Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 4 JUNE 2026 at 9:30 am

Present

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

Councillor Elaine Pantling, Assistant City Mayor, Education

Rob Howard, Director Public Health

Kate Galoppi, Director of Social Care and Commissioning

Dr Katherine Packham, Public Health Consultant

Dr Andy Ahyow, Deputy Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board

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

Glyn Edwards, Group Head of Strategy and Partnerships, Leicester Partnership Trust

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

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

Kevin Routledge, Strategic Sports Alliance Group

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

In Attendance

Katie Jordan and Julie Bryant.	Governance Services, Leicester City Council

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179. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Whittle, Dr Nil Sanganee, Kevin Allen-Khimani and Jean Knight.

180. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

181. CHAIRS ANNOUNCEMENTS

The Chair emphasised the importance of board members attending meetings and requested that attendance be prioritised going forward. It was noted that the Board's work is focused on making a difference, and that active engagement from all organisations is essential to achieving this.

182. MEMBERSHIP OF THE BOARD

The membership for 2026-27 was noted.

183. TERMS OF REFERENCE

The Terms of Reference were noted.

184. DATES OF THE BOARD

The dates of the board were noted.

185. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 5th March 2026 be confirmed as a correct record.

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

The Board was asked to acknowledge the engagement and governance processes to date, and to review the three final BCF submission templates, which set out the allocation breakdown. These had been reviewed by JICB members, who recommended their approval for submission to the Board.

AGREED:
That the board notes and approves the Better Care Plan 2026/27.

The Board acknowledged the LIHCG update.

187. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was noted that none had been received.

188. HYPERTENSION PREVENTION AND CASE-FINDING

The Board received a presentation from the Programme Manager for Long Term Co The Board received a presentation from the Programme Manager for Long Term Conditions.

It was noted that:

- Hypertension was identified as the most prevalent cardiovascular condition among Leicester residents and the leading risk factor for cardiovascular-related mortality and morbidity, contributing to higher than average mortality rates in those under 75.
- There were 50,000 people already diagnosed and on Hypertension registers, but there were an estimated further 24,000 undiagnosed cases.
- Two factors underpinned the work:
    - High blood pressure was often symptomless and therefore people were less likely to access help.
    - Most risk factors were highly preventable and were in line with other cardiovascular diseases. It was vital to reach people who may be at risk.
- The most widely used mechanisms were the Community Pharmacy Hypertension Case Finding Model (a blood-pressure checking drop-in service for those aged 40+) and the NHS health check which included a blood-pressure check. Both had excellent uptake rates.
- A task and finish group had focussed on addressing health inequalities linked to Hypertension development.
- Data indicated that priority should be given to those aged 40 and over, with slightly higher rates observed in men and Black and Asian populations. Areas most affected geographically were associated with lower uptake of NHS Health Checks and fewer individuals recorded on hypertension registers. It was noted that hypertension risk was strongly linked to deprivation, with Westcotes and Central Leicester being the most affected areas.
- A Multi-strand approach had been developed utilising expertise across partners in Public Health, Community Wellbeing Champions, Leicestershire Partnership Trust, the ICB, Primary Care Community Pharmacy and the Roving Health unit.
- Public engagement had taken place through large-scale events, including the Caribbean Carnival, engagement with mosques during Ramadan, and the Annual Public Health Conference. GP registrars had undertaken placements with Public Health.
- Scoping work with the NHS Health Check Service had focussed on targeting areas of deprivation.

- A standard operating procedure had been developed to enable non-clinical public health team staff to offer non diagnostic blood pressure checks with signposting to pharmacies, GPs and the NHS Health Check.
- A Making Every Contact Count conversation provided advice and signposting.
- Outcomes to date over the first year were as follows:
    - Over 400 blood pressure checks had taken place
    - Approximately 30% were above the normal range.
    - Around 5-10% had not had blood pressure checks before.

Working in partnership had been effective and had reached people in isolation.
It was noted that the task and finish group was likely to evolve into an ongoing, scaled-up working group. A continued focus on training for the Public Health Team would increase capacity to offer blood pressure checks.
There had been a pause on work with the targeted health checks, but this could now be re-visited.
A scheme was in its early stages to introduce blood pressure monitors within libraries, with a planned launch in Autumn 2026.

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

- There had been growth in working-age adults presenting to emergency care. Further analysis of the data was needed to identify the key drivers.
- Communities were not accessing available services consistently. There was a need to tackle inequalities and ensure equitable access was recognised.
- An ICB priority was the transition of individuals from identification into treatment pathways, with robust tracking arrangements.
- Members suggested looking at ways to increase group work activity. A meeting would be held with MP Jonathan Ashworth and neighbourhood work was of consideration. The ICB would examine its approach to representation and strategic priorities.
- There were opportunities to consider staff health. LPT was a large employer with many staff living within the city.
- The Chair noted that the Licensing Team might potentially be able to assist in cases where taxi drivers were reluctant to seek support due to concerns affecting their licence. This was also a possibility with the Council's School Transport team of drivers.
- The Chair requested a verbal update from the Programme Manager at the next meeting to include the engagement with licensing and possibly with the Police and Fire Authority.

AGREED:

1. That the presentation be noted.
2. For a verbal update to come to the next meeting.
3. For the Chair to make contact with the Licensing department to discuss support for drivers with Hypertension issues.

189. LEADING BETTER LIVES VERBAL UPDATE

The Director of Adult Social Care and Commissioning presented a verbal report, which provided an update on the Leading Better Lives programme.

The following was noted:

- Leading Better Lives is the Council's offer for early action and prevention for adults in Leicester. Whilst developed by Adult Social Care, it was not solely an Adult Social Care initiative and had been developed in partnership with a range of internal and external organisations.
- The success of the programme to date had been driven by co production with people with lived experience and the Voluntary, Community and Social Enterprise sector. Continued partnership working would be essential to its future development.
- The programme originated from benchmarking work undertaken by Adult Social Care with authorities in cities with similar demographics. This identified areas where Leicester was not achieving the same outcomes and highlighted the need to better understand what mattered to local people and what changes were required.
- Extensive engagement had been undertaken with communities across the city, including groups that were not traditionally engaged. Residents were asked what was working well, what was not working well and what changes would make the greatest difference to their lives.
- The engagement highlighted issues relating to health inequalities and deprivation and provided a rich source of information. It reinforced existing evidence whilst also providing greater insight into how information could be used to improve outcomes.
- A recurring theme was that many people were unaware of the support available to them. Difficulties accessing GP appointments, social isolation and loneliness were also identified as significant issues.
- Partners from local government,health, the VCSE and people with a lived experience had worked together to review the feedback and identify realistic and achievable actions. Care had been taken to ensure that engagement with communities did not raise expectations that could not be met.
- The programme was ambitious in scope whilst taking a realistic and phased approach to delivery.

The programme had focused on 3 key areas:

  - Improving access to information and advice.
  - Developing community hubs.
  - Delivering a Local Area Coordinator and street champion scheme in 3 pilot areas

- Progress had been made across all 3 areas, with some initiatives already highly visible. Examples included the festival held in Jubilee Square during the previous year to showcase support services, together with a planned presence at the Riverside Festival.
- The next phase of the programme would focus on expanding its reach and impact across the city.
- A programme board was being established, with a direct reporting line to

the Health and Wellbeing Board. The first meeting of the board was scheduled for July.

- The programme board would provide opportunities to strengthen links with related work across the Council and partner organisations and support a more coordinated approach.

Future activity would be organised around 4 pillars:

- Community offer.
- Partnership working.
- New ways of working.
- Digital.

- Sponsors were being sought for each pillar and a set of key performance indicators would be developed.
- The programme aligned closely with the neighbourhood health agenda and wider neighbourhood working arrangements.

In discussion with Board Members, the following was noted:

- The importance of aligning the programme with neighbourhood health and neighbourhood working was highlighted. It was suggested that further discussions take place with Integrated Care Board colleagues to ensure the programme was connected to existing workstreams and that appropriate representation was secured on the programme board. It was acknowledged that some patience would be required whilst a number of posts were being recruited to.
- The significance of addressing social isolation and loneliness was emphasised. It was noted that these issues were increasingly recognised as having both physical and mental health impacts and that tackling them could contribute to preventing illness, improving wellbeing and reducing mortality.
- Clarification was sought regarding how Healthwatch and the Voluntary, Community and Social Enterprise sector could become involved in the programme. It was confirmed that organisations interested in participating should make contact, and it was noted that Terms of Reference for the programme board were currently being developed.
- Members welcomed the broad and inclusive approach being taken and stressed the importance of securing representation from a wide range of organisations and community groups across the city, including community centres and sports facilities. It was noted that the wider the involvement, the greater the opportunity to achieve positive outcomes.
- Support was expressed for the programme and its preventative focus. It was noted that the objectives aligned closely with national NHS priorities, including delivering more care within communities and reducing health inequalities. Particular reference was made to the links between serious mental health conditions, social isolation and poorer health outcomes. It was further noted that the programme complemented existing work on local area coordination and targeting support towards vulnerable residents. The establishment of a senior level programme board was welcomed as an important mechanism for driving the work forward

AGREED:

1. That the update be noted.
2. That further updates on the development of the Leading Better Lives Programme be brought to future meetings of the Health and Wellbeing Board.

190. MENTAL HEALTH FRIENDLY PLACES AND MEN'S MENTAL HEALTH

The Board received a presentation from The Programme manager for Mental Health and the Consultant in Public Health.

It was noted that:

- Suicide factors were wide ranging and included living and working conditions and gender. The most affected group was males aged 40–49. Almost 70% of suicide victims were white.
- New initiatives included:
    - Creating mental health friendly places and clubs. Clubs could support those in adversity through sports. Training enabled facilitators to engage in supportive conversations, with 516 people receiving the training. The were 6 My Space My Game sessions running across LLR, with 2 being based within the city. This initiative mainly targeted men through football.
    - An expansion into working with businesses was planned to include the private sector such as hair salons. Training could be implemented via e-learning.
    - In the previous year there had been a Together for Men conference. Another would hopefully return during the year.
    - 3 webinars had been hosted exploring men's health. All information was available online on the Mental Health Friendly website.
    - Men's support booklets had been produced which were co-produced with men's groups such as the Modern Men Movement.
    - Partners were exploring a wide range of tools including beer mats, QR codes and posters. Conversations were taking place to promote the cause within 70 pubs across LLR.
    - Work continued with the Tomorrow Project which provided bereavement support for those affected by suicide.
    - There was funding for 13 Voluntary, Community and Social Enterprise (VCSE) organisations to focus on community aspects with the aim of supporting men's mental health.
    - Work was planned with carparks to reduce lethal risk means.
    - Work with Leicestershire Partnership Trust (LPT) was ongoing to promote suicide awareness across primary care.

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

- Members recognised the importance of the partnership organisations being a mental health friendly place. It would be checked as to whether this was the case for LPT and Leicester City and County Councils.
- Regarding educational organisations, work was ongoing to contact private student accommodations, the universities and potentially

schools.

- Members noted that those with severe mental health challenges did not always access available support and the challenge was to understand why men in particular might not seek help. It was vital to raise awareness of crisis support. More awareness could be raised on how staff across LLR could access the available crisis support.
- Work was ongoing to promote a booklet for those from diverse backgrounds.
- More awareness on support for those from a diverse background could be shared via the provider forums.
- Pharmacy First accounted for a substantial proportion of initial patient contacts. There was scope to strengthen focus on mental health awareness.
- Regarding media focus, it was noted that targeting larger populations risked missing some individuals, and that universal messages also needed to be appropriately targeted to support preventative work. Reporting should be

in line with the Samaritans guidelines. Regular updates were issued on social media on the support for suicide prevention.

AGREED:

1. That the presentation be noted.
2. For a digital version of the leaflet to be published with the minutes of the meeting.
3. For all service areas to be listed as mental health friendly places with promotion of the 24-hour crisis helpline.
4. For consideration of the role of pharmacies.

191. ICB VERBAL UPDATE

The Leicester, Leicestershire and Rutland Integrated Care Board (ICB) provided a verbal update on key areas of work and developments across the system.

Key points included:

- The ICB's management change process was continuing, with consultation on proposals progressing. Two rounds of voluntary redundancy processes had taken place and a number of posts had been ring fenced as part of the organisational restructure.
- It was recognised that this was a challenging period for staff and appreciation was expressed for the patience and understanding shown by partners during the process. A range of staff support measures had been put in place, including wellbeing support, career advice and CV workshops.
- Work was ongoing to determine future structures and responsibilities within a reduced workforce operating across a wider geographical

footprint. Going forward, ICB staff would be clustered across the Leicester, Leicestershire and Northamptonshire area.

- Development of the ICB's 5 year plan was progressing. The plan would set out how the organisation intended to reduce health inequalities, improve the quality of care and respond to increasing demand across health services.
- The plan would focus on a more strategic approach to commissioning and service delivery, recognising challenges relating to workforce pressures, rising demand and inequalities in health outcomes.
- A key ambition was to shift care away from hospital based settings and towards neighbourhood and community based models of care, with a greater emphasis on integrated service delivery.
- Priority transformation areas identified by the ICB included:
  - Frailty.
  - Reducing mortality.
  - Children and Young People's mental health.
  - Neurodiversity.

- Following a request from NHS England for all Integrated Care Boards to provide an update on future arrangements, the ICB had submitted a response on 15th May. This outlined a 3 year vision for collaborative working and service delivery and highlighted areas where national support may be required to support implementation of the forthcoming 10 Year Health Plan.
- An update was provided on vaccination programmes. A visit was scheduled to take place at City Hall to support a national inquiry into declining childhood vaccination rates across England. The visit would involve local partners and stakeholders and would explore current challenges, variations in uptake, system responses and planned actions.
- It was reported that a wider issue affecting vaccination recall and invitation systems across the East Midlands had been identified, impacting more than 7,000 children aged up to 6 years. Work had taken place to address the issue and preventative suspensions had now been lifted.
- Approximately 800 children had already received vaccinations as a result of the corrective action taken. Further work was ongoing to ensure clinical coding was accurate and to identify whether older children may also have missed vaccinations and required follow up.
- The Board was advised of recent success in a regional excellence awards programme relating to chronic kidney disease. A preventative programme delivered through primary care had been recognised as a Midlands regional champion and had progressed to the national awards stage, with winners due to be announced the following week.
- Recognition was also given to local digital health teams that had received awards and commendations for innovation, including work relating to remote monitoring, virtual wards and digital transformation within hospital services.
- The appointment of a new Secretary of State for Health and Social Care was expected to influence future national health priorities and policy

direction, with further updates to be provided as details emerged.

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

- Members acknowledged the scale of organisational change taking place within the ICB and recognised the challenges this presented for staff and partner organisations. It was emphasised that clear and regular communication with partners would be important throughout the transition period, particularly where staffing changes affected established points of contact.
- Assurance was sought regarding governance arrangements during the restructuring process. It was confirmed that governance processes remained in place and that statutory requirements, including partnership agreements and decision making arrangements, would continue to operate as normal.
- It was explained that a number of processes had been streamlined to reduce delays, including the introduction of greater flexibility around delegated authority and sign off arrangements. The impact of a planned 30% workforce reduction was already being felt, with May and June seeing the highest number of voluntary redundancy applications.
- It was acknowledged that keeping partners informed of staffing changes had been challenging given the pace and scale of the management of change process. Significant work was underway to support staff and maintain communication during the transition.
- Particular concern was raised regarding capacity in priority areas. Neighbourhood working had been identified as a significant priority and the need to recruit to key senior posts as quickly as possible was highlighted.
- Concerns were expressed regarding the difficulty in securing consideration of the Health and Wellbeing Board Annual Report by the ICB Board. It was noted that the report was intended to be shared with the ICB Board to provide statutory partners with an opportunity to comment and contribute.
- The Chair encouraged partners to remain patient and supportive while the ICB managed a substantial programme of organisational change.
- It was further noted that workforce gaps had emerged in some areas as staff left the organisation whilst management of change processes remained ongoing. Recruiting experienced staff into priority areas and networks had proved challenging and continued to be a key focus for the organisation.

AGREED:

• That the update be noted.

192. NEIGHBOURHOODS VERBAL UPDATE

The Board received a verbal update from the Deputy Director, Integration and Transformation, ICB.

It was noted that:

- A piece of ongoing work was aimed at defining ICB responsibilities from a neighbourhoods perspective to prevent duplication. Terms of Reference and Governance were under review. This would come back to Scrutiny.
- Feedback had been gathered from the City Neighbourhood workshops and would be shared with the Board. Questions had arisen through the Scrutiny Committee relating to neighbourhood sizes. Further consideration could be given to matters once officers were in post.
- The Deputy Director would also be taking up the joint chairing of the Leicester City Health Integration Group which would also feedback to the Board.
- It was noted that communications had gone out to the attendees of the Neighbourhood Workshops.

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

- Officers welcomed the collaborative work.
- The Chair noted the importance of the work and requested this be a regular agenda item.

AGREED:

1. That the update be noted.

193. DATES OF FUTURE MEETINGS

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

Thursday 24th September 2026 – 9.30 am
Thursday 10th December 2026 - 9.30 am
Thursday 14th January 2027 – 9.30 am
Thursday 4th March 2027 – 9.30 am

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

194. ANY OTHER URGENT BUSINESS

With there being no further business, the meeting closed at 11:53am.