Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: TUESDAY, 9 SEPTEMBER 2025
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

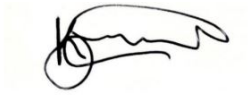
Councillor Pickering (Chair)
Councillor Agath (Vice-Chair)

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), Governance Services (Governance Services) and Kirsty Wootton (Governance Services),
Tel: , e-mail: committees@leicester.gov.uk
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as Full Council, committee meetings, and Scrutiny Commissions and see copies of agendas and minutes. However, on occasion, meetings may, for reasons set out in law, need to consider some items in private.

Members of the public can follow a live stream of the meeting on the Council's website at this link: http://www.leicester.public-i.tv/core/portal/webcasts

A guide to attending public meetings can be found here on the Decisions, Meetings and Minutes page of the Council website.

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

Making meetings accessible to all

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

Braille/audio tape/translation - If you require this please contact the Governance Officer (production times will depend upon equipment/facility availability).

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

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

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

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

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

Further information

If you have any queries about any of the above or the business to be discussed, please contact: Katie.Jordan@leicester.gov.uk and Kirsty.Wootton@leicester.gov.uk of Governance Services. Alternatively, email committees@leicester.gov.uk, or call in at City Hall.

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

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

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

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

FIRE / EMERGENCY EVACUATION

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

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 and Health Integration Scrutiny Commission held on 8th July 2025 have been circulated, and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

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

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. PETITIONS

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

7. RESTRUCTURING UPDATES - ICB & NHS ENGLAND **Appendix B**

The Integrated Care Board submits a report to provide an update on the national reform of the NHS operating model across England, which will involve the integration of the Department of Health and Social Care and NHS England, and a changed role for ICBs.

8. WINTER PROTECTION **Appendix C**

The Integrated Care Board submits a report to provide assurance regarding the plans in place to manage health system pressures across Leicester, Leicestershire and Rutland (LLR) over winter 2025/26.

9. GP ACCESS **Appendix D**

The Integrated Care Board submit a report to update the commission on how the LLR ICB want to create a service that's easier to use, fairer for everyone, and makes the best use of NHS resources.

10. NHS APP AND DIGITAL INCLUSION **Appendix E**

The Integrated Care Board submit a report to provide an update on the NHS App and Digital Inclusion initiatives.

11. WORK PROGRAMME **Appendix F**

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

12. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

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

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

P R E S E N T:

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

Councillor Clarke	Councillor March
Councillor Haq	
Councillor Sahu	Councillor Singh Johal

* * * * * * * *

133. WELCOME AND APOLOGIES FOR ABSENCE

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

134. DECLARATIONS OF INTERESTS

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

135. MINUTES OF THE PREVIOUS MEETING

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

136. MEMBERSHIP OF THE COMMISSION 2025-26

The membership of the commission were confirmed as follows:

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

Councillor Westley

137. DATES OF THE COMMISSION 2025-26

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

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

138. SCRUTINY TERMS OF REFERENCE

The Commission noted the Scrutiny Terms of Reference.

139. CHAIRS ANNOUNCEMENTS

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

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

140. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

141. PETITIONS

It was noted that none had been received.

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

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

143. HEALTH PROTECTION

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

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

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

Annual work highlights

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

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

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

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

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

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

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

AGREED:

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

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

144. NHS TRANSFORMATION

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

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

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

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

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

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

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

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

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

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

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

Agreed:

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

145. ORAL HEALTH

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

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

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

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

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

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

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

AGREED:

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

146. SAME DAY ACCESS

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

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

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

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

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

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

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

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

AGREED:

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

147. COMMUNITY ENGAGEMENT AND WELLBEING CHAMPIONS ROUND-UP

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

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

(VCSE) organisations.

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

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

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

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

AGREED:

1) The commission noted the report.

148. WORK PROGRAMME

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

149. ANY OTHER URGENT BUSINESS

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

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

Appendix B

NHS TRANSFORAMTION UPDATE

Public Health and Health Integration Scrutiny Commission

Date of meeting: 9th September 2025

Useful information

- Ward(s) affected: City-wide
- Report authors: Pete Burnett, Chief Strategy Officer LLR ICB
- Author contact details: peter.burnett4@nhs.net, 07841 515 180
- Report version number: V1

1. Summary

1.1. The purpose of this report is to provide an update on the national reform of the NHS operating model across England which will involve the integration of the Department of Health and Social Care and NHS England, and a changed role for ICBs.

2. Recommended actions / decision

Scrutiny Commission is asked to note:

2.1. . No decision expected, paper is for information

3. Item

3.1. Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. ICBs replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022. There are 42 ICBs in England.

3.2. The Leicester, Leicestershire and Rutland ICB replaced the Leicester City, East Leicestershire and Rutland and West Leicestershire clinical commissioning groups. The ICB manages the budget for the provision of NHS services in LLR.

3.3. The ICB is part of the integrated care system (ICS) with partners in LLR
Proposed changes to Integrated Care Board (ICB) functions and geography are being discussed as part of a wider NHS reform programme, to reduce management costs and focus more money on the front line.

3.4. All ICBs in England are being asked to significantly reduce running costs and shift to a more strategic role with different responsibilities for them and other parts of the health and care system.

3.5. This involves some ICBs working more closely with other ICBs in a 'cluster.' 'Clustering' means that, although individual ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure.

3.6. NHS England and government ministers approved a new 'cluster' for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB. This would be one of 26

clusters across England. https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/more-about-each-integrated-care-system/

3.7 Further details regarding the cluster are set out in the appendix to this report.

3.8 The NHS has set out the changes in the 10 Year Health Plan for England: fit for the future - GOV.UK and specifically for ICBs in the 'model ICB' paper.

https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

https://www.england.nhs.uk/long-read/update-on-the-draft-model-icb-blueprint-and-progress-on-the-future-nhs-operating-model/

NHS
Leicester, Leicestershire and Rutland

NHS Transformation – Leicester, Leicestershire & Rutland and Northamptonshire Clustering 2025/26

1

Leicester City HOSC 09/09/2025

Draft v1.2 / 15 Aug 2025

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Background

Changes to the NHS nationally announced earlier this year involve the integration of NHS England and the Department for Health and Social Care.

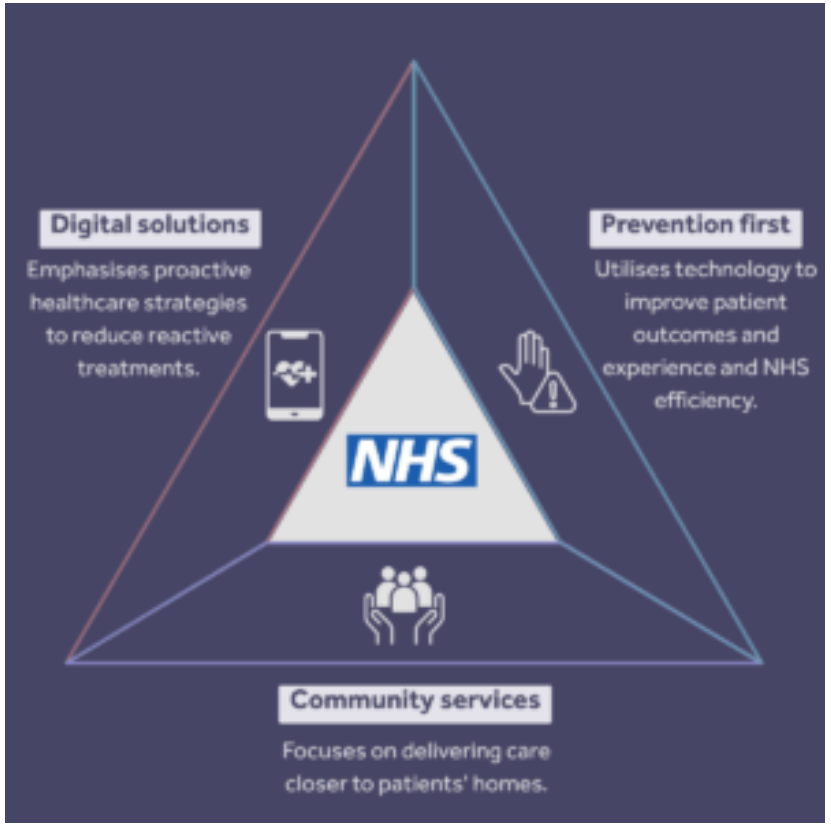
The aim is for a leaner, simpler NHS with clear roles, accountability and focus on prevention.

The plan sets out a vision to guarantee the NHS will be there for all who need it for generations to come – shaped by public, patients and partners and health and care workforce.

As part of these plans Integrated Care Boards (ICB) functions and geography are to change with the aims of:

- reducing management costs
- focussing more money on the front-line

All ICBs are being asked to significantly reduce running costs, assume different responsibilities and focus more on their role as a ‘strategic commissioner’



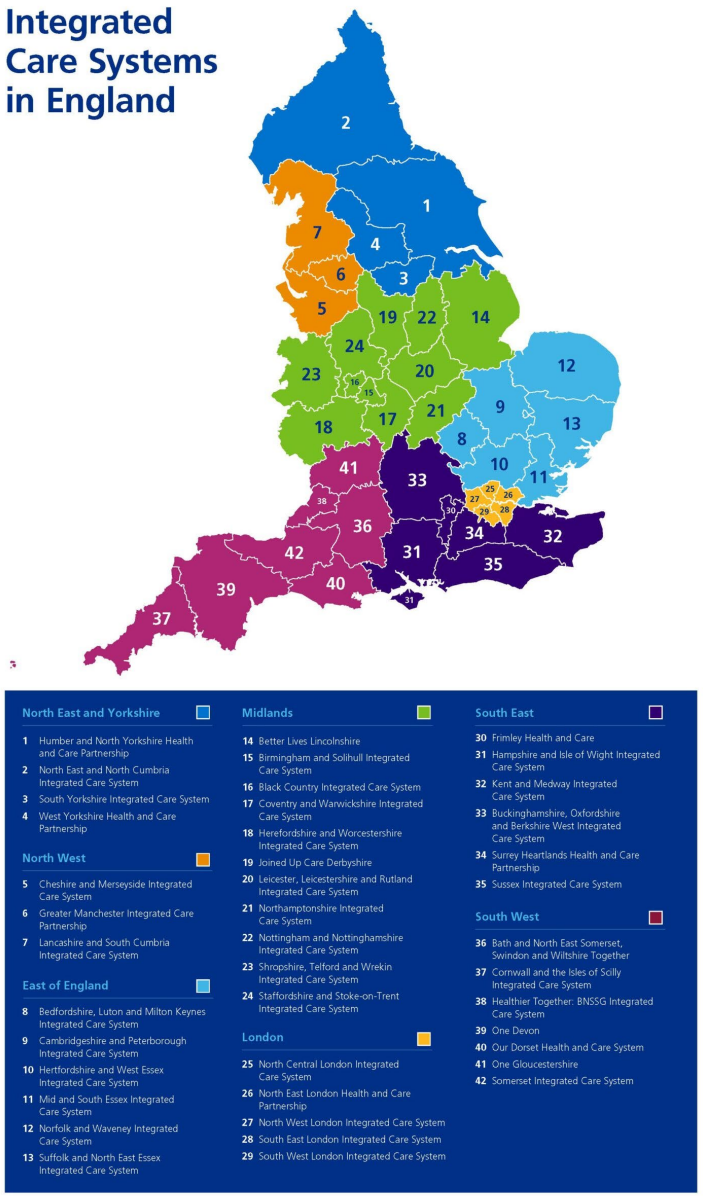
National context

NHS Clustering Across England

- As part of a national plan a number of ICBs will working together as clusters. There will be 26 of these across the country.

- NHS England and government ministers have approved our new cluster which covers Leicester, Leicestershire and Rutland (LLR) and Northamptonshire

- National confirmation of clusters



What clustering means

LLR and Northamptonshire ICBs remain separate statutory bodies

Working in partnership

However over time they we will work as one cluster with

- Single Board Governance
- Unified Leadership Team
- Shared staffing structure

NHS
Leicester, Leicestershire and Rutland

NHS
Northamptonshire
Integrated Care Board

Building a transformational cluster between NICB and LLR ICBs provides us the opportunity to drive forward the Ten-year-Plan within our communities and neighbourhoods, continue to improve health outcomes, while at the same time rise to the very real financial challenges we face.

We are still at the early stages of building this cluster and there are still many details yet to be finalised including how individual functions - such as CHC, Safeguarding and SEND to name but a few - will operate within it.

Leadership and Transition

Toby Sanders – Interim Chief Executive for LLR ICB and permanent Chief Executive for Northamptonshire ICB

Paula Clark– Interim Chair across both ICBs from 1 July

Permanent leadership roles are pending national approval

These roles are central to shaping our future operating model, providing continuity and stability during this period of change. We are now developing our structure and implementation plan, aligned with the national Model ICB Blueprint that was published in May.

Model ICB Blueprint

- The Blueprint outlines the core roles and functions that ICBs will be responsible for with a significantly reduced running costs budget – a 33% reduction for NHS LLR and 29% for NHS Northamptonshire.
- National work is also underway to clarify how the new NHS operating model will function, and more details are expected to follow.

Implications for patients and partners

PATIENTS

- Our focus remains on the health and wellbeing of our population
- Our priority is to continue to provide high quality care and reducing waits whether that is waits for:
  - Surgery
  - An ambulance
  - In an emergency department
  - Being discharged from hospital

PARTNERS

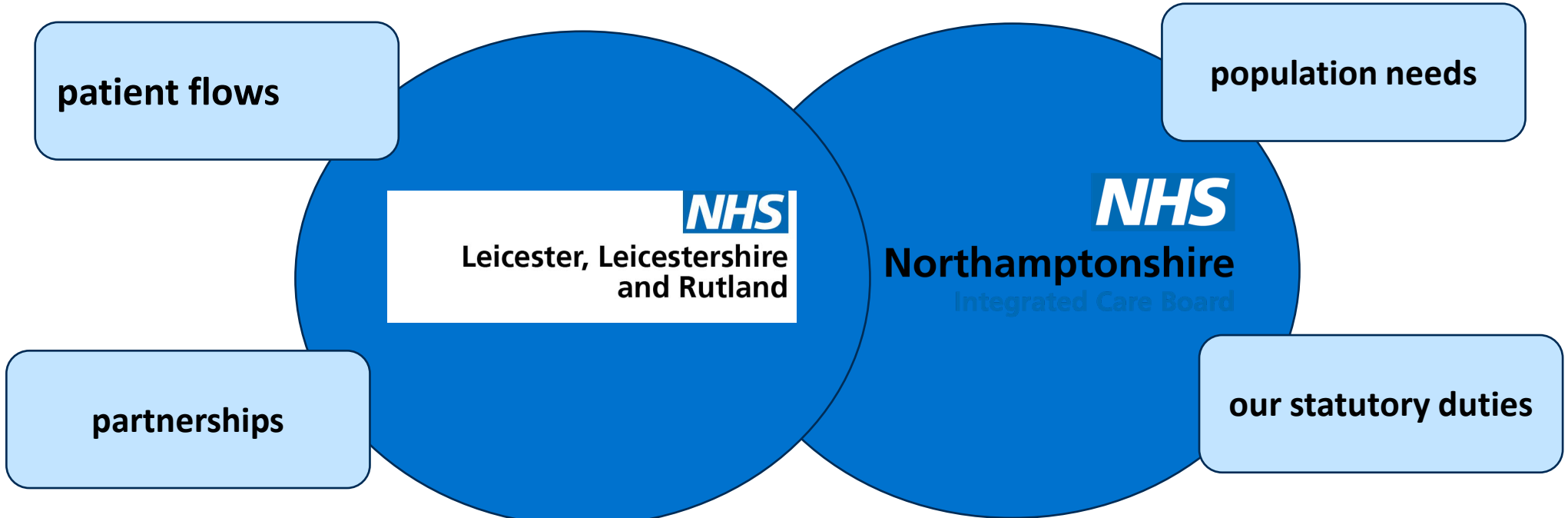
We will continue to work with:

- Local Authorities
- Voluntary Organisations
- Community leaders

This work will continue to make sure that services are designed and delivered around the needs of our communities – especially those who are most vulnerable or face health inequalities

Cluster design

- Designing a new cluster for LLR and Northamptonshire will need to meet population needs while reducing running costs
- Functions of the ICB are under review – what to keep, grow, reduce, transfer or stop
- Underlying all of the decisions are:



Next steps

- Cluster design work will continue and we will work with partners and share updates

Our overall priority is to service the populations in Leicester, Leicestershire and Rutland and Northamptonshire in the best possible way, working closely with and remaining accountable to all local health and care partners.

Useful links to find out more about the changes

10 year plan

Easy Read version of the plan

Video explaining the **vision**

Kings Fund **– CEO comment**

QUESTIONS

Appendix C

WINTER PLANNING UPDATE

Public Health and Health Integration Scrutiny Commission

Date of meeting: 9th September 2025

Useful information

- Ward(s) affected: City-wide
- Report authors:
- Author contact details:
- Report version number: V1

1. Summary

1.1. The purpose of this report is to provide assurance regarding the plans in place to manage health system pressures across Leicester, Leicestershire and Rutland (LLR) over winter 2025/26

2. Recommended actions / decision

Scrutiny Commission is asked to note:

2.1. No decision expected, paper is for information

3. Item

3.1 Winter planning is an annual responsibility of health and social care organisations, to manage safe delivery of care with the anticipated increase in demand because of weather conditions and seasonal illnesses.

3.2 Across the health and social care system, winter planning is co-ordinated to ensure that there are robust arrangements to cope with demand and surges in activity, and that agencies are working together to manage pressures to ensure that residents continue to receive safe and appropriate care.

3.3 As part of the annual winter assurance planning process, each Integrated Care Board is asked by NHS England to submit a Winter Plan to ensure the health and care system is fully prepared to manage the increased pressures that typically arise during the winter months (October to March).

3.4 The Health Overview and Scrutiny Committee traditionally receives a report regarding the Winter Plan in the early autumn of every year so that it can be assured about the winter ahead.

3.5 The Integrated Care Board considered the 2025/26 Winter Plan at its Board meeting on 14 August 2025. The full Winter Plan consists of a significant number of detailed documents. The appendix to this report provides a summary of the contents.

NHS
Leicester, Leicestershire and Rutland

LLR System Winter Plan 2025/26

Leicester City HOSC 09/09/2025

FINAL/ 22 Aug 2025

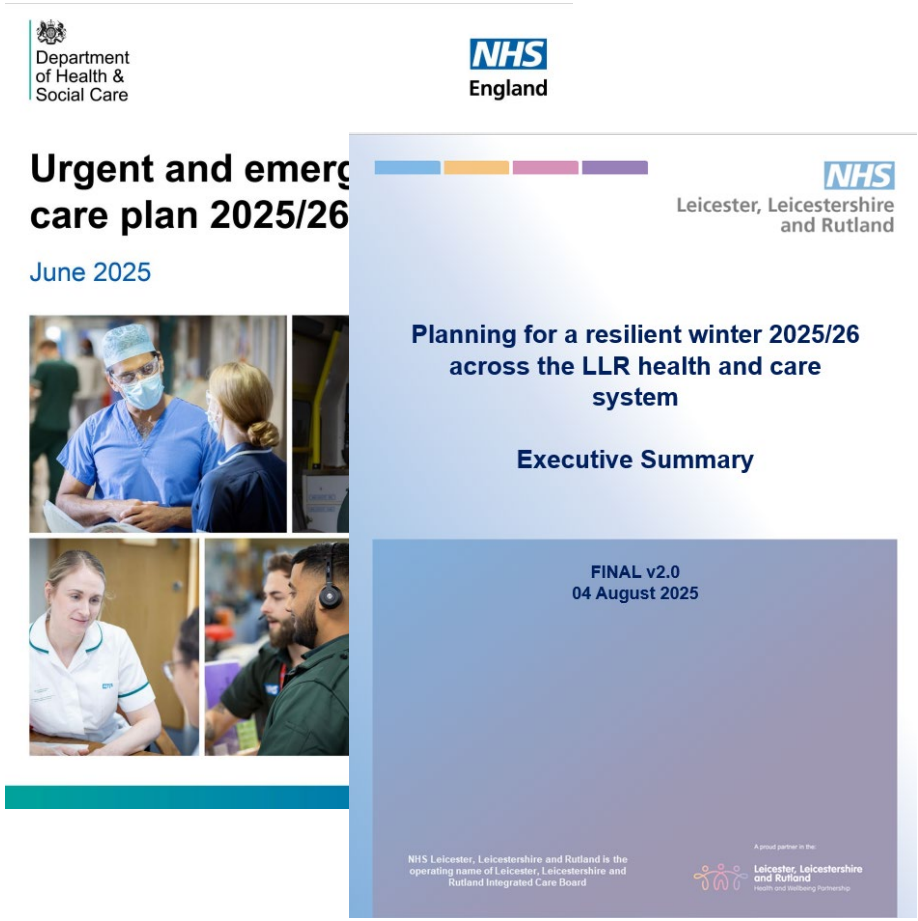
NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Overview

- The Winter Plan for 25/26 has been **developed collaboratively** and influenced by NHS England guidance and learning from previous winters.
- Sustained level of demand during the summer of 2025.
- The Winter plan sets out our planned response to manage the urgent care and patient flow pressures.
- Partnership working across the health and care system is the only way services can respond to increases in demand and ensure **our population can access safe services and have good outcomes with a positive experience.**
- The plan builds on improvements and developments in urgent care, in line with the National Urgent and Emergency Care Recovery Plan, for physical and mental health care.
- Key Lines of Enquiry (KLOEs): avoidance of patient harm by adopting an approach that focuses on clinical risk.



Content

- Key performance indicators
- Lessons learnt
- How we developed our plan
- Urgent and Emergency Care
- Primary Care
- Community Care
- Mental Health
- Immunisation and vaccination
- Communication and Engagement
- Governance
- Appendix 1: Urgent and emergency care
- Appendix 2: Immunisation and vaccination

Winter Planning Key Performance Indicators

National Metrics LLR is working towards:

- 🚑 Ambulance Response – reaching urgent patients (like chest pain or stroke) within 30 minutes.
- 🏥 Quicker Handovers – no one should wait in an ambulance outside hospital for more than 45 minutes.
- ⏱️ Shorter A&E Waits – most people will be seen, treated, admitted, or discharged within 4 hours.
- 👧 Better Care for Children – aiming for 90% of children and young people to be treated in A&E within 4 hours.
- ⏳ Cutting Very Long Waits – fewer people waiting over 12 hours in A&E, or 24 hours for a mental health bed.
- 🏡 Supporting Safe Discharge – helping patients return home as soon as they are ready, so fewer stay in hospital for over 3 weeks unnecessarily.
- 💉 Protecting Staff and Patients – increasing flu vaccination rates for NHS staff to help keep services safe

Lessons Learnt last winter

What went well

- More support for 999 calls: Extra help was given for less urgent emergencies so ambulances could reach the most serious cases faster.
- Extra x-ray services: Loughborough Community Hospital offered more x-ray slots, so people didn't always need to travel to the main hospitals.
- More GP appointments: Extra primary care services helped more people get care without going to A&E.
- Quicker help for frail patients: New same-day care services were tested to support older people and those with frailty.
- Better discharge lounges: These helped patients get home sooner once they were ready to leave hospital.
- We continue to improve our system response to surge planning. Surge refers to a sudden, significant increase in the need for healthcare services that exceeds normal operational capacity.

What we need to do better

- Plan ahead more: We used data better this year, but still reacted to problems rather than getting ahead of them.
- Stronger infection control: Our measures were good, but we can still do more to protect patients and staff.
- Boost vaccination uptake: Flu and COVID vaccines protect the most vulnerable, so we need to continue to work on clear messages and easy access.
- Improve discharges across all services: Making sure patients leave hospital safely and on time frees up beds for those who need them most.

How we developed our Winter Plan 2025/26

- Our winter plan has been developed by closely working with a wide range of partners, including:
  - GPs and Primary Care Teams
  - Hospitals and urgent care services
  - Community health and care providers
  - Mental health teams
  - Local council teams
  - Children and young people services
  - Workforce and staff representatives
- We also involved experts in areas such as vaccinations and prevention and control, so the plan is safe, joined-up and focussed on keeping people well.

Immunisation & Vaccination

Improve flu vaccine uptake

- **Pregnant women**: Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas.
- **Children (2-3 years**): Actively working with GP practices with <20% uptake.
- **Children (school age):** introduce a new, simpler, more accessible on-line consent process for parents.
- **Patients in a clinical risk group e.g. Immunosuppressed, COPD, diabetes, learning disabilities (LD)**: Dedicated team to monitor care home delivery, awareness raising via charities and representative groups, tailored LD clinics with drive through option, UHL to vaccinate patients being discharged to care homes.
- **Health and social care staff**: Bookable and walk-in offer, peer vaccination and clinics, promotion and awareness raising, targeting staff groups with lowest uptake

Improve RSV vaccine uptake

- **Pregnant women:** Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas, new Community Pharmacy pilot.
- **Older adults:** New community pharmacy pilot (11 sites) in low uptake areas in City, winter awareness campaign, active engagement with GP practices with low uptake rates.

Improve Covid-19 vaccine uptake

- **Large network of providers**.
- **Targeted work** with patients whose GPs don't offer the vaccine.
- **Patients with a learning disability**: Tailored clinics with drive through option.

Improvement initiatives across all vaccines

Resources are commissioned at an LLR level, distribution is managed using population health data to target key communities and co design interventions, this involves:

- Taking a proportionate universalism approach
- Gaining insights and understanding by listening to communities and working with VCSE organisations
- Taking a system wide approach in collaboration with public health teams and providers
- Monitoring and evaluating uptake and impact of interventions

Roving Healthcare Unit

Target: low uptake, high deprivation, diverse communities

Vaccination offer: COVID-19, flu, MMR, pertussis and RSV

Plus: Blood pressure checks and MECC

Collaboration with other services i.e. AAA, fibro scanning, cancer

Super Vaccinators

Team of healthcare professionals can offer all vaccines

Flexible resource, targeted at low uptake practices

Provides workforce resilience

Communications and Engagement Resources

LLR Vaccine Hub website, materials tailored to local communities, culturally appropriate

Central Booking Team

Inbound patient phone-line

GP Lists - call and text priority groups

Immunosuppressed, Care home and housebound patients

Educational Engagement

Webinars for healthcare professionals and the public

Training and Development

Culture & Faith in LLR training

Meetings with local cultural and faith leaders

Visits to community settings and faith centres

Vax Chat training

Working with Voluntary and Community Sector Enterprises

To gain insights and understand barriers

Collaborative projects commissioned through VCSE to improve uptake i.e. Local Immunisation Street Team

Health & wellbeing fairs and events

Primary Care

- Introduction of **same day access** additionality in Leicester City from October 2025. Note: County and Rutland's timeline is anticipated to be April 2026.
- General Practice support includes **enhanced access** (evenings and weekends), enhanced health in care homes, proactive care planning and engagement to reduce the numbers of wasted appointments ("Did Not Attends") by 15% by March 2026.
- An additional 13,968 **urgent dental care** appointments in the community.

Community Care

Supporting people with long-term conditions

- More personalised care plans so people feel in control of their health.
- Extra community support for people with breathing problems.
- Better checks and support for people with diabetes.
- Specialist kidney care teams working together to support patients.
- A new community weight management service to help reduce the risk of heart disease and stroke.

Community care improvements

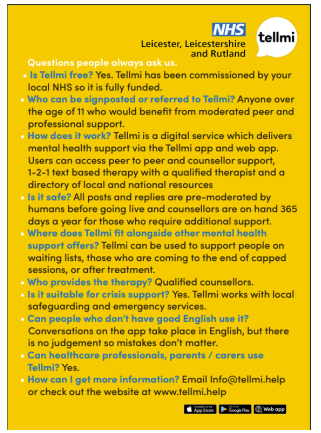
- More use of virtual wards, so more people can be safely cared for at home instead of in hospital.
- Strengthening the “call before convey” service, so ambulance staff can link patients to community care where it’s safe and right for them.
- Making full use of the Clinical Navigation Hub, which helps direct patients to the right care outside hospital.
- Offering community-based antibiotics so people with moderate infections can be treated at home.
- Rolling out a delirium pathway to better support patients with sudden confusion.
- Making the best use of community hospital beds for people who need short-term care or rehabilitation, but not a full hospital stay.

Urgent & Emergency Care

- Improve ambulance handovers: Quicker transfers at hospital so ambulances can get back on the road to respond to new 999 calls.
- More care closer to home: Some patients will be re-directed away from A&E to community-based urgent care (including pharmacies) when it's the safer and more appropriate option.
- Protecting staff and patients: Encouraging more NHS staff to have their flu and COVID vaccinations, helping keep services safe through winter.
- Better access to advice and appointments: Expanding online booking and symptom-checker tools so patients can get guidance and the right care more easily.
- Using technology: Offering virtual consultations where appropriate, making it quicker and more convenient for patients to get care.

Mental Health

- **25 Neighbourhood Mental Health Cafes.** 35 weekly sessions being delivered by 16 different VCS partners approx. 1,000 contacts.
- **45 Getting Help in Neighbourhoods** partners delivering mental health support projects to 136,439 contacts each year
- **Primary care promotion & upgrade of Joy** to provide improved, earlier signposting and navigation to patients. (Aug onwards)
- **Printing & distribution** to partners across the integrated care system, including primary care, LPT, ED and VCS colleagues (Sept)
- **Integration with local winter pressures campaign**, including Right Care, Right Place. Production of comms toolkits as part of this campaign for all ICS partners. (Sept – March)
- **Tellmi** promotional assets developed for winter distribution.



Communications

- Work to raise awareness about using services, when it isn't life-threatening, including community engagement.
  - Right care, right place
  - **Self care:** including support from pharmacies, NHS 111 online and NHS App.
  - **GP practice, or NHS 111** (when practice is closed). Through these routes patients will be able to receive booked appointments in a range of settings, including Pharmacy First, urgent treatment centres.
- System-wide communications plan covering immunisations and other winter health messages from all partners, with shared promotional toolkits.
- Focus on audiences who are highest users of services: families, young adults and those experiencing health inequalities.
- Refresh of guide for parents of children aged 0-9. alongside two online winter hubs on Health for Under 5s and Health for Kids.
- Supporting families when patients are discharged from hospital.

Winter Planning Governance

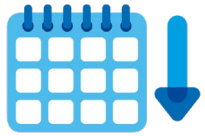
Governance – ongoing monitoring

- LLR UEC Working Groups monthly as a minimum.
- LLR UEC Operational Group updates fortnightly.
- LLR UEC Collaborative Transformation Group progress summary at working group level monthly.
- LLR Neighbourhood Programme Board monthly.
- LLR UEC System performance oversight via the UEC Huddles weekly.
- LLR UEC performance reporting at individual scheme level via a digital platform – MS Teams or NHS Futures – informed by the timeline for UHL migration to NHS.net email accounts.

Appendix 1: 2025/26 Urgent and Emergency Care at a glance, including winter period

Leicester, Leicestershire and Rutland

Urgent & Emergency Care Plan for Adults 2025/26

Flow in	Flow through	Flow out
Processes & Productivity		
 • Optimise our clinical bed bureau pathways, moving towards a single point of access • Optimise clinical pathways to reduce ED admissions	 • Reduce length of stay by developing medical day-case services and focusing on diagnostics • Review bed bases across all hospital sites to ensure patients are treated in the best place for their needs	 • Improve the timely discharge of acute, non-complex patients • Move to a 7-day supported discharge model for all pathways
Capacity		
 • Improve urgent treatment demand flow and develop a co-located Urgent Treatment Centre at the LRI • Further develop Same Day Emergency Care (SDEC) pathways	 • Open additional intermediate care capacity, including Preston Lodge • Review winter capacity to address seasonal variation	 • Implement an intermediate care programme • Improve timely transfer to community hospital beds and care homes • Increase discharge rates through Criteria-Led Discharge
Partnerships		
 • Develop neighbourhood models of care and same day access in primary care • Develop direct admission pathways with EMAS • Work with the voluntary sector to reduce attendances among high frequency users	 • Implement a frailty SDEC and enhance frailty pathways • Launch new interprofessional standards	 • Optimise care planning • Improve use of virtual wards, procuring a digital platform • Enhance transport provision

Leicester, Leicestershire and Rutland

Urgent & Emergency Care Plan for Children and Young People 2025/26

	Flow in	Flow through	Flow out
Processes & Productivity	 • Develop new ways of working, including a Single Front Door model	 • Introduce e-beds for paediatrics • Reduce the wait for imaging investigations on inpatient wards	 • Maximise capacity in virtual wards • Improve discharge of acute non-complex patients
Capacity	 • Improve paediatric urgent treatment flow and develop a co-located Urgent Treatment Centre at the LRI	 • Implement year 2 of bed expansion • Explore seasonal adjustments of activity to support elective and emergency demand	 • Develop a winter plan to support peaks in demand • Increase discharge rates through Criteria-Led Discharge
Partnerships	 • Develop Rapid Access Clinics • Develop neighbourhood models of care and same day access in primary care	 • Review the interface between primary and secondary paediatric care, improving integration	 • Maximise Outpatient Parenteral Antibiotic Therapy (OPAT) at home

Appendix 2: Immunisation and Vaccination

Immunisation & Vaccination

Vaccination is a national priority for winter 2025/26. The **national flu letter** requires that ICBs plan to:

- Have 100% offer to all eligible groups.
- Maintain flu uptake rates for citizens aged over 65 years and school-age children.
- Improve flu uptake for citizens in a clinical risk group, 2 to 3-year-olds and pregnant women.
- Improve flu uptake for frontline health and social care workers by at least 5% with an ambition for uptake to recover to pre-COVID-19 pandemic rates.
- Maintain COVID-19 vaccination uptake for eligible cohorts.
- Have robust plans in place to identify and address health inequalities for all underserved groups, and progress will be made on reducing unwarranted variation and improving uptake.

Improving Flu Vaccine Uptake

Cohorts	City	County	Rutland	LLR	East Mids	National
Aged 65+	64.5%	78.5%	81.8%	75.4%	77.3%	74.6%
Care home resident	71.2%	80.2%	85.9%	77.9%	80.6%	78.6%
Aged 2 & 3 years	31.9%	46.9%	60.0%	41.6%	42.7%	41.8%
At risk	37.9%	46.1%	49.0%	43.3%	45.4%	44.4%
Healthcare – ESR	29.4%	43.6%	48.6%	37.6%	42.1%	40.5%
Healthcare – self ID	70.6%	73.5%	65.6%	66.8%	68.3%	67.0%
Frontline social care	22.9%	27.4%	30.0%	26.3%	28.2%	26.7%
IS contacts	21.7%	32.9%	47.8%	29.5%	35.4%	29.9%
Immunosuppressed (IS)	31.7%	43.3%	47.5%	39.7%	42.3%	41.6%
Pregnant women*	13.8%	7.2%	4.4%	8.9%	4.6%	8.6%
Primary school	27.8%	49.5%	52.5%	41.4%	49.2%	50.0%
Secondary school	19.0%	40.7%	62.4%	33.4%	41.6%	40.6%

*Data lag discrepancy.
Red = <3% Nat/Mids %. **Green** = >3% Nat/Mids %
(Source: NHSE FDP 02/07/2025)

Priorities and approach to improve uptake

- Pregnant women
  - Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas.
- Children's flu (2-3 years)
  - Actively working with GP practices with <20% uptake.
- Children's flu (school age)
  - Introduction of a new, simpler, more accessible on-line consent process for parents.
- Patients in a clinical risk group i.e. IS, COPD, diabetes, LD etc.
  - Dedicated team to monitor care home delivery, awareness raising via charities and representative groups, tailored LD clinics with drive through option, UHL to vaccinate patients being discharged to care homes.
- Health and social care staff
  - Bookable and walk-in offer, peer vaccination and clinics, promotion and awareness raising, targeting staff groups with lowest uptake.

Improving RSV Vaccine Uptake

Priorities and approach to improve uptake

- Pregnant women
  - Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas, new Community Pharmacy pilot.
- Older adults
  - New community pharmacy pilot (11 sites) in low uptake areas in City, winter awareness campaign, active engagement with GP practices with low uptake rates.

Area	Pregnant women Target 60%	75-79 yrs (catch-up) Target is 70%	75 yrs (routine) Target is 60%
LLR	33.9%	62.2%	**32.1%**
City	27.8%	48.3%	21.0%
County	39.4%	65.4%	35.3%
Rutland	60.0%	68.9%	37.0%

Improving COVID-19 Vaccine Uptake

Priorities and approach to improve uptake

- Large network of providers.
- Tailored LD clinics with drive through option.
- Targeted work with patients whose GPs don't offer the vaccine.

Cohorts**	City	County	Rutland	LLR*	Midlands*	National*
Care home resident	66.0%	77.1%	82.2%	70.9%	70.2%	71.9%
Aged 65+	38.4%	67.4%	74.3%	58.8%	60.1%	60.3%
Aged 5+ at risk**	15.3%	33.9%	39.8%	21.4%	21.8%	22.5%
Frontline healthcare worker***	23.5%	37.3%	50.8%	29.9%	29.7%	33.2%
Social care worker***	40.8%	66.9%	90.4%	39.8%	39.4%	40.1%

Red = <3% Nat/Mids %. **Green** = >3% Nat/Mids %

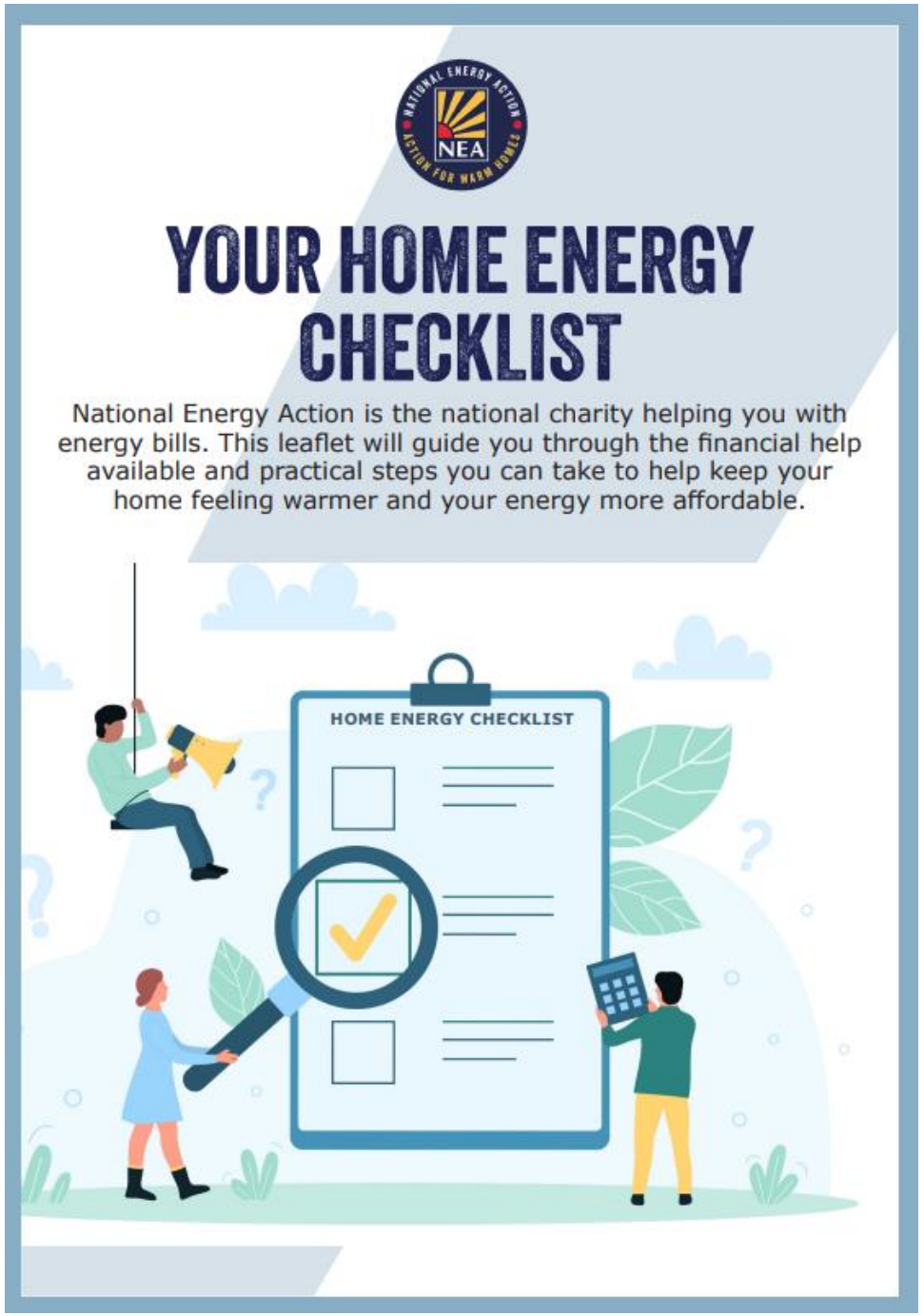
*Sources: *NHSE Midlands A/W 2024 Performance Report10/02/2025. NHSE FDP 02/07/2025*

*** only immunosuppressed people eligible in 2025/6*

**** not eligible in 2025/6*

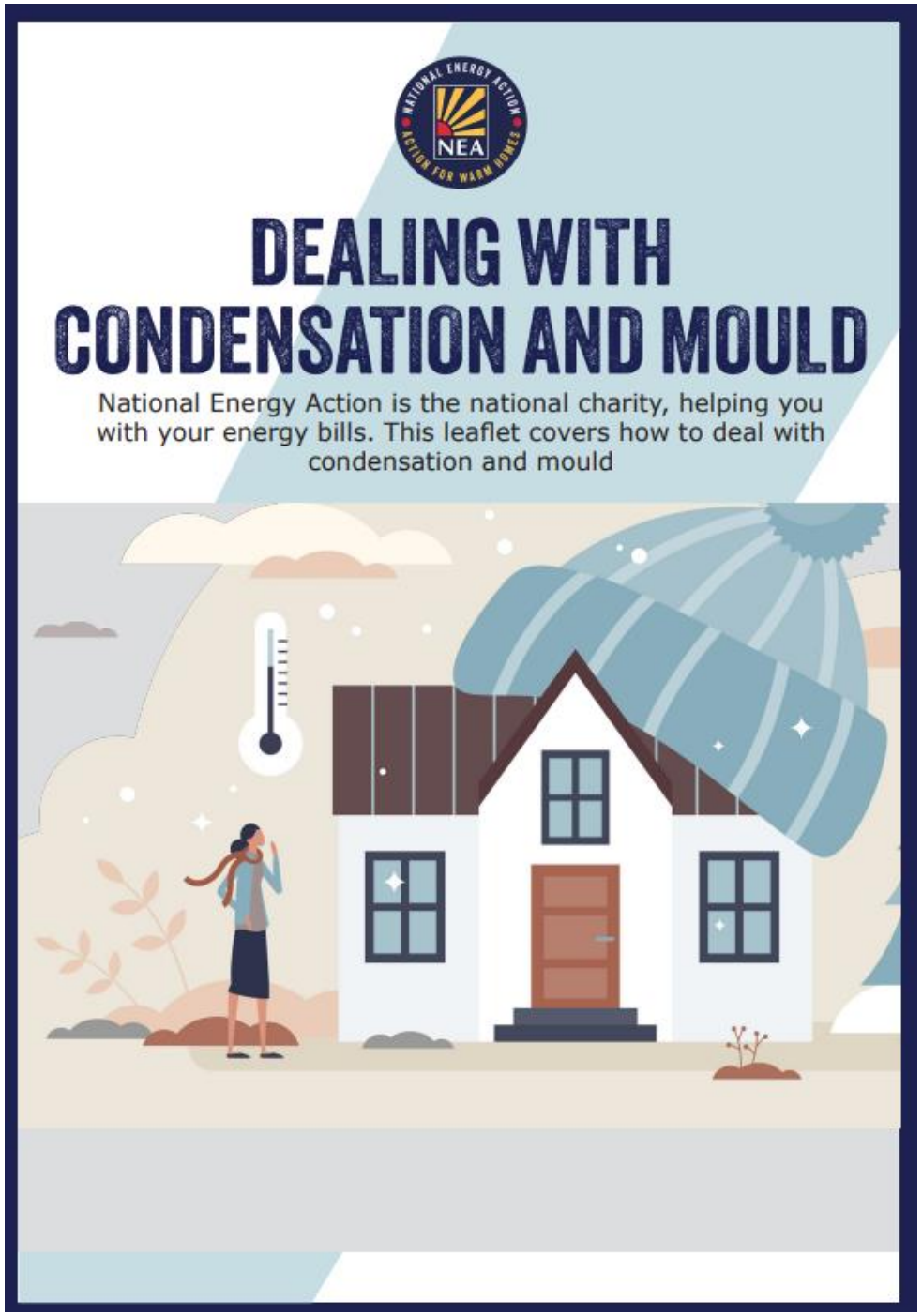
Fuel poverty

- Professional referral channel into NEA and Warm Homes, Healthy Futures programme (split between standard referrals and referrals from clients with recognised health issues)
- GP referrals through PRISM. Autumn campaign raising profile of service.
- Raising awareness of health issues connected to living in a cold home, and promoting support channels within communities through engagement events, and promoted through Community Wellbeing Champions
- Engagement presence within LCC warm spaces



Fuel poverty

- Referral channels within food aid hubs connected to Feeding Leicester and Leicester Food Partnership
- Support for staff within the NHS offered through Health and Wellbeing channels
- Accessing care home staff communities through provider forums
- Mirror of winter 2024 promotion campaign including social media and electronic boards within Leicester
- Data



Appendix D

Getting NHS Help Fast

Public Health and Health Integration Scrutiny Commission

Date of meeting: 9th September 2025

Useful information

■ Ward(s) affected: City-wide

■ Report authors: Yasmin Sidyot, Leicester, Leicestershire and Rutland ICB Deputy Chief Operating Officer – Integration and Transformation

Sarah Smith, Leicester, Leicestershire and Rutland ICB Head of Emergency Care

Joanne Ryder, Leicestershire and Rutland ICB Senior Engagement and Insights Lead

■ Author contact details: yasmin.sidyot@nhs.net
sarah.smith85@nhs.net
Joanne.ryder1@nhs.net

■ Report version number: V1

1. Summary

1.1 The LLR ICB want to create a service that's easier to use, fairer for everyone, and makes the best use of NHS resources. That means:

- A simpler system where people only need to remember two main contact points: their GP practice and NHS 111
- A consistent offer across the city, including evening and weekend GP appointments
- Reducing unnecessary steps so people spend less time navigating the system and more time getting the care they need

1.1. In Leicester City, same day appointments are available in GP practices, pharmacies and urgent treatment centres. Urgent same-day needs may be seen at a city healthcare hub which are offered at Belgrave, Saffron and Westcotes Health Centres. These are known as 'extended access' appointments.

1.2. We are making changes which will:

- Increase the number of locations across Leicester
- Make appointments face to face, 5 minutes longer and with a GP rather than a mix of different professionals
- The new service will offer fewer GP appointments but introduce a broader variety of appointments across pharmacies, GP surgeries and health centres, meaning you will be directed to help within your own area where possible across weekdays and weekends.
  The plan is to increase Pharmacy First to deliver 210,000 appointments across Leicester, Leicestershire and Rutland.

1.4 The key messages for our engagement are given in 2 simple steps:

Step 1: Try Self Care First

Step 2: Need more help? If it's more serious, or Step 1 didn't work:

- Contact your GP practice
- Or call NHS 111 (if your GP practice is closed)

1.5 We are focusing engagement, raising awareness and education through:

- collaboration with voluntary and community organisations, Leicester City Council and Healthwatch Leicester and Leicestershire, focusing on groups with protected characteristics (age, race, disability, etc.)

- Practical workshops and interactive sessions rather than distributing printed materials - First Aid, CPR/ Self-care
- Community groups working consistently and constantly in partnership with local GP's and PCNs to amplify key messages and signposting
- Gathering patient feedback through a questionnaire on understanding of services, increase in same-day access sites and GP service improvements

1.6 The feedback gathered from the engagement, the questionnaire, and the patient experiences of the new service from October 2025 will be independently evaluated and analysed.

The findings will be used to make any necessary changes /improvements to the service (before April 2026).

A report of findings will be published early next year setting out the main themes from the feedback and if changes are made, a further report will detail how we have used the information to inform our decisions.

Any other feedback we receive will help inform and influence future services.

2. Recommended actions / decision

Scrutiny Commission is asked to note:

2.1. The plans to create a service that's easier to use, fairer for everyone, and makes the best use of NHS resources.
2.2. The changes will:
2.3. Increase the number of locations across Leicester.
2.4. Make appointments face to face, 5 minutes longer and with a GP rather than a mix of different professionals.
2.5. The new service will offer fewer GP appointments but introduce a broader variety of appointments across pharmacies, GP surgeries and health centres, meaning you will be directed to help within your own area where possible across weekdays and weekends. The plan is to increase Pharmacy First to deliver 210,000 appointments across Leicester, Leicestershire and Rutland.
2.6. The key messages for our engagement are given in 2 simple steps:

Step 1: Try Self Care First

Step 2: Need more help? If it's more serious, or Step 1 didn't work:

Contact your GP practice

Or call NHS 111 (if your GP practice is closed)

Scrutiny Commission is asked to support:

2.7. The extensive plans to engage with patients, members of the public and stakeholders on the same day services for Leicester City as well as the wider engagement on how to Get NHS Help Fast.

Leicester, Leicestershire and Rutland

Right Care, Right Place

Getting NHS Help Fast

Yasmin Sidot, Deputy Chief Operating Officer – Integration and Transformation, LLR ICB

Sarah Smith, Head of Emergency Care, LLR ICB

Jo Ryder, Senior Engagement and Insights Lead, LLR ICB

A proud partner in the:

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

Right Care, Right Place

So that resources are being used in the best way for everyone in Leicester, Leicestershire and Rutland, the NHS aims to match each patient to the right level of care, from the right health professional, in the right part of the NHS, first time.

This is known as Right Care, Right Place

By getting information from every patient about their symptoms, through their GP practice of NHS 111, an appointment will be booked for them with the appropriate service. This will reduce the number of organisations they need to contact and avoid long waits or trips to walk-in services that might not be suitable.

Why change is needed

1. Primary care is under pressure

- GP practices are busier than ever, offering more appointments
- Rising demand and complex health needs strain capacity
- Patients struggle to get through or book appointments, especially later in the day
- Many turn to walk-in services (EDs, UTCs), which can become overwhelmed

Why change is needed

2. The current system is confusing

- There are multiple services with different names, hours, and referral processes
- Patients are unsure where to go or what's available and when to use services
- New options like **Pharmacy First** offer treatment and prescriptions without a GP
  - Accessed via GP, NHS 111, or walk-in

Why change is needed

3. Appointments aren’t always used effectively

- Some appointments go unused or misallocated
- Conditions seen in urgent care could be better treated elsewhere
  - Pharmacy, UTC, or routine GP care may be more appropriate

Looking ahead

We want to create a service that's easier to use, fairer for everyone, and makes the best use of NHS resources.

That means:

- A simpler system where people only need to remember two main contact points: their GP practice and NHS 111
- A consistent offer across the city, including evening and weekend GP appointments
- Reducing unnecessary steps so people spend less time navigating the system and more time getting the care they need

How it works now

Available in GP practices, pharmacies (chemists), and urgent treatment centres.

In the city, urgent same-day needs may be seen at a city healthcare hub

Healthcare hub appointments are offered at Belgrave, Saffron, and Westcotes Health Centres.

These are sometimes known as ‘extended access’ appointments.

What is changing?

Increasing the number of locations across Leicester where same-day GP appointments are available

Making appointment times 5 minutes longer, so people can get the care they need in one visit

Ensuring appointments are with a GP, rather than a mix of different professionals

Appointments will now be face to face

The new service will offer fewer GP appointments but introduce a broader variety of appointments across pharmacies, GP surgeries and health centres, meaning you will be directed to help within your own area where possible across weekdays and weekends.

The plan is to increase Pharmacy First to deliver 210,000 appointments across Leicester, Leicestershire and Rutland.

The key message: 2 simple steps

- **Step 1: Try Self Care First**
- If your problem is minor, and you haven't been able to treat it yourself at home, try:
- 📱 The NHS App or NHS.uk
- 🌐 NHS 111 online
- 🏪 Your local pharmacy
- These services are quick, easy, and often all you need.

- **Step 2: Need More Help?**
- If it's more serious, or Step 1 didn't work:
- 📞 Contact your GP practice
- ☎️ Or call NHS 111 (if your GP practice is closed)
- They'll help book the right appointment for you.

The key message: 2 simple steps

- 🚨 **If you think you have a life or limb-threatening emergency, go straight to the closest emergency department or call 999.**

- **In a mental health crisis, call NHS 111 and select the mental health option, 24/7.**

We are introducing this process so that resources are being used in the best way for everyone in Leicester, Leicestershire and Rutland and so we can match every patient to the right care in the right place and help avoid long waits or trips to walk-in services that might not be suitable.

Targeted Population - city

Funded engagement in the city*:

- Those who live within the 1-mile radius and on main arterial routes into the City
- Families with babies and young children under the age of 10
- People within the age group of 21-30 years (young professionals) and 31-40 years. These groups are also most likely to have children 10 years or under
- Homeless, refugees and asylum seekers
- Eastern European and Black, Asian, and Minority Ethnic communities
- Groups with particular barriers to access healthcare

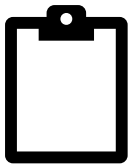
**Plus literature and education sessions across LLR*

Engagement in the community

Collaboration with voluntary and community organisations, focusing on groups with protected characteristics (age, race, disability, etc.)

Practical workshops and interactive sessions rather than distributing printed materials - First Aid, CPR/ Self-care

Community groups working consistently and constantly in partnership with local GP's and PCNs to amplify key messages and signposting



Gathering patient feedback on understanding of services, increase in same-day access sites and GP service improvements

For example:

Through 20 local VCSE organisations:

- Interactive face to face educational workshops in places of worship in their own languages across the city
- Punjabi, Urdu, Somali and Polish language self care workshops in Highfields
- Production of bitesize accessible videos
- Outreach activities and events in Beaumont Leys, St Matthews, Belgrave, Spinney Hill, New Parks and Braunstone

For example:

Through Leicester City Council:

- Presentations to housing officers sharing the 2 steps for getting NHS help fast
- Educational workshops with family hubs, children's centres and foster carers (using the reference guide to facilitate
- Educational workshops with reablement services and care technicians

ICB activity:

- University Fresher's events and educational sessions with halls of residence wardens
- Supermarkets and shopping malls
- Staff/service provider engagement and education throughout the ICS

What will we do with the feedback we get?

The feedback gathered from the engagement, the questionnaire, and the patient experiences of the new service from October 2025 will be independently evaluated and analysed.

The findings will be used to make any necessary changes /improvements to the service (before April 2026).

A report of findings will be published early next year setting out the main themes from the feedback and if changes are made, a further report will detail how we have used the information to inform our decisions.

Any other feedback we receive will help inform and influence future services.

How people can have a say

- To help us continue improving these services so they meet the needs of local people, we want people to share their feedback and experiences by completing our questionnaire.

It is split into five sections:

1. Getting the right NHS care in two simple steps
2. Your GP practice
3. Local pharmacies
4. Improvements to appointments in Leicester City (separate questions for Leicestershire County and Rutland)
5. About you

*** For people aged 16 and over*

How?

- Complete the questionnaire online.
- Email views to: llricb-llr.beinvolved@nhs.net
- Call **0116 295 7572** to receive a paper copy of the questionnaire or information in another format
- Write to us at **Freepost Plus RUEE-ZAUY-BXEG, Same Day Questionnaire, NHS LLR ICB, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB**
- Follow our social channels: **@NHS_LLR**
- Further information is available on our website.

Appendix E

NHS App and Digital Inclusion

Public Health and Health Integration Scrutiny Commission

Date of meeting: 9th September 2025

Useful information

- Ward(s) affected: City-wide
- Report authors: Laura Godtschalk, David Williams.
- Author contact details:
- Report version number: V1

1. Summary

1.1 The purpose of this report to provide an update on the NHS App and Digital Inclusion initiatives. It outlines:

Current NHS App functionalities for patients, including appointment management, prescription services, and access to medical records.

Completed and upcoming hospital integration phases, including mental health and community services.

Benefits such as reduced missed appointments, improved operational efficiency, and significant carbon savings.

Digital inclusion efforts through community hubs, device recycling, and national partnerships.

2. Recommended actions / decision

2.1 No decision expected, paper is for information

3. Item

3.1. Details NHS app current and developing GP and wider scope.
3.2. Local development in alignment to national NHS app functionality uplift, to offer the public more interaction and benefit.
3.3. Hospital integration has begun, moving into phase 1a and progressing with phase 2 pending funding application acceptance, with future ambitions to include patient-initiated follow-ups and care plan contributions.
3.4. Digital inclusion is being advanced through over 60 hubs in LLR, supported by the Good Things Foundation. These hubs provide free data, devices, and training.
3.5. Efforts are underway to recycle NHS devices and repurpose government laptops to support underserved communities.

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

A briefing on the NHS App for PHHI

August 2025

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Current functions of the NHS App for patients

Standard NHS App Functionality

- Order repeat prescriptions and nominate a pharmacy where you would like to collect them
- Book and manage GP appointments
- View your GP health record to see information like your allergies and medicines
- View COVID-19 vaccinations
- Register your organ donation decision
- Choose how the NHS uses your data
- View your NHS number (find out what your NHS number is)
- Use NHS 111 online to answer questions and get instant advice or medical help near you
- Search trusted NHS information and advice on hundreds of conditions and treatments
- Find NHS services near you

Depending on you GP surgery's system and the access provided, the NHS app may also offer:

- Message your GP surgery or a health professional online.
- Detailed medical record access (test results, letters etc).
- Contact your GP surgery using an online form and get a reply.
- Access health services on behalf of someone you care for.
- View useful links your doctor or health professional has shared with you.

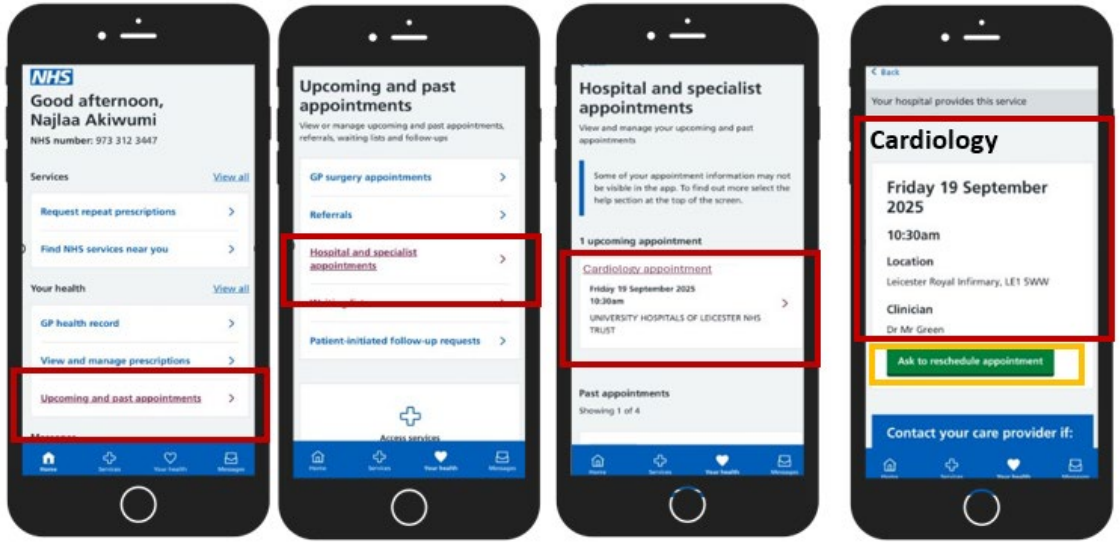
Hospital information in the NHS APP -Phase 1- Complete

1. Core features: Complete

- View referrals and appointments in one place
- See a single point of contact for appointments
- Get supporting information for appointments
- View past appointments

1a. Additional Features: In progress

- Cancel appointments
- Reschedule request



Hospital Information - Next phase of development

2. Additional features coming (awaiting national funding outcome)

- Leicestershire Partnership Trust system integration for Mental Health and Community appointment management, plus other functionality.
- University Hospitals of Leicester further integration to provide more access to patients.
- Receive notifications and messaging
- Patients enabled to see their documents
- Complete pre-appointment questionnaires
- Manage documents and questionnaires
- Paperless preference

Hospital Information - Future Ambition

3. New and First of Type

The NHS app has been initially connected to LLR's Digital Care Record Infrastructure with the ambition to integrate clinical systems directly with the NHS app. In the future this may mean we can enable:

- Patient initiated follow up action (PIFU)
- Patients viewing and contributing to their care plans via the app
- Viewing and amending appointments from other providers
- Two-way communication between the patient and care team
- Patients managing their consent for information sharing through the app

The NHS App Benefits

- **Better access and control for patients**
- **Faster, easier prescription management**
- **Digital maturity and operational efficiency:** As of April 2025, 114 NHS trusts are live with the service, contributing to reduced waiting times, missed appointments, and carbon emissions.
- **Fewer missed appointments** – estimated cost to the NHS for a missed appointment is £120 .
- **Fewer basic information seeking calls** – estimated staff saving 59p per 3 minute call that doesn't happen because the patient already has that information on the NHS App.
- **Patient preference - digital or written letters** – there is an estimated saving of £2 per physical letter avoided.
- **Carbon reduction at scale:** Full implementation of the NHS App features are forecast to reduce carbon emissions by over 1,100 tonnes CO2e per annum, equivalent to the footprint of more than 262,000 outpatient attendances. Digital communications via NHS App offer a 97.8% reduction in carbon emissions per appointment letter compared to traditional paper-based correspondence.
- **Low carbon system architecture:** The systems that enable information sharing between trusts and the NHS App, has been designed using sustainable design principles. This includes minimising computer use, adopting serverless technologies, and leveraging renewable-powered cloud hosting. The operational carbon impact is less than 0.1 tCO2e.

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

Digital Inclusion Initiatives Update

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Digital Inclusion Hubs are supported by Good Things Foundation (GTF)

- The National Digital Inclusion Network is supported by GTF
- Member organisations support their local communities with free digital inclusion services and Digital Hub services are provided as part of their local offer
- Digital Hubs are safe spaces that offer free mobile data (National Databank), devices (National Device Bank) and beginner digital skills training (LearnMyWay)
- Each hub can provide whatever services they choose, tailoring the offer to match their means
- Community access points and organisations delivering help and support services to the public
- GTF provide organisations with grant opportunities, drop-ins from network ambassadors and regular online training
- LLR has 60+ Hubs hosted by the VCSE sector and local authorities
- The LLR ICB are identifying new potential hubs opportunities, using Core20PLUS5 and Census 2021 information

Good Things Foundation

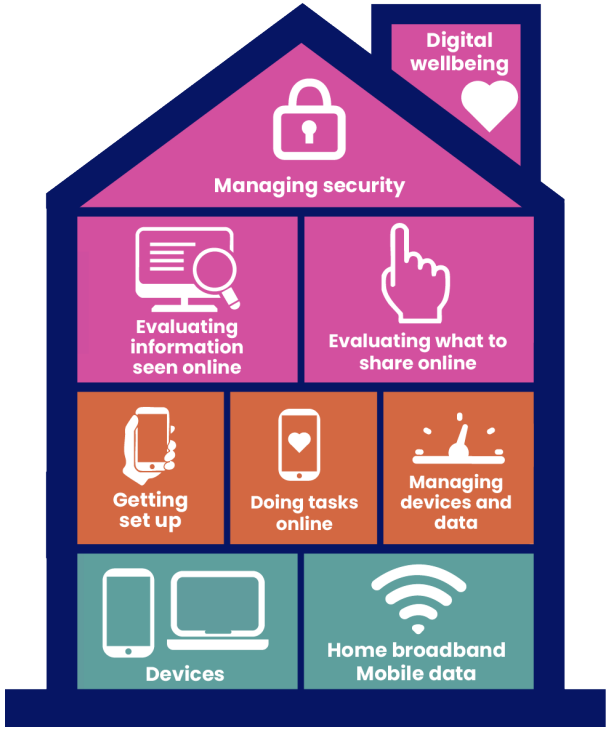
Recycling LLR's digital devices

- LLR Digital Inclusion lead assessing what the NHS organisations are doing with their retired digital devices and working with them to reroute these devices to GTF's national device repository
- Working with our local hubs to apply for devices to distribute when GTF sends out invitations to do so
- Work with hubs to encourage their local communities to directly donate to them

Good Things Foundation

Digital Inclusion Action Plan

- UK government's strategy to ensure everyone can access and use digital technologies confidently and safely, aiming to reduce digital exclusion and improve life chances across society
- Built from the Minimum Digital Living Standard (MDLS) definition
- Exploring potential LA involvement in:
  - Repurposing of government laptops
  - GOV.UK App as a digital front door
- Supporting applications to the Digital Inclusion Innovation Fund



Leicester Communities Together Event

- Promoting the NHS App and demonstrating key functionality available to the public
- Advising on appropriate routes for engaging with urgent care
- Signposting the public on how to register and improve their access to services digitally

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	Bowel Cancer to be added to work programme ICB to share work on bowel cancer	
	ICB funding changes – briefing paper	More details to be provided at September meeting.	
	Oral Health - PH	NHS Dentistry to be added to work programme.	
	Same day access – ICB	Further information to be shared on Figures to be shared for uptake of Pharmacy First, 8 hubs and the comms campaign.	
	Community Engagement and Wellbeing Champions round-up		

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

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

Forward plan suggestions 2025/26:

NHS dentistry	A report was requested 8 July for 9 September, the report has been delayed to the next meeting.	
Bowel Cancer report	A report was requested on 8 July for an update on work by Public health and ICB on bowel cancer.	
NHS Dentistry Access	A report had been requested for the September meeting but could not be completed. This will be considered at the next agenda setting meeting to agree a new date.	