network. They were established to provide PH, community organisations, partners, and other stakeholders time and space to connect and collaborate in-person over the city's health and wellbeing priorities.

3.19 The first CWC conference in June 2022 served as the point where the network was formally established. The most recent was held in December 2024, with the theme of 'Raising Healthy Children and Young People: It Takes a City'. The conference brought together representatives from different organisations and sectors to consider how we can achieve more equitable health outcomes for children, young people, and their families in Leicester through closer partnership working. The first session of the event focused on the current picture of children and young people's health in Leicester. The second session explored four key health challenges raised in the earlier presentation: oral health, healthy weight, childhood vaccinations, and adversity and resilience. The event also featured twenty information stalls and nine Service Showcase 'open mic' speakers. Around 135 delegates attended, including a number of people and organisations that were new to the CWC Network, and positive feedback was received both on the day and in the evaluation forms.

3.20 The December conference was the fifth such event held by Public Health since the CWC project was implemented. Over the course of these five conferences, valuable experience and insight has been gained into what works well, what hasn't worked as well, and what can be done to strengthen and sustain future events. Each event has received positive feedback from attendees and helped foster stronger working relationships between VCSE and faith organisations, Public Health, NHS partners, wider Leicester City Council services, and other individuals and organisations. They have helped raise Public

Health's profile amongst and build relationships with the VCSE sector and sparked new connections with people and services not worked with before.

3.21 For this reason, the conferences will remain one of the central elements and outputs of the CWC project, and events are being planned for 2025-2026 and beyond. However, given the financial climate and possibly needing to make savings within the CWC budget down the line, it may be necessary to take a new approach to future events. For example, if the CWC budget is reduced, one approach might be for CWC to organise and deliver one 'annual Public Health conference' as its core output per year, and for themed or subject-specific conferences to be arranged if funding is available from the budget for the given health priority, thus sharing the cost of the conferences across the service.

3.22 The next event (the proposed annual public health conference) will be held in November 2025, and it is anticipated a further conference will be held in early 2026 on a topic either not covered in previous conferences, or that would benefit from being revisited (for example, because of new developments).

PH Community Engagement Grants Programme

3.23 The Public Health Community Engagement Grant Programme was set up in 2024 to support community engagement work aimed at improving health outcomes for underheard and underserved groups across Leicester. The grant programme provided community organisations with grants up to £2,000 to undertake health and wellbeing events/activities tailored to the needs of their communities that will help to help tackle health inequalities, raise awareness of support/services available within Leicester, and/or gather insight into needs and barriers to better health.

3.24 The total amount of funding for the programme was £60,000: £20,000 drawn from the government Department for Levelling Up, Housing, and Communities (DLUHC) grant for community vaccine work, £30,000 awarded from the Office for Health Improvement and Disparities (OHID) grant for community substance use work, and £10,000 awarded from the Household Support Fund to run community warm spaces.

3.25 50 applications were received for the grants, 20 of which came from organisations new to the CWC Network. This helped meet wider aims of the grant programme to raise awareness of PH and our role in reducing health inequalities, boost Public Health's profile, and fostering closer relationships with community organisations.

3.26 Of the 50 applications, 32 were awarded funding. Activities approved included warm spaces, workshops, community events, health and wellbeing fairs, weekly physical activity sessions, and consultations. Projects were spread across the Leicester, with around half being focused on particular localities within priority health areas. Some events focused on specific conditions or needs (e.g. sickle cell anaemia), while others addressed a variety of health topics. Mental health and social isolation were identified as priority health topics by two-thirds of the funded project; other health priorities included substance use, long term conditions, and vaccinations.

3.27 All but one of the projects has completed delivery, and most organisations have provided end of project reports setting out their activities and impact. For monitoring purposes, the CWC Team also undertook visits to a number of projects to observe funded

activities. Findings from the end of project reports and monitoring visits are now being used to produce an overall programme evaluation.

PH Community Internships Pilot Project

3.28 The PH Community Internships Pilot Project (CIPP) was developed in response to requests from CWC Network members and others (e.g., event attendees) for opportunities to gain work experience in Public Health. The scheme offered three paid Intern Project Support Officer placements of three months' duration, working 15 hours per week, to volunteers and staff from community organisations on the CWC Network.

3.29 Eight applications were received during the recruitment stage, out of which six candidates were interviewed, and three were appointed. Two of the appointees were volunteers – one with a mental health organisation and another with an organisation that supports parents – and one appointment was a casual employee with a sports organisation that runs mental health support sessions for men.

3.30 The interns have now completed their placements and worked on a range of communities and social inclusion projects. They also:

- Learned about how the PH service identifies and addresses health inequalities in Leicester.
- Explored their respective areas of interest.
- Took part in partnership meetings.
- Attended community events and supporting community engagement.
- Participated in learning and development activities.
- Shared their knowledge and insight.

3.31 The aim of the project was to help build PH's profile in communities, 'demystify' PH and make it feel more accessible, encourage more people from diverse communities to choose PH careers, and serve as a form of knowledge exchange, with us potentially learning as much from the interns as they learn from us. An evaluation of the project is underway. If considered successful, and further funding can be secured, the scheme could be repeated and also further developed to target particular cohorts – for example, priority health inclusion groups such as care experienced young people.

PH community engagement framework and alignment.

3.32 Engaging communities is a necessity and cross-cutting priority for PH, and its engagement with community organisations and the public happens extensively outside of the CWC Team and Network structure as well as through it. As a number of teams and projects across the service undertake community engagement activities, a new internal working group is being developed to help align and enhance this work.

3.33 A framework is also being developed to help embed a holistic and strategic approach to inclusion and participation across PH, so the views, insights, and lived experiences of people experiencing poor health and more greatly affected by health inequity are used in a more meaningful and impactful way in informing needs assessments, strategies, action plans, intervention programmes, services, and research as well as health promotion activities.

Other CWC business

3.34 In addition to the above, the CWC team is involved in a number of other areas of PH work, such as the supporting the social inclusion portfolio, and informing the Prevention and Health Inequalities Steering Group priority task and finish workstreams with a VCSE and community engagement perspective

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

The original source of funding for the CWC project was from earmarked reserves. However, as part of the 2024/25 review of reserves exercise, the allocated pot of reserves to fund CWC project was withdrawn. The outturn cost, in 2024/25, was £149k and this was offset by underspends in other service areas.

For the CWC project to continue in 2025/26 and beyond, DMT is requested to identify funding source. One option is to submit a budget growth proposal for funding from the £1.6m increase in PH grant in 2025/26. The amount of budget growth to propose would depend on the structure of the CWC team going forward. DMT to advise of the structure and other associated costs to be incurred/allowed in 2025/26, which would then allow for costings to be produced. This will form the basis for the budget growth proposal.

Signed: Rohit Rughani

Dated: 17 April 2025

4.2 Legal Implications

There are various strands for consideration and therefore each project/element will need to be considered on a case-by-case basis for arising implications. General comments are any procurement/commissioning should be undertaken in accordance with procurement legislation and alternative models of delivery such as subsidy/funding, likewise any partnership initiatives will need to be considered on a project-by-project basis therefore early Legal and Procurement advice should be sought as required.

Signed: Mannah Begum, Principal Solicitor (Commercial and Contracts Legal) Ext: 1423

Dated: 22 April 2025

4.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The paper provides details of workstreams and initiatives currently underway across the Community Wellbeing Champions project,

The project's aim is to make sure that health and wellbeing services are accessible to all residents in Leicester, taking into account any challenges different communities might face.

Champions can act as a voice for their communities, ensuring that the perspectives and needs of often unheard or underserved groups are considered by health and wellbeing service providers.

Having champions from diverse backgrounds, these programmes can build trust and improve engagement with communities that might otherwise be hesitant to interact with mainstream services. The Champions help ensure that service providers are aware of the barriers that prevent some communities from having their health needs met, which can lead to health disparities. By actively promoting equality, these programmes strive to create a healthier and more inclusive community for all.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 23 April 2025

4.4 Climate Emergency Implications

The CWC activities outlined in the report don't have major climate emergency implications, but there may be opportunities to:

- a. Ensure that activities which might generate carbon emissions, such as the conferences and grant-funded activities, are planned in such a way as to minimise their impact. For example, this could involve looking for venues which are energy efficient or minimising the need for travel.
- b. Highlight how actions to promote health and to address climate change can be mutually supportive, such as through making homes cheaper to heat and improving air quality.

Signed: Duncan Bell, Change Manager (Climate Emergency). Ext. 37 2249

Dated: 24 April 2025

4.5 Other Implications

n/a

Signed:

Dated:

5. Background information and other papers:

6. Summary of appendices:

Community Wellbeing Champions

– an overview

55

Public Health Scrutiny Commission
8 July 2025

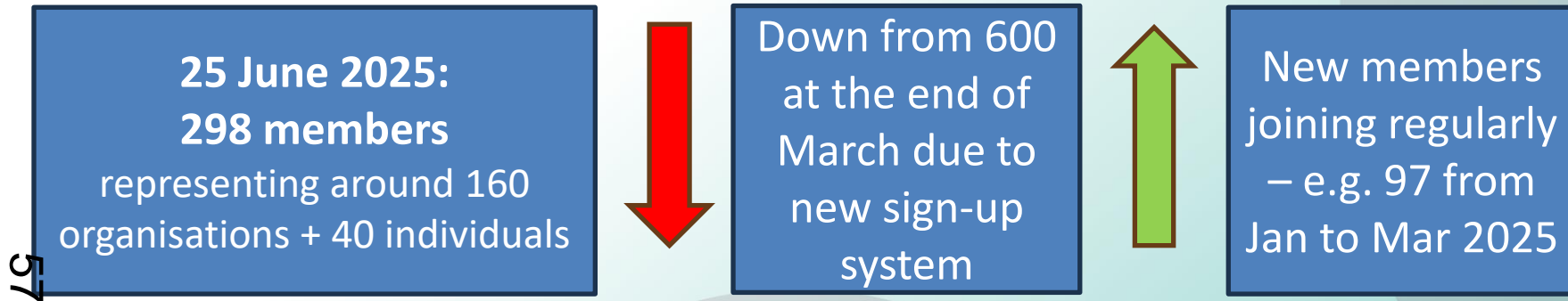


Background

- The Community Wellbeing Champions (CWC) Project was implemented in late 2021 to support the Covid-19 pandemic response and wider work on health inequalities.
- CWC helps Public Health and partners:
 - a. Gain a better understanding of people's health needs and the barriers they face in having those needs met, especially those affected by inequalities, and
 - b. Be more effective in reaching people with key information, support, and services.
- The CWC Network helps achieve these aims by facilitating closer working with the Voluntary, Community, and Social Enterprise (VCSE) sector organisations, groups and services, and other champions communities trust and to whom they turn for support.



Network membership & management



New sign-up system

- Introduced February 2025
- Consistent data collection and better network profiling
- Includes Working Together Principles and concerns process - guiding standards and values for members and Public Health
- Facilitate safe, consistent, and effective working for all

Ongoing actions

- Reach out to former members
- Selected comms – e.g., conference invitations
- Feedback from leavers – inform improvements

CWC email: information and resources

CWC weekly email – sharing relevant information including:

- Services and support
- Events and activities
- Consultations and research
- Jobs and volunteering
- Funding opportunities
- Training, workshops, and webinars
- Health priorities and key messages

Typical content:

- 10 – 12 items of interest from PH, LCC, network members
- Help Leicester Stay Connected – cost of living and social inclusion resource

Used by Social prescribers, VCSE, NHS staff and council staff.



CWC Forum: learning and sharing

- Monthly online forum established October 2022.
- Based on members' request for a space to regularly connect, share, and learn.
- Sessions are 90 mins long and cover 3 or 4 topics.
- Delivered by speakers from range of organisations.
- Recordings and notes shared via CWC email.
- 27 forum meetings held to date with around 80 speakers.
- Raises awareness, facilitates connections, and promotes activities for collaboration.
- Also been used to conduct focus groups and consultations.



Conferences: connecting and collaborating

- Time and space for CWC Network and other partners to connect over the city's health and wellbeing priorities
- Five conferences held to date:
 - Tackling health inequalities
 - Prevention Showcase
 - Barriers to better health
 - Mental Health and Social Isolation
 - Children and Young People
- Includes presentations, discussions, networking, information marketplace, service showcase
- Facilitate connection, collaboration, 'best ideas'
- Next conference planned for November 2025



PH Community Engagement Grants

Supporting community organisations to undertake activities that improve health outcomes for local people, particularly those from underserved/ seldom heard communities (2024/2025)

61

32 organisations funded

Up to £2,000 per project

Health and
wellbeing
fairs

Physical
exercise
classes

Warm
Welcome
space

Mental
health
support

Menopaus
e
awareness

Community Interns Pilot Project

Developed based on feedback from CWC network members and VCSE sector for opportunities to enhance understanding of and contribute to public health work.

3 paid internships –
Project Support
Officer posts

Open to volunteers
and staff of CWC
member organisations

4 months duration –
15 hours per week

Interns learned about public health, contributed insight, and worked on projects:

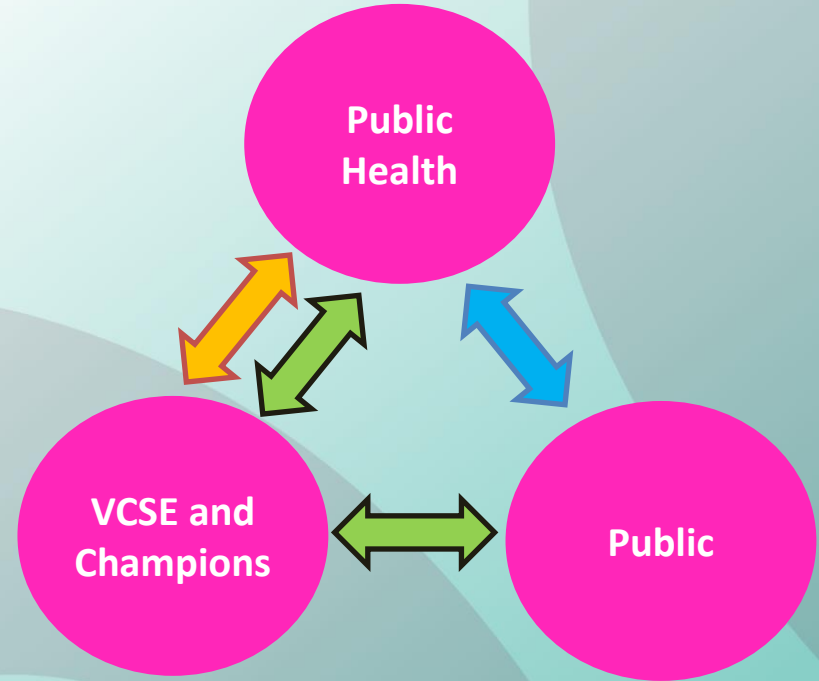
Community Garden
and men's social
inclusion

Analysing Health &
Wellbeing Survey
social isolation data

Planning & delivering
Let's Get Together
week programme

PH community engagement approach

- Public Health engages with residents directly (e.g. at health events) and indirectly (working with CWC and other partner organisations).
- Work is underway to better align and enhance community engagement activities across different PH teams and the network.
- Establishing a framework to embed a holistic and strategic approach to inclusion and participation. Helping to ensure that 'lived experiences' inform all activities in public health.



Three dimensions of engagement in public health

THANK YOU

For further information, contact
wellbeingchampions@leicester.gov.uk



Public Health & Health Integration Scrutiny Committee

Work Programme 2025-2026

Meeting Date	Item	Recommendations / Actions	Progress
8 July 2025	Brief introduction to PHHI Health Protection ICB funding changes – briefing paper Oral Health - PH Same day access – ICB Community Engagement and Wellbeing Champions round-up		

Meeting Date	Item	Recommendations / Actions	Progress
9 September 2025	<i>Items TBC:</i> <i>DPH Annual Report</i> <i>Restructuring updates</i> <i>GP Access</i> <i>NHS App</i> <i>Winter protection</i>		
4 November 2025	<i>Items TBC:</i> <i>Whole systems healthy weight</i> <i>Smoke free generation</i> <i>Drugs and alcohol strategy</i> <i>Update on sexual health service</i>		

Meeting Date	Item	Recommendations / Actions	Progress
27 January 2026	<i>Items TBC:</i> <i>Annual review of prevention and health inequalities programme</i> <i>Cost of living, food poverty and fuel poverty update</i>		
24 March 2026	<i>Items TBC:</i> <i>Public mental health and suicide prevention</i> <i>Community wellbeing champions programme</i>		
28 April 2026	<i>Items TBC:</i> <i>CDOP annual report</i> <i>Healthy babies strategy update</i>		

Forward plan suggestions 2025/26: