
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: THURSDAY, 1 OCTOBER 2026

Time: 9:30 am

Location:

MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer

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City Mayor

healthwatch
Leicester



Leicestershire
Police
Protecting our communities

NHS
Leicester, Leicestershire
and Rutland
Integrated Care Board

NHS
England

University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

MEMBERS OF THE BOARD

Councillors:

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

Councillor Elaine Pantling, Assistant City Mayor, Education

Councillor Geoff Whittle, Assistant City Mayor, Environment and Transport

2 Vacancies

City Council Officers:

Rob Howard, Director Public Health

Laurence Jones, Strategic Director of Social Care and Education

Dr Katherine Packham, Public Health Consultant

1 Vacancy

NHS Representatives:

Toby Sanders, Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

Prof Nil Sanganee, Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Afzal Ismail, Non-Executive Director on the, Leicester, Leicestershire and Rutland Integrated Care Board

Joanna Clinton, Head of Strategy Development, Leicester, Leicestershire and Rutland Integrated Care Board

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

Dr Ruw Abeyratne, Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust

Angela Hillery, Chief Executive, Leicestershire Partnership NHS Trust

SUB: Jean Knight, Deputy Chief Executive, Leicestershire Partnership NHS Trust

Healthwatch / Other Representatives:

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

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

Kevin Allen-Khimani, Chief Executive, Voluntary Action Leicester

Rupert Matthews, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Kevin Routledge, Strategic Sports Alliance Group

Phoebe Dawson, Head of Leicester, Leicestershire Enterprise Partnership

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

Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort University

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Kirsty Wootton, Governance Services Officer, Kirsty.Wootton@leicester.gov.uk.

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

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

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

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. CHAIR'S ANNOUNCEMENTS

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

4. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 12)**

The Minutes of the previous meeting of the Board held on Thursday 4th June 2026 are attached and the Board is asked to confirm them as a correct record.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

Dr Tamhne to ask:

Can the ICB explain why under its plans for this financial year 26/27 Psicon Right to Choose is not able to offer routine autism or ADHD assessments for patients currently on the waiting list? Furthermore, I understand that these changes have been introduced as part of local nhs planning decisions and apply across all providers in the area. Surely this will result in an even great back log for 2027. Please explain the rationale and implications of your decision.

6. LEICESTER CITY GAMBLING HARMS STRATEGY **Appendix B**
(Pages 13 - 58)

The Deputy Director of Public Health will give a presentation on the Leicester City Gambling Harms Strategy. The strategy outlines the approach to preventing and reducing gambling-related harm, together with the next steps for implementation.

7. INTERMEDIATE CARE REVIEW **Appendix C**
(Pages 59 - 72)

The Head of First Contact and Early Support, Adult Social Care and Safeguarding, The Head of Nursing and Quality, Leicestershire Partnership Trust and The Clinical Director of Leicestershire Partnership Trust have prepared a presentation providing an overview of Intermediate Care, including current provision, outcomes and patient experiences, and highlighting key challenges and areas for improvement.

8. HEALTHWATCH LEICESTER AND LEICESTERSHIRE ANNUAL REPORT 2025-26 **Appendix D**
(Pages 73 - 108)

The Chair of Healthwatch Leicester and Leicestershire submits a report presenting the Healthwatch Leicester and Leicestershire (HWLL) Annual Report 2025-26 for consideration by the Health and Wellbeing Board.

9. HYPERTENSION VERBAL UPDATE

The Programme Manager will give a verbal update on hypertension.

10. LEADING BETTER LIVES: THE FUTURE OF EARLY ACTION **Appendix E**
(Pages 109 - 116)

The Director for Adult Social Care and Commissioning submits a report providing an update on the Leading Better Lives programme as Leicester's corporate approach to early action and prevention.

The report also outlines the proposed governance arrangements.

11. ICB VERBAL UPDATE

The Integrated Care Board (ICB) will provide a verbal update on their current position.

12. ICB NEIGHBOURHOODS UPDATE

The Integrated Care Board (ICB) will provide the board with a verbal update on the Neighbourhoods Strategy.

13. REPORTS FOR THE BOARD TO NOTE

**Appendix F
(Pages 117 - 198)**

Long Term Rough Sleeping Action Plan

Members of the board are invited to consider and approve the action plan and priorities to support the reduction of long-term rough sleepers in Leicester. The plan is currently in draft form and has been circulated to members separately to this report. The report can be found at appendix F.

Health and Wellbeing Board Annual Report 2024-2025

The Public Health Consultant asks the Board to note the report, and approve the content prior to publication on the Leicester City Council website. The report can be found at appendix G.

Leicester Integrated Health and Care Group Update

The Board are asked to note the update. The report can be found at appendix H.

14. DATES OF FUTURE MEETINGS

To note that meetings have been arranged for the following dates in 2025/2026 which were submitted to the Annual Council in May 2026. Please add these dates to your diaries. Diary appointments will be sent to Board Members.

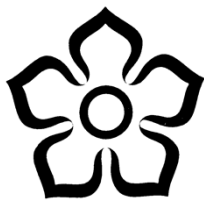
Thursday 10th December 2026 – 9.30am

Thursday 14th January 2027 – 9.30am

Thursday 4th March 2027 – 9.30am

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

15. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

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. There 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.

Gambling-Related Harm Strategy

Health and Wellbeing Board

Date of meeting: 1st October 2026

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Kathryn McVicar/ Jo Atkinson
- Author contact details: Kathryn.McVicar@leicester.gov.uk / Jo.Atkinson@leicester.gov.uk
- Report version number: 1

1. Summary

This is the first gambling-related harm strategy in Leicester City and outlines our plans to prevent and reduce the harms associated with gambling in Leicester. Gambling-related harm is an under-recognised and stigmatised public health problem. The harms that gambling causes are wide ranging and can affect anyone, including broken relationships, loss of employment and mental health problems. Over 1.8 million people in Great Britain are being harmed by gambling, a figure which does not capture the many millions of significant others, families and friends that are also adversely impacted by gambling.

This strategy follows a recent health needs assessment which drew on literature and data sources to better understand the populations affected by gambling harms in Leicester. There is a lack of complete, precise and reliable local information on the extent to which Leicester residents are being harmed by gambling, but we know that there are individuals and communities in our city who are experiencing a multitude of gambling-related harms including homelessness, criminal convictions and increased risk of suicide. We have drawn on the findings and recommendations from that report, as well as wider guidance and learning from others, to inform this strategy.

Three strategic themes have been identified, which reflect key opportunities to prevent and reduce gambling-related harm:

1. **Awareness Raising, Training and Education:** This theme focuses on increasing the awareness of gambling harms and support available by ensuring there is appropriate local training and education, as well as strengthening the local evidence-base.
2. **Support Pathways:** This theme focuses on working as a system to establish and improve local support and recovery pathways for those affected by gambling.
3. **Licensing and Regulation:** This theme focuses on the regulation of access to gambling products through licensed premises and the promotion of gambling products.

2. Recommended actions/decision

The Health and Wellbeing Board is asked to:

- Endorse and support the strategy
- Consider how they might contribute to implementation of the strategy

3. Stakeholder engagement

The strategy has been shaped by the Leicester Gambling Harms Strategy Development Group. The group has had representation from a range of stakeholders, both within Leicester City Council and across the wider system. The list of stakeholders can be found in Appendix 1 of the attached strategy.

4. Background and options with supporting evidence

Please see attached paper.

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

5.1 Financial implications

There are no direct financial implications arising from this report.

Signed: Rohit Rughani

Dated: 09/10/2025

5.2 Legal implications

There are no direct legal implications arising out of the Strategy itself however objective 7.2 under Chapter 6 headed Licensing and Regulation will require legal advice and oversight before it is progressed. The Gambling Act 2005 enables Local Authorities to grant premises licences for different types of gambling and of the applicable licensing objectives, the most relevant to this strategy is *'protecting children and other vulnerable persons from being harmed or exploited by gambling'*. However, Section 153 of the 2005 Act places a legal duty on Licensing Authorities to aim to permit use of premises for gambling subject to the authority being satisfied that the application is in accordance codes of practice and statutory guidance issued by the Gambling Commission and in accordance with the licensing objectives and the authority's statement of Licensing Policy

Signed: F.Hajat

Dated: 9th October 2025

5.3 Equalities implications

The Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

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

This report outlines Leicester's first strategy aimed at tackling gambling related harm. The strategy focusses on preventing and reducing the negative impacts of gambling across the city and it is designed to deliver positive outcomes for people from across a range of protected characteristics, who are either affected by or vulnerable to gambling related harm.

The draft strategy identifies three key strategic themes intended to help minimise the impact of gambling on individuals, families and communities, whilst ensuring services are accessible and responsive to the needs of those affected.

These three strategic themes have been incorporated into a logic model, with clearly defined aims and objectives, which will be evaluated to measure their impact and effectiveness in Leicester. Equality considerations need to be embedded throughout the strategy, and it is recommended that Equality Impact Assessments (EIAs) are conducted as appropriate to ensure we are paying due regard to the PSED as part of our decision-making processes. The report also identifies at risk groups and communities, highlighting how prevention measures and targeted interventions can support improved understanding and responses to gambling related harm.

Signed: Sukhi Biring, Equalities Officer

Dated: 9 October 2025

5.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 13 October 2025

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

6. Background information and other papers:

[gambling-harms-needs-assessment-2024.pdf](#)

7. Summary of appendices:

Please see attached Leicester City Gambling-Related Harm Strategy.

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a “key decision”? If so, why?

No

LEICESTER CITY GAMBLING- RELATED HARM STRATEGY 2026- 2030

Taking a public health approach to prevent and reduce
gambling-related harm in Leicester

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Acknowledgements

We wish to thank all our strategic partners and people with lived experience who have contributed to the development of this strategy.

If you or someone you know is affected by gambling, please know that there is help available. A short list of some professional services and peer support groups can be found in the Appendices.

Language

The language used when discussing gambling harms matters. Terms such as ‘problem gambler’ and ‘gambling addict’ can be stigmatising to individuals and families and can be a barrier to people seeking help and support. Using these terms supports the gambling industry-favourable narratives that the people who are experiencing gambling harms are the ‘problem’, rather than recognising that they are experiencing the harmful effects of the addictive products and harmful practices of the gambling industry.

Instead, we will use ‘person-first’ terms such as ‘a person experiencing gambling harms’ or ‘a person living with gambling addiction’, which can help to reduce the risk of stigma and blame. These terms will be used throughout the strategy, with the exception to this being when citing data that uses alternative terms.

[‘Words can hurt’](#) is a language guide for gambling harms created by the Greater Manchester Combined Authority, in collaboration with the Association of Directors of Public Health Yorkshire and Humber and the Association of Directors of Public Health North East. The guide was created to combat the ‘individual responsibility’ narrative used by the gambling industry and frames harm from a population health approach. This guide has been used to inform the language used throughout the strategy.

Foreword

TO BE ADDED

Executive Summary

This is the first gambling-related harm strategy in Leicester City and outlines our plans to prevent and reduce the harms associated with gambling in Leicester. Gambling-related harm is an under-recognised and stigmatised public health problem. The harms that gambling causes are wide ranging and can affect anyone, including broken relationships, loss of employment and mental health problems. Over 1.8 million people in Great Britain are being harmed by gambling, a figure which does not capture the many millions of significant others, families and friends that are also adversely impacted by gambling.

This strategy follows a recent health needs assessment which drew on literature and data sources to better understand the populations affected by gambling harms in Leicester. There is a lack of complete, precise and reliable local information on the extent to which Leicester residents are being harmed by gambling, but we know that there are individuals and communities in our city who are experiencing a multitude of gambling-related harms including homelessness, criminal convictions and increased risk of suicide. We have drawn on the findings and recommendations from that report, as well as wider guidance and learning from others, to inform this strategy.

Three strategic themes have been identified, which reflect key opportunities to prevent and reduce gambling-related harm:

1. **Awareness Raising, Training and Education:** This theme focuses on increasing the awareness of gambling harms and support available by ensuring there is appropriate local training and education, as well as strengthening the local evidence-base.
2. **Support Pathways:** This theme focuses on working as a system to establish and improve local support and recovery pathways for those affected by gambling.
3. **Licensing and Regulation:** This theme focuses on the regulation of access to gambling products through licensed premises and the promotion of gambling products.

Leicester City Gambling-Related Harm Strategy 2025-2030

Our vision:

Leicester city will be a place where people are protected from gambling harm and can access and receive support according to their diverse needs.

1. Introduction

1.1 Gambling-related harm

Gambling describes an activity where a person risks a loss for a possible gain in an activity of uncertain outcome. This includes casino games, sports betting, bingo, scratch cards and lotteries, and features of gambling are present in popular console gaming and cryptocurrency.

Gambling can inflict significant and long-lasting harm to individuals, families, and communities (1,2). Gambling-related harm collectively describes the various adverse consequences of gambling. Beyond the dangers of financial loss and financial ruin, the harms can include loss of employment, broken relationships, health effects and crime-related impacts (1). Gambling can also increase the risk of suicidality and domestic violence. These adverse effects are often felt not just by the person gambling, but also by significant others, families and friends, collectively known as “affected others”. The latest data published by the Gambling Commission found that 2.7% of the population in Great Britain have experienced adverse consequences from gambling (and this figure does not capture affected others) (3). This equates to over 1.8 million people in Great Britain who are being directly harmed by gambling.

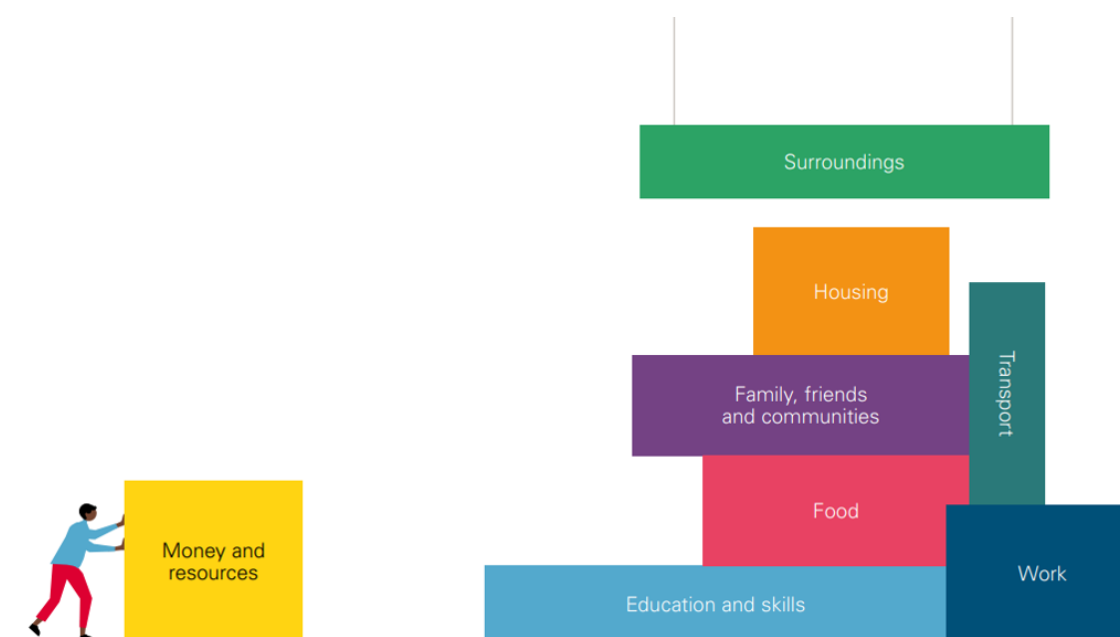
The harms caused by gambling are complex with many different and often interlinked factors. These harms are now widely recognised as a public health issue, which requires a broad population-level response to reduce exposure to gambling, prevent harms, and support those who are experiencing harm.

1.2 Gambling and health

Gambling harm is strongly connected to health and wellbeing. There is an association between gambling at all levels of harm and increased substance use and alcohol consumption, which are recognised causes of preventable morbidity and premature mortality (2). Evidence demonstrates that there can be substantial harms to mental health including guilt, shame, loss of self-esteem, loneliness and sleep problems, as well as increased risk of anxiety and depression (2). ‘Gambling disorder’ is a recognised mental health condition characterised by persistent and recurrent gambling behaviour leading to substantial harms (4). Deaths by suicide are significantly higher among those being harmed by gambling, with a recent study indicating that this could be a 15-fold higher risk than the general population (5). It is estimated that there are between 117 and 496 gambling-related suicides per year in England (2).

As well as the direct impacts that gambling can have on health, it can also influence the wider building blocks of our lives which shape and influence health over time. To have a society where everybody can thrive, we need all the right building blocks in place: stable jobs, good pay, quality housing and good education (Figure 1) (6). The adverse effects of gambling, such as cultural harms (negative experiences such as loss of identity, social isolation and shame relating to cultural expectations and roles), criminal and anti-social behaviour harms, relationship harms, and employment and educational harm, can contribute to many of these blocks being missing.

Figure 1: The building blocks of health (6)



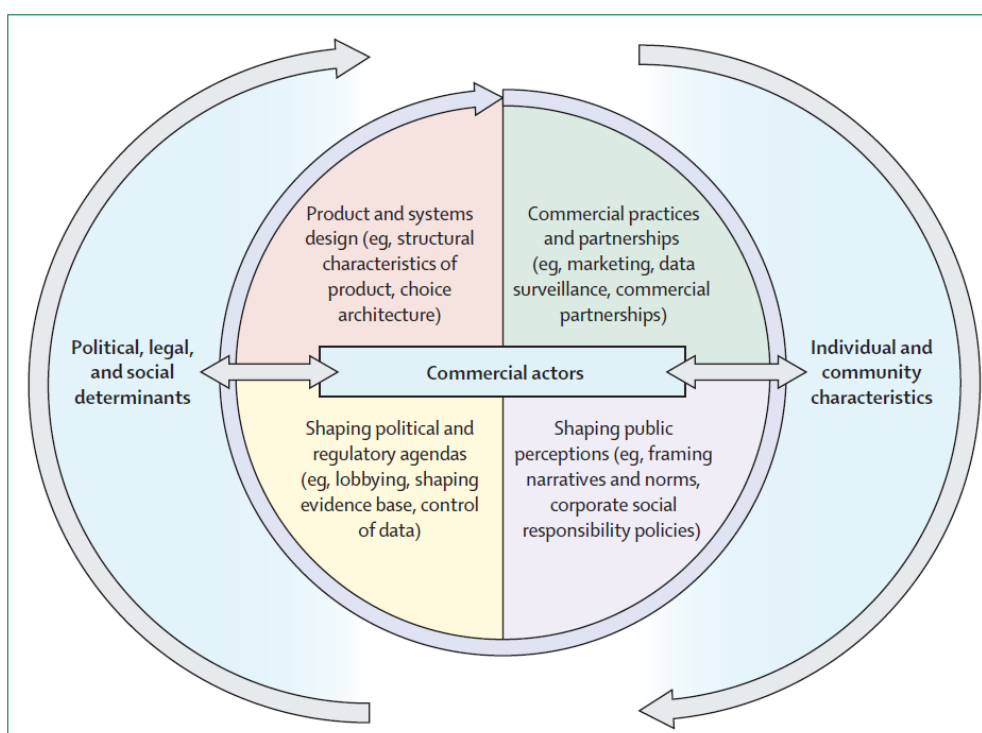
1.3 Drivers of gambling-related harm

Great Britain has one of the biggest gambling markets in the world, with the total Gross Gambling Yield (GGY) of the gambling industry reported as £15.6 billion for April 2023 to March 2024 (7). Industry growth is fuelled by the rise of online gambling, widespread access to gambling opportunities through mobile phones, and the introduction of commercial gambling to new areas (1). The actions of the gambling industry are recognised to increase the risk of gambling harms. In recent years, gambling operators have been reported to spend over £1.5 billion on gambling advertising and marketing in the UK (8). Additionally, the commercial gambling industry has developed strong partnerships in media and social media, and many professional sports organisations are sponsored by gambling organisations, creating marketing opportunities to vast audiences. This means that children and young people are frequently exposed to gambling products via a range of means, causing growing concern regarding the impacts that gambling is having on young people.

The gambling industry portrays gambling as harmless entertainment and stresses the social and economic benefits plus employment opportunities that the industry provides. Their narratives have shaped perceptions that responsibility for gambling harm is attributed to individuals, deflecting attention from corporate conduct. This has also added to the stigma associated with gambling and gambling-related harms. Many conceal the harms being caused by gambling and can find it challenging to access support.

The drivers of gambling and gambling harms are complex, with inter-relationships between commercial, political and social determinants as illustrated in Figure 2.

Figure 2: The determinants of gambling and gambling harms (1)



2. The case for a local gambling harms strategy

2.1 Gambling-related harm in Leicester

The recent Leicester city gambling harms needs assessment indicated that there could be more than 1,500 people in Leicester being harmed by gambling plus 26,000 affected others (9). The Gambling Survey for Great Britain 2024 found that 2.7% of British adults are experiencing severe harms from gambling and a further 12% are at elevated risk of gambling harms (3). This suggests that significantly more people are being harmed by gambling products and industry practices than was previously thought. If the Gambling Survey for Great Britain estimates were to be applied to Leicester's population, this could mean that there are actually nearer to 10,000 people locally experiencing severe gambling harms, and over 40,000 people at elevated risk of gambling harms.

The population demographics of Leicester have several characteristics with high levels of gambling-related harm, including having a higher-than-average proportion compared to England who are: aged between 16 and 34 years; living in a deprived area; or unemployed. Leicester also has a higher-than-average proportion of people of Asian or Asian British ethnicity. National survey data indicates that people of this ethnicity are generally less likely to gamble, but more likely to experience 'problem gambling' (or gambling at harmful levels) than other ethnic groups (9).

Interviews with those who have lived experience of gambling harms in Leicester illustrated the range of ways in which individuals, communities and society are being negatively affected by gambling harms. These included: criminal convictions and imprisonment; homelessness; mental health problems and increased risk of domestic violence. Those interviewed highlighted concerns regarding exposure of children and young people to gambling behaviours through gaming. They described that there would be value in local education programmes for children and young people so that they can be protected and prevented from experiencing gambling harms. The importance of having culturally sensitive local services was also highlighted.

2.2 The case for change

Whilst we lack complete, precise and reliable local information on the extent to which gambling is harming the people of Leicester, we know that gambling is adversely affecting the health and wellbeing of many people in our city. Our gambling-related harm needs assessment highlighted that whilst the overall gambling prevalence in Leicester might be relatively low, the prevalence of gambling harms is high. Those with lived experience of gambling harms have told us how it has affected relationships, finances and caused life-devastating destruction.

Leicester's Health, Care and Wellbeing Strategy 2022-2027 outlines the ambition for everyone in Leicester to have the same opportunities for good health and wellbeing, through working in partnership to tackle health inequalities and ensure that support and services are tailored to the needs of different groups and communities in our city. Tackling gambling-related harm in Leicester links to many of the themes for action in the Health, Care and Wellbeing strategy, including: promoting positive mental health within Leicester across the life course; making Leicester the healthiest possible environment in which to live and work; and giving children the best start in life.

Taking action to prevent and reduce gambling harms will complement work on other prioritised challenges in Leicester. It could contribute to the prevention of mental ill-health, suicidality, unemployment, financial insecurity, homelessness, substance use, social isolation and crime. Our ambition to prevent gambling-related harm aspires to improve health and wellbeing, boost the local economy, keep families together, protect job, home, and financial security, so that people in Leicester city can live happy and healthy lives.

3. Strategy development

3.1 Our vision

Leicester city will be a place where people are protected from gambling harm and can access and receive support according to their diverse needs.

We believe that everyone in Leicester should have the same opportunities for good health and wellbeing. This means ensuring that gambling harm is prevented and that those experiencing gambling-related harm are proactively supported and empowered to access the support and recovery they need.

3.2 Our aim

To prevent and reduce gambling-related harm experienced by people, families and communities across Leicester city.

Our strategic aim is to stop gambling-related harm by taking collective local action, so that the people of Leicester can live happy and healthy lives.

3.3 Our principles

The following principles underpin this strategy and outline the public health approach that will be taken to address gambling-related harm in Leicester:

- We are passionate **advocates** for people affected by gambling related harm
- We will use **language** which is inclusive and destigmatising
- We recognise that gambling can be a **harmful activity for anyone**
- We will take a **whole system population health approach** to preventing and reducing gambling-related harm
- We believe preventing gambling-related harm should be **everyone's responsibility**
- We believe that action must be **independent from the influence of the gambling industry**

3.4 Our approach

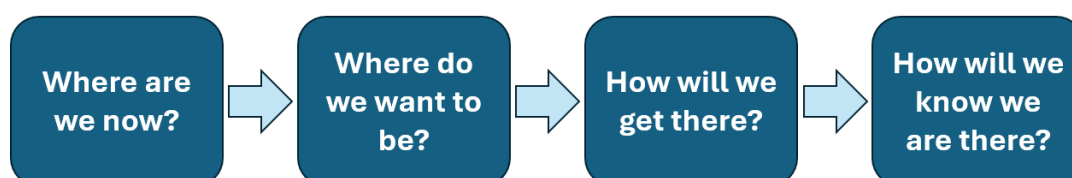
This Gambling-Related Harm Strategy outlines the commitment of the council and local organisations to address the complex issues related to gambling and the harms it causes. We have taken a whole system population health approach. This recognises that the issues affect many people and organisations across the entire population, and the way they are experienced are complex and interconnected.

The strategy has been developed in partnership with a wide range of organisations and services and has included people with lived experience of gambling-related harm from the start. The organisations involved are listed in Appendix 1.

The development of the strategy has drawn on the expertise of the Strategy Development Group, the findings from Leicester City's gambling harms needs assessment, the evidence base from data and published literature, and recommendations set out in relevant guidance documents. We have also drawn on the stories and expertise of those with personal experiences of gambling-related harm throughout the strategy development to help shape the content and ensure that areas of focus reflect the needs of those with direct experience of gambling harms. We intend to continue to engage with those who have lived and living experience of gambling-related harm throughout the implementation of the strategy.

The process of strategy development has followed the four stages outlined in Figure 3.

Figure 3: Strategy Development Process



3.5 Our strategic themes

Three strategic themes have been identified in the development of this strategy, which reflect key opportunities to prevent and reduce gambling-related harm.

1. **Awareness Raising, Training and Education.** This theme focuses on increasing the awareness of gambling harms and support available by ensuring there is appropriate local training and education, as well as strengthening the local evidence-base.
2. **Support Pathways.** This theme focuses on working as a system to establish and improve local support and recovery pathways for those affected by gambling.
3. **Licensing and Regulation.** This theme focuses on the regulation of access to gambling products through licensed premises and the promotion of gambling products.

Each strategic theme is broken down into aims and objectives. The aims describe broader and more general areas of focus within the theme, and the objectives outline some of the steps needed to achieve that aim.

4. Awareness Raising, Training and Education

4.1 Where are we now?

Training and education

Gambling products are widely used and strongly promoted, with harms under-recognised and very poorly communicated to the public (10). The gambling industry spends over £1.5 billion on advertising and marketing of products, making it challenging for those working in public health to compete by highlighting the business model of the gambling industry to our population. That is, that the more money acquired from the public, the greater the industry's profits which simultaneously increases the risk of harms to individuals, families and communities.

Across local partner organisations in Leicester, there is a mixed picture in terms of knowledge and gambling-related harms and the knowledge of the local support available. A small number of staff groups who interact regularly with the general public or patient groups have received training on gambling harms, but this has been via a mixture of providers with lack of a consistent local training offer.

National survey data has shown that just over a quarter of 11- to 17-year-olds had spent their own money on any gambling activity in the twelve months prior to completing the survey (11). Over half of young people had seen or heard gambling advertising via online or offline platforms, yet almost four in five children agree that 'nobody under the age of 18 should be exposed to content and advertising about gambling'. There is also growing concern that some forms of gaming could become a gateway into gambling for children and young people, but the long-term impact of this is not yet known. There is lack of local data on children and young people in Leicester who gamble or who are experiencing gambling-related harms, but there is opportunity to raise awareness amongst this group and those who care for them to support prevention of harms.

Evidence base

The recent gambling harms needs assessment drew on evidence from published literature and data sources which describe populations with the highest levels of gambling-related harm. It also looked at some limited local data which compared gambling-related outcomes for Leicester city to comparator areas. Most of the data presented was from GambleAware, an organisation who receive most of their funding from the gambling industry. Much of the data was missing the information necessary to determine the local authority district in which a person resides, and consideration is needed of the risk of bias due to industry funding of the research which could lead to skewed agendas and outcomes in favour of the gambling industry.

Whilst the needs assessment provides a helpful start, it highlighted the lack of complete, high-quality information about local-level incidence and prevalence of gambling harms. The rise in online gambling means that there are challenges in

understanding the extent of gambling and associated harms in Leicester. There is also limited understanding of the experiences of affected people in Leicester.

4.2 Where do we want to be and how will we get there?

Aim 1: Raise awareness about the risks and impacts of gambling to support prevention of gambling harms.

Objective 1.1: Train staff in public-facing roles on the risks and impacts of gambling and how these can affect different population groups, ensuring training is free from industry influenced narratives.

We will work with system partners to encourage staff working in services or organisations that are likely to see people affected by gambling harms, to receive appropriate training. Engagement work with staff and those with lived experience of gambling harms will be needed to understand the needs of a training offer, and then an appropriate programme will be co-designed and developed/procured. The training will increase awareness of gambling harms and support services available, help to destigmatise gambling harms, and equip staff to ensure that gambling harms are screened for and appropriately recorded (see objectives 3.1 and 5.1).

Objective 1.2: Design and promote public awareness campaigns, working with those who have lived experience to consider how these campaigns could be targeted at different population groups e.g. young people and ethnic minority groups.

We need to dismantle myths about gambling products and gambling-related harm through public campaigns. These will focus on preventing harm through a public health approach that includes education and awareness raising. Campaigns will be developed alongside those with living and lived experience of gambling-related harms, so that messaging is accessible to different population groups and non-stigmatising. This could also help those experiencing gambling harms to know where and how to access support and empower them to have confidence to access it.

Case study: Odds Are: They Win

The Odds Are: They Win campaign was developed to raise awareness that gambling products and practices can cause harm in Greater Manchester Combined Authority (10). This campaign ensured that narratives moved away from those of personal responsibility and instead reflected research evidence highlighting that industry-funded messaging (e.g. “when the fun stops, stop”) is insufficient in preventing harm and can contribute to stigma. The target audience was men aged 18-40 and the campaign was deployed ahead of, during and after the 2022 Football World Cup using a range of digital and out-of-home channels. The campaign saw a surge in the number of people accessing information on support and treatment for gambling harms.

Objective 1.3: Promote the importance of action on gambling harms as a public health and safeguarding matter through key forums and partnerships.

There is opportunity to raise the profile of gambling-related harms on various agendas through different Boards and partnerships which include health and system partners. This can help to ensure that gambling-harms are recognised and prioritised by senior colleagues, which will help to support objective 1.1.

Aim 2: Provide information on the risks and impacts of gambling to children and young people, as well as those living and working with them.

Objective 2.1: Work with educational settings and those working with children to improve understanding and recognition of gambling harms amongst children, parents/carers and teachers.

The earliest opportunity to prevent gambling-related harm is to protect children and young people. We will work with partners to develop or adapt a local young people's education package, with consideration as to how this information could be shared with parents and carers (acknowledging that they may also be experiencing gambling harms). We will work with those in contact with children including schools and educational settings, as well as safeguarding teams and healthcare colleagues. This will help to ensure that children and young people understand more about gambling, its risks, and how and where to seek help. It will also enable children and their support network to be informed and equipped to prevent and respond to gambling harms.

Objective 2.2: Work with young people via universities, colleges and sixth forms to ensure there is good recognition of gambling harms, improved knowledge of support available, and increased access to support.

Where young people start to gain financial independence, there can be increased risk of being harmed by gambling. It is important that they have the knowledge of support available and the confidence to seek help. We will work with various local educational settings to understand the needs of different groups of young people. We will adapt a training package to equip young people and those working with them, with the knowledge and skills to recognise gambling harms and seek appropriate support.

Aim 3: Strengthen the local evidence-base regarding gambling-related harm in Leicester city.

Objective 3.1: Utilise and encourage opportunities to collect local data on gambling and gambling-related harms across diverse population groups.

Strategic partners already collect a wide range of data from diverse populations, and there is opportunity to strengthen data collected on gambling and associated harms. This will include ensuring that gambling and associated harms are systematically

recorded across local services including clinical teams as recommended through guidelines published by the National Institute for Health and Care Excellence (NICE) (see objective 5.1) (12). We will also seek opportunities to collect further information through local surveys and gathering qualitative insight from those with lived experience.

Objective 3.2: Seek to evaluate interventions (both educational and support-related) that are implemented locally to prevent and reduce gambling-related harm, so that learning can be shared.

There is a limited but growing evidence base on the interventions which can prevent and reduce gambling-related harms. There is a need to expand local evidence, particularly considering which interventions work (and why) for Leicester's diverse population. We will therefore ensure that evaluation plans are built into any initiative that is implemented locally, from the outset. This will support not only local learning but also can be shared with colleagues nationally to expand the evidence-base.

5. Support Pathways

5.1 Where are we now?

Help and support for people affected by gambling is available and expanding in Leicester (see Appendix 2 for a list of some of the available services and their contact information).

Locally, the NHS East Midlands Gambling Harms Service offers specialist support and treatment to those experiencing gambling harms across the region. The service is based in Derby but offers support to people across the East Midlands. There is also local support available through community and voluntary organisations such as Shama Women's Centre.

Nationally, there are a range of organisations that people can receive treatment and support through. These include organisations which provide support for anyone experiencing gambling harms, including affected others, and mutual support groups such as Gamblers Anonymous. There are also downloadable software blockers which limit access to websites, apps and other gambling products.

However, evidence demonstrates that many people are not reached by support services, for various reasons. Whilst gambling harms can affect anyone, evidence shows that those accessing treatment are more likely to be males and those of white ethnicity (13). Stigma can also be a significant barrier. Interviews with those who have lived experience of gambling harms in Leicester revealed that there is a need for more local support, particularly that is able to support people from a range of different cultures.

There is opportunity to improve the awareness of support services amongst the public and professionals. Additionally, whilst some services which support people in Leicester are well connected, not all organisations are aware of the support offered by others or the signposting and referral routes.

5.2 Where do we want to be and how will we get there?

Aim 4: Ensure support is visible, accessible and acceptable to people in Leicester City, recognising that there is no one-size-fits-all.

Objective 4.1: Develop and promote a standardised set of trusted resources, support services and other organisations that can be shared and included in local service directories to support those experiencing gambling harms and affected others.

We will ensure that there is comprehensive and consistent information available regarding the range of support available to people in Leicester, so that this can be shared across professionals, providers and the public. We will seek to provide this information in a range of formats so that it is accessible to diverse population groups.

Objective 4.2: Advocate for commitment to include the voices of those with lived experience in the development and delivery of harm prevention and reduction interventions.

The voices of those with living and lived experience of gambling harms are crucial in offering personal, first-hand knowledge and a unique perspective that can ensure services and interventions are effective and tailored to real needs. We will ensure that these voices continue to be heard beyond the development of this strategy, and that the diversity of voices heard reflects the diversity of those who experience harms. This will aid consideration as to how support can be adapted or adjusted for diverse groups to promote access and reduce stigma.

Aim 5: Collaborate and connect with local partners to ensure local referral and treatment pathways are coordinated and effective.

Objective 5.1: Collaborate with local organisations to promote and embed the recommendations within the NICE guideline on gambling-related harms, for example through identifying appropriate screening questions and embedding these into assessment tools.

The first guideline on '[Gambling-related harms: identification, assessment and management](#)' was published by NICE in January 2025 (12). The guideline covers identifying, assessing and treating gambling-related harms in those aged 18 and over who are directly experiencing gambling harms, as well as affected others. There is opportunity to ensure that local organisations are aware of this guideline and have considered how the recommendations could be embedded into local procedure and practice. This could include developing routine screening for gambling-related harm

in settings such as general practice, debt advice settings, housing, financial organisations, justice pathways, food banks, drug and alcohol services, early help, children's services and the Job Centre. This links with objectives 1.1 and 3.1.

Objective 5.2: Work with local partners to support the development of coordinated local referral pathways, so that organisations can signpost and offer direct referral to those experiencing gambling harms to appropriate support.

There are a wide variety of local services who will see those experiencing gambling harms. There is opportunity to strengthen relationships and support networks across statutory and community partners. This links with objective 4.1, but also ensures communication channels and mechanisms are in place which allow organisations to work together to support those experiencing gambling harms in accessing both treatment services in the shorter term, and longer term recovery support.

Objective 5.3: Facilitate a community of practice with local support organisations to connect providers of gambling support with other support services.

We will seek to ensure that local partners stay connected beyond the delivery and implementation of this strategy. A community of practice will allow local organisations to share learning (include that gathered through lived experience) and to disseminate best practice resources.

6. Licensing and Regulation

6.1 Where are we now?

Licensing

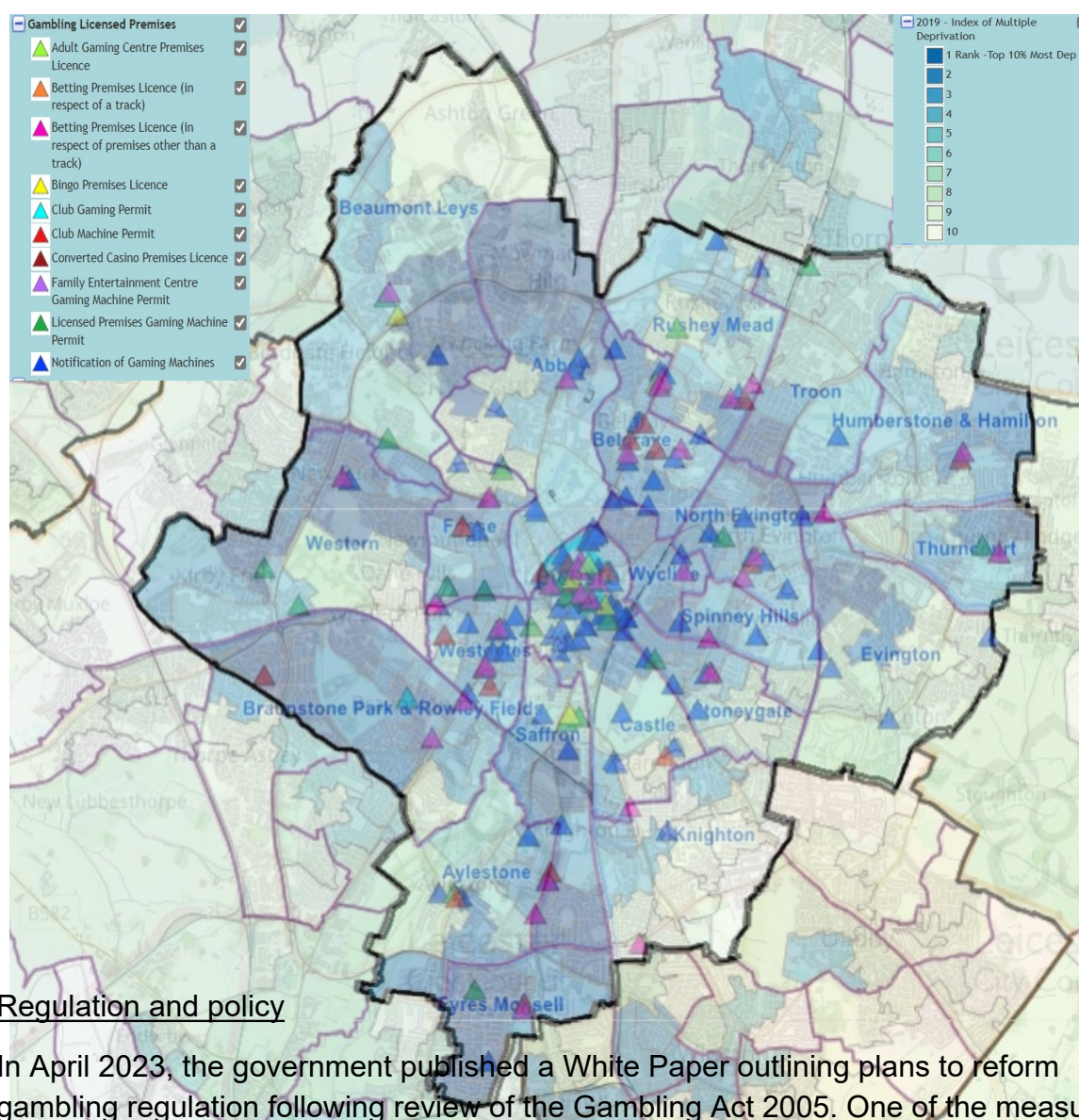
The Gambling Act 2005 is the basis for virtually all regulation of gambling in Great Britain. The Gambling Commission is responsible for regulating gambling in accordance with the Act. Licensing authorities (district and unitary councils) are a key partner in gambling regulation, with a responsibility for overseeing non-remote gambling in their local areas (14). The Commission provide guidance to licensing authorities on how to implement their responsibilities under the Act. Both the Gambling Commission and licensing authorities are bound by a statutory 'aim to permit' and must grant premises licenses provided certain conditions are met, leaving limited opportunity to prevent the opening of new gambling venues. Licensing authorities must base decisions solely on the licensing objectives set out in the Gambling Act 2005 and do not have discretion to refuse premises licenses on economic or moral grounds.

The Leicester City Council licensing team regulate gambling and betting premises in Leicester, apart from online gambling and the National Lottery. The team produce, review and implement a Gambling Policy (statement of principles) in accordance with the Gambling Act 2005 to prevent gambling being a source of crime or disorder, ensure gambling is conducted in a fair and open way, and to protect children and

other vulnerable persons from being harmed or exploited by gambling. Each application is considered on its own merits against the licensing objectives, which is a key principle under the Act and statutory guidance.

Most of the gambling premises in Leicester are concentrated in the city centre and clustered around the most deprived areas of the city (Figure 4).

Figure 4: A map of premises in Leicester with a gambling license with Index of Multiple Deprivation (IMD)



Regulation and policy

In April 2023, the government published a White Paper outlining plans to reform gambling regulation following review of the Gambling Act 2005. One of the measures introduced was a statutory levy, where gambling operators pay a fixed percentage of their Gross Gambling Yield to fund prevention, treatment and research. The statutory levy was introduced via secondary legislation and commenced in April 2025 with funding flowing later in 2025. The levy will be collected and administered by the Gambling Commission under the strategic direction of the government, and the three arms of treatment, prevention and research will be managed by NHS England, the Office for Health Improvement and Disparities (OHID) and UK Research and

Innovation (UKRI) respectively. This should improve the independence of research, education and treatment and provides opportunity to reduce gambling-related harm.

Many in the public health community feel that there is still more that could be done by the government to reform gambling policy (15). For example, further could be done to prevent harm from occurring in the first place, rather than mitigating the impacts once harm has already occurred. Proposals include curbs on advertising and marketing in all media, regulations to address the most harmful and addictive attributes of gambling products, and independent, sustained, evidence-based campaigns to highlight the harms of the gambling industry.

6.2 Where do we want to be and how will we get there?

Aim 6: Advocate for change in gambling policy at a national level.

Objective 6.1: Join national efforts to lobby for best practice gambling regulation and policy reform at other levels of government, to reduce gambling-related harms.

Given that local regulatory powers are limited by national policy, there is opportunity to join with other local authorities and national organisations to advocate for national-level gambling reform.

Case study: Brent Council

In April 2025, [Brent Council issued an open letter](#) to the Secretary of State for Culture, Media and Sport proposing six reforms for the government to consider supporting to reduce gambling-related harms and improve the health of local communities. The suggested reforms include reforming the 'Aim to Permit' Policy so that local authorities have the power to reject premise license applications that threaten the community's welfare and safety, and prohibiting gambling advertising, promotion, and sponsorship to prevent exposure, especially to children and young people.

Aim 7: Integrate considerations related to gambling harms into local policies and decision-making to strengthen the regulations of land-based gambling and prevent gambling promotion.

Objective 7.1: Work with colleagues across the council, including Housing, Planning, Licensing, Advertising and Sponsorship to review and update local policies using a Health in All Policies Approach to reduce gambling-related harm.

We will work with colleagues across Leicester City Council to identify opportunities for preventing and reducing gambling harms through Council policies. This will include:

- Developing an advertising and sponsorship policy to prevent gambling promotion on council property;
- Reviewing and updating the LCC Gambling Policy with public health input;
- Reviewing the Health Impact Assessment for major planning applications.

Planning permission and gambling premises licensing are separate processes, and decisions in one do not determine the other. Consideration will be given as to how Public Health might review and respond to licensing and/or planning applications for gambling premises.

Objective 7.2: Gain assurances that local gambling businesses are responsibly preventing and responding to gambling-related harm.

We will work with licensed operators to ensure that appropriate measures are in place to identify and manage the risks and harms from gambling and undertake planned and unannounced compliance visits. We will encourage operators to provide local risk assessments as required under the Commission's License Conditions and Codes of Practice to support identification and mitigation of local risks.

7. How will we know we are there?

7.1 Delivery and governance

This strategy has been co-produced by a partnership of services, organisations and individuals who all have an ambition to reduce gambling-related harm in Leicester. The Strategy Development Group has agreed to support the delivery and implementation of this strategy. Collaboratively, we will work to prevent gambling harms and support those affected by gambling across the city. This will lead to broader positive impacts on a range of other health and social challenges to the benefit of all partners and our population.

The strategy will be delivered over a 5-year period. This reflects the time needed to effectively plan, deliver and monitor progress towards the strategic aims and

objectives. A delivery plan will be produced to support implementation of the strategy, including key milestones and designated leads for each objective.

The 'Strategy Development Group' will become the 'Gambling Harms Working Group' who will meet regularly to review and discuss progress of the strategy. The group will include representation from partners with responsibilities outlined in the delivery plan. Regular updates of strategy delivery progress will be provided by Public Health to Leicester's Health and Wellbeing Board.

7.2 Evaluation

Evidence-based practice is key to a public health approach because it ensures that we understand the impact of measures put in place and can support sustainable programmes of work that improve population health outcomes. Evaluation has been considered and embedded in the design of this strategy so that change and impact can be measured.

Given that local data on gambling and gambling-related harms is limited, some of the actions taken as part of delivering this strategy will help to produce baseline metrics that progress can be measured against. Additionally, we aim to listen to those affected by gambling harms in Leicester city to understand how and why the strategy is or is not achieving its desired aims. Objective 3.2 describes the local ambition to ensure that evaluation is built into all interventions that are implemented locally.

A logic model has been produced which illustrates the inputs, actions, outputs, outcomes and impacts expected for each strategic objective. This will serve as a roadmap, showing the expected relationship between activities undertaken and associated impacts, and will inform the methods to evaluate the strategy.

8. Logic model

Awareness Raising, Training and Education					
Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
1.1 Train staff in public-facing roles on the risks and impacts of gambling	- Funding - Participation of frontline services and managers - Those with lived experience of gambling harms - Training providers	- Stakeholder engagement - Lived experience co-design - Training offer developed/ commissioned - Training is offered to those that are providing services to people living or working in Leicester	- A public health training package is delivered to staff in public-facing roles across Leicester - Data on the number of people who receive training, and their roles is collated and reviewed to identify gaps in training provision	- Staff working with the people of Leicester have greater awareness of gambling risks, impacts and support services - Staff have increased confidence to ask about gambling and signpost to support	- Increased awareness of gambling-related harm, with those in public-facing roles more confident to ask about gambling and signpost to support. - People in Leicester are more aware of gambling risks and impacts, and support services. - Stigma around gambling-related harm is reduced. - People feel more able to disclose gambling related harm and get support needed. - Incidence of gambling harm in Leicester decreases.
1.2 Design and promote public awareness campaigns	- People with lived experience to support design and delivery of key messages - Collaboration of system partners - Delivery channels	- Stakeholder engagement - Lived experience co-design - Public health information campaign developed in formats appropriate for diverse audiences	A public health information campaign is delivered	- People in Leicester have greater awareness of gambling risks, impacts and support services, as well as increased confidence to seek support - Those affected by gambling harms feel stigma reduce	
1.3 Promote the importance of action on gambling through key forums and partnerships	- Health partners - Partnership Board's e.g. Leicester City Health and Wellbeing Board	- Stakeholder engagement - Discuss gambling and associated harms in partnership meetings, forums and Board's	Gambling related harm is prioritised and discussed on the agendas of key partnership meetings	Leaders and managers working across public-facing services have greater awareness of gambling risks, impacts and support services and promote local action	
2.1 Work with schools to improve the	- Schools in Leicester - Healthy Together 0-19 Team	Work with schools (for example through PHSE leads), health	Children and their parents or carers	CYP, parents/ carers and professionals in contact with CYP have	Children, young people and their trusted adults are more aware of

understanding of gambling harms	- Leicestershire Police - Training providers	and education partners to identify schools and roll-out training - Gambling harm information delivered to Leicester school students and parents or carers - Training on gambling harm is promoted to adults in regular contact with CYP	receive information on gambling harm Professionals in contact with CYP receive gambling harm training	greater awareness of gambling risks and impacts	gambling risks, impacts and support services. - Children and young people feel more able to disclose gambling related harm and to seek help and support. - Incidence of gambling-related harm decreases. - Children, young people and their trusted adults are supported and safeguarded from gambling-related harm.
2.2 Work with universities, colleges and sixth forms to improve recognition of gambling harms and access to support	- Colleges and sixth forms in Leicester - University of Leicester - De Montfort University - Training providers - Digital resources	- Work with system partners to identify colleges, sixth forms and university groups and roll-out training, considering different offers for different age groups - Information on gambling harms and support available is provided to young people in Leicester	Young people receive information on gambling harm and support available	- Young people have increased knowledge of gambling harms and support available - Young people have increased confidence to open up about gambling and seek support	
3.1 Utilise and encourage opportunities to collect local data on gambling and gambling-related harms	LCC Health and Wellbeing Surveys	- Add questions on gambling exposure, use and impact - Survey delivery	Leicester residents complete the survey	Resident adult gambling exposure, use and impact is measured	- Improved understanding of the prevalence of gambling and gambling-related harm across Leicester - Opportunities for prevention and targeted use of resources are identified - Evidence-based interventions are identified and rolled out
	Digital Health Contact in secondary schools	- Add questions on gambling exposure, use and impact for CYP - Survey delivery	School students complete the survey	Gambling exposure, use and impact is measured for CYP	
	Participation of local public-facing services	Systematic recording and coding of when someone is	Staff routinely document and record when someone is	Increased capture of local data on gambling	

		experiencing gambling-related harm is promoted and encouraged	experiencing gambling-related harm	and gambling-related harms.	Remaining gaps in evidence and understanding are identified, and plans are made to address these.
3.2 Seek to evaluate interventions that are implemented locally to prevent and reduce gambling-related harm	- Demographic and outcome data - Evaluation resources/ toolkit and consideration of support from an academic partner	- Quantitative analysis of outcomes and impact - Qualitative data collection on process and acceptability	Evaluation reports for local interventions are produced	- Improved understanding of interventions that prevent and reduce gambling harms in Leicester, including how and why interventions may or may not work for different population groups. - Evidence-base continues to grow to help inform future interventions	
Risks and assumptions					
- There is sufficient resource available to develop and roll-out a training package and public awareness campaign. - Training can be scaled up to ensure maximum training of those in public-facing roles. - Those with lived experience of gambling-related harms in Leicester consent to participate in engagement and co-design work. - The awareness-raising campaign reaches its target population. - Organisations provide data on gambling-related harm. - Survey questions are valid and reliable, and sufficiently sensitive to measure gambling exposure, use and impact for all populations asked. - Leicester residents complete the survey questionnaires and there are sufficient responses to be representative of Leicester city populations.					

Support Pathways					
Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
4.1 Develop and promote a standardised set of	Evidence base for gambling harm	Develop and distribute information	Gambling harm information and	Clicks to support service websites and QR code	Visibility of support services increased

trusted resources, support services and other organisations	- Information on support services - Service directories - Customer websites - Training providers / providers of support	about support services to the public and potential referrers - Review and update local directories - Include information on support services in training and awareness raising campaigns	support services are featured in local directories, local service websites (and other channels as appropriate e.g., newsletters, posters) Accessible information and resources are shared with system partners, including the community and voluntary sector	scans are measured on directories and websites featuring support information The diverse range of people affected by gambling harms report ease of finding the right support for them	- The people of Leicester find support services easier to find and access - There is equity in access, experience and outcomes across support organisations and providers.
4.2 Advocate for commitment to include the voices of those with lived experience in the development and delivery of harm prevention and reduction interventions	- Engagement advertised - Those with lived and living experience participate in the development of the strategy, service and treatment provision through sharing of their experience. - Skills in qualitative data collection and analysis	- Interviews and/or focus groups to capture the lived experience of gambling-related harm - Lived experience representation on steering groups - Qualitative data collected, thematically analysed and utilised	- Diverse groups are represented - Lived experience utilised to support engagement with services. - Report of thematically analysed qualitative data	- Experiences, support needs and opportunities for prevention are identified - Treatment and support services are based on the needs of those who will be using them - Stigma around gambling harms is reduced	
5.1 Promote and embed the recommendations within the NICE guideline on gambling-related harms	- Participation of local public-facing services - NICE guideline	- Appropriate screening questions identified, developed and embedded into assessment tools - Targeted gambling harm screening introduced in a range of services	Staff screen for gambling-related harm and signpost/refer to treatment and support services	- Increased detection of gambling harm - Affected people access support services	

5.2 Work with local partners to support the development of coordinated local referral pathways	- Knowledge of local support services - Health, care and community partners - Support/ recovery resources and communities - Those with lived experience contribute to treatment and support planning	Gambling support services aware of complementary support services and recovery communities in Leicester and referral routes	Gambling support providers signpost or directly refer to local services and recovery resources/ communities by individual need	- Those affected by gambling-related harm are appropriately supported (in both the short and long term) - Referral pathways are joined up and connected - People affected by gambling harms report that they have access to support	- People affected by gambling receive the support they require in an accessible, timely and joined up way - System partners working with those experiencing gambling harms are connected, able to signpost or refer to other services, and are aware of the other initiatives to prevent and reduce gambling harms in Leicester
5.3 Facilitate a community of practice with local support organisations	Partnership with a range of support services including mental health, suicide prevention, alcohol and drug services, community and voluntary sector organisations, and other health and care partners.	Establish a sustainable forum to connect local providers of gambling support with other support organisations	- Community of practice established - Best practice resources disseminated across local partner organisations	- Local support organisations feel connected with other services - Learning and best practice is shared across organisations	

Risks and assumptions

- We have a sufficient understanding of the range of support available to and needed by people affected by gambling
- There is continuity of the existing providers of support for people in Leicester
- Local public-facing services are willing and able to participate in embedding screening tools into routine practice
- Connections between organisations are maintained and partnership working is sustained once the strategy development and implementation phases are complete.
- Those with lived experience of gambling-related harms in Leicester consent to participate in engagement and co-design work.

Licensing and Regulation

Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
6.1 Join national efforts to lobby for best practice gambling regulation and policy reform.	- Other local authorities - Partner organisations	Opportunities to advocate for change identified	Opportunities to reduce gambling-related harm through national policy and	National policies are updated to prevent and reduce the harmful impacts of gambling.	People across Leicester are safeguarded and protected from gambling-related harm.

		Join partner organisations to proactively lobby for change in gambling policy and regulation at other levels of government so that action is taken to reduce harms.	regulation are identified and actioned as a collective response.		
7.1 Work with colleagues across the Council to review and update local policies using a Health in All Policies approach to reduce gambling-related harm.	- LCC Gambling Licensing Policy: Statement of Principles - LCC advertising and sponsorship policy - Gambling related harm guidance documents - Example policies from other local authorities adopting a public health approach to gambling prevention.	- Review the LCC gambling licensing policy - Review and update the LCC advertising and sponsorship policy - Scope planning policy options for addressing gambling-related harm. - Public health support with data analysis and mapping of gambling licenses in areas of deprivation.	- Gambling harm described - Gambling products and venues clearly defined - Additional protective measures included in policies subject to approval	- Comprehensive description of gambling within policy - New licensing applications for gambling premises reviewed from a public health perspective to consider and justify refusal of applications. - Gambling advertising in Council owned advertising and Council event sponsorship applications denied (Re)new(ed) advertising contracts ban gambling	- The population of Leicester are protected from gambling-related harm through safeguards detailed in licensing and planning policies. - People are not exposed to gambling product promotion through LCC owned advertising or sponsorship platforms.
7.2 Gain assurances that local gambling businesses are responsibly preventing and responding to gambling-related harm.	- LCC Gambling Licensing Policy: Statement of Principles - Health needs assessment - Gambling related harm guidance documents	- LCC licensing team request license holders report specified data. - Consider opportunities for increasing test purchasing.	- Data reported on staff training, self-exclusion policies, number self-excluded and records of refusal - Gambling premises routinely inspected - Test purchasing outcomes reported	- Gambling businesses promote staff training on gambling harm and safeguarding - Gambling businesses inspected and tested for licensing compliance - Gambling businesses responsibly preventing and responding to harm	

Risks and assumptions
• There is adequate resourcing to undertake policy review and implement change. • There is support from colleagues across the Council to review and updated current policies. • License holders voluntarily share the data requested. • Test purchasing and inspections are in place. • There is regional and national support to develop a collaborative approach for lobbying on gambling-related harms.

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10. Appendices

Appendix 1:

List of teams and organisations involved in the development of this strategy

- Leicester City Council Adult Social Care
- Against The Odds
- De Monfort University
- Leicester City Council Education
- GamFam
- His Majesty's Prison and Probation Service
- Leicester City Council Housing
- Inclusion Healthcare
- Leicester, Leicestershire and Rutland Integrated Care Board
- Leicestershire Partnership NHS Trust
- Leicestershire Police
- Leicester City Council Licensing
- NHS East Midlands Gambling Harms Service
- Leicester City Council Planning
- Leicester City Council Public Health
- Shama Women's Centre
- Turning Point
- University of Leicester

Appendix 2:

This is a short list of some of the gambling support services available to Leicester city residents. This list is not comprehensive, and there are other support services available which people may seek support and benefit from. As part of the strategy

(see objective 4.1) we will look to develop a more comprehensive set of trusted resources, support services and other organisations that can be shared through local forums and service directories.

Service	Contact number/ email/ link	Details
NHS East Midlands Gambling Harms Service	https://www.eastmidlandsgambling.nhs.uk/about-us Tel: 0300 013 2330 Email: dhcft.emgamblingharms@nhs.net	Based in Derby but offer treatment and support across the East Midlands.
For Young People: The National Gambling Clinic (NGC)	https://www.cnwl.nhs.uk/services/addictions/national-gambling-clinic Tel: 020 7381 7722 Email: gambling.cnwl@nhs.net	A free, confidential NHS service supporting people who are experiencing harm from gambling aged 13-18 years from anywhere in England
Gamblers Anonymous	https://gamblersanonymous.org.uk/ Tel: 0330 094 0322	A fellowship of men and women who share their experience, strength and hope with each other. Gamblers Anonymous offers a 12-step recovery programme.
GamLEARN	https://www.gamlearn.org.uk/	The Gambling Lived Experience and Recovery Network (GamLEARN) supports and empowers those who have experienced gambling related harm.
GamFam	https://gamfam.org.uk	GamFam is a charity providing advice and support to those directly and indirectly affected by gambling harms through structured peer support.
Gambling With Lives	https://www.gamblingwithlives.org/	Gambling With Lives is a charity set up by families bereaved by gambling that provides support for those bereaved by gambling-related suicide, raises awareness of gambling harms and campaigns for change.
Against The Odds	https://againsttheodds.uk/	Against The Odds is a social enterprise that provides support to individuals experiencing gambling harms through recovery coaching, as well as raising awareness of harms among young people.

Leicester City Gambling Harms Strategy

Jo Atkinson

Deputy Director of Public Health

Introduction/Background

- Gambling describes an activity where a person risks a loss for a possible gain in an activity of uncertain outcome
- Can inflict significant & long-lasting harm – individuals/ families
- 50 • Drivers of gambling harms →
- Recognised as a public health issue requiring a broad population level response to reduce exposure, prevent harms & support those affected
- UK has one of biggest gambling markets in the world – rise of on-line gambling

Commercial gambling is associated with a wide range of negative consequences such as:

- » Financial loss and the risk of financial ruin
- » Physical and mental health problems
- » Domestic violence
- » Increased crime against property and people
- » Relationship and family breakdown
- » Heightened risk of suicide
- » Loss of employment

Case for a local gambling harms strategy

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- Nationally estimated 2.7% of adults are experiencing severe harms from gambling & further 12% are at elevated risk of harm
- Based on this approx. 10,000 people in city experiencing severe gambling harms
- Leicester higher risk than average – young population, deprivation & unemployment
- Asian population less likely to gamble but more likely to experience problem gambling than other ethnic groups
- Taking action on gambling complements other work on mental health, unemployment, homelessness, substance misuse etc

Our vision

Leicester City will be a place where people are protected from gambling harm and can access and receive support according to their diverse needs

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Our aim

To prevent and reduce gambling-related harm experienced by people, families and communities across Leicester City

Proposed principles

- We are passionate **advocates** for people affected by gambling related harm
- We will use **language** which is inclusive and destigmatising
- We recognise that gambling can be a **harmful activity for anyone**
- We will take a **whole system population health approach** to preventing and reducing gambling-related harm
- We believe preventing gambling-related harm should be **everyone's responsibility**
- We believe that action must be **independent from the influence of the gambling industry**

Awareness Raising, Training and Education

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- **Raise awareness about the risks and impacts of gambling, to support prevention of gambling harms.**
 - Staff training, public awareness campaigns
- **Provide information on the risks and impacts of gambling to children and young people** – working with schools, colleges & universities
- **Strengthen the local evidence-base regarding gambling-related harm in Leicester city** – collect data & evaluate interventions

Support Pathways

- **Ensure support is visible, accessible and acceptable to people in Leicester City**
 - Develop and promote a standardised set of trusted resources, support services and other organisations
 - Advocate for commitment to include the voices of those with lived experience
- **Collaborate and connect with local partners to ensure local referral and treatment pathways are coordinated and effective.**

Licensing & Regulation

- **Advocate for change in gambling policy at a national level**
 - Join national efforts to lobby for best practice gambling regulation and policy reform at other levels of government
- **Integrate considerations related to gambling harms into local policies and decision-making to strengthen the regulations of land-based gambling and prevent gambling promotion** - working with Planning, Licensing & Comms
- **Gain assurances that local gambling businesses are responsibly preventing and responding to gambling-related harm.**

Next steps

- Publish (designed up) strategy on website
- Finalise detailed action plan
- Strategy group to oversee implementation of plan
- Appointment of programme officer
- Ensure training programme available for staff in range of settings (LCC/ NHS/ Vol sector etc)
- Review of future planning & licensing applications (changes re: licensing “aim to permit” expected)

Intermediate Care



Helen Manning, Head of First Contact and Early Support, Adult Social Care and Safeguarding

Sarah Latham, Head of Nursing & Quality, Leicestershire Partnership Trust

Steph O'Connell, Clinical Director, Leicestershire Partnership Trust

Intermediate Care

- Intermediate Care is health funded support to prevent admission to acute care or to support discharge where there are some on-going needs, but an immediate medical episode is resolved
- Can be provided in a person's own home – reablement- or in residential care settings
- The aim is to gain or regain skills for living as independently and safely as possible
- The role of adult social care is to support discharges where people no longer require acute care but are not yet ready to return home – known as Pathway 2.
- Discharge support may be needed from Leicestershire Partnership Trust wards (Ward 4, Coalville/Charnwood Ward, Loughborough/ Beechwood and Clarendon Wards)
- We also arrange discharges into residential care directly from UHL care using a shared funding agreement with the Integrated Care Board.
- This currently means a person's stay is funded 100% by Health for the first week and on a 50/50 split between ICB and ACS for weeks 2-4

Community Hospitals

Total 259 beds across 13 wards and 7 hospital sites

- 9 CHS Core Wards providing step down / step up care where anticipated outcome for discharge is via P0 / P1 / P3 pathways
- 2 Stroke Wards for step down stroke rehab
- 2 wards supporting step down D2A pathway
Patients who would benefit from RRR approach before going home or into long-term placement

Workforce

- Nursing and Allied Health Professionals Cover
- Medical Cover



E Efficient and effective



Coalville Community Hospital



Evington Centre



**Loughborough
Community Hospital**

Community Hospital Ward Therapy Offer

Staffing

- Registered Physiotherapy and Occupational Therapy cover on all wards
- Therapy support workers and Assistant Practitioners on all wards to support registered staff and patients
- Meaningful Activity Co-Ordinator (MAC) support – 1:1 and groups

Activity

- All wards therapy teams deliver personalised intervention to patients who will each have individualised goals and plans. The objective is to support patients to rehabilitate to a level where they are safe to go home (if appropriate) and continue their recovery journey.
- All wards offer individual therapy and group therapy offers e.g. Breakfast clubs, exercise groups, coffee and chat, activity groups working on function.

Data monitoring

- Reporting on Patient Independence Outcome Measure – this captures any changes in levels of independence in appropriate patients. Majority of patients show an improvement in level of independence during their inpatient stay.
- Use of clinical data from SystmOne is being scoped to capture activity detail, demand and capacity

Outcomes

Av. LOS
Beechwood &
Clarendon
20 – 23 days
Ward 4 & Charnwood
25 days

Discharges – Aug
2026 (CoHo)
32% - P0
58% - P1
2%- P2
8% - P3

PIOM Scores
Average of 60% pts
show
improvement

F&FT Scores
75% - 100%

D2A Pathways - All patients had 24hr care needs and were unable to return home from the acute setting with Pathway 1 support (discharged home with a new or increased package of care)

Charnwood Ward

City	Jan 2026	Feb	March	April	May	June	July
Pathway 1	2		3	1	2		5
Pathway 3							2

Ward 4 Coalville Hospital

City	Jan 2026	Feb	March	April	May	June	July
Pathway 1	1	2	5		2	2	1
Pathway 3			2	1	1	5	1



Intermediate Care

- Our current database does not support tracking outcomes for people who have been discharged with intermediate care support
- We have data about people who have returned home with care and their levels of independence after 90 days – this is a national ASC performance measure (Leicester is currently achieving 92%)
- We can identify people who were discharged into residential care using the shared funding scheme
- We cannot use our reporting systems to distinguish discharge support from an LPT ward or an acute UHL ward
- We have done a manual trawl to track some of these discharges, but the data is not wholly complete or reliable



Intermediate Care

- The demand for support for people on Pathway 2 is rising
- The outcomes for people differed according to where they received their intermediate care

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A manual data trawl has shown that;

- 30% of people discharged via ASC from Preston Lodge return home
- 30% of people discharged via ASC from Preston Lodge move into permanent residential care
- 19% of people known to ASC at Preston Lodge are readmitted to acute care
- Other outcomes include; people being readmitted to acute care, people dying, people whose care becomes 100% health funded, people who need a further period of short term residential care

Enter & View Discharge Wards

In October to December 2025, Healthwatch visited Beechwood & Clarendon wards (Evington Centre), Thringston ward (Coalville Community Hospital) and Charnwood ward (Loughborough Hospital).

The purpose of the visits was to understand people's experience of community hospital discharge wards and observe the ward environments and accessibility.

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Overview of findings

- The experience of patients across all four wards was consistently positive.
- Wards were observed to be calm, welcoming, clean and well-maintained.
- Discharge planning starts on admission, supported by strong multidisciplinary working.

Healthwatch Leicester and Leicestershire gathered feedback from **119 patients and carers** on their recent hospital discharge experiences to assess progress since 2020 and identify remaining gaps in care.

Key findings

- 58% of respondents felt involved in discussions about their discharge.
- 38% said they did not receive clear information about follow-up care, medication or support after leaving hospital.
- 71% received a copy of their discharge summary, though some reported inaccuracies.
- 60% were discharged within the timeframe they expected; medication delays were the most common cause of frustration.
- Only 16% of carers were informed of their right to a Carers' Assessment.
- Three-quarters (76%) of respondents felt ready to go home, though some described feeling unsupported once home.

Emerging themes

- These themes emerged from both the survey responses and written comments provided by respondents.
- **Communication gaps:** Patients and carers often felt uninformed about discharge timings, medication or follow-up arrangements.
- **Medication delays:** Waiting for prescriptions remains a key cause of discharge frustration.
- **Carer inclusion:** Carers frequently felt excluded from discussions and unaware of available support.
- **Aftercare coordination:** Some respondents described confusion about community support and ongoing treatment.
- **Positive staff experiences:** Many praised the compassion and professionalism of staff during their stay.

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- **What patients and carers want to see improve**
- Clear, timely communication about discharge timing, medication and aftercare
- Faster pharmacy processes to avoid unnecessary delays
- Proper recognition and involvement of carers in planning
- Confirmed support and equipment in place before leaving hospital
- Follow-up contact shortly after discharge to prevent problems escalating

What is working well

Patient satisfaction: Surveyed patients reported being 'happy' or 'very happy' with their care.

Effective discharge coordination: Dedicated discharge teams and coordinators are improving flow and reducing delays.

Good communication: Patients are usually kept informed about discharge plans.

 **Accessibility:** Clear signage, wide corridors, accessible toilets and availability of wheelchairs across most wards.

Wellbeing and independence: Access to therapy spaces, meaningful activities, gardens and encouragement to regain independence.

Strong staff teamwork: Collaborative working between ward staff, therapists, discharge teams and social care.

Key issues identified

Accessibility: Some en-suite bathrooms on Clarendon Ward are small and less accessible.

Wheelchair availability: Demand may exceed supply at Thringston Ward.

Patient information: Alternative formats (easy-read, large print, braille) are available but not always clearly signposted.

Transport delays: Non-emergency transport waiting times can cause frustration, with communication not always clear.

07 **Choice and understanding:** Some patients felt limited choice around discharge destination due to system pressures.

Recommendations

There are eight recommendations in the report for Leicestershire Partnership NHS Trust (LPT) and system partners which include:

1. Use the findings to inform ongoing discharge and flow improvement.
2. Improve en-suite bathrooms on Clarendon Ward.
3. Increase meal choice and cultural options.
4. Ensure enough wheelchairs are available at Thringston Ward.
5. Strengthen patient involvement and choice.
6. Increase visibility of accessible information.
7. Improve communication about hospital transport.
8. Share good practice across wards.

Healthwatch Leicester and Leicestershire Annual Report 2025-26

Health and Wellbeing Board

Date of meeting: 1st October 2026

Lead Director/Officer: Harsha Kotecha Chair of
Healthwatch Leicester and Leicestershire

Useful information

- Ward(s) affected: All
- Report author: Hardip Kaur Chohan, Director of Operations and Services, Voluntary Action Leicestershire
- Author contact details: Hardip.c@valonline.org.uk
- Report version number: version 1.0

1. Summary

1. This report presents the Healthwatch Leicester and Leicestershire (HWLL) Annual Report 2025-26 for consideration by the Health and Wellbeing Board
2. The report provides an overview of Healthwatch activity during 2025-26, including public engagement, information and signposting services, Enter and View activity, and the impact of Healthwatch recommendations on local health and social care services.
3. The report also outlines key priorities and areas of focus for 2026-27

2. Recommended actions/decision

1. Note the contents of the Healthwatch Leicester and Leicestershire Annual Report 2025-26.
2. Note Healthwatch Leicester and Leicestershire's priorities for 2026-27.
3. To note the future of HWLL arrangements beyond 2027 remains subject to Government decisions regarding the proposed abolition of Healthwatch, implications for local delivery, commissioning, future governance arrangements are still unknown. HWLL will adapt their services to respond to the evolving context.

3. Stakeholder engagement

HWLL is the local independent statutory consumer champion for health and social care. Its role is to ensure that the views, experiences and concerns of patients/residents/service users/carers and local communities inform the planning, commissioning, delivery and scrutiny of health and social care services.

To fulfil its statutory duties, HWLL maintains strong relationships across Leicester, Leicestershire and Rutland and is represented on a range of strategic boards, partnerships and stakeholder groups. This includes representation on the Health and Wellbeing Board.

HWLL also attends a number of other strategic boards and meetings and works collaboratively with NHS organisations, local authorities, voluntary community & social enterprise (VCSE) organisations and neighbouring Healthwatch services to ensure that public insight is reflected within local priorities, service redesign and strategic planning across the health and care system.

4. Detailed Report

Context

The purpose of this report is to present Healthwatch Leicester and Leicestershire's Annual Report for 2025-26, summarising delivery of its statutory functions and demonstrating the impact of Healthwatch activity across Leicester and Leicestershire.

Background

The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services. Healthwatch England is a statutory committee and regulated by the Care Quality Commission (CQC). Local Healthwatch (Leicester and Leicestershire) is equally a statutory function and funded by and accountable to local authorities.

HWLL is the local independent statutory consumer champion for health and social care. Its role is to ensure that the views, experiences and concerns of patients/residents/service users/carers and local communities inform the planning, commissioning, delivery and scrutiny of health and social care services.

The Healthwatch Leicester and Leicestershire contract is jointly commissioned by Leicester City Council and Leicestershire County Council and awarded in 2023 to Voluntary Action Leicestershire (VAL) for delivery.

HWLL statutory duties include:

- Gathering views and experiences of local people on health and social care services;
- Influencing commissioning, redesign and scrutiny of service delivery;
- Assessing local services/provision and making recommendations for improvement;
- Providing information and signposting;
- Has powers to enter health and social care premises to undertake Enter and View visits;
- Representing local public and patient voice by using data and insight at Health and Wellbeing Boards, Scrutiny meetings and wider partnership structures.

To note the future of HWLL arrangements beyond 2027 remains subject to Government decisions regarding the proposed abolition of Healthwatch, implications for local delivery, commissioning, future governance arrangements are still unknown. HWLL will adapt services to respond to the evolving context.

Annual Report 2025-26 and Business Plan 2025-26

- The annual report outlines HWLL statutory activities undertaken and the impact of its independent role on service commissioning, planning and delivery. As the independent public voice for people across Leicester and Leicestershire HWLL brings together the experiences, views and insights of local people to help shape and improve health and social care services.
- The report provides examples of HWLL work undertaken with statutory partners demonstrating how HWLL has used the experiences of local people to identify issues, highlight gaps and opportunities for improvement. It also illustrates the HWLL role in supporting the public to access clear, independent information about health and social care services, enabling the public to better understand their choices and have a voice in decisions affecting their wellbeing.

The HWLL Annual Business Plan sets out the strategic focus and direction and the steps HWLL will undertake to support delivery of its statutory duties and contract. The HWLL Business Plan is reviewed annually, the 2026-27 plan has been approved, and the 2025-26 plan has been formally signed off. The plan is reviewed quarterly in line with the Key Performance Indicators and Outcome Indicators at pre-arranged contractual meetings between commissioners, VAL and HWLL.

The full Annual Report 2025-2026 can be found here: [Front and Centre: Unlocking the power of people-driven care](#)

Key achievements during 2025-26

Healthwatch Leicester and Leicestershire continued to strengthen its reach and impact during 2025-26.

Key achievements include:

- Engagement with 46,590 people across Leicester and Leicestershire.
- 15,046 residents shared experiences of health and social care services.
- 31,544 people received information, advice and signposting.
- Publication of 19 reports based on public insight and evidence.
- Delivery of an extensive Enter and View programme across health and care services including 38 visits and 15 published reports. Highlights include visits to eight Willows Health Group GP practices, insight revealed that patient access arrangements and experiences were inconsistent across practices. The practices formally responded to the findings and engaged with the improvement process leading to improvement commitments from providers and the ICB.
- Continued representation across strategic health and social care boards and partnerships including City and County Health and Wellbeing Board, Neighbourhood Health Programme Board, LLR Safeguarding Adults Board, Oral Health Promotion Board, Leicester and Leicestershire Integrated Care Board. A full list of meetings attended by HWLL is available on request.
- 132 events through partnerships and HWLL #SpeakUp events across Leicester City including breast cancer awareness and referral pathways.

To deliver our statutory obligations HWLL maintains links with key stakeholders, including departmental links within the local authorities, Public Health, Adult Social Care and providers such as Leicestershire Partnership Trust, University Hospitals of

Leicester. HWLL collaborates with Healthwatch Rutland and has a Memorandum of Understanding with local Healthwatch across Northamptonshire as part of the ICB cluster arrangements. During this arrangement we have agreed a singled shared non-voting seat at the joint ICB attended by our HWLL Chair. We continue to hold quarterly meetings with our partners outside of the key strategic meetings ensuring that we contribute to plans and decisions around health and social care services

Impact and Outcomes

Neighbourhood Mental Health Cafes

HWLL visited 24 Neighbourhood Mental Health Cafes across both Leicester and Leicestershire to gather feedback through engagement sessions with service users, volunteers and staff. Healthwatch found that the cafes were mostly rooted within the local community based within VCSE organisations. The cafes were helpful in providing early non-clinical community based mental health support for residents before they reach crisis point, helped with reducing isolation, welcoming and supportive in improving mental health and wellbeing. Areas of improvement included consistency in support, access and referral pathways. Recommendations from Healthwatch highlighted the importance of the intervention but also incorporated recommendations to enhance access through clearer referral routes, visibility and strengthening the awareness of the intervention so that communities can find and access support at the right time when it is needed.

Women and Girl's Health Programme

The Department of Health and Social Care released the Women's Health Strategy in 2022 and as a result the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) created the Women's Health Transformation Programme, developing the Women's Health Need Assessment. HWLL worked jointly with the LLR ICB team to develop a better understanding of women and girl's experiences of local health and social care. HWLL engaged with 2,802 women and girls across Leicester, Leicestershire and Rutland to understand their health priorities. Highlights included access to specialist support, better continuity of care, improved awareness of women's health among professionals and greater access to information, appointments and joined up pathways that include community-based support. The report will be launched on the 14th October 2026 and findings will help the development of specialist hubs, training and signposting around women's health and ensure local insight informs future service development.

Supported Living Review for Leicestershire

HWLL in partnership with Adult Social Care at Leicestershire County Council developed an engagement approach to gather lived experiences of those accessing supporting living provision, including residents, carers and providers across both Leicester and Leicestershire. This review enabled people and their carers a direct route to share experiences. Supported Living providers vary in the way support is provided depending on care needs therefore the review focused on a small cohort in order to explore more closely their experiences. Whilst the number of people (32 individuals and 19 carers) involved in the review appear modest to other HWLL activity the work provided valuable insight into the experiences of a population that is

vulnerable and often underrepresented in consultation and engagement activity. The review highlighted issues around communication, inclusion, housing suitability, social isolation and support planning. Findings have been shared with the local authorities and providers as part of the future development and review of supported living services.

Hospital discharge

HWLL worked in partnership with the NHS, providers and local authorities to undertake extensive research to identify good practice and areas where discharge processes could be improved. The review focused on resident experiences of moving back from hospital to community care. Through surveys, visits to wards and conversations with parent/carers and the local community HWLL gathered insight into challenges people face when leaving hospital around decision-making, medication, follow-up support, discharge planning and communication. The review has contributed to quality improvement discussions across the health and social care system. This will work inform ongoing work around readmissions and improving patient outcomes.

A review into the Deaf and hard of hearing People's access to healthcare

HWLL undertook this review ten years after its original investigation into the experiences of Deaf and hard of hearing people accessing health and care services. providing an opportunity to assess what progress had been made and identify where challenges remained. To make this more accessible for the community we held an event 'Your day, Your say' at the Leicester Deaf Centre open to all Deaf and hard of hearing residents across Leicester and Leicestershire. In addition to this we launched a survey to gather responses. The review found that, despite improvements in some areas, many Deaf residents continued to experience barriers when accessing healthcare, particularly in relation to booking appointments, accessing British Sign Language (BSL) interpreters, receiving information in accessible formats and communicating effectively with healthcare professionals. The findings highlighted that communication barriers can have a significant impact on patient experience, understanding of treatment, confidence in services and, ultimately, health outcomes. The recommendations have focused on improving awareness of reasonable adjustment requirements, strengthening access to interpreting services, improving the accessibility of appointment systems and ensuring communication needs are identified and met consistently across services. By revisiting the original review, the deaf community can continue to influence local health and care planning ensuring services are inclusive and person-centred.

Forward Plan 2026-27

HWLL priorities for 2026-27 are shaped by extensive public engagement, including online surveys, consultation and targeted outreach. These are approved by the Healthwatch Advisory Board and signed off by commissioners. All themes for the year will have a split between County and City planned activities to enable a distinction between urban and rural issues. Twenty Enter and View visits are planned to include a mix of care homes, primary and services with five follow up visits from previous years within this contract.

The key three themes identified were:

1. Pharmacy First: To understand public awareness, accessibility and experience of the Pharmacy First programme. This work will help improve awareness, access and the quality of care provided through community pharmacies.
2. Digital access to NHS services: the 10-year Health Plan emphasises a shift from analogue to digital. Digital access in primary care is one of the issues we hear most often. We will work with our ICB colleagues to explore the impact of increasing use of digital systems and ensure services remain accessible to all communities.
3. Tackling Health Inequalities: we will strengthen our partnership work with local authorities and stakeholders to ensure services better meet the needs of all communities locally. Our first project will look at a survey for young people, exploring their lived experience into healthy weight and lifestyle.

Healthwatch Leicester and Leicestershire will continue to deliver its statutory functions throughout 2026-27 while engaging with national developments.

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

5.1 Financial implications

We are funded by Leicester City Council and Leicestershire County Council.

This grant £299,428 pa is jointly awarded to Healthwatch by Leicestershire County Council and Leicester City Council.

The grant is funded through the Ministry of Housing, Communities and Local Government to local authorities to support the delivery of the local Healthwatch functions. The grant is provided for this purpose and is not discretionary general funding for local authorities. The funding therefore must be used to secure provision of local Healthwatch services in line with the County Council's statutory duties under the Health and Social Care Act 2012.

The current grant is funded until March 2027

Nationally the future of local Healthwatch is subject to change following Government legislative proposals relating to the abolition of Healthwatch and public voice functions moving to local authorities and Integrated Care Boards. The detail of future arrangements remains subject to further national guidance and parliamentary process. There are concerns from Healthwatch England on the impact and the need to protect independent voice arrangements in health and social care.

We employ 7 staff and 24 volunteers

Signed: Hardip Kaur Chohan

Dated: 21/09/2026

5.2 Legal implications

There are no direct legal implications arising from this report.

Signed: Hardip Kaur Chohan
Dated: 21/09/2026

5.3 Equalities implications

There are no equality implications arising from the recommendations in this report.
VAL's work actively supports inclusion, community cohesion and reducing health inequalities across diverse communities.
VAL is committed to promoting equality and welcomes diversity in all aspects of its service delivery. We operate in a diverse community, and our aim is to harness the talent within the community to help improve our service provision further. We understand that our services have to be delivered in a different way to meet the legitimate needs of different communities. We operate an Equality and Diversity Policy in service delivery and employment.
Signed: Hardip Kaur Chohan
Dated: 21/09/2-26

5.4 Climate Emergency implications

none
Signed: Hardip Kaur Chohan
Dated: 21/09/2026

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

6. Background information and other papers: Healthwatch Leicester & Leicestershire Annual Report 2025-2026

7. Summary of appendices: none

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? no

9. Is this a "key decision"? If so, why? no



Speaking up for better care

Healthwatch Leicester and Leicestershire
annual report 2025/26

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Healthwatch Manager
Gemma Barrow
VAL Chief Executive
Kevin Allen-Khimani
**VAL Director of Operations
and Services**
Hardip Chohan

“As Healthwatch and our host organisation, Voluntary Action LeicesterShire (VAL), we extend our sincere thanks to everyone across Leicester and Leicestershire who has shared their experiences of health and social care services over the past year. These contributions are central to our work, providing valuable insight into what is working well, where people continue to face challenges and where further improvement is required.

Through our collective role, we use this evidence to represent the views of local people, strengthen collaboration across the voluntary, community and social enterprise sector (VCSE) and inform discussions with NHS and social care partners to support the development of more responsive and effective services.

We welcome the continued engagement of local services in listening to communities and taking action in response to feedback. We remain committed to ensuring that people’s experiences are heard, valued and used to influence meaningful improvements in health and social care across our communities.”

A message from our Chair and Vice Chair

We are pleased to share Healthwatch Leicester and Leicestershire's Annual Report, reflecting on a year of listening to local people, sharing their experiences and helping to improve health and social care services across Leicester and Leicestershire.

This has been another challenging year for health and social care. Rising demand, workforce pressures, health inequalities and changing ways of delivering care continue to affect people's experiences.

Over the past year, more than 15,000 people shared their views with us through surveys, Enter and View visits, community events, outreach and work with local voluntary and community organisations. We made a particular effort to hear from people whose voices are too often underrepresented, including Deaf people, minority ethnic communities, carers, women and people living in rural areas.

What people told us highlighted recurring issues, including access to primary care, mental health support, hospital discharge, transport, communication and health inequalities. We used this evidence to raise concerns, share insight with decision-makers and advocate for practical improvements. Our work has helped inform improvements in ophthalmology services, strengthen community mental health support, contribute to women's health planning and ensure the experiences of underrepresented communities are reflected in service development.

We also heard from people living in rural communities about the health and care issues that matter to them, including isolation, access to services and differing local needs. Their feedback has helped us build evidence and have conversations with providers about how services can better meet the needs of rural communities.

By working with neighbouring Healthwatch organisations across Leicester, Leicestershire, Northamptonshire and Rutland, we have also helped ensure local experiences are represented at Integrated Care System level through strategic boards and partnerships.



"None of this would be possible without the people who take the time to share their experiences with us. Thank you to everyone who spoke to us this year. We are also grateful to the volunteers, Board members, staff team and partners for their continued commitment, insight and support."



Chair
Harsha Kotecha
Vice Chair
Fiona Barber

About us

Healthwatch Leicester and Leicestershire is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

In 2025/2026 we supported **46590** people to have their say and get information about their care. We employed **7** staff and our work was supported by **24** volunteers.



Reaching out:

15046 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

31544 people came to us for clear advice and information on topics such as access to GP appointments, access to mental health services and hospital care and treatment.



Championing your voice:

We published **19** reports about the improvements people would like to see in areas like **GP services, supported living, mental health** and **hospital discharge**.

Our most popular report was **Neighbourhood Mental Health Cafés** highlighting people's experiences in **accessing and using these services**.



Statutory funding:

We're funded by Leicester City Council and Leicestershire County Council. In 2025/26 we received **£299,428**, which is the same as last year.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Leicester and Leicestershire. Here are a few highlights.

Spring

Our research highlighted challenges accessing dental care in care homes, bringing attention to concerns raised by residents and prompting discussion around improving local and national dental provision.



Our insight report highlighted the hidden impact of temporary accommodation on families' health and wellbeing, informing action by the local council to address housing conditions and social isolation.



Summer

Our local insights contributed to the Trans and non-binary GP care report, helping drive national conversations on improving GP record systems and staff training.



We responded to concerns about rural bus route changes affecting access to healthcare, influencing calls for councils and transport providers to develop safer, more affordable community transport solutions.



Autumn

Our supported living report highlighted residents' and carers' experiences, shaping recommendations to improve communication, housing support, stability and how people's voices are heard.



Enter and View visits across eight Willows Group GP practices identified inconsistent patient access issues, which highlighted a need for improved appointment systems.



Winter

Engaged diverse communities in genomic research, improving understanding, confidence and dialogue. High participation and positive feedback showed effective facilitation and informed future NHS research decisions.



Our hospital discharge insight highlighted communication gaps, delays and limited carer support, informing ten recommendations to improve safe, coordinated transitions from hospital to home care.



Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in Leicester and Leicestershire are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at Leicester, Leicestershire and Rutland (LLR) Integrated Care Board.

This year, we've worked with Healthwatch across **Rutland and Northamptonshire** to achieve the following:



Every woman's health matters:

With support from the Women's Health Team, we engaged with over 2,700 women and girls across LLR to understand their health priorities. Their experiences are helping shape local plans, including access to services, community-based clinics, specialist training and greater awareness of women's health issues. This work feeds into the LLR Integrated Care Board (ICB) Women and Girls' Health Programme, ensuring local insight informs future service development.



Improving access to care:

Following our joint enter & view visit with Healthwatch Rutland to the Leicester Royal Infirmary Ophthalmology department, the hospital has made several improvements. These include increasing ophthalmology capacity, using SMS reminders and telephone calls to improve communication, reviewing signage for visually impaired patients, progressing an electronic calling system and improving patient comfort through refreshments, water provision, volunteer support and help with navigation while waiting.



Building strong relationships to achieve more:

Late in 2025, we met with decision-makers from our ICB to talk about how best to work together in the coming year. We agreed on representation of Healthwatch and our community at ICB level, with local Healthwatch organisations across Leicester, Leicestershire, Northamptonshire and Rutland working together to coordinate, support and represent the public and patient voice through a single shared non-voting seat on the Joint ICB. We look forward to continuing to collaborate to make care better.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Leicester and Leicestershire this year:



Trans & non-binary people's experiences

Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

By listening to trans and non-binary people's experiences of GP care, we helped ensure their voices influenced wider conversations about health inequalities. Our insight contributed to a Healthwatch report highlighting barriers people face, including lower satisfaction with GP services. The findings supported national discussion on improving GP record systems, staff training and inclusive care. This helped shine a light on inequalities and strengthened calls for services that better understand and respond to trans and non-binary communities.



Supporting breast cancer awareness in diverse communities

By involving local people, services help improve care for everyone.

We worked with Breast Cancer Now to help raise awareness of breast cancer within Leicester's diverse communities through its Train the Trainer programme. By connecting the charity with trusted local community groups, we supported the delivery of two #SpeakUp awareness sessions in partnership with community organisations. Attendees reported increased knowledge and confidence in discussing breast cancer, with many planning to share information with family, friends and wider community networks, helping important health messages reach more people.



Improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

In 2025, we ran a survey about people's experiences of being discharged from hospital, building on insights gathered in previous years. What people shared helped us provide valuable evidence to Leicestershire Partnership NHS Trust, Leicester Hospitals, Local Authorities and wider system partners. Our findings and recommendations are now supporting ongoing work to improve discharge processes, patient flow and people's experience of leaving hospital.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we listened to people from across our diverse communities to better understand their experiences of health and care services. We reached communities through visits to community support groups, places of worship, local events, shops, community centres, cafés and leisure centres, as well as conversations on the street and feedback gathered through both in-person and online surveys.

By hearing directly from residents about what is working well and where improvements are needed, we were able to share a wide range of experiences and stories with health and care leaders to help shape and improve services across the city and county.



A decade on: Deaf and hard of hearing people's access to healthcare

Ten years after our earlier report, we revisited Deaf people's access to healthcare to understand what had improved and where barriers remained.

What did we do

We held an event 'Your day, your say' at the Leicester Deaf Centre open to all Deaf and hard of hearing residents across Leicester and Leicestershire and we launched a survey to gather their views. We received 110 responses about experiences of local NHS services.

Key things we heard:



39%

relied on family members to help them communicate with professionals

49%

felt services had worsened over the last decade

57%

found healthcare harder to access during COVID-19.



"It is vitally important that Deaf people must be involved in designing and monitoring access to services intended for them. Without meaningful co-production, systems will continue to fail the communities they are meant to support."

Leicester Deaf Centre

What difference did this make?

While some hospital services had improved, significant barriers remained in primary care. This engagement provided fresh evidence to support calls for more accessible communication, consistent interpreter provision and greater involvement of Deaf people in shaping services, helping to strengthen the case for more inclusive and equitable healthcare.

Neighbourhood Mental Health Cafés: Listening to local voices

We visited 24 neighbourhood mental health cafés across Leicester and Leicestershire to understand how they support people's mental wellbeing and access to community-based support.

We carried out Enter and View visits, observing sessions and speaking with attendees, staff and volunteers to gather real-time feedback on experiences of using the cafés.

Key findings:



People valued welcoming, non-clinical spaces, friendly staff and volunteers, peer support and the sense of reduced isolation.

Challenges included limited awareness of services, variation in opening times and occasional capacity pressures at busy sessions.



"The café is a massive benefit for me. Make friends and there is a social aspect. It is a real lifeline for people."

Service user

Overall, neighbourhood mental health cafés were seen as an important early intervention offer, helping people to access informal support and improve wellbeing in their local community.

What difference did this make?

Our report findings informed practical recommendations to improve consistency, visibility and referral pathways, helping commissioners and providers strengthen and better promote local mental health café provision.



Hearing from all communities

We're here for all residents of Leicester and Leicestershire. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Reaching people whose voices are often less heard, including faith communities, carers, women's groups and minority ethnic communities, through targeted outreach and focus groups.
- Supporting people facing financial hardship by attending food banks, community cafés and wellbeing events, where people shared concerns about GP access, dentistry, mental health and language barriers.
- Creating opportunities for people to share their experiences through drop-ins, hospital visits, rural roadshows, wellbeing events and #SpeakUp sessions in local community settings.
- Meeting participants of VCSE organisations and attending events hosted by VCSE organisations.
- Ensuring local people's experiences were heard by NHS leaders and decision-makers by sharing feedback on issues including waiting times, GP appointments, continuity of care and communication between services.



Listening to supported living voices to improve local care services

We spoke with 31 individuals and 19 carers and people shared what was working well, including independence, community activities, personalised support and trusted staff relationships.

They also raised concerns about staffing changes, communication, housing suitability, loneliness, support planning and missed one-to-one hours. Their experiences helped identify clear priorities for providers, commissioners and local partners to improve services.

What difference did this make?

The project gave people in supported living and their carers, a direct route to share experiences that may otherwise go unheard. Their feedback highlighted where services help people feel independent, safe and connected, but also where change is needed. Leicester City Council welcomed the insight and said it would support conversations with adult social care colleagues and providers as local supported living services are reviewed and shaped for the future.

Bus access and patient care

We know that transport is one of the significant barriers to accessing health and care services in rural areas. Following changes to the number 15 bus route through Ibstock, we listened to residents in Ibstock and Heather about how this affected their ability to reach local health services.

We asked people whether the route change had affected access to their GP, pharmacies and other essential services and explored what alternative transport they were using. The feedback showed that 30 people said the changes had affected access to health services, with GP appointments the biggest concern. Residents told us they were delaying appointments, relying on taxis or lifts, struggling to walk uphill, or becoming unable to access services independently.

What difference did this make?

We used this evidence to highlight the impact on older people, people with limited mobility and those without transport and recommended practical solutions including a safe direct bus route, community shuttle or transport support. A new on-demand FoxConnect bus service has since launched, linking Heather and Ibstock to Coalville and wider connections.

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year **520** people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



Clearer next steps for delayed eye care

A person waiting longer than expected for an ophthalmology referral received the information they needed to take action and seek an update on their care.

After waiting for months with no information, they were unsure whether to follow up or who to contact. We checked the published waiting times, confirmed their wait appeared longer than expected and provided the correct contact details for the service. As a result, they felt more informed and reassured, and were able to contact the service directly rather than continuing to wait without knowing what was happening.



"I have been waiting since August to be referred to ophthalmology and I am not sure what is happening and whether I should follow up and how to do it."

Improving GP access for patients of the Willows Health Group

Over the last year we heard from many patients of the Willows Health Group that were struggling to access appointments at their GP practice.

Patients across Willows Health Group raised clear, consistent concerns about access. Long phone queues, the 8am booking rush, limited appointments and reliance on call centres left many feeling disconnected from their own surgery. Feedback also highlighted issues with communication, continuity of care, digital access and follow-up. We shared our findings with service providers and the LLR ICB. Since our visits, the Willows Health Primary Care Network have committed to progressing their access and patient improvement work.



"The ICB acknowledges the concerns raised by patients regarding access to general practice services and values the feedback received. Improving timely and equitable access to primary care remains a key priority across LLR. We are working collaboratively with providers, including the Willows Health Primary Care Network, to support sustained improvements in access, communication and continuity of care."

Showcasing volunteer impact

Our fantastic volunteers have given 1465 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Visited communities to promote our work
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve
- Youthwatch members participated in the "Unbox Your Future" project, raising issues young people often find hard to talk about.



At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.



Debbie

"I enjoy being an enter and view volunteer. I feel that our visits, comments and recommendations can make a difference to service users experience of the services we visit."

"Volunteering with Healthwatch allows me to make use of my people skills by helping patients relax whilst telling me about their experiences of the health and social care system. I find it very rewarding to have helped them."



Howard

"We would like to thank colleagues from Healthwatch for conducting Enter and View visits. Your insights – alongside feedback we receive from patients – help us to shape our services and continuously improve accessibility, communication and experience."

University Hospitals of Leicester NHS Trust (UHL)

"I decided to volunteer with Healthwatch as a Board Member, because I enjoy working in a team and I am passionate about making a positive difference to people in my local area."



Andy

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



www.healthwatchll.com



0116 257 4999



enquiries@healthwatchll.com

Finance and future priorities

We receive funding from Leicester City Council and Leicestershire County Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£299,428	Expenditure on pay	£254,240
Additional income	£39,954	Non-pay expenditure	£19,365
		Office and management fee	£65,777
Total income	£339,382	Total Expenditure	£339,382

Additional income is broken down into:

- £23,288 received from local NHS body for work on a project
- £16,666 received from the local council for work on a project

Finance and future priorities

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Pharmacy First

We will focus on Pharmacy First to understand how well the service is meeting local needs. By gathering patient experiences and sharing insights with partners, we can help improve awareness, access and the quality of care provided through community pharmacies.

2. NHS digital access

GP access is one of the issues we hear about most often. We are exploring how the NHS move towards digital access is affecting patients, including the use of online forms and booking systems. By gathering patient experiences, we can help ensure digital services are accessible, effective and do not exclude those who struggle to engage online.

3. Working with Local Authorities

We will strengthen our work with local authorities to share insights and deliver targeted support across our communities. Insights gathered will be shared with providers and commissioners to help shape better support for people across the system.

Statutory statements

Voluntary Action LeicesterShire (VAL) is the contract holder for Healthwatch Leicester and Leicestershire. Our offices are based at: 9 Newarke Street, Leicester, LE1 5SN

Healthwatch Leicester and Leicestershire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of six members who work voluntarily to provide direction, oversight and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2025/26, the Board met six times and made decisions on matters such as the NHS 5 year plan and ICB Neighbourhood plans involving the voluntary sector in key areas. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025/26, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website www.healthwatchll.com and share it with relevant committees.

Statutory statements

Responses to recommendations

We had one provider who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to Leicester Health and Wellbeing Board and the Leicestershire Health and Wellbeing Board.

We also take insight and experiences to decision-makers in the Leicester, Leicestershire and Rutland Integrated Care System. We do this by regular attendance at the Integrated Care Board, the Health and Care Partnership, System Engagement group, the Health Overview and Scrutiny Committees, quarterly meetings with local Trusts and design groups.

We collaborate with colleagues at Healthwatch Rutland, Healthwatch North Northamptonshire and Healthwatch West Northamptonshire to ensure that between us, Healthwatch is present at all major system decision making forums. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Leicester and Leicestershire is represented on the Leicester Health and Wellbeing Board by Harsha Kotecha, Chair and Leicestershire Health and Wellbeing Board by Fiona Barber, Vice Chair.

During 2025/26, our representatives has effectively carried out this role by actively contributing to discussions and presenting public feedback. Our representatives have raised issues around out of hours services, hospital discharge, dementia care, emergency department pressures, vaccination uptake and continuity in GP care.

Healthwatch Leicester and Leicestershire is represented on the Leicester, Leicestershire and Rutland Integrated Care Board by Harsha Kotecha, Chair.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Hockley Farm Medical Practice	Intelligence gained from patient feedback.	Wrote a report with recommendations – the service will review these and consider improvements to its service.
Care Home – Silver Birches Care Home	Feedback from colleagues in the Adult Social Care team.	Wrote a report highlighting the good practice observed during the visit.
GP Practice – The Charnwood Practice	Intelligence gained from patient feedback.	Wrote a report with recommendations – the service provider has implemented a new booking system to improve patient experience.
GP Practice – The Central Surgery	Intelligence gained from patient feedback.	Wrote a report with recommendations – the service provider was positive about the report findings.
GP Practice – The Wycliffe Medical Practice	Intelligence gained from patient feedback.	Wrote a report with recommendations – the service provider is looking to implement a triage system to reduce demand for same day appointments and improve access.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – The Wycliffe Medical Practice	Intelligence gained from patient feedback.	Wrote a report with recommendations – the service provider is looking to implement a triage system to reduce demand for same day appointments and improve access.
Services – Neighbourhood Mental Health Cafés	Following discussion with the service provider and feedback gathered we wanted to visit each cafés to listen to people’s experiences of the service being provided.	Wrote a report with recommendations – The service provider will continue to work with each provider in response to the report feedback, including reviewing communication and engagement activities with primary care partners and reassessing the locations of the cafés to ensure they are situated in areas of highest need.
Services – The Evington Centre – Clarendon & Beechwood wards (Discharge)	Requested by local authority to look at discharge processes for intermediate care across the health and care system in Leicester.	Wrote a report with recommendations – The service provider will review and work through the report’s recommendations to support ongoing service improvement in response to our findings.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
Services – Coalville Community Hospital – Thringston Ward (Discharge)	Requested by local authority to look at discharge processes for intermediate care across the health and care system in Leicester.	Wrote a report with recommendations – The service provider will review and work through the report's recommendations to support ongoing service improvement in response to our findings.
Services – Loughborough Hospital – Charnwood ward (discharge)	Requested by local authority to look at discharge processes for intermediate care across the health and care system in Leicester.	Wrote a report with recommendations – The service provider will review and work through the report's recommendations to support ongoing service improvement in response to our findings.
GP Practice – Willows Medical Centre	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Willowbrook Medical Centre	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.
GP Practice – Clarendon Park Medical Centre	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.
GP Practice – Heatherbrook Medical Centre	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Pasley Road Medical Centre	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.
GP Practice – Dishley Grange Medical Practice	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.
GP Practice – Sayeed Medical Centre	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Willows Health Evington	Requested by the ICB Quality and Safety Committee to consider undertaking Enter & View visits to the Willow Group sites to gather independent patient experiences to highlight what is working well and identify any areas for improvement.	Wrote a report with recommendations – The service provider responded to the report.

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Leading Better Lives: The Future of Early Action



Health & Wellbeing Board

Date of meeting: 1 October 2026

Lead Director: Kate Galoppi

- Ward(s) affected: All
- Report author: Georgia Humby
- Author contact details: Georgia.Humby@leicester.gov.uk
- Report version number: 1.0

1. Purpose of report

- 1.1. To provide an update on the Leading Better Lives programme as Leicester's corporate approach to early action and prevention, including setting out the next phase for scaling the programme and taking forward a shared framework focused on improving outcomes, reducing inequalities and supporting people to lead the lives they want to live.
- 1.2. The report outlines the proposed governance arrangements through the Leading Better Lives Programme Board that will ensure co-ownership across the council, NHS partners, the voluntary and community sector and people with lived experience. This will provide strategic leadership and oversight of delivery with the intention of regularly reporting into the Health and Wellbeing Board.

2. Recommendations:

- 2.1. The Health and Wellbeing Board is asked to:
 - (a) Note the agreement to adopt Leading Better Lives as Leicester's corporate approach to early action and prevention that will be embedded through a framework comprising of four pillars.
 - (b) Support the ambition to develop Leading Better Lives as a system approach that brings together the Council, NHS, voluntary and community sector and local communities around a shared vision for prevention, wellbeing and independence.
 - (c) Endorse the proposed governance arrangements whereby the Leading Better Lives Programme Board provides strategic leadership and regular reports to the Health and Wellbeing Board for oversight and assurance of the programme delivery.
 - (d) Support the development of a shared Leading Better Lives brand, communications and engagement approach to create a clear and accessible early action offer for residents.
 - (e) Support a system-wide mapping exercise to identify existing services, programmes and initiatives that contribute to early action and prevention and determine how these can align under the Leading Better Lives framework.
 - (f) Encourage partner organisations to identify opportunities for collaborative working, integrated delivery and shared investment in prevention through neighbourhood and place-based approaches.

3. Report

- 3.1 The Leading Better Lives programme has been endorsed as Leicester's overarching approach to early action and prevention, providing a framework in which partners can work collaboratively to improve wellbeing, reduce inequalities and manage future demand on statutory services to support long-term sustainability of public services.
- 3.2 We know in Leicester, levels of deprivation, health inequalities and wider social determinants contribute to people requiring health and care interventions earlier in their life and for longer periods. Addressing these challenges requires a stronger focus on prevention, community resilience and earlier support.
- 3.3 The programme is founded on the principle that by working together we can achieve better outcomes for people. By building stronger communities, improving access to support and focusing on prevention, we can help more people lead the lives they want to live, in good homes and caring communities.
- 3.4 Achieving the ambitions of our early action agenda for Leicester requires a whole system approach. Leading Better Lives provides an opportunity to align activity across the Council, NHS, voluntary and community sector and local communities, recognising that improving outcomes and reducing inequalities is a shared responsibility.
- 3.5 This work also dovetails with the NHS ten-year- plan the development of neighbourhood working. Both place a strong emphasis on prevention, community-based support and integration which create opportunities to coordinate services more effectively around the needs of residents and communities.

Governance

- 3.6 The Leading Better Lives Programme Board has been established to provide strategic leadership across the Council, NHS, VCSE sector and people with lived experience for taking this work forward. It has been agreed that the programme will be delivered under a framework that members of the programme board will co-sponsor and co-produce to make up our early action approach in Leicester. Workstreams will therefore align with the following pillars of the programme framework:
- Community Offer
 - Partnerships
 - Digital Offer and Self-Service
 - Ways of Working
- 3.7 The programme board will look at opportunities to align priorities, commissioning and delivery across the Council as well as system partners to embed prevention and early action as a core principle in how we work together. In doing so, the board will take a holistic view to identify opportunities for alignment, rationalisation and streamlining, ensuring resources are used effectively and duplication is minimised.
- 3.8 Priorities and delivery plans as part of the programme will be aligned with the health, care and wellbeing agenda to ensure early action and prevention is focussed on improving outcomes and reducing inequalities. It is proposed that the Leading Better Lives programme board will report into the Health and Wellbeing Board, ensuring system-wide oversight and accountability of the programme delivery.

Next Steps

- 3.9 The next phase of the programme will focus on undertaking a comprehensive exercise across the Council and wider system to identify existing projects, programmes and initiatives. This will include activity already established through the programme alongside wider activity across Leicester to develop a clearer understanding of current provision and how it aligns with the four pillars of the framework.
- 3.10 Existing initiatives within the programme will continue to be developed and aligned under the agreed framework. This includes monthly community drop-ins which help residents access support and advice closer to home by bringing together council services, health partners and the voluntary and community sector; the Leicester Communities Together information and advice festival becoming a regular annual feature at the Leicester Riverside Festival, and the implementation of our Local Area Coordination scheme to align with neighbourhood health.
- 3.11 Consideration will also be given to opportunities emerging through the programme to date, including strengthening co-production, supporting community-led approaches, increasing use of community assets and spaces, expanding digital inclusion initiatives, developing intergenerational activity, and exploring new opportunities for collaborative working across the Council, health partners and the voluntary and community sector.
- 3.12 The findings will help align activity and strengthen collaboration and integration, reduce duplication, build on existing good practice and identify gaps or opportunities for further development. As part of this work, existing boards, forums, partnerships and governance arrangements will also be reviewed to determine how they can support delivery of the Leading Better Lives agenda and whether opportunities exist to better align existing structures and workstreams.
- 3.13 This exercise will provide the evidence for the next phase to develop the programme, including an implementation plan setting out priorities, actions, delivery arrangements and measures of success. Emerging priorities and delivery plans will be reported through the Health and Wellbeing Board, providing strategic oversight of collaborative working and supporting the embedding of prevention and early action for our city.
- 3.14 The next phase will also inform the development of a clear Leading Better Lives brand and communications approach, creating a recognisable umbrella identity for services, programmes and initiatives that contribute to prevention, wellbeing, independence and community resilience across Leicester.
- 3.15 A clear recognisable brand and communications approach will help residents better understand and access available support, whilst providing a common identity under which existing and future activity can align. This will support greater visibility of Leicester's early action offer, strengthen partnership working, promote consistent messaging across organisations, and create opportunities for coordinated engagement, communications and promotion.

3.16 Support for the programme and consideration of resource implications is required across the Council and wider system to enable programme leadership and development of an implementation plan. This would ensure dedicated resource and infrastructure to take the programme from concept to business as usual whilst also ensuring strong partnership with people and our VCSE is at the heart of the work we do.

4. Scrutiny / stakeholder engagement

4.1 The leading better lives programme has been co-produced from the outset. An engagement exercise was conducted across the city. A series of workshops were held to analyse the data that was gathered from the engagement exercise which included a proportional split across professionals from statutory organisations, the voluntary and community sector as well as people with lived experience. This has shaped the themes and priorities for developing the programme. All workstreams include representation from system partners, the voluntary and community sector and people with lived experience. This is also reflective at all levels of decision making including the Programme Board.

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

5.1 Financial implications

This is an update report about the Leading Better Lives Programme. The report refers to resource implications that will be required from across the Council for the programme to deliver its objectives. Funding contributions should be brought back in a future update report once they have been confirmed with departments or external partners.

Signed: Mohammed Irfan, Head of Finance

Dated: 16 September 2026

5.2 Legal implications

The report sets out the delivery of the Leading Better Lives Programme, which aims to improve wellbeing, reduce inequalities and support people to lead the lives they want to live.

The programme provides an opportunity to align activity across the Council, NHS, voluntary and community sector and local communities. This recognises that improving outcomes and reducing inequalities is a shared responsibility.

Any future commissioning, procurement, employment, grant funding or partnership arrangements arising from the programme will require appropriate legal advice and support and shall be subject to the Council's governance and decision-making processes.

All commissioned activity must comply with the Public Contract Regulations 2015, the Procurement Act 2023, where applicable, and the Council's Contract Procedure Rules. Consideration may also need to be given to employment law, subsidy control, governance, data protection and intellectual property requirements.

Legal advice should be sought as and when necessary to ensure that all activities and arrangements arising from the programme are legally compliant.

Signed: M. Nansi

Dated: 22.9.2026

5.3 Equalities implications

Our Public Sector Equality Duty (PSED) requires us to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic as defined by the Equality Act 2010 (sex, sexual orientation, gender reassignment, disability, race, religion or belief, marriage and civil partnership, pregnancy and maternity, age) and those who do not. The Council also has an obligation to treat people in accordance with their Convention rights under The Human Rights Act, 1998.

The Leading Better Lives programme aims to improve wellbeing, independence and outcomes for Leicester residents through a greater focus on early action and prevention. The programme has the potential to deliver positive equalities outcomes by reducing inequalities, improving access to support and promoting inclusive, community-based approaches to service delivery.

The programme has been developed through engagement and co-production with the voluntary and community sectors, partners and people with lived experience. Equality considerations should continue to be embedded as the programme develops, including through the proposed mapping exercise and future implementation plans, to ensure the needs of people with protected characteristics are considered and any potential impacts identified and addressed.

It is recommended that where appropriate, equality impact assessments be undertaken for any future initiatives, service changes or commissioning proposals arising from the programme, to identify any potential adverse impacts and ensure that services are accessible and inclusive to the needs of Leicester's diverse communities. It is important that attention is given to issues such as accessibility, language, digital exclusion and the needs of people who may be less likely to engage with mainstream provision.

Signed: Sukhi Biring, Equalities Officer

Dated: 17 September 2026

5.4 Climate Emergency implications

There are no significant direct climate emergency implications arising from this report. The programme promotes neighbourhood and community-based approaches that can support access to services closer to where people live, helping to minimise travel demand and enabling the use of active and sustainable travel options where journeys are required.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 18th September 2026

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

Long Term Rough Sleeping Action Plan

Date of meeting:
Health & Wellbeing Board 1st October 2026

Assistant Mayor for Housing: Cllr Elly Cutkelvin
Lead Director: Chris Burgin

Useful information

■ Ward(s) affected: All

■ Report author: Zenab Valli (Head of Housing) & Georgia Humby (Joint Integrated Commissioning Lead Officer)

■ Author contact details: 0116 454 3573

■ Report version number: V.1

1. Summary

- 1.1 Following the publication of A National Plan to End Homelessness in December 2025, the Government has set a national ambition to halve long-term rough sleeping by the end of this Parliament. As part of this approach, the Ministry of Housing, Communities and Local Government (MHCLG) has introduced guidance requiring certain local authorities to develop Long-Term Rough Sleeping Partnership Plans. These plans are intended to complement local homelessness strategies and drive sustainable system change for people experiencing the most entrenched forms of rough sleeping.
- 1.2 MHCLG have stated that partnership plans are expected to be a collaborative and co-owned document, involving a wide range of partners, including commissioned and non-commissioned support providers, and partners from health, social care, housing and community safety. Plans should be co-produced and co-signed by at least one Voluntary, Community and Faith Sector (VCFS) partner, also signed and approved by the Health and Wellbeing Board and the Safeguarding Adults Board.

2. Recommended actions/decision

- 2.1 Leicester has been chosen as one of the local authorities required to develop this plan providing a strategic opportunity to align partners around a shared vision, improve service integration and strengthen outcomes for rough sleepers with the most complex needs.

Members of the board are invited to consider and approve the action plan and priorities to support the reduction of long-term rough sleepers in Leicester. The plan is currently in draft form and has been circulated to members separately to this report.

3. Scrutiny / stakeholder engagement

- 3.1 The development of the plan was informed through engagement with a range of stakeholders and partners. The Council has worked closely with the Voluntary and Community Sector Partnership (VSP) to co-produce the plan, ensuring that the priorities reflect local need, partnership intelligence, and the experiences of those accessing homelessness services.
- 3.2 Furthermore, there has been active engagement with the Leicester Integrated Health & Care Group who have discussed the importance of delivering the plan through a whole-

system partnership approach. The Group recognises that homelessness and rough sleeping is influenced by multiple factors and therefore requires shared responsibility across partner organisations. Members of the Group have committed to support the development and delivery of the plan by reinforcing strong local partnership working through a coordinated and collaborative approach. This will ensure that health, housing, social care and other key stakeholders work together to prevent homelessness and rough sleeping in Leicester to improve outcomes for vulnerable residents in line with national objectives.

4. Background

Rough sleeping remains a significant challenge in Leicester and is often the most visible indicator of wider housing and homelessness pressures across the city. While the number of people sleeping rough fluctuates throughout the year, ongoing pressures within the housing market, increasing demand for homelessness services, and limited access to affordable housing continue to place vulnerable individuals at risk of rough sleeping. Despite the challenges the teams dedicated outreach, prevention and accommodation services continued to support individuals away from the streets and into more stable housing.

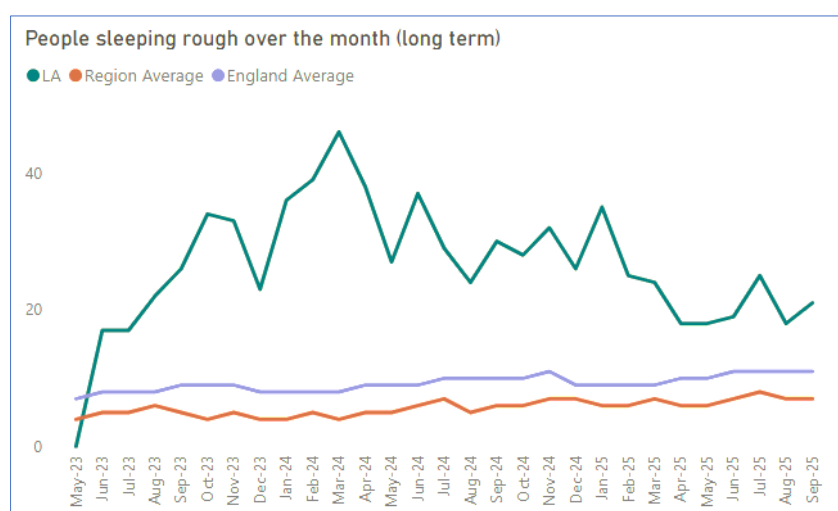
- 4.2 Over the last 12 months (July 2025 to June 2026), a total of **748** rough sleeping presentations were recorded by Outreach services in the city. This figure relates to all unique individuals found rough sleeping over this period, it also includes those who didn't disclose a name or engage with the Rough Sleeping Outreach teams and were only identifiable by their sleeping rough location. The average number of rough sleeper presentations during a single night count is **33** whereas the average total rough sleepers found each month is **98**, both data sets include unidentifiable rough sleepers.
- 4.3 The most common reasons individuals give for sleeping rough include being asked to leave by friends or family members and being long-term entrenched rough sleepers who are disengaged from support services and experiencing multiple disadvantages. Other groups include people who have been evicted from temporary or permanent accommodation, individuals leaving prison, and, on rarer occasions, people with no recourse to public funds. We also support a small number of individuals who have secure tenancies but choose to sleep rough intermittently.
- 4.4 During the annual verified rough sleeping count in 2025/26, the outreach team identified 51 verified rough sleepers within Leicester city boundaries, a reduction of 16% compared with the previous year's count of 61, indicating some positive progress in addressing rough sleeping despite continued pressures across the homelessness system.

Table 1 – Rough Sleeping Indicators

Indicator		Q1	Q2	Q3	Q4
Rough sleeping single night	2025/26	36	27	29	38
Rough sleeping single night	2024/25	31	27	37	29
Rough sleeping long term	2025/26	19	21	21	16
Rough sleeping long term	2024/25	37	30	26	24

- 4.5 Table 1 shows that the number of people identified as rough sleeping on a single night fluctuated throughout 2025/26 and remained broadly comparable with the previous year. While quarterly counts varied, there was no sustained increase in rough sleeping overall.
- 4.6 A **long-term** rough sleeper is defined as a person who has been observed rough sleeping recently and on at least three separate occasions across different months within the last 12 months. The number of people experiencing long-term rough sleeping reduced significantly across all four quarters and represented a reduction of around 33% when comparing the year end performance to 2024/25. Despite the reduction, the Council is committed to continue targeted interventions to reduce the number of people remaining entrenched in rough sleeping and despite ongoing pressures within the wider housing and homelessness system.

Table 2 – Comparison to regional and national average



- 4.7 Table 2 shows the number of unique individuals identified as long-term rough sleepers each month, compared with both the regional and national averages. The data highlights that Leicester has consistently recorded higher levels of long-term rough sleeping than both the regional and England averages throughout the reporting period almost four time the regional average and three times the national average. This demonstrates that while progress has been made, there remains a persistent cohort of individuals with complex needs who require intensive and coordinated support.

The Plan & Next Steps

- 4.8 The developed partnership plan will enable key agencies are engaged from the outset and that there are clearly defined partner-led actions and accountabilities that support delivery of agreed outcomes. This reflects the wider national emphasis on prevention, early intervention, and safeguarding some of our most vulnerable residents.
- 4.9 The action plan will be a live working document that is reviewed and updated regularly to reflect progress, emerging challenges, and changing local priorities. A key requirement is meaningful partner involvement in both the development and delivery

of the strategy. The Council will have clear strategic oversight, including at multi-agency boards like the Multiple Disadvantage Board and Homeless Delivery Group to help monitor progress and drive collective ownership of the plan.

- 4.10 Next steps will involve continued active engagement with partner organisations, relevant partnership groups and sub-groups, and the Safeguarding Adults Board to secure endorsement of the plan. Subject to approval, preparations will commence to support the implementation and delivery of the agreed actions at the earliest opportunity and to assign lead agencies and finalise the plan for publication.

Health and Wellbeing Board Annual Report 2024-2025

Health and Wellbeing Board

Date of meeting: 1st October 2026

Lead director/officer: Dr Katherine Packham

Useful information

- Ward(s) affected: All
- Report author: Sharon Mann (Public Health Programme Manager); Dr Katherine Packham (Consultant in Public Health)
- Author contact details: sharon.mann@leicester.gov.uk
- Report version number: 1

1. Summary

The Health and Wellbeing Board is a statutory board of the council, established under the Health and Social Care Act 2012, and is a forum in which key leaders from the local health and care system work as a multi-stakeholder partnership to set strategic direction for improving the health and wellbeing of the local population. The Board is also a forum for public accountability.

The Health and Wellbeing Board terms of reference outline that it is a requirement to provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) to ensure that the Board is publicly accountable for delivery.

The previous report was published in autumn 2024 and features updates from August 2023-August 2024. The current report covers the August 2024-August 2025 period. This timeline is in line with the redesign of our Health, Care and Wellbeing Strategy delivery plan and will embed the annual reporting approach going forward.

This iteration of the annual report covers:

- An overview of how the Health and Wellbeing Board works
- A summary of the work of partnership boards who work with the Health and Wellbeing Board
- The statutory responsibilities it must enact
- An overview of key communications and engagement activity with stakeholders and local people, and how this is used to shape and influence their work
- An update on the Health Care and Wellbeing Delivery Plan progress and review of priorities
- Looking ahead to 2026/27

2. Recommended actions/decision

- For Leicester Health and Wellbeing Board to receive the report, and approve the content prior to the report being available on the Leicester City Council website.

3. Scrutiny / stakeholder engagement

Partner organisations and programmes who are referred to in this report have had the opportunity to comment and submit information to support the completion of relevant sections as follows:

- The Mental Health Partnership Board
- The Learning Disabilities Partnership Board
- The Leicester Integrated Health and Care Group
- The Leicester Prevention and Health Inequalities Group
- Healthwatch
- The Better Care Fund
- The Community Wellbeing Champions

This report has been taken to the following:

Public Health DMT – December 2025

Lead Member Briefing– January 2026

City Mayor Briefing – April 2026

Health and Wellbeing Board members will receive this report for approval prior to publishing on the Leicester City Council website.

4. Background and options with supporting evidence

The Health and Wellbeing Board is established as a council committee under the Health and Social Care Act 2012. All county councils and unitary authorities are required to establish a Health and Wellbeing Board. The Leicester Health and Wellbeing Board is a crucial partnership forum for identifying the current and future health and wellbeing needs of the local population and working collaboratively to address them in a coordinated, planned and measurable way. The Board has several statutory functions and responsibilities some of these are as follows:

- Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. This enables commissioning and policy to be evidence-based.
- Developing and delivering the Joint Health, Care and Wellbeing Strategy which clearly outlines the health and wellbeing needs of Leicester's population and plans to address them., communicating and engaging with local people on how they can be supported to exercise choice and control over their personal health and wellbeing to enable them to achieve the best possible quality of life.
- Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes.
- Approving the Better Care Fund plan; a programme which supports partners across the local system to deliver the integration of health and social care in a way that supports person-centred care, sustainability, and better outcomes for people and carers. It allows the NHS and Local Authority to pool funding to spend in ways which join up care more effectively.

As a forum for public accountability, it is important that the Board's activity is transparent across the partner organisations it is represented by and the wider public. The annual report is a valuable means of providing a summary of this activity, with direction to further information across the range of areas covered by the report for those requiring more detail.

During this reporting period, four key priorities developed with the Health and Wellbeing Board to address the most pertinent issues in Leicester at the time, have been monitored These were:

- Healthy Weight
- Childhood immunisations

- Hypertension Prevention and Case Finding
- Mental health and wellbeing related to social inclusion, and supportive networks
- Quarterly collection of updates and reporting into Health and Wellbeing Board Subgroup- Leicester Integrated Health and Care Group was undertaken. The annual report features summaries of the achievements of these priorities across the year, as well, as an update on the 19 priorities from the Joint Local Health, Care and Wellbeing Strategy (2022-27). Priorities are under review for 26/27 and a decision will be made soon whether to keep the same four priorities or to adapt them.

The report also offers an opportunity to publicly highlight the value and importance of partnership working across the health and social care system. Partnership working is integral to our future planning, and the report is an opportunity to highlight the ongoing importance of partnership work in addressing the common goal of tackling health inequalities experienced by our local population.

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

5.1 Financial implications

The BCF pooled budget for 2024/25 was £60,758,831 and this is included in the annual report. In addition to this, £870,000 was secured for Best Start for Life. The Public Health Community Engagement Grants (PHCEG) Programme provided VCSE organisations in Leicester funding for projects – total £60,000 in 2024/25.

Mohammed Irfan, Head of Finance

15 January 2025

5.2 Legal implications

There are no apparent adverse legal implications from the Annual Report.

Where grant funding, the procurement of services or other third-party relationships form part of the future proposals of the Health and Wellbeing Board (and those teams involved in its remit) legal and procurement support, if not already in play, should be sought.

Emma Young, Qualified Lawyer

1 December 2025

5.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The Health and Wellbeing Board report outlines progress in identifying the current and future health needs of the population. It highlights four new priorities for the coming year, all aimed at improving health, social care and wellbeing outcomes for Leicester City residents and reducing health inequalities. Leicester is a growing and increasingly diverse city and collaborative efforts to build healthy, prosperous communities that meet people's social needs can positively impact individuals across many protected characteristics.

A Leicester Prevention and Health Inequalities Steering Group has been established and has identified five key priorities. These priorities are being taken forward through dedicated task and finish groups, which will address issues important to local communities and help improve outcomes.

The council uses data to enhance the lives of residents and shape public services by maintaining up to date JSNAs. Accurate information about protected characteristics, as well as the attitudes and behaviours of people living in Leicester, can help improve understanding and support efforts to tackle inequalities.

Signed: Sukhi Biring, Equalities Officer

Dated: 4 December 2025

5.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 2nd December 2025

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

7. Summary of appendices:

HEALTH AND WELLBEING BOARD ANNUAL REPORT

August 2024 – August 2025

Chair's foreword

I would like to welcome you to our Health and Wellbeing Board's annual report for the past year ranging from August 2024-25. Having taken the role of Chair a few months into this reporting period I have been able to immerse myself in the work delivered by the Health and Wellbeing Board and can see its commitment to addressing local health inequalities. In addition to addressing inequalities, prevention is also a significant part of our focus and a Steering Group which feeds into the HWB has been developed to address this. With an ongoing focus on partnership work, we are going to deliver on our strategic commitments using a multidisciplinary approach.

The past period focused on our four key priorities through which we were able to deliver a number of positive changes in the services available to our residents. Some examples of our achievements include:

- Roving healthcare units deployed to low vaccine uptake areas, to provide opportunistic vaccinations to eligible people on a range walk-in vaccines.
- Supporting people with learning disabilities by providing nurses to help them to complete their bowel cancer screening tests.
- Expanding Warm Welcome across the city, with all libraries participating in 2024/25 and 33 **Voluntary, community and social enterprises (VCSE)** organisations funded to open welcoming hubs or provide health and wellbeing support.
- Working towards healthy weight through the Leicestershire Nutrition and Dietetics Service delivering work to support schools to adopt a whole school approach to food.
- Continued to support Neighbourhood Mental Health Cafés which are delivered by local VCSE organisations in order to adapt to local needs.
- Rolled out a network of Mental Health Friendly places across Leicester to challenge stigma, support people facing adversity and access free mental health training.

As previously, I would like to thank: the Board members for their continued dedication; all of the staff who continue to provide high-quality health and care services care to our residents despite pressures experienced across the system; and give special thanks to the countless volunteers across Leicester who work tirelessly to support the health and wellbeing need.

Councillor Vi Dempster

Assistant City Mayor – Health, Culture, Libraries and Community Centres

Terminology and acronyms used in this report

Any words in **bold** throughout this report may require explanation or further detail. There is a 'glossary and links to further information' section at the end of this document to explain this terminology and to provide full details of websites or links to further information which have been referred to in this report.

1. Introduction

We, the Health and Wellbeing Board, represent and address health and wellbeing needs in Leicester by bringing together key partners from across the health and social care system to meet, in public, to discuss the issues which face Leicester's residents, and to identify and agree ways to address them collaboratively. Meeting agendas, minutes and webcasts of individual meetings are publicly available on the Leicester City Council website, but the purpose of this annual report is to provide an overview of our activity during the period being reported on (August 2024- August 2025) along with plans for the future.

2. Who we are and what we do.

2.1 What is the Health and Wellbeing Board?

Established under the **Health and Social Care Act 2012**, in April 2013, the Board became a formally constituted Committee of the council. The Board serves as a partnership forum which is made up of leaders from local health and care systems to enable them to understand the health and wellbeing of the local population, and to work together to improve it. Our primary purpose is to make sure that all residents of Leicester can live in good health to their full potential. We recognise that this will be different for every individual.

Notably, the Health and Wellbeing Board develops and oversees our Health, Care and Wellbeing strategy which is one of the tools for addressing local health inequalities.

2.2 Who represents the Health and Wellbeing Board?

Board membership aims to be representative of the organisations who support health, care and wellbeing needs across our city and the communities we serve. Membership of the Board is reviewed each municipal year (beginning in May). The membership for 24-25 was described in the previous annual report [here](#). Current membership i.e. membership for 2025-26 comprises of:

Elected members of Leicester City Council
• Executive Lead Member for Health • Four further Elected Members (elected by the mayor)
NHS representatives
• Chief Executive plus three other representatives from the LLR ICB • Independent Chair of the Integrated Care System • Chief Executive of University Hospitals NHS Trust • Chief Executive of Leicestershire Partnership NHS Trust
Officers of Leicester City Council (4)
• Strategic Director of Social Care and Education • Director of Public Health

• A Public Health Consultant leading on improving cross organisational initiatives and communication and developing links with the between system, place and neighbourhood within the Integrated Care System. • One Officer nominated by the Chief Operating Officer (vacant)
Further representatives of the wider community (8)
• One representative of the Local Healthwatch organisation for Leicester City • Leicester City Local Policing Directorate, Leicestershire Police • The Leicester, Leicestershire and Rutland Police and Crime Commissioner • Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service • Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board • A representative of the city's sports community • A representative of the private sector/business/employers

2.3 Health and Wellbeing Board Meetings

In the described period there have been four meetings of the Health and Wellbeing Board. This is in line with the Board's objective at the time. Full agenda, minutes and webcast of these meetings can be found on the **Leicester City Council Health and Wellbeing Board webpages**.

The meetings are mandated to be held in person. As well as the Board members and presenters attending the meeting, members of the public can attend and sit in the public gallery. The meetings are held in Leicester City Hall, time of meetings and room information can be found online [here](#).

As well as the webpages, you can see appendix 2 of this report for detail of items discussed. The Chair decides on the agenda for each HWB meeting with the support of leading officers who maintain a forward plan of potential topics for the meetings.

The terms of reference for the Board were reviewed in May 2025 and going forward the Board will be meeting formally four times per year.

Development sessions

In addition to our standard meetings, a **development session** was held during the period. Development sessions provide an opportunity for Board members, along with wider partners, to collaborate strategically and in greater depth ahead of discussion being brought to a formal meeting. Development sessions are not broadcasted online and are limited to invitees rather than including the wider public.

During this time a development session was held on the topic of health literacy. Exploring how health literacy is a health inequalities issue, and how organisations and systems can work to make information, processes and experiences simpler for everyone. Going forward an action plan will be developed to integrate the principles explored in the workshop.

2.4 Working as a Part of a Wider System

Leicester’s Health and Wellbeing Board is part of the Integrated Care System (ICS). There are ICSs across the whole of England and this is nationally mandated. Our ICS features the [Integrated Care Board](#) and Integrated Partnership which is known as the [Leicester, Leicestershire and Rutland Wellbeing Partnership \(LLR HWP\)](#). Both subgroups aim to tackle inequalities in health and improve the health and wellbeing of our population across Leicester, Leicestershire and Rutland (LLR).

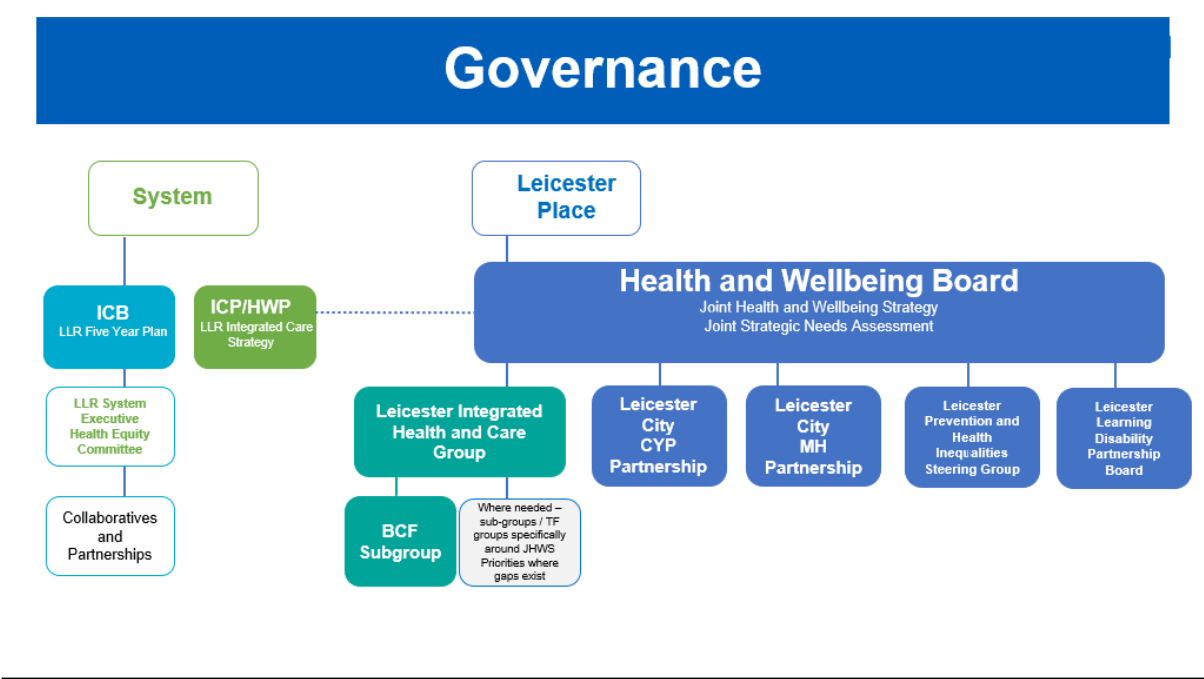
The ICS covers the whole of LLR, also known as ‘**system-level**’. This is important because many health and care services serve all three of those areas (for example, the hospitals). However, the uniquely different needs of each area within that system must also be considered if we are to be able to plan and deliver the right services to meet those needs and reduce health inequalities.

Feeding into the ICS, Leicester, Leicestershire and Rutland are individually referred to as ‘**places**’ – each have their own Health and Wellbeing Board, which is the place Board for supporting health and wellbeing for that locality. The Health and Wellbeing Boards bring together partners from across the health and care system within the individual ‘places’ to ensure that decisions relating to health and care services meet the needs identified at place level, whilst also feeding into the wider ICS.

Leicester’s Health and Wellbeing Board has a number of partnering Boards and subgroups which focus on more specific issues supporting HWB’s oversights and assisting with strategic direction. These are outlined below together with updates on their progress in the last year.

The governance arrangements of the integrated health and care system for Leicester City is illustrated at Figure 1.

Figure 1: Map of the Integrated Care System



Leicester Prevention and Health Inequalities Steering Group

In June 2024, the Director of Public Health established a new initiative in Leicester to address health inequalities with urgency and focus. The group brings together senior officers from Public Health and Social Care, the NHS Integrated Care Board, and major NHS provider organisations. Its purpose is to take an action-oriented approach to prevention activities, targeting the root causes of inequality and improving outcomes for local communities.

The first meeting of the group was in June 2024 with a workshop of a much wider range of stakeholders held in August 2024 to inform the decision of which health and wellbeing challenges would form the initial set of priorities for the steering group. The group decided on the following five priorities for the next 18 months:

- Hypertension (High Blood Pressure) case finding
- Healthy weight (neighbourhood focus)
- HPV vaccine uptake
- Social isolation in people with severe mental illness
- Bowel cancer screening uptake

Each of these issues would be tackled through a task and finish group consisting of subject experts and interested partners, with updates and reporting back to the steering group on a regular basis, including barriers and challenges that may require intervention, support or resources from the steering group.

The initiative reports directly to Leicester's Health and Wellbeing Board, ensuring strong governance and alignment with wider city priorities. An evaluation process is underway to identify which future areas are best suited to this incident-management style approach, so that lessons learned can be applied more broadly.

This work has already gained national recognition. The Local Government Association (LGA) highlighted Leicester's efforts in its case study [Leicester City Council: Treating health inequalities as a public health emergency | Local Government Association](#), showcasing the city's commitment to tackling disparities in health with the same seriousness as an emergency response.

The work of the five task and finish groups for the period are summarised below:

HPV Vaccination Improvement Task and Finish Group

Leicester continues to face significant challenges in increasing uptake of the HPV vaccine. Uptake rates vary widely across schools, ranging from as low as 5% to as high as 82%, highlighting stark inequalities across the city. Vaccine hesitancy remains a persistent issue, driven by misinformation and cultural beliefs, while accessibility can be limited because, for example, Specialist Sexual Health Service (SHSS) can only offer HPV vaccinations to restricted groups and GPs to 16 – 18 year olds. Awareness of the vaccine's role in preventing cervical and other cancers is still low, compounded by a historical lack of targeted communication strategies. Data on uptake among young adults, at risk groups, and underserved communities is patchy, making it difficult to plan effectively. In addition, the protracted procurement process for the School Age Immunisation Service (SAIS) tender throughout autumn impacted forward planning.

Despite these challenges, Leicester has achieved notable progress. Since September 2025, a new NHS e-consent system has been introduced, streamlining the consent -process. General

Practitioners are now actively calling and recalling unvaccinated 16–18-year-olds, while secondary school heads and school nurses have been engaged to support uptake. A survey across Leicester, Leicestershire, and Rutland (LLR) has assessed local understanding of the HPV vaccine, and a research project with the University of Leicester is exploring knowledge levels among parents, teachers, and students. Partnerships with faith leaders and community representatives have strengthened culturally sensitive outreach, and targeted communications have been distributed to local further education colleges, sixth forms, and universities, particularly during fresher's week. The SAIS has also made use of sexual health clinic space at The Haymarket to provide mop- up- vaccinations during school holidays.

Looking ahead, several priorities have been identified. From October 2025, a roving healthcare unit will begin offering HPV vaccinations, increasing accessibility across communities. The Leicestershire Partnership Trust (SAIS) will review the legal position on Gillick competency protocols following advice from NHS England. Engagement with voluntary, community, and social enterprise (VCSE) organisations, as well as faith leaders, will continue to ensure culturally sensitive outreach. Work is also underway with NHS England to consider commissioning the SHSS to offer HPV vaccinations to a wider cohort. Collaborative projects with partner organisations, including the Beacon Well Schools Project, the NIHR HPV Vaccination Disparities Project, Cancer Core Connectors, and the African Heritage Alliance, will further strengthen the city's approach. Finally, a new commissioning strategy is being designed, guided by the principle of proportionate universalism, to ensure that resources are targeted where they are most needed while maintaining universal access.

Social isolation in people with severe mental ill health

This work stream is jointly led by Public Health and Adult Social Care, with oversight from a steering group made up of representatives across different sectors. Its focus is on tackling loneliness and social isolation among people with severe mental ill health (SMI). Three main themes guide the work: encouraging professionals to ask questions about social activity during conversations with people with SMI, mapping existing provision and strengthening the skills and knowledge of voluntary, community and social enterprise (VCSE) organisations, and carrying out targeted initiatives to improve access to physical activity for this group.

There have already been notable successes. Questions about social activity have been incorporated into the client journal used by Leicestershire Partnership Trust (LPT), ensuring that social isolation is recognised as an important part of the client journey. Work has also been done to map venues and activities, and key partners have been identified to support delivery. These achievements demonstrate progress in embedding awareness of social isolation into routine practice and in building a clearer picture of available resources.

However, several challenges remain. It has been difficult to embed the new questions into documentation used by NHS professionals, and there are inconsistencies in how questions and resources are applied across services. Short-term funding also poses a risk to the sustainability of this work, making it harder to plan for long-term impact.

The next steps will focus on consolidating progress and addressing these gaps. A toolkit will be developed for VCSE organisations working with people with SMI, equipping them with practical guidance and resources. Professionals will also be provided with clear signposting information so they can connect individuals to appropriate support and activities. These actions aim to strengthen consistency, improve access, and ensure that the issue of social isolation is addressed more systematically across services.

Healthy Weight

A significant step forward has been the adoption of the NHS Healthy Weight Declaration across University Hospitals of Leicester (UHL), Leicestershire Partnership Trust (LPT), the Integrated Care Board (ICB) and Primary Care Networks. A lead has been identified within LPT to drive this work, and UHL has established a working group to support implementation. The Declaration has already been taken through UHL's internal governance processes, ensuring organisational commitment. An update on progress was presented to the Health and Wellbeing Board on 25 September 2025, reinforcing the importance of this agenda at a system-wide level.

Alongside this, targeted neighbourhood work has been undertaken in the city. Parenting programmes designed to test and learn approaches to supporting healthy lifestyles in families have been delivered, with strong uptake reported for the healthy lifestyles courses. Building on this success, a contract for the next two years of delivery is due to be awarded imminently, providing continuity and stability for families engaging with these programmes.

This activity sits within the broader whole systems approach to healthy weight, which continues to progress across the area. By combining strategic commitments such as the Healthy Weight Declaration with practical, community-based interventions, the work aims to create sustainable change and improve health outcomes for individuals and families.

Bowel cancer screening

A number of achievements have been made in strengthening bowel screening access and awareness. A pathway has been implemented to enable asylum seekers to take part in bowel screening, and work is underway to develop a similar pathway for people experiencing homelessness across Leicester, Leicestershire and Rutland. Funding has been secured from EMCA to run a city-wide advertising campaign on bus backs, which is currently being developed. Engagement has also taken place with care home forums, where presentations have been delivered to highlight the importance of bowel cancer screening and to encourage residents to complete their tests.

In South Leicester City Primary Care Network (PCN), patients have been interviewed to better understand barriers to screening. The PCN has also introduced Accurx text messaging to remind patients when their screening is due, and secured funding to produce videos showing patients how to complete the test, which will be shared alongside text reminders. People with learning disabilities are being supported to complete their tests by nurses from Leicestershire Partnership Trust, ensuring equitable access. In addition, bowel screening eligibility has been extended to patients from the age of 50, with this change implemented in November 2024.

Looking ahead, the next steps include rolling out video texting across South Leicester PCN, finalising and implementing the pathway for homeless people, and launching the planned awareness campaign. Continued support will be provided to the learning disability community to help them complete screening, and awareness-raising activity will carry on across the city through collaboration between VCSE organisations, the Integrated Care Board and University Hospitals of Leicester. These actions aim to build on the progress already made and ensure that more people are able to access and benefit from bowel screening.

Hypertension (high blood pressure)

Hypertension is a leading cause of cardiovascular disease, including heart attacks and strokes, and is a major contributor to Leicester's high under-75 mortality rate. Around 30% of UK adults live with hypertension, yet nearly half remain undiagnosed or untreated. The group's aim is to engage high-risk communities by promoting awareness of blood pressure, its risk factors and management, and by signposting to testing opportunities while providing blood pressure checks where possible.

Progress so far has included identifying priority groups and areas such as Westcotes, City Central, and people aged 40 and over, while remaining flexible to respond to other areas of need. The group has partnered with the roving health unit, delivering 96 blood pressure tests with follow-up advice, and developed off-site case finding through community pharmacies. A pilot at a Leicester City Council health event provided 88 tests and advice, and awareness has been raised at community events including the Caribbean Carnival, Leading Better Lives, and at a local mosque.

Looking ahead, the proposed direction includes using GP registrar capacity to support health promotion and blood pressure testing at food hubs, through Leicester City in the Community, and within underserved communities. There are plans to engage workplaces, particularly those with routine and manual workers aged 40 and over, alongside local VCSE organisations. Collaboration with primary care will also be strengthened to deliver targeted NHS Health Check invitations, ensuring more people at risk are reached and supported.

The Mental Health Partnership Board

The Mental Health Partnership Board (MHPB) comprises a partnership which includes people with lived experience of mental illness, carers, health and social care, the voluntary sector, employment services, housing and the police. The MHPB has several roles.

- It oversees the actions to meet the Leicester Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25 for which the three key priorities are Prevention, Accommodation, Employment and Volunteering.
- It acts as the place-based board for mental health in Leicester. In this role it reports to the Leicester, Leicestershire and Rutland (LLR) Mental Health Collaborative. This is a strategic group in which political leaders, health, social care, community organisations, and the police, work together to plan, transform and deliver mental care in LLR. There is a place-based group for each of the three areas. The MHPB reports on the impact of health inequalities on mental health in Leicester, the work to address those inequalities and highlights areas of need.
- It takes ownership of the Healthy Minds priority under the Health, Care and Wellbeing Strategy, the main priority for which is addressing social isolation and loneliness.

In addition to these roles, the MHPB has

- Used local evidence, lived experience, and service user feedback to identify needs and advocate for better support.
- Worked with health partners to embed Mental Health Cafes, improve crisis response, and strengthen community organisations.
- Monitored Suicide Prevention strategy and received updates from community connectors, neighbourhood leads, and care navigators.

- Promoted prevention-focused, evidence-based planning by signing up to the Prevention Concordat for Better Mental Health.
- Supported young people transitioning to adult services and raised awareness of men's mental wellbeing.

Learning Disability Programme Board

The main purpose of our Learning Disability Programme Board (LDPB) is to influence developments in the city that can make a difference to people with learning disabilities and their family carers. We organise our work around key priorities that people with learning disabilities and their families have told us are important. These priorities are captured in our coproduced joint health and social care strategy for Leicester City which we refer to as our Learning Disability Big Plan. This plan was introduced in 2020 and will continue until 2026.

Some of the work we have done together, with people, their carers, our providers and the NHS since our Big Plan was introduced is captured in our You Said, We did report [the-big-plan-report-2020-2023.pdf \(leicester.gov.uk\)](https://www.leicester.gov.uk/reports-and-publications/the-big-plan-report-2020-2023.pdf). This report explains what we have done to make things better for people with learning disabilities over the last three years.

In 2026 onwards there will continue to be focused work on all areas of the Big Plan including , employment, health and wellbeing and addressing health inequalities . We will continue to work in close collaboration with our Leicestershire County council, Rutland County Council and NHS partners and in co production with people with learning disabilities to improve things for people with learning disabilities – our new early action programme Leading Better Lives will also support this aspiration.

In Leicester City “ Leading Better Lives” is bringing people together across health and social care, the wider council departments and the voluntary sector with the aim of ensuring that people across our city have access to the right support- we want every person with care and support needs including unpaid carers to be able to live the life they want to live doing what is important to them in good homes and in carers and communities. We have worked closely with local people and community groups to understand what matters most to people in Leicester and have committed to four actions which can be found [here](#)

There will also continue to be focused work to improve our support for carers. In partnership with care providers, health and regional partners we are developing a person-centred short break offer for people with learning disabilities and autism. The short breaks offer will promote choice and flexibility including overnight stays, day opportunities and support at home. This will support our early action approach and prevent crisis and enhance wellbeing.

The Partnership Board have completed the following pieces of work in 2025:

- Produced Easy Read documents in collaboration with Social Care, Education, and the We Think Self Advocacy Group.
- Worked co-productively on initiatives such as the Local Account, Adults Short Breaks commissioning, and the Leicester Communities Together Event.
- Partnered with Health to share information about the Joy App and promote physical and mental wellbeing.
- Supported the Mental Health Partnership, focusing on “Healthy Minds, Healthy Life” with input on diet, health management, and reducing inequalities.
- Promoted Supported Employment, empowering people with learning disabilities through training, internships, apprenticeships, benefits advice, and signposting.

- Collaborated with the Big Mouth Forum to strengthen youth self-advocacy and ensure their voices influence the Partnership Board.
- Upskilled IT skills at Central Library and worked with health partners to review autism-friendly GP surgeries.
- Continued co-chairing meetings with Local Leaders to build skills and confidence.

Leicester Integrated Health and Care Group

The Leicester Integrated Health and Care Group, (the Group), was established in September 2024 to support the Health and Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'.

The Group emerged following consensus to streamline the governance process and combine the former Joint Integrated Commissioning Board (JICB) and Leicester City Integrated Systems of Care Group (ISoC). The terms of reference for both JICB and IsoC were reviewed to inform the remit and responsibilities of the Group to ensure strategic place-based outcomes and operational delivery for the integrated health and care system.

Membership of the Group brings system leads together to collaborate on priorities, promote good practice and identify risks for mitigation. This includes senior managers from Adult Social Care, Children and Young People's Services and Public Health within the local authority as well as senior managers from Leicester, Leicestershire & Rutland Integrated Care Board (ICB), Leicestershire Partnership Trust (LPT), University Hospitals of Leicester (UHL) and representatives from the voluntary and community sector.

Serving as a subgroup of the Health & Wellbeing Board, the Group has regular reporting frameworks to drive forward the work of the Board in supporting the implementation of Leicester's Joint Health and Wellbeing Strategy and monitoring the Delivery Action Plan. This includes the priorities around childhood immunisations, healthy weight, hypertension case finding and social isolation. The Group recognises the vital role of the Health & Wellbeing Board and can be tasked to approach work which it does in an open and transparent way, ensuring equity is at the heart of decisions made.

Leading on transformation is at the core of the Group responsibilities through influencing, advocating and integrating work across the system for the City. Since its establishment, the Group has therefore been instrumental in progressing discussions with all partners across the health and care system to identify and agree a model of four neighbourhoods in the city. Further is continuing to implement the model for integrated working, and the Group will take ownership of governance arrangements to oversee neighbourhoods and the delivery of their priorities.

Key principles have been developed with the Group to ensure senior leaders are provided an opportunity to understand changes, pressures and responsibilities on each of the partners including the publication of the NHS 10-year plan, CQC assessments of local authority adult social care departments as well as clustering of ICB's and local government reorganisation.

The needs of the population, patients, service users and carers, have been central to the Group's work. This has included focussed discussions about the health literacy of the population to ensure people of Leicester are able to access the right care at the right place and the right time across the health and care system. Discussion have included same day access, pre-hospital models of care and urgent and emergency care. The Group also reviewed

readiness for the adult social care CQC assessment process and will continue discussions around the associated action plan.

The Group were made aware of questions raised regarding discharge processes and the outcomes being achieved for Leicester residents requiring bedded intermediate care. The questions have been discussed in detail and the Group agreed to initiate a review with system leads and Healthwatch to examine the services and effectiveness of discharge processes for intermediate care across the integrated health and care system in Leicester. The findings of the view are expected to be shared with the Group and Health & Wellbeing Board for discussion and any associated action plans in the coming months.

Other topic areas discussed at the Group have illustrated its role in promoting best practice across the system including the Well Schools Project and innovation across Leicester South PCN.

The Group have also been active in developing a process to ensure robust governance around joint commissioning arrangements, particularly in priority areas to add value in terms of improved outcomes and promotion of greater efficiencies but also to provide thorough discussion and planning regarding decommissioning activity.

With responsibility for oversight of the Better Care Fund (BCF), the Group has instructed a BCF subgroup for operational planning and monitoring of the Fund. This has included ensuring completion of national reporting and the development of local performance metrics to monitor the impact of investment. Focussed discussions allow service providers to report service delivery as well as share best practice and learning for the integrated health and care system.

Governance arrangement enables the subgroup to report into the Group and make recommendations to the Health & Wellbeing Board for allocating the Fund at Place level as per its responsibilities. Utilising the vast expertise from colleagues who form the BCF subgroup, it has allowed for a space for open discussion and ensured that schemes with BCF investment were looked at from all angles to provide the most value to meet national criteria and local strategic-based priorities. Discussions have also ensured proportionate funding for schemes in line with place-based priorities.

2.5 Vision, aims and objectives of the Board

Our primary aim is to achieve better health, social care and wellbeing outcomes for Leicester City's population, and a better quality of care for patients and other people using health and social services. Our objectives are to:

- Provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and work to reduce health inequalities.
- Lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- Maximise opportunities for joint working and integration of services using existing opportunities and processes, and prevent duplication or omission.
- Provide a key forum for public accountability of NHS, Public Health, Adult Social Care, Children's Services, and other commissioned services directly related to health and wellbeing.

2.6 Statutory responsibilities of the Board

We have some statutory duties which we must carry out. They are to:

Produce Joint Strategic Needs Assessments (JSNAs) which assess the health and wellbeing needs of Leicester's populations, and refresh them as needed.

The **Joint Strategic Needs Assessment (JSNA)** is a comprehensive document that evaluates the health profile of a population, identifying health inequalities and unmet needs. The JSNA also projects future health trends, providing recommendations for enhancing population health. JSNA's are an important tool in helping to develop local strategies and to inform decisions about the types of services which need to be commissioned to support local health and wellbeing. During the time period this report covers, the following JSNA's and **Joint Specific Needs Assessments (JSpNA's)** have been completed:

- [Sexual health](#)
- [Respiratory disease](#)
- [Diabetes](#)
- [Asylum seekers and refugees](#)
- [Homelessness](#)
- [Children in care](#)
- [Tuberculosis in Leicester and Leicestershire](#)

Produce a Pharmaceutical Needs Assessment (PNA) for Leicester

The **Pharmaceutical Needs Assessment (PNA)** is used to understand the current and future pharmaceutical needs of people in Leicester, and whether they are being met by the community pharmacies. This information is used to help to make decisions about the planning and commissioning of pharmaceutical services and new pharmacy applications made to NHS England and NHS Improvement. It is a statutory requirement to complete a PNA every three years to assess the demography of the area and needs of different localities, sufficient choice of pharmaceutical services; surrounding areas, and future need.

The current PNA was published on 1st October 2025 and the progress of the work was overseen by the Health and Wellbeing Board. [Pharmaceutical Needs Assessment \(PNA\)](#)

Agree the Better Care Fund (BCF) submissions.

The **Better Care Fund (BCF)** is a programme which supports partners across the local system to deliver the integration of health and social care in a way that supports person-centred care, sustainability, and better outcomes for people and carers. It allows the NHS and Local Authority to pool funding to spend in ways which join up care more effectively. The BCF supports a range of services and schemes that contribute to the overarching vision of the Health and Wellbeing Board and the strategic priorities set out in the Leicester Health, Care and Wellbeing Strategy and Delivery Plan. There is a well-established **place-based** infrastructure which supports the preparation and execution of the BCF plan. The Health and Wellbeing Board has a responsibility to approve the BCF submission to NHS England; the Leicester Integrated Health and Care Group has delegated authority from Leicester City Health and Wellbeing Board to develop BCF strategy and to sign off BCF plans, pending HWB sign-off; A BCF working group meets monthly to oversee operational delivery of BCF services and recommends any commissioning required to meet its objectives.

The BCF pooled budget for the period from April 2024 – March 2025 was £60,758,831, including the Improved BCF element (to support Local Authorities) and the Disabled Facilities Grant, which are received from central government via the BCF.

A substantial proportion of the BCF is used to support core health and care services, so that they are effective in enabling joint working on the national BCF priorities of reducing the use of acute care, reducing the use of residential and nursing care and improving people's independence.

The impact of this funding can be seen in the BCF metrics but more widely in the system resilience we have for services that support acute care flow (admission avoidance and discharge) and integrated community services.

In addition to supporting core social care, community health, therapy and adaptations activity, the BCF supports a number of local voluntary and community sector organisations that deliver early (preventative) support.

The Leicester BCF was a 2-year plan created in April 2023 and refreshed in April 2024 in accordance with national conditions and guidelines.

BCF in action – 2024/5 highlights

Integrated Crisis Response Service

ICRS is a long-established BCF scheme, which continues to deliver rapid community support to people, avoiding admissions to hospital or to statutory care services. Over 6,000 people were supported, with 80% requiring no ongoing additional statutory services.

Care Navigators

Care Navigators have been a funded BCF project for over 10 years. They work holistically within a primary care setting, supporting people with issues as diverse as cold housing, loneliness, financial difficulties and mobility within the home.

Leicester Mammals

Leicester Mammals receives a small grant from the BCF. This promotes the delivery of support to pregnant women and those with children under 3 years of age, with additional vulnerabilities. It has been nationally recognised for its innovative approach, building communities of support.

"I love how I can ask any question and it's never shunned or laughed at. The support at Mammals is wonderful"

"The most beautiful thing is I never felt outsider. You made me feel Leicester my home."

Specialist Support and System Resilience

The BCF funds a small number of social care roles, that work with people who have complex needs, including hoarding conditions and substance misuse. Other roles provide additional capacity to meet system pressures including for timely hospital discharge.

Encourage integrated working between health and social care commissioners.

The Health and Wellbeing Board comprises of a multidisciplinary membership which featured health and social care representatives. Commissioners are encouraged to bring items to the

attention of the Health and Wellbeing Board. Mental Health Partnership Board and Learning Disability Programme Board are managed by social care commissioners and both groups are subgroups of the Health and Wellbeing Board. Leicester Integrated Health and Care group is key to commissioning work and operational practice. Information that requires awareness of commissioners or directly relates to the commissioning of projects is also presented in the two Boards to ensure awareness and integration of work across relevant parties.

Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities

The previous Health and Wellbeing Board's January 2023- July 2024 annual report was published describing the progress the Board made through general activity and the specific progress of the strategic delivery plan in that period. The delivery plan featured in the report focused on 6 priorities which were labelled as 'do'. These priorities were considered most pressing at the time:

Due to the changing nature of most pertinent issues in the City the Health and Wellbeing Board agreed to draft a new set of priorities and for the monitoring of these to replace the former monitoring of the six 'Do' priorities. The new priorities for this period were:

- Childhood immunisations
- Hypertension Prevention and Case Finding
- Healthy Weight
- Mental health and wellbeing related to social inclusion, and supportive networks

Quarterly collection of updates and reporting into Health and Wellbeing Board Subgroup- Leicester Integrated Health and Care Group was undertaken. A summary follows on the progress on the four priorities above. As well as an update on the 19 priorities from the Joint Local Health, Care and Wellbeing Strategy (2022-2027). The plan brings together partners from across the health and care systems, as well as the voluntary and community sector, to work collaboratively to address these priorities.

Childhood immunisations

Local childhood vaccination and immunisation delivery is aligned with NHS England Vaccination Strategy and local ICB Immunisation Board priorities, with a focus on reducing inequalities, and improving uptake for the nationally recommended vaccinations and immunisations. Persistent gaps remain in Leicester City compared to Leicestershire and Rutland, requiring continued targeted interventions; to this end, the following initiatives have been adopted over the past 12 months:

- Roving healthcare units deployed to low vaccine uptake areas, to provide opportunistic vaccines to eligible people– 486 administered from 1st April to end Oct.

- Supervaccinators provide flexible support for GP practices by increasing vaccination capacity. Since 1st April, a total of 1,780 vaccinations have been given to 867 patients.
- 3x GP practices located in areas of deprivation, with long waiting lists and low vaccine uptake, are currently receiving comprehensive support from the Child Health Information Service – this involves process reviews, data cleansing, update trackers, training, and relevant resource provision, all tailored to improve vaccine uptake.
- 38x GP practices have adopted One Call GP model to streamline access and call/recall for childhood vaccinations and appointments, and a further 17 are in pipeline to join.
- A dedicated LLR Vaccine Hub provides a one-stop shop for vaccination information (over 22,000 views in 12 months) and flexible access options via a LLR Walk-in Vaccination Finder detailing local walk-in clinics.
- Introduction of NHSE digital consent platform, MAVIS, is having a significant positive effect on vaccine uptake for in-school vaccination and making it easier for parents to respond to each vaccination programme being offered through their child's school.
- Contact has been established with the local Roma community across Leicester City mainly, Gypsy Lane, Beaumont Leys, New Parks, Narborough Road, Oadby, Highfields areas
- The Local Immunisation Street Team (LIST) project ran for three months at the start of the year, which involved local **VCSE** organisations working with their respective communities to increase childhood immunisation coverage and reduce variation in uptake

Hypertension – prevention and case finding

- Hypertension (high blood pressure) is the primary risk factor for deaths and illness related to cardiovascular disease (CVD). It is the most common CVD condition amongst Leicester residents and contributes to the higher-than-average under 75 mortality rate in the city. Hypertension prevention and case-finding is a priority for the Leicester City Health and Wellbeing Board due to the high estimated numbers of the Leicester adult population who may be living with the condition unknowingly. This is because often hypertension has no symptoms, but if left untreated can cause very serious health problems, including heart attack and stroke. Hypertension also contributes to health inequalities in the city as it is more likely to affect people who are already at increased risk of poor health outcomes linked to the wider determinants of health, including deprivation, ethnicity, and lifestyle factors such as smoking.
- Between April 2024 and March 25, approximately 79,000 people across LLR had their blood pressure readings taken in community pharmacy. 33,000 (46%) of these were from City pharmacies. Most of these readings (83%) were opportunistic, the others were booked appointments. Of the total referrals, 13% people were referred on to their GP and community pharmacy identified that 8% of people who had readings had high or 'very high' blood pressure.
- Blood pressure checks form part of NHS Health Checks. In Leicester 11,308 blood pressures were done as part of NHS health checks in the 2024/2025 financial year. Of these over 500 tests led to a hypertension diagnosis or an addition to the hypertension register.

- The roving health unit continues to offer blood pressure tests in addition to the vaccination offer. Community engagement is being undertaken to identify communities where take up of testing is lower.

Healthy Weight

- A pilot brief intervention nutritional training programme was developed by Leicester City Council Public Health and Leicestershire Nutrition and Dietetics Service. The first session in June 2025 had 18 attendees, followed by 12 in September, with quarterly sessions now planned. Feedback has shaped improvements, and participants across varied workforces report increased knowledge and confidence in nutrition.
- Live Well advisors and Active Leicester staff have been trained in pre- and post-pregnancy physical activity, enabling referrals for pregnant women with long-term conditions. Sessions launched at Aylestone Leisure Centre in September 2025 are growing weekly attendance and encourage social connection.
- Live Well walks for mums and babies, restarted in Spring 2025, include themed activities and library engagement. Between August 2024 and August 2025, 64 people took part.
- Work with Inspire Together has strengthened promotion of The Daily Mile in schools. Public Health and Nutrition and Dietetics teams have encouraged peer support among school leads and shared good practice from schools already running the programme. Numbers of schools participating this year are awaited.
- Social care healthy weight work has included pilot training for Care Navigators, Occupational Therapists and Enablement Officers in October 2025, with wider rollout under discussion. A Healthy Living Toolkit for people with learning disabilities launched in June 2025, and training with Quality Compliance managers in September explored how nutritional quality can be embedded in assurance processes.

Mental Health and wellbeing relating to social inclusion

People with mental health problems often face isolation and exclusion from work, community life, and even essential services. This exclusion fuels inequality, which in turn can worsen mental illness.

- Public Health, together with local health organisations, work to build resilience, strengthen wellbeing, and support fuller participation in community life. The approach highlights both protective factors that promote mental health and risks that contribute to illness.
- The Let's Get Together programme provides weekly health walks, attracting around 90 participants each month, alongside smaller sociable strolls with about 15 people. These free activities combine physical exercise with social connection and can be tailored to specific groups to increase inclusivity.
- Warm Welcome has expanded across the city, with all libraries participating in 2024/25 and 33 VCSE organisations funded to open welcoming hubs or provide health and wellbeing support. This has strengthened community engagement, created safe accessible spaces, and empowered local organisations.

- Let's Get Digital supports people with low digital literacy by offering courses in familiar community settings. Since 2023, over 500 people have completed training—82% aged over 51, and 67% new to adult education—helping residents gain confidence and access services online.
- Neighbourhood Mental Health Cafés have welcomed 4,450 visits, including 932 unique visitors. Delivered by nine **VCSE** organisations, the cafés operate 15 sessions per week (57 hours across seven days). Most visitors receive sufficient support and develop plans within sessions, with very few escalating into urgent mental health services.
- Mental Health Friendly Places continues to be rolled out across the city, training staff in community organisations to hold safe, supportive conversations that build resilience to everyday adversity. More than 70 organisations in Leicester have signed up, and the programme has expanded through Mental Health Friendly Clubs launched with the Football Association. The offer has now been rolled out to all grass roots sports clubs with a focus on engaging men. In addition, seminars on men's mental health have been well attended, strengthening awareness and engagement.

The Health, Care and Wellbeing Strategy 2022-2027

The **Health, Care and Wellbeing Strategy 2022-2027** for Leicester was published in 2022, giving recognition to the impact of the COVID pandemic on health and wellbeing across our city and widening health inequalities. The strategy outlines the current and future health, care and wellbeing needs of Leicester's residents and sets out 5 themes with their strategic ambitions (illustrated in figure 2) and 19 fitting key priorities. Alongside the strategy is a detailed delivery action plan which includes the specific actions and activities which are taking place to help us achieve our priorities.

Figure no. 2 Strategic Themed Ambitions

HEALTHY PLACES Making Leicester the healthiest possible environment in which to live & work
HEALTHY START Giving Leicester's children the best start in life.
HEALTHY LIVES Encouraging people to make sustainable and healthy lifestyle choices
HEALTHY MINDS Promoting positive mental health within Leicester across the life course
HEALTHY AGEING Enabling Leicester's residents to age comfortably & confidently

HEALTHY PLACES

Making Leicester the healthiest possible environment in which to live & work

We will improve access to community health and care services

- Bowel Cancer: Increased number of patients diagnosed in Leicester City, with combined treatment including consultations, medication, and interventions rising translating into long-term improved outcomes.
- Weight Management: Referrals to the Weight Management Programme rose by 65%, supported by better coding and early prevention. Recording of BMI among patients with cardiovascular disease or risk factors increased by 4.2% in 2024/25, consistently across age, deprivation, and ethnicity markers.
- Chronic Kidney Disease (CKD): Diagnoses increased by 88% in Leicester City. Most referrals were made via the Lucid programme (run with University Hospitals of Leicester), which aims to shift patients starting haemodialysis from inpatient to outpatient care. In 2024/25, outpatient starts rose by 4%.
- Hypertension: Prevalence grew by 0.4%, adding 2,051 people to GP practice registers. Management reached 70% for patients under 79 and 83% for those aged 80+. By March 2025, 81% of patients with coronary heart disease and 77% of stroke/TIA patients had hypertension managed to appropriate thresholds. Smoking cessation support was offered to 91% of smokers with cardiovascular disease or risk factors.
- Primary Care Workforce: Expanded through social prescribing and the Additional Roles and Reimbursement Scheme, increasing access to non-doctor staff, home visits, and specialist support. Leicester, Leicestershire and Rutland added 30 whole-time equivalent GPs in October 2024, bringing the total to 1,097 GPs.
- WorkWell Programme: Piloted locally to help residents stay in or return to work, linking health with workplace wellbeing.
- Large-scale engagement campaigns promoted trusted health information, with multilingual resources distributed across 58 surgeries.
- GP surgeries across Leicester City delivered 2,361 hours of appointments above their contracted 1,786 hours (132% of target).

- Extended hours offered Monday to Friday (6:30pm-8pm) and Fridays (9am-5pm), with appointments provided by multi-disciplinary teams for long-term condition management, medication reviews, early screening, and prevention.

Creating Mental Health & Dementia friendly communities within Leicester

- The former Dementia Friendly Community has transitioned into the Leicester, Leicestershire and Rutland Dementia Inclusive Network, a strong grassroots partnership providing support and expert feedback on dementia initiatives. The Network has advised on the Admiral Nursing model and supported the implementation of the Dementia 100 Assessment Tool, with updates shared regularly at the Dementia Programme Board. Alongside this, the Alzheimer's Society continues to engage communities across Leicester City through coffee mornings, multilingual resources, and collaborations such as dementia-friendly ambulance practice with EMED, while also supporting the Memory Service with information and resources pre- and post-diagnosis.
- Service innovation has included the launch of the One Stop Memory Assessment Clinic pilot at the Bennion Centre, offering same-day assessment and diagnosis, with a formal review due in October 2025. An Advanced Pathway Pilot is also underway for patients aged 85+ with suspected dementia to improve waiting times and safety. Delivery plans for the Living Well with Dementia Strategy have been finalised by Leicester City Council, supported by highlight reporting from commissioners to capture progress, challenges, and good practice, with oversight provided by the Dementia Programme Board.

Improve the built environment to support people's long-term health and wellbeing

- The Leicester Local Plan, submitted to government and awaiting independent examination, will guide the city's growth to 2036 by allocating development sites, delivering infrastructure, and shaping planning decisions. A key feature is its health and wellbeing policy, requiring major developments to assess their health impact and demonstrate how adverse effects will be mitigated. A template for these assessments is being finalised to ensure developments contribute to reducing health inequalities.
- Complementary work includes the Leicester Streets Design Guide embedding 'Healthy Streets' principles, the defibrillators project, and a libraries and communities needs assessment with a health focus. Public health partners meet regularly with planning colleagues and will provide training on wider determinants and health impact assessments. In collaboration with Housing, a new referral process is being developed to ensure damp and mould investigations can be raised efficiently on behalf of residents, improving support for those unable to make referrals themselves.

Supporting a move towards a carbon neutral city

- An environmental sustainability action plan has been developed within the public health team to embed sustainability more strongly across commissioning, procurement, workforce, policies, and service delivery. This work is being advanced with partners and communities, building on projects such as *Beat the Street*

(promoting active travel) and *Let's Get Resourceful* (reducing energy consumption), while ensuring public health services themselves are delivered in more sustainable ways.

- Alongside this, the Leicester Energy Action fuel poverty programme has had a significant impact over two years: delivering 134 outreach and engagement events, referring 1,857 clients to advice services, providing City & Guilds training to 30 people and webinar training to 146 people, and running school-based sessions with 1,530 pupils. These achievements demonstrate how environmental sustainability and public health outcomes are being aligned to reduce inequalities across the city.

Healthy Start

Strategic ambition: To give Leicester's children the best start in life

Mitigate against the impact of poverty on children and young people

- Launched the Perinatal Mental Health Peer Support Programme, delivered by trained workers with lived experience of perinatal mental illness and recovery. The programme provides advocacy and tailored 1:1 or group support to women and birthing people experiencing moderate to severe conditions, promoting hope, control, and opportunity.
- Embedded two Peer Support Workers within the Perinatal Mental Health (PMH) and Maternal Mental Health Services (MMHS), supported through management and peer supervision and integrated into the trust's wider peer support services.
- Parents and families at greatest need with babies in neonatal services across LLR, are offered the opportunity to take part in the training and education programme called STORK (Supportive Training Offering Knowledge and Reassurance). The aim is to expand this to all parent groups. The programme can be delivered in person or via an online app, covering topics including recognising signs of illness in babies, safe sleeping, and how to reduce the risk of sudden infant death. Other topics include healthy lifestyles, smoking cessation, coping with a crying baby, perinatal mental health support and breastfeeding support. There are also practical sessions on basic life support and responding to a choking baby. This programme links into multiple resources e.g. Lullaby Trust, healthy lifestyles, perinatal mental health services ICON and many others.
- Implemented the Healthy Pregnancy, Birth and Babies Strategic Approach across Leicester, Leicestershire and Rutland to reduce infant mortality, focusing on smoking and smokefree homes, healthy weight in pregnancy, and safe sleep. The multi-agency action plan provides leadership, accountability, and partnership working to tackle health inequalities and improve outcomes for babies and families
- Established Family Hubs across Leicester City and County, delivering more efficient maternity services through 32 weekly clinics at 8 locations, offering antenatal and

postnatal care, Glucose Tolerance Test clinics, and infant feeding sessions, with 9–21 attendees per session.

- Delivered the Blossom and Bloom project as part of the 1001 Critical Days offer in Leicester, funded through ICB Health Inequalities investment. The programme supports vulnerable and single parents post-COVID, building skills and confidence to give children the best start in life, with services designed to be compassionate, inclusive, and accessible.
- Provided personalised one-to-one and group support, activity sessions, and signposting through trusted community relationships. Blossom and Bloom has successfully engaged parents who do not usually access services, reducing health inequalities by improving mental and physical wellbeing and strengthening parent-baby relationships.
- Supported vulnerable new parents in Leicester through Baby Basics, the second busiest branch in England, providing essential baby equipment to around 300 families annually. Public Health funding ensures home deliveries, addressing high levels of deprivation and reducing health inequalities in a city where 40,000 children live in poverty and infant mortality rates exceed the national average.

Give every child the best start in life by focusing on the critical 1001 first days of life

- Recommissioned Leicester Partnership Trust to deliver the 0–19 Healthy Child Programme through to 2030, with strong national performance, a high-activity Healthy Together helpline, and £870k secured for the Best Start for Life pilot to support families during the first 1,001 critical days and reduce health inequalities.

Making sure children are able to play and learn

- The Local Authority ensures sufficient education places across early years, schools, and colleges, working closely with providers to respond to changing demand. While declining birth rates have eased some pressures, recent migration trends and government extensions to early years and wraparound care entitlements are driving significant expansion in provision.
- School Improvement teams work with schools to maintain high-quality education, supported by services that promote inclusion and reduce inequalities. The Education Welfare Service supports attendance and reintegration for children missing education, Early Years teams encourage uptake among vulnerable families, and Connexions helps post-16 students transition into employment or training. SEND Services deliver timely EHCPs and strengthen school capacity through training, while the Virtual School provides academic support and enrichment for Looked After and Previously Looked After children, ensuring they benefit from cultural opportunities and improved outcomes.

Empowering health self-care in families with young children

Awaiting update.

Healthy Lives

Strategic Objective: To encourage people to make sustainable and healthy lifestyle choices

Increasing early detection of heart and lung disease and cancer in adults

- Planning for lung cancer screening in Leicester City is well underway, with the first screenings for eligible individuals aged 55–74 who have ever smoked due to begin in March/April 2026. Delivery will be phased over four years, prioritising areas based on deprivation, cancer registrations, and operational needs, while managing impacts on primary care and hospitals. Screening will be community-based using mobile health vehicles and scanners at recognisable venues to maximise uptake and reduce health inequalities. A communication and engagement plan is in place, sites have been explored, and for the first two years an outsourced provider will deliver the service end-to-end. Oversight will be provided by a local clinical governance and quality assurance team in line with national protocols.
- Use of the faecal immunochemical test (FIT) to support lower gastrointestinal cancer referrals has exceeded national expectations, with 84.6% of urgent referrals in Leicester accompanied by a FIT result within 21 days (above the 80% target). A City Primary Care Network piloted direct provision of FIT kits to patients, involving around 600 people, with positive feedback from surgeries. Following the pilot, the FIT contract across Leicester, Leicestershire and Rutland was revised in April 2025, enabling patients to receive results within 3 days of sample submission, compared to up to two weeks previously, significantly improving timeliness and reducing delays in diagnosis.
- Began delivery of the World Health Organization target to eliminate cervical cancer by 2040, creating a local elimination strategy and delivery plan. Work includes increasing HPV vaccination and cervical screening uptake, producing accessible videos for patients with learning disabilities and the wider public, and establishing project groups to drive progress. Engagement support through Appt Health is boosting appointment attendance, while mobile cervical screening is being expanded to reach underserved groups including the travelling community, asylum seekers, and homeless populations.
- Hypertension prevalence in Leicester rose to 58,000 recorded patients in 2024/25, with 71% treated to national guidance. By March 2025, blood pressure was managed to appropriate thresholds for 81% of patients with coronary heart disease and 77% of those with stroke/TIA, reducing risks of further complications.

Promoting Independent Living for People with Long Term Conditions

- In relation to pursuing alternative accommodation for people who are older, LCC will be working with a consultancy, appointed through a targeted quotation exercise. This commission will test and validate our demand forecasts which include the demand

older people. A key component of the commission will support our delivery of more traditional extra care in the city, assessing suitable site options and undertaking market engagement with registered housing providers to ensure we deliver on our commitments within our ten-year plan for extra care and supported living.

Reducing Levels of unhealthy weight across all ages.

- The Whole System Approach to Healthy Weight continues to work towards creating a system that supports healthy weight in Leicester. A detailed action plan supports the approach and is divided into three themes: focusing on building a stronger system; changing environments to increase opportunity; and empowering workforces and communities. 15 actions spread across these three themes are in place across the next three years to contribute to reducing excess weight. Priority groups of those living in deprivation, with disability, children and families, and pregnant women with excess weight are identified within the action plan as a focus.
- A variety of services exist that are already contributing to promoting a healthy weight across Leicester; the approach aims to build on these and use existing assets and services in a way that is more powerful to reducing excess weight. Existing services and themes already contributing to promoting healthy weight/living include but are not limited to: Live Well Leicester, Healthy Conversation Skills, United Leicester and Active Leicester. The approach as a whole aims to create a system that enables at least 40% of our adult population and at least 70% of the year 6 age group population to live at a healthy weight by 2034.
- In 2024/25, the work of the Whole System Approach to Healthy Weight has continued to work to change the system to improve rates of healthy weight within Leicester. Year 2 of the action plan has started after good progress on the actions assigned to year 1. This includes working collectively with Family Hubs, Leicester Mamas and Heads Up to run test and learn Health, Exercise, Nutrition for the Really Young sessions which support families. Leicestershire Nutrition and Dietetics Service started their work to support schools to adopt a whole school approach to food. Reviews of existing contracts within social care and public health has taken place to identify areas where future contracts can be amended to work to promote better nutrition and physical activity inclusion.

Improving support for carers

- Delivered a wide range of regular support opportunities for carers across Leicester, including three weekly Carer's Cafés in the city, a Parent Carer Support Group for families of children under 25 (every three weeks), and a monthly neurodiversity peer support group for carers of people with autism, ADHD and other neuro-diverse conditions.
- Expanded access through two weekly online Carer's Cafés (including an evening session) and community wellbeing activities such as a weekly Park Run/Walk and Talk every Saturday, helping carers connect, share experiences, and maintain their own health and wellbeing.
- A hospital discharge grant for carers helps them to support the person they care for with help such as moving furniture, cleaning and carer's loss of income due to time off work.

- A working group has been established to identify short break opportunities for carers supporting people with profound and multiple learning disabilities. The group meets monthly with representation from key partners, providers, and people who draw on support, ensuring a co-production approach.
- Work is underway to develop a citywide 'menu' of short break options to prevent carer breakdown and provide flexible support across all areas, shaped by lived experience and partner input.

Healthy Minds

Promoting positive mental health within Leicester across the life course

Increasing access for children and young people to Mental Health and emotional wellbeing services

- Implementation of a Community Participation Lead within CAMHS - This role includes Identifying disparities in access to mental health and community services, particularly for vulnerable populations. Focusing on access to mental health services and community support and addressing inequalities. Working collaboratively with healthcare providers, local authorities, and community organisations in tackling the wider determinants of health.
- Community Chill Out Zones (CCOZ) from The Relationship's Centre - Focused work with the African Heritage Alliance in progressing their youth agenda. They have been delivering their mental health and emotional wellbeing workshops to C&YP at the African Heritage's school holiday events (half terms and summer holidays) and at the African Caribbean Carnival. This is helping to improve access to C&YP who haven't previously been accessing services.
- Community Chill Out Zones (CCOZ) delivering workshops focused in areas of health inequality within the City. Their workshops are a preventative approach helping C&YP build resilience and coping strategies.
- Improving Access to C&YP's Mental Health meetings - we have begun work on how we can get a true baseline of our health inequalities. In the process of developing a standardised demographic template for providers to use within their services. This is being co-produced with C&YP for the questions and tips for professionals in how to ask these questions. This data will be reported back via our CYP highlight report. It will allow us to get a true picture of our health inequalities which will help us identify areas for improvement which we can then work with providers to implement specific work in those areas. Over a longer period having this data will then help us measure improvements.
- Youth workers - Now supporting our work with C&YP in the community. This is a multifaceted role in supporting young people, focusing on their social, emotional, and developmental well-being. Their responsibilities encompass building supportive relationships, providing guidance, and facilitating access to local resources to

enhance their connection to their community. They act as mentors, advocates, and facilitators, empowering young people to reach their full potential.

- Implementation of a CYP Mental Health Matron in the Emergency Dept and Children's Hospital. Developed links with community LPT (CAMHS) and UHL: supporting UHL staff- access to guidance and resources, providing valuable training to staff, face to face individual clinical assessments and involvement with complex cases of C&YP who present within UHL. This will help improve the knowledge and skills of staff as well as improving the experience for C&YP who present to both the Emergency Dept and Children's Hospital.

Improving access to Primary and neighbourhood level Mental Health Services for adults

- Over 1,600 practitioners across secondary care, local authorities and voluntary organisations have now completed Decider Skills training. These skills are being applied in neighbourhood mental health cafés and other community settings, supported by the introduction of a Practice Development Nurse to help embed the training into everyday practice.
- Awareness roadshows have continued in key locations across the city, including Hamilton Library, Belgrave Neighbourhood Centre, Aylestone Leisure Centre and Stocking Farm Community Shop. Delivered in partnership with GP practices, Primary Care Networks and initiatives such as Leading Better Lives, these events have strengthened local engagement and visibility.
- Work to tackle health inequalities is progressing through several targeted projects. One is exploring barriers to psychological support in diverse communities, working with three voluntary organisations representing Black, Asian and Minority Ethnic groups. Another multi-agency project is addressing Mental Health Act detentions within the Black community, aiming to improve the experience of assessments, increase advocacy and raise awareness. Efforts are also underway to reduce missed appointments among homeless individuals in secondary care community mental health services, with Inclusion Healthcare and LPT teams adapting communication methods and appointment arrangements. In addition, a partnership with Leicester City South PCN and LPT is increasing access to health support for young people in the Saffron and Eyres Monsell area, with GPs and practice staff working alongside neighbourhood leads to create more opportunities for young people to receive care in local practices.

Reducing social isolation in older people and adults

- Work to increase social inclusion in the city is delivered through a combination of commissioned services and collaborative programmes. The commissioned services are Let's Get Active and Let's Get Growing. Let's Get Active offers free, weekly physical activity sessions at locations across the city. Let's Get Growing offers courses and workshops covering different aspects of food growing, and support community-based food projects in the city, including at libraries and community centres. Let's Get Digital, offers tutor led accessible, adaptable short sessions to increase digital inclusion at a range of locations across the city. In addition, the Let's Get Together programme offers a variety of activities in libraries and community

centres, including chatty tables, health walks, sociable strolls, arts and crafts and growing activity.

Work towards having no deaths by suicide in the city

- Between 2021 and 2023, 108 people in Leicester died by suicide, equating to a rate of 11.1 per 100,000, which is not significantly different from the England average. Each death has a devastating impact on families, friends, and communities, and the local ambition is to work towards zero suicides by making suicide prevention everyone's responsibility. This is being achieved by empowering, educating, and equipping individuals and organisations to raise awareness and take action.
- A renewed suicide prevention strategy for Leicester, Leicestershire and Rutland (LLR) is now in place, owned by the Suicide Audit and Prevention Group (SAPG). It sets out priorities including support for children and young people at risk, targeted interventions for high-risk groups and locations, improved understanding of self-harm, effective bereavement support, and stronger collaboration with partners and communities. Real Time Suspected Suicide Surveillance (RTSSS), collected by Leicestershire Police, underpins this work by providing early information about suspected suicides so that services and community partners can respond quickly to those affected.
- Preventative action is also being strengthened through initiatives such as Mental Health Friendly Places (MHFPs) [Mental Health Friendly Places | Start a Conversation](#). These organisations, located across Leicester in areas of greatest need, have signed up to challenge stigma, support people facing adversity, and access free training. MHFPs are part of wider efforts to promote wellbeing, including responses to local flood risk and tackling food and fuel poverty. Additional training has been delivered this year, including webinars on men's mental health, and further initiatives are planned. A conference on supporting men will take place in November 2025, alongside the development of Mental Health Friendly Clubs, where local football and sporting clubs will be engaged to create safe spaces for men to talk about their mental wellbeing.

Healthy Ageing

Strategic Ambition: To enable the people of Leicester to age comfortably and confidently.

We will enable Leicester's residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty.

- We have supported the commissioning of services that provide alternatives to residential care, resulting in 249 new admissions to residential and nursing care in 2024/25 — a 9.5% reduction compared to the previous year. Of these, 39 were aged 18–64 (+8.3%) and 210 were aged 65+ (-12.1%). This figure includes 23 self-funders

whose resources depleted, leading Adult Social Care to assume costs. Alongside this, community day opportunities launched in April 2023 with 16 organisations, supporting around 360 people (41% over 65, 59% working age adults).

- The revised Carers Support Service went live in July 2025, building on support for over 2,500 carers and now reaching 1,360 registered carers, with outreach continuing to engage younger carers and those not receiving commissioned support. Dementia services worked with 2,257 families in 2024/25 (97% contacted within two weeks of referral), slightly below target but continuing to provide vital community support. Our domiciliary care model remains strong, with 91.7% of contracted providers rated good or outstanding by the Care Quality Commission at year-end, and new contracts due to commence in 2026.
- Pathway 1, delivered through the Reablement Provider Service and supported by the Integrated Crisis Response Service, now assists around 130 people each month including those needing double-handed care; outcomes remain strong with 93% still at home after 91 days and 56% requiring no formal support, strengthened further by daily multi-disciplinary input from community health partners integrating therapy, nursing, care technology and OT equipment.

Reducing the number of falls for people aged 65+ & promoting independent living so that older people can live in their own home and communities.

- The Integrated Crisis Response Service (ICRS) supports around 500 people each month, preventing unnecessary hospital admissions and aiding discharges. In the past year it responded to 1,808 falls: 1,641 required no further action beyond assessment and equipment or referrals, 150 led to hospital admission with paramedic liaison, and 17 resulted in new or increased support packages.
- Care Technology and the LeicesterCare alarm monitoring service play a major role in falls prevention and detection. LeicesterCare responded to 2,142 falls, most within one hour via ICRS, with others supported by local responders or paramedics. Over the year, 736 items of care technology (e.g. lighting, sensors, fall detectors, medication aids) and 988 help buttons were provided to reduce risks and enable rapid assistance.

3 Core 20PLUS approach

Core20PLUS¹ is the NHS framework for reducing healthcare inequalities by targeting services and support to those most at risk of experiencing healthcare inequalities. The Core20 refers to the 20% most deprived areas within a locality. '5' relates to five clinical areas which are linked to greater **health inequalities**. These are: Maternity; Severe mental illness (SMI); Chronic respiratory disease; Early cancer diagnosis; Hypertension case-finding and optimal management, and lipid optimal management. PLUS refers to groups identified locally as experiencing the poorest access, experience and outcomes with health and care services, regardless of their deprivation status or clinical needs.

In Leicester, the 'PLUS' groups which have been identified for initial focus are people experiencing homelessness, people with a learning disability, and people with severe mental illness. This is because these are the groups which are identified as having the lowest life expectancy, and poorer than average access to, and experience of, health and care services, and there is a clear need to address these issues. Across the health, care and wellbeing delivery plan, additional consideration is being given to how the unique needs of the identified plus groups can be considered and met to ensure that any activity is delivered adopting a proportionate universalism approach. The PLUS groups and the progress for these groups will be reviewed periodically.

During a development session this year, the future of our approach to providing additional attention to the PLUS groups was discussed. The PLUS groups will be highlighted in our future monitoring plan to ensure that each workstream is prompted to highlight any additional work that is being undertaken to support people in these groups. An additional inclusion of 'people with care experience' as a PLUS group to focus on in the city is being proposed. This is due to poor health outcomes experienced by the group and the importance of considering this when providing health interventions.

4 Community Engagement

Engagement with local communities is one of the core functions of the Health and Wellbeing Board, and there has been a range of communication and engagement activity over the period covered by this report, including:

Community Wellbeing Champions

The Community Wellbeing Champions (CWC) project was set up by Public Health in 2021 to help improve their reach into communities, especially underheard and underserved groups that experience poorer health access and outcomes. This is done by working with the CWC Network, a collective of VCSE and other local organisations and individuals that promote and support people's physical and mental health and wellbeing at a community level, and through direct engagement with residents themselves at public events. As well as reaching out with health messages and services, the project aims to gain quality insight through engagement with communities into the needs of different groups and the barriers they face in having those needs met, and to use this insight to inform how messages and services are shaped and delivered.

¹ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

Whilst initially developed in response to the Covid-19 pandemic, the CWC project works across the health inequality agenda as a whole and supports communication, information-sharing, networking, and collaboration across sectors and organisations for greater collective impact on strategic priorities and health inequalities in Leicester. In the past year, this included holding a network conference on children and young people's health and wellbeing (held December 2024) and twelve online monthly network forums covering more than 40 topics. The Public Health Community Engagement Grants Programme (see case study) was also delivered largely through the network and the Public Health Community Internships project, developed based on feedback from Champions, was successfully piloted in 2025.

Case study

The Public Health Community Engagement Grants (PHCEG) Programme provided VCSE organisations in Leicester with grants up to £2,000 each to deliver engagement events and activities tailored to the health and wellbeing needs of their communities. The programme was developed based on a need highlighted by CWC Network members for flexible funding pots that were relatively easy to access and administer, especially for smaller organisations. The programme had a total budget of £60,000 and funded 31 projects across the city, including health events and workshops, warm spaces, support sessions, social events, and training and development. Mental health and social isolation were common themes across most projects; other health needs addressed included substance use, vaccinations and screening, and long-term conditions. Around half of the projects were open to all, while half targeted particular communities or priority groups. Similarly, half of the projects had a broad citywide coverage, while half focused on specific areas. The end of project reports showed there were at least 5,000 direct engagements with members of the public across the programme.

Healthwatch

Healthwatch Leicester and Leicestershire

The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services. Healthwatch promotes improvements in health and social care services improving outcomes for local people by ensuring services are designed around the needs and experiences of local people.

To deliver statutory obligations Healthwatch maintains links with statutory partners, the Voluntary, Community and Social Enterprise sector, other neighbouring Healthwatch's, ensuring all intelligence is both independent and shaped by extensive public engagement.

Health and Wellbeing Boards have a statutory requirement to include Healthwatch in the membership, providing a unique opportunity for Healthwatch to ensure that the views of local people are built into the statutory functions carried out by the Health and Wellbeing Board.

During 2024/25:

- a. 10434 people engaged sharing their experiences of health and social care services over the past year helping to highlight what still needs to improve.
- b. 9259 people came to us for advice, information and signposting on local services on a range of topics. This included support with GP appointments, dental care, social care

and support for long-term conditions. 464 of those individuals were directly supported through the signposting helpline.

- c. 24 reports were published about the improvements people would like to see to health and social care services.
- d. 20 Enter and View visits were conducted with recommendations for providers to respond including Care Homes, CAMHS, Gynaecology services, Children's ED Department and GP Practices.
- e. 18 #SpeakUp events were hosted to gather topic based public feedback across the City and County

Case Study: Families Living in Temporary Accommodation in Leicester

In March 2025, Healthwatch Leicester and Leicestershire published an insight report on the experiences of families living in temporary accommodation in Leicester. The work, undertaken in partnership with Leicester City Council, aimed to capture families lived experiences and use these insights to inform service improvement.

Healthwatch used its community engagement expertise to reach families directly, combining survey responses with outreach visits to nine hotels in the city. In total, 35 survey responses were gathered, primarily from women of different age groups and ethnic backgrounds. Most households included children under 16 (28 responses), while some also reported young adults (16–24) and older adults (65+). Respondents represented a range of ethnicities and languages including English, Gujarati, Somali and Tamil.

Key findings included:

- **Living conditions:** lack of practical and essential items.
- **Health and Wellbeing:** poor general health due to financial constraints and limited access or understanding of healthcare services.
- **Social isolation:** limited community connections led to feelings of isolation amongst families.
- **Financial strain:** insufficient income to meet needs.
- **Transport:** costs and inadequate public transport options made it difficult to access schools and healthcare.
- **Food insecurity:** families reported skipping meals or eating unbalanced diets due to limited resources.

The report helped Leicester City Council build a clearer picture of the needs and challenges faced by families in temporary accommodation. Recommendations included:

- Improving access and pathways to health and social care services.
- Developing collaborative solutions with the Voluntary, Community and Social Enterprise (VCSE) sector and other stakeholders.
- Supporting families to build social and community connections, reducing isolation and improving access to essential resources.

Impact: Findings were presented at the Families in Temporary Accommodation Summit and shared with the Leicester Homelessness Charter. The work served as a call to action for providers and Leicester City Council to work in partnership to address concerns and develop support resources.

5 Looking Forward

The Health and Wellbeing Board intends to continue working on its primary aim of achieving better health, care and wellbeing outcomes for Leicester's population and a better quality of care for patients and other people using health and social services. The Joint Health Care and Wellbeing Strategy has been pivotal in establishing the business-as-usual priorities of the Board. The strategy will run until 2027.

The 19 priorities listed in the current strategy will be monitored by the Board annually as per this report. Furthermore, the four most pertinent priorities established through development sessions and described in this report will continue to be monitored. A development session has been planned for early 2026 to identify key priorities for remainder of strategy.

The HWB intends to continue partnership working and strengthen community engagement. This is done through maintaining a diverse membership within the Board itself and through also promoting community engagement as well as participation of people with live experience, in the development of services. This is done through the subgroups of the HWB and partners such as Healthwatch and Community Wellbeing Champions.

The Board will continue to adopt a proportionate universalism approach to ensure that fair focus is able to be given to the issues which have the greatest impact on people's ability to remain in good health and wellbeing for as long as possible. The Board will ensure that focus is maintained on both physical and mental wellbeing. To support this, a number of JSNA chapters are either in development or planned outlining key health and wellbeing issues affecting city residents.

Appendix 1: Glossary and links to further information

Anti-Poverty - [Anti-poverty strategy \(leicester.gov.uk\)](https://leicester.gov.uk/anti-poverty-strategy/)

Better Care Fund (BCF) – Supports local systems to deliver the integration of health and social care through collaborating with the Department of Health, Ministry of Housing Communities and Local Government, NHS England and Improvement, and the local government association. [NHS England » Better Care Fund](https://www.nhs.uk/england/better-care-fund/)

Clinical Commissioning Groups (CCG's) – CCG's were clinically-led statutory NHS bodies who held responsibility for planning and commissioning of healthcare services in their local area. They were replaced by Integrated Care Systems in July 2022.

Core20PLUS5 – [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](https://www.nhs.uk/england/core20plus5/)

Development sessions (of the Health and Wellbeing Board) – Development sessions are opportunities for members of the Health and Wellbeing Board and, where appropriate, wider

partners to come together to consider an issue in detail before bringing to a formal board meeting. They are not held in public.

Do, sponsor, watch – An approach to addressing the priorities set out in the Joint Local Health and Wellbeing Strategy which recognises that the same level of resource and effort cannot be focussed on all 19 priorities simultaneously. This approach gives more intensive focus on a small number of ‘Do’ priorities (those agreed by the Health and Wellbeing Board as the most important to progress in initial years), whilst ensuring some level of focus on *all* priorities identified, with opportunity for any risk to progress of ‘sponsor’ and ‘watch’ priorities to be escalated through reporting to place-based groups.

Equity – this means “fairness” – in health and wellbeing it means that in order to achieve good outcomes for everyone recognising that not everyone is starting from the same place, and that adjustments need to be made to ensure that everyone can achieve their full potential for good health and wellbeing. We sometimes use the term **health equity**, which means the absence of unfair, avoidable, or remediable differences in health among population groups defined socially, economically, demographically, or geographically.

Fuel Poverty – a household is considered to be experiencing fuel poverty when they spend 10% or more of their income on energy. More information can be found at [What is fuel poverty? - National Energy Action \(NEA\)](#)

Health and Social Care Act 2012 – The Health and Social Care Act 2012 introduced a number of reforms to the NHS including the establishment of Health and Wellbeing Boards to bring together partners from across health and social care services to plan how to meet the health and care needs of their local populations.

Health and Wellbeing Board meetings – [Health and Wellbeing Board \(leicester.gov.uk\)](#)

Health inequalities – health inequalities are the unfair, avoidable and systematic differences in health and wellbeing between different populations or groups.

Healthwatch Leicester and Healthwatch Leicestershire - An independent watchdog which aims to make local health and social care services better for people by ensuring that their views and experiences are considered by those entrusted to design and run services. It is independent of the CQC/ NHS and is ran by and for local people. They have a statutory place on local Health and Wellbeing Boards and have the authority to enter and view health and social care services using their trained volunteers. [HealthwatchLL - Healthwatch LL](#)

Integrated Care Systems (ICS's) – Integrated Care Systems were established in 2022. They are Partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners. They collectively plan health and care services to meet the needs of their population. In the LLR region this is currently a system partnership between the three statutory organisations with their respective legislative roles. More information about how ICS's are structured and operate can be found at [NHS England » What are integrated care systems?](#)

Joint Local Health and Wellbeing Strategy (JLHWS)– [Leicester's Care, Health and Wellbeing Strategy 2022-2027](#)

Joint Strategic Needs Assessment/Joint Specific Needs Assessment (JSNA/JSpNA) – Analyse the health needs of populations. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. [Joint Strategic Needs Assessment \(leicester.gov.uk\)](#)

Learning Disability Partnership Board (LDPB) - [Learning Disability Partnership Board \(leicester.gov.uk\)](#)

Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25 - [Mental Health BOOKLET8a \(leicester.gov.uk\)](#)

Meetings held in public – these are meetings which members of the public are able to attend and observe. Members of the public are not permitted to join in any discussions at Health and Wellbeing Board meetings but are allowed to submit questions in advance of the meeting in line with statutory guidance, which will be asked and discussed during the meeting.

Person-centred care – this means making sure care is focussed on the needs of the individual.

Place-based/Place/System (and neighbourhood) – System, Place and Neighbourhood refer to geographical areas. **System** covers populations of around 500,000 – 3 million. In this report System means Leicester, Leicestershire and Rutland. **Place** covers populations of around 250,000-500,000. In this report, Place means Leicester city). **Neighbourhoods** cover smaller populations of around 30,000 to 50,000 people. In this report **Place-based** means thinking about the local need for Leicester. **Place-based** partnerships bring together a broad range of partners including local government, NHS providers, voluntary/community sector organisations, social care providers and others in order to integrate the planning and delivery of services

through a multi-agency approach and address the social, economic and wider health needs of their population.

Pharmaceutical Needs Assessment (PNA) – A legal requirement for Health and Wellbeing Boards to produce every three years. It is a statement of needs from pharmacy services in the local area and is designed to ensure provision of local pharmaceutical services is effective for the needs of the local population. It can be used to direct commissioning decisions by CCGs and help NHS England in regulating new and existing pharmaceutical practice. [Pharmaceutical Needs Assessment \(PNA\) \(leicester.gov.uk\)](https://www.leicester.gov.uk/pharmaceutical-needs-assessment/)

Voluntary, community and social enterprises (VCSE)- This is a sector that is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes. VCSE groups and organisations differ in their size, what services they deliver and include groups such as: community groups, faith organisations, registered charities and grass roots-based sports clubs and groups.

Appendix 2 Full list of Health and Wellbeing Board meetings since September 2024

Date	Agenda Item	Description
26 Sept 2024	Better Care Fund 2024–25 planning	The Board reviewed and approved the national Better Care Fund plan, which sets out how partners will work together to prevent unnecessary hospital admissions, support people to remain at home, and strengthen collaboration with the voluntary and community sector. Members highlighted the strong track record of delivery and endorsed the continuation of integrated approaches.
26 Sept 2024	Mental Health Programme Board update	Updates were shared on the Better Mental Health network, including voluntary sector involvement and advocacy groups such as Loudspeaker. Concerns were raised about gaps in perinatal mental health provision, challenges around supported living, and confusion regarding the “Joy app.” The Board agreed to revisit these issues within six months.
26 Sept 2024	Healthwatch Leicester & Leicestershire Annual Report	Healthwatch reported engaging over 8,000 people in 2023–24. Feedback highlighted difficulties in GP access, NHS dentistry, and young people’s mental health. Priorities for 2024–25 include children’s emergency services, eye care, and supported living for the deaf community. The Board noted the importance of this intelligence for shaping local services.
26 Sept 2024	Prevention & Health Inequalities Steering Group	Outcomes from an August 2024 workshop were presented, identifying priority areas such as healthy weight, healthy weight in children, and targeted health checks. Task and finish groups will be established to deliver visible results and ensure accountability.
26 Sept 2024	Health and Wellbeing Board	Detailed logic models were presented for four priority areas: childhood immunisations, healthy weight, hypertension prevention and case finding, and mental health/social inclusion.

Date	Agenda Item	Description
	Priority Logic Models	Each model set out actions, outcomes, and measures to track progress.
19 Dec 2024	Dear Albert presentation	Dear Albert, a lived experience recovery organisation, described its approach to community rehab and harm reduction. All staff and volunteers have personal experience of addiction, creating a non-judgemental environment. Over 1,000 people attended in the first quarter, with digital support extending reach. The Board praised its ethos of belonging and visibility of recovery.
19 Dec 2024	Changing Futures Programme update	The programme has supported 162 people facing multiple disadvantages, including substance misuse, homelessness, and mental health conditions. Currently, 36 individuals receive intensive support from a multi-disciplinary team. Outcomes include 87% successful support, improved accommodation, and reduced emergency department admissions and ambulance call-outs, saving significant system costs. Partnership working with Dear Albert and Turning Point was highlighted as central to success.
19 Dec 2024	Workwell Programme	The LLR WorkWell Programme, a joint DWP and DHSC pilot, will launch in early 2025 to support people with health conditions or disabilities in returning to and thriving at work. It offers tailored coaching, links to local services, and employer support, with most PCNs onboarded and governance in place.
19 Dec 2024	LeDeR Overview and Ask	The LeDeR Programme update highlighted actions to reduce avoidable mortality and improve access to mainstream health services for people with Learning Disabilities and Autism. Key priorities included better use of reviews, accurate registers, earlier screenings, and addressing health inequalities, with training and system changes underway to improve outcomes.
19 Dec 2024	Healthy weight	The Healthy Weight programme update reviewed the logic model and KPIs, highlighting work with children, schools, pregnancy and post-pregnancy support, staff training, and community initiatives. Focus areas included increasing physical activity, improving referrals, and addressing wider factors such as poverty and mental health, with a workshop planned and materials to be shared with schools.
6 Mar 2025	Suicide Prevention Strategy	Leicester recorded 108 suicides between 2021–23, a rate of 11.1 per 100,000, similar to the national average. The renewed strategy prioritises children and young people, middle-aged men, and high-risk groups such as those facing financial hardship or homelessness. Real Time Suspected Suicide Surveillance (RTSSS) data provides early intelligence to enable rapid support for families. The strategy emphasises

Date	Agenda Item	Description
		bereavement support, crisis intervention, and community involvement.
6 Mar 2025	Leicester Health and Wellbeing Survey 2024	A survey of 2,100 residents showed positives such as 80% rating their health as good/very good, reduced smoking rates, and strong use of parks and green spaces. Challenges included rising food and energy insecurity, difficulties accessing NHS dentists and GP appointments, risky alcohol consumption in 1 in 7 adults, and loneliness affecting around 16,000 people.
6 Mar 2025	The Young Voices Consultation	The Young Voices Consultation engaged over 3,000 participants across LLR to capture the health and wellbeing needs of children and young people aged 11–25, their families, and healthcare staff. Findings showed generally positive experiences but highlighted concerns around mental health, care transitions, and access to support. Next steps include developing an engagement strategy, improving communication, co-designing services with young people, and strengthening referral pathways to shape future healthcare provision.
6 Mar 2025	Children & Young People's Mental Health Support	CAMHS reported reduced waiting times, with urgent cases seen within 4 weeks and routine cases within 8–9 weeks. VCSE partners such as Relate and First Steps ED provide counselling, eating disorder support, and family interventions. Young people raised concerns about poor transitions to adult services, described as “falling off a cliff.” Work is underway to improve continuity of care.
6 Mar 2025	Integrated Health and Care Group update	The subgroup continues to monitor delivery of the Health and Wellbeing Strategy, focusing on mental health, hypertension, and healthy weight. Concerns were raised about safeguarding and due diligence around the Joy platform, with assurances that these will be addressed at the next meeting.
5 Jun 2025	Better Care Plan 2025/26	The nationally approved Better Care Plan was endorsed, with governance through the Integrated Care Group. The plan sets out priorities for integrated health and social care, aiming to improve outcomes and reduce hospital admissions.
5 Jun 2025	Health Inequalities & Social Prescribing	Leicester City South PCN presented the “3 Conversations” model, a population health approach supporting patients with multimorbidity and those disengaged from GP services. Tailored engagement included simplified letters adapted for local literacy levels. The model focuses on understanding what matters to individuals, supporting people in crisis, and helping them build healthier lives.
5 Jun 2025	Nursing Care Standards (UHL)	UHL outlined actions to improve care quality, particularly in emergency departments under pressure. Compliance with the national four-hour ED standard was around 60%. Challenges included ambulance handover delays, hospital-acquired pressure ulcers, and patient falls. Improvements included new

Date	Agenda Item	Description
		equipment, specialist services, sensor mats, and the LEAF tool to monitor quality across five pillars: safety, efficiency, patient experience, staff experience, and improvement.
5 Jun 2025	Pharmaceutical Needs Assessment 2025	Leicester has 83 pharmacies (2.2 per 10,000 residents), with five operating 100 hours per week. Provision of advanced services varies. The Board approved moving to statutory consultation, with the final version due in October 2025. Key issues include equity of access, digital literacy, and tackling medication waste.
5 Jun 2025	Gambling Harms Needs Assessment	An overview of work undertaken on a Gambling Harms Needs Assessment was presented. Recommendations included developing a local strategy, improving data collection, increasing training and public education, and influencing advertising and licensing. The Board recognised gambling harms as a significant public health issue.



Leicester City Health and Wellbeing Board 1 October 2026

Subject:	Update from the Leicester Integrated Health and Care Group
Presented to the Health and Wellbeing Board by:	Georgia Humby, Integrated Board Lead Officer
Author:	Georgia Humby

EXECUTIVE SUMMARY:

The Leicester Integrated Health & Care Group was established to support the Health & Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'. This summary is intended to provide an overview of the recent work undertaken by the Group to ensure the Health & Wellbeing Board is kept updated and informed.

In response to the evolving health and care landscape, a development workshop has been held by the Group to review its role and priorities. Members reaffirmed the Group's role in supporting delivery of the Health & Wellbeing Board's priorities through system leadership, partnership working, oversight of the Joint Health, Care and Wellbeing Strategy, joint commissioning, neighbourhood development and Better Care Fund governance.

The Group have agreed to strengthen governance and oversight by ensuring closer alignment between strategic priorities, programmes such as Leading Better Lives and neighbourhood delivery, supporting joint commissioning activity across the city with the creation of a commissioning register to identify opportunities and improving oversight of system risks. Population health intelligence, commissioning decisions and service transformation will also be informed through inclusion of the JSNA Programme Board within the wider governance framework.

Following the workshop, the Group has updated its Terms of Reference to reflect its role and strengthen its ability to provide leadership, assurance and coordination on behalf of the Health & Wellbeing Board. The revised Terms of Reference are included at Appendix A for approval.

The Group has also considered the future development of neighbourhood models for health and care. While recognising that wider system changes and local government reorganisation may influence future arrangements, members agreed there remains a need to maintain momentum. Future work will focus on establishing governance arrangements for neighbourhood delivery and developing neighbourhood plans in partnership to meet local priorities and needs.

The recommissioning of the dementia support service has also been discussed and commended by the Group as a positive example of joint commissioning across health and

care partners. Following a review of service performance, population needs, engagement findings, best practice guidance and CQC feedback, the service has been redesigned to improve equity of access and better meet the needs of Leicester's diverse communities. Further information is provided at Appendix B.

The Group has also supported the development of the Leicester Rough Sleeping Partnership Plan, recognising that homelessness and rough sleeping require a coordinated, whole-system response. Members committed to supporting delivery of the plan through strong partnership working across health, housing, social care and wider stakeholders to improve outcomes for vulnerable residents in line with national objectives.

Updates on the Health & Wellbeing Board Delivery Plan have continued to be provided on a cyclical basis to the Group for monitoring performance and identifying opportunities for joint working. The latest updates have included hypertension case finding as well as mental health wellbeing related to social inclusion, and supportive networks – the full updates can be found below at Appendix C.

List of appendices:

Appendix A - Leicester Integrated Health & Care Group Terms of Reference

Appendix B – Dementia Support Service Briefing Note

Appendix C – Delivery Plan Updates

The Leicester Integrated Health and Care Group

Terms of Reference

Introduction

These Terms of Reference set out the membership, remit, responsibilities, and reporting arrangements of the Leicester Integrated Health and Care Group. This Group will ensure alignment and demonstration of the values and behaviours set out between the Leicester, Leicestershire and Rutland and Northampton ICB Cluster (LLR ICB) and Leicester City Council (LCC) and its partner organisations.

It will be responsible for leading a partnership approach to ensuring that people living in Leicester receive the right level of care in the right place and support the development of services that address unwarranted variation, tackle inequalities, and deliver improved health and wellbeing outcomes.

Commitment Statement

By confirming the terms of reference, Members agree to commit to attending the Leicester Integrated Health and Care Group meetings on a monthly basis. If unable to attend, Members will ensure that a designated deputy will attend in place to represent the team/group/organisation and provide feedback on any important discussions or decisions made during the meeting. Members understand the importance of active participation in meetings and will make every effort to fulfil this commitment.

1. Purpose

The Leicester Integrated Health and Care Group is established to support the Health and Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to **'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services.'**

The Group is the principal place-based partnership forum responsible for providing strategic oversight, assurance and system leadership for Leicester's Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment(s), Leading Better Lives Programme and Neighbourhood Health Framework on behalf of the Health and Wellbeing Board. The Group will ensure that these programmes are informed by population need to improve outcomes for Leicester residents by operating as a coherent system to provide a preventative offer and reduce inequalities.

2. Responsibilities

The responsibilities of the Leicester Integrated Health and Care Group, are as follows:

- 2.1. To drive forward the work of the Health and Wellbeing Board, in supporting the implementation of Leicester's Joint Health and Wellbeing

- Strategy (JHWS), as well as any other identified workstreams requested by the Health & Wellbeing Board.
- 2.2. To oversee the delivery and alignment of the Leading Better Lives programme and Neighbourhood Health Framework on behalf of the Health and Wellbeing Board by identifying priorities and collaboration for a coherent preventative model to support people of Leicester in each of the agreed neighbourhoods.
 - 2.3. To facilitate joint commissioning between the LLR ICB and LCC, maximising opportunities for joint working and integration of services and providing strategic co-ordination of commissioning across both organisations.
 - 2.4. To ensure that strategic priorities, commissioning intentions, neighbourhood plans, transformation programmes and joint commissioning activities across partner organisations are aligned, evidence-based and responsive to the current and future needs of Leicester's population using evidence from joint strategic needs assessments.
 - 2.5. To identify and develop opportunities across both adults and children's services in relation to the transformation agenda to improve outcomes for Leicester City specific challenges through partner organisations, boards, and partnerships/collaboratives.
 - 2.6. Recommend to the HWB how the agreed Better Care Fund at Place level should be allocated.
 - 2.7. Offer support, guidance, and challenge to collaboratives/partnerships and system groups on developing an approach on delivering services/programme initiatives for Leicester's population.
 - 2.8. Empower Leicester residents and ensure that their voices are heard and considered through lived experiences, case studies and the Engagement Insights Hub.
 - 2.9. Strengthen community involvement in decision-making processes by harnessing the reach and trust VCSE's have within local communities.
 - 2.10. Drive action on key the priorities and outcomes from the local NHS, Adult Social Care and Public Health through a Leicester City lens.

Key Principles:

- Ensuring that all partner organisations collaborate in order to bring together appropriate joint arrangements for planning and commissioning.
- Ensuring the needs of the population, patients, service users and carers, are central to the Group's work.
- Developing joint commissioning in priority areas where the Group can add value in terms of improved outcomes and promotion of greater efficiencies.
- Approaching the agenda and work of the HWB board in an open and transparent way, ensuring equity is at the heart of decisions made.

The Group will achieve this by:

3. Leicester's JHWS/Delivery Plan

- 3.1. Ensuring the delivery of the Health and Wellbeing Boards Strategy, to include:
 - Identifying the needs and drivers behind the priorities and activities in the HWBS through population health management intelligence,
 - Monitoring delivery and impact of the activity in support of the priorities,
 - Action planning to drive improvement; and
 - Assurance to the Health and Wellbeing Board on delivery of its priorities and activities.
- 3.2. Each Priority area will deliver a review of progress, challenges and 'deep dive' where appropriate.
- 3.3. Identifying, resolving and where necessary escalating barriers and obstacles to delivery.
- 3.4. Ensuring the work of system level partnership/collaboratives are fully aligned to the needs of the Leicester City Place.
- 3.5. Leicester Integrated Health and Care Group will establish time limited Task and Finish groups when appropriate.

4. Strategic and Commissioning

- 4.1. Overseeing the review, development and implementation of any joint strategies and joint strategic needs assessments, between LCC and LLR ICB, including the operational and transformational priorities of the LLR ICB.
- 4.2. Maintaining an overview of the delivery of joint strategies, joint strategic needs assessments and its role of joint commissioning.
- 4.3. To horizon scan for emerging issues such as new policy or legislation, new needs or problems within joint systems, working through an understanding of these and agreeing actions to address them.
- 4.4. To identify opportunities for joint commissioning of services and/or service integration and providing leadership around joint working practice.
- 4.5. Formulating solutions to complex problems faced by both organisations and identifying, assessing and addressing joint risks.

5. Leading Better Lives & Neighbourhoods

- 5.1. To provide strategic oversight and assurance for the delivery of the Leading Better Lives Programme and Neighbourhood Health Framework ensuring both programmes are delivered as a coherent preventative model for the people of Leicester.
- 5.2. Provide leadership and coordination across partners to ensure neighbourhood plans are aligned with agreed strategic priorities, population need and the principles of prevention, early action and reducing inequalities in line with the JHWS, JSNA's and Leading Better Lives programme.

- 5.3. Promote collaboration between statutory services, the voluntary, community and social enterprise sector, local communities and wider partners to build community capacity and improve outcomes and address inequalities for residents in Leicester.
- 5.4. To oversee delivery against agreed outcomes, milestones, performance indicators, risks and benefits associated with the Leading Better Lives Programme and Neighbourhood Health Framework ensuring priorities are shaped by population health intelligence, community insight and Joint Strategic Needs Assessment evidence.
- 5.5. To receive regular reports from programme boards, neighbourhood structures and delivery groups for providing assurance and/or escalate issues requiring system-wide action to the Health and Wellbeing Board.
- 5.6. Champion co-production by ensuring that the voices of residents, communities, carers and people with lived experience inform the design, delivery and evaluation of both the Leading Better Lives programme and neighbourhood approaches.

Better Care Fund (BCF)/Resources

- 5.7. To support development of the Leicester BCF Plan and associated metrics and expenditure plan for approval by the HWB and funding partners, and to lead its effective delivery.
- 5.8. Management of pooled and/or aligned budgets including receiving regular financial and performance reports and ensuring funding and evaluation processes are in place.
- 5.9. Recommending the allocation of resources to enable to meet the delivery and its strategic objectives at Place level.
- 5.10. Clearly identifying financial requirements to ensure any affordability risks are exposed and can be tested for viability, and potential for scalability.
- 5.11. The Group may choose to establish a task and finish group to undertake detailed work if it feels necessary and appropriate for the planning and monitoring of the BCF.

6. Governance

See Appendix 1 for the position of the Leicester Integrated Health and Care Group in wider system and Place governance.

Membership of the Leicester Integrated Health and Care Group

Organisation	Name	Role
Leicester City Council	Laurence Jones / (Co-Chair)	Strategic Director, Social Care and Education
LLR ICB	Yasmin Sidyot (Co-Chair)	Director of Integration (Neighbourhoods & UEC) and Leicester Place Lead

Leicester City Council	Kate Galoppi	Director of Adult Social Care and Commissioning
Leicester City Council	Ruth Lake	Director, Adult Social Care and Safeguarding
Leicester City Council	Damian Elcock	Director Social Care and Early Help
Leicester City Council	Rob Howard	Director of Public Health
Leicester City Council	Katherine Packham	Public Health Consultant
Leicester City Council	Sharon Mann	Programme Manager - Health and Wellbeing Board
Leicester City Council	Georgia Humby	Leicester Integrated Health and Care Group Lead Officer
LLR ICB	Nisha Patel	Head of Integrated Commissioning
LLR ICB	Mayur Patel	Head of Primary Care Commissioning
LLR ICB	Joanna Clinton	Head of Strategy and Planning
LLR Primary Care	TBC	Primary Care Network Lead
ICB	Joanne Ryder	Head of Engagement and Insights
UHL	Simon Pizzey	Associate Director, Strategy and Partnerships
UHL	Muhammed Kathrada	Head of Partnerships
LPT	Vicki Quinn	Head of Business and Transformation
LPT	Abbie Woodhouse	CHS Head of Service
Leicester and Leicestershire Healthwatch	Harsha Kotecha	Chair of Healthwatch Leicester and Leicestershire
VCSE	Hardip Chouhan	Head of Operations & Services, Voluntary Action Leicester (VAL)

Attendance from the system Collaboratives/Partnership will be required as and when it is deemed necessary to present and bring to the meeting the system level plan/model. Priority leads will also be required to attend to brief the Group on updates on a periodic basis.

Members commit to fully participating in the Group by highlighting relevant issues from their sector, taking responsibility for taking the work of the Group back into their organisation and holding each other to account.

Chair

The Chair of the Group will alternate between the Strategic Director, Social Care and Education at Leicester City Council and the Director of Integration (Neighbourhoods and UEC) at the LLR ICB.

Meetings

Meetings will be held monthly via MS Teams. Face-to-face or hybrid meetings, when required, will be held at a mutually convenient venue.

The Leicester Integrated Health and Care Group has a Lead Officer responsible for coordinating reports, managing the action log and risk register and supporting agenda setting with the Chairs to ensure work of the group is aligned and targeted to the purpose and responsibilities outlined above.

Meetings will be administered alternatively in accordance with the relevant chair by either the Social Care & Education Directorate or Integration Directorate.

The agenda and papers will be issued at least 4 working days in advance of the meeting unless there are exceptional circumstances for delayed circulation that must be authorised by the Chair.

Declarations of Interest

Members are required to state for the record any interest relating to any matter to be considered at each meeting. These declarations will be recorded in the minutes and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

Meeting Quoracy and Decisions

Quorate will be Chair or nominated deputy plus:

- One representative from LCC - Social Care & Education
- One representative from LCC – Public Health
- One representative from LLR ICB
- One representative from UHL
- One representative from LPT

Organisations are asked to take responsibility for ensuring attendance from appropriate officers according to the items on the agenda for each meeting. Where a deputy is sent to attend a meeting, they should not be used as a regular replacement to the main member of the Group due to the importance of having the posts listed involved wherever possible.

Where a meeting is inquorate, the Group may continue to discuss matters and take decisions. Any organisation that is not in attendance will be notified of proceedings for ratification but seizes the opportunity to contest decision-making.

It may become necessary for decision-making to occur outside of scheduled meetings virtually via email. However, it is imperative that these are logged and included in minutes for audit purposes.

Accountability and Reporting

The Group will provide a regular update to the HWB at every meeting which will include:

- Reports on performance of health and care programmes, notably the delivery of Leicester's JHWS, Leading Better Lives programme, neighbourhood updates and the BCF.

- An annual report on the use of resources in support of the BCF.
- Reports or updates on specific work commissioned by the HWB, as and when requested.

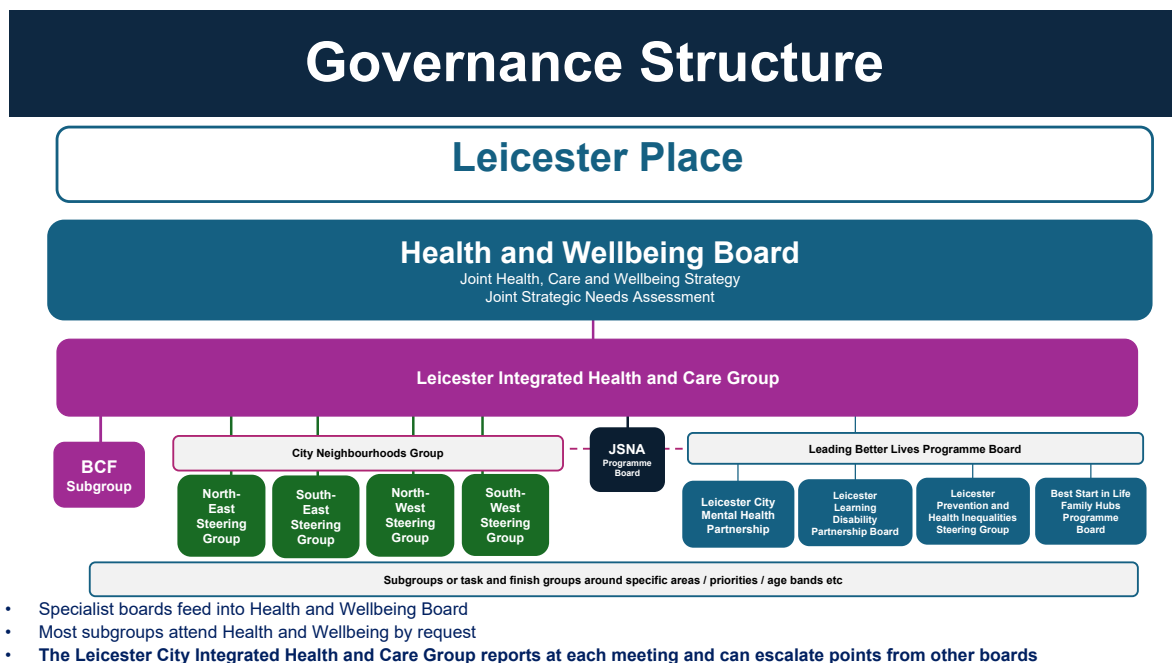
Terms of Reference Review

There will be a review of the scope, conduct, membership and effectiveness of the Group annually unless circumstances require a more frequent review. The Group will be responsible for agreeing any suggested amendments prior to being approved by the HWB.

Date of approval: August 2026

Date of review: August 2027

Appendix 1



Health and Wellbeing Board Briefing Note

Dementia Support Service Recommissioning

Report Author: Nicky Seneschall-Jones, Business Change Commissioning Manager

Purpose - To provide an overview of the work undertaken to commission a redesigned Dementia Support Service (DSS) for Leicester to better meet current and future local needs.

Background

The Dementia Support Service is a non-statutory service jointly funded by Leicester City Council, Leicestershire County Council and the Leicester, Leicestershire and Rutland Integrated Care Board with the aim of supporting people with dementia to maintain their independence. Delivered by Age UK since April 2021, the outgoing service supports people living with dementia, individuals awaiting diagnosis, and their families and carers through:

- information and advice
- personalised support
- social groups
- carer learning

The outgoing service has supported a significant number of residents. During 2025/26, 943 people with dementia and 1,544 carers accessed support, with annual referrals ranging from approximately 2,200 to 2,800, with increasing proportions of these coming from people who are pre-diagnosis (16%)

Drivers for Change

Data Analysis – Analysis of current service activity showed that Leicester City residents were not accessing the service proportionately to the city's demographic profile. Future population projections show an increase in the number of Leicester residents living with dementia, with the city's ageing population also becoming increasingly more diverse.

Research and best Practice - NICE guidance and the Midlands and Lancashire Dementia 100 Toolkit highlighted identified opportunities to strengthen the preventative and therapeutic support offer.

CQC Feedback – This identified the need to improve access to IAG and services for under-represented groups and address language, digital and cultural barriers.

Engagement and Co-production - The redesign was informed by engagement with people living with dementia, carers, professionals and VCSE organisations and included surveys, focus groups, co-production events and targeted discussions with South Asian communities.

Feedback from existing service users consistently emphasised the value of one-to-one support, information and advice, social groups, peer support and carer learning. These elements have therefore been retained in the new model.

Communities not accessing support highlighted a need for greater awareness of dementia, more culturally appropriate services, localised support groups and interventions that help delay cognitive decline. These priorities informed the revised specification.

New Service Model

In line with local need and the requirements of the Procurement Act 2023 to consider Lotting, the new service has been commissioned through separate City and County contracts. Both retain the existing Core Offer while allowing for further targeted place-based delivery.

For Leicester City, the new specification also includes:

- Targeted education and outreach to under-represented communities
- Greater collaboration with local VCSE organisations to broaden the support offer
- Culturally appropriate information, advice and support
- Delivery of Cognitive Stimulation Therapy
- Preventative outreach focused on reducing dementia risk factors

To support these additional requirements, Leicester City have increased their annual contributions from £116,382 to £195,382. The ICB continue to contribute towards both contracts with their original contribution split across the two lots proportionate to dementia population data.

Following procurement, Alzheimer's Society was awarded both contracts for an initial three-year term with potential extensions to 5 years. Although City and County services will be delivered separately to account for local requirements, there will be consistent referral pathways and a single point of entry through a joint phone and email contact, with people triaged to the appropriate local service.

Performance Monitoring

A strengthened performance framework has been introduced, including:

- Monitoring of uptake and outcomes by demographic group and neighbourhood
- Ongoing responsive action where service uptake does not reflect local population needs
- Alignment with wider system measures such as dementia diagnosis rates, avoidable crises, hospital admissions and demand for formal care packages

Delivery Plan Updates:

Date: May 2026

Title of workstream: Hypertension prevention and case finding

Objective: To increase detection of hypertension in Leicester through primary and secondary preventative measures and optimisation of treatment.

- Meds op design group
- City Place monthly meetings
- Long terms conditions partnership board

Reporting Project	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period (please include an explanation for rating)	Outcomes Contributing to RAG Rating
Advanced Pharmacy Meds op design group	• Increase proportion of blood pressure service consultations that are ABPM to 10%	The proportion of blood pressure service consultations that were ABPM has risen through 25-26 reaching 9.5%	EMPCT taking actions around low ABPM performers	None	BP checks inappropriately targeted drives low quality perception of service. EMPCT quality work to mitigate.	Amber Overall growth strong,	

	Grow total annual blood pressure check service consultations by 15% from 2024 baseline.	in March 26 (6.6% for 25-26 as a whole) The total number of BP checks performed in 25-26 rose to 93257 (17.4% up on 24-25). 180 – 190 LLR pharmacies consistently deliver BP checks each month, with 110 – 115 performing ABPM checks	Service specification updates anticipated in Q2 25-26 to reduce inappropriate clinic checks		Low GP practice engagement in referrals, but uncertainty on future specification contents has delayed GP engagement work	ABPM struggling	
NHS Health Checks Meds op design group	- N screened - N diagnosed within 12 months of check date - N receiving health check as part of QRISK score >10% recorded	N screened: 2024-25: Q1= 2802 Q2= 2670 Q3= 2898 Q4= 3652	Work is progressing to identify potential new models of delivery and have been working with the two universities in the city to identify	This will be largely dependent on eligible population defined within NHS Health Check inclusion criteria, although work will continue to target specific areas of Leicester where uptake is known to be lower, combined with hypertension case finding work and	The re-commissioning of the NHS Health Check service is nearly complete, with just a couple of GP Practices left to sign their contract. The new contracts will be for a maximum of 7 years.	Green-overall performance of NHS Health Check programme is performing strongly and line with anticipated target	NHS Health Check - Data Fingertips Department of Health and Social Care Current overall uptake for NHS Health Checks in Leicester is

		2025-26: Q1= 2682 Q2= 2502 Q3= 2265 Q4= 2634 • N diagnosed within 12 months: 2023-24: 573 2024-25: 504 • N receiving health check (part 2) 2024-25: Q1= 352 Q2= 224 Q3= 327 Q4= 295	possible ways to develop health check offer via this route. In addition, working to support the hypertension case finding programme to ensure patients are being re-directed and signposted to have their NHS Health Check where appropriate and if deemed eligible.	looking to target higher risk groups.		figures for 2024-25 and 2025-26. More detail can be found below: NHS Health Check - Data Fingertips Department of Health and Social Care	55.9% compared to national average of 34.4%.
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		2025-26: Q1= 295 Q2= 293 Q3= 242 Q4= 363					
Support case finding and optimisation of Hypertension City Place monthly meetings Long terms conditions partnership board	Outcomes • Increase in knowledge of risk factors for hypertension and behaviour change amongst target population • Increase in number of people a) accessing a BP test, b) being diagnosed with hypertension, c) being optimised • Increase in number of people receiving risk reduction advice and making appropriate behaviour change to manage risk	• Task and finish group in process of transitioning to a longer-term working group to continue work started through PHISG. • RHU continue to deliver BP checks in addition to vaccination activity. • Opportunistic BP checks being carried out within higher risk populations,	• Continued opportunistic BP health promotion (to form a calendar of events for the year ahead). • Offsite pharmacy delivery model – to continue to share opportunities suited to pharmacy support as	Early discussions with LDA Collaborative Health Equity Lead, and SMI & Social isolation task and finish group to support consideration of accessibility and other needs of these groups within hypertension work.	Key notable risks: 1. No designated resource attached to this work – intervention options have been developed to maximise on existing capacity/resources. 2. Requires ‘buy in’ from all key stakeholders – lack of this from any single area could limit reach and effectiveness of project.	Green – on track with no areas for escalation at this time.	Since initiation of the T&F group: • At least 176 BP checks carried out on the Roving Health Unit (N.B. data covers period up to 31/01/26 when vaccination campaign period ended) • 153 BP checks carried

	• Reduction in number of strokes/myocardial infarctions in Leicester City Proposed success measures • Significant increase amongst no. of people in target population to have a BP test over a 6-month period (actual number TBC) • Significant increase in the number of newly diagnosed cases of hypertension (actual number TBC, % of estimated 24,000 undiagnosed cases in Leicester) • Increase in use of pharmacy services for measurement of BP (baseline to be established) • 100% of individuals attending a BP check to be	predominantly via: - GP registrars on placement with PH - Community Pharmacy via offsite testing model • SOP developed and approved to enable public health team staff to conduct BP checks as part of wider health promotion activity. • Proposal for BP monitor loan schemes via libraries agreed (April 2026)	and when they arise. • RHU to continue offering BP testing as part of routine vaccinations work • PH staff to be trained (aiming for May 2026) to carry out non-diagnostic BP checks. • Library BP monitor loan scheme to be progressed – aiming to launch August 2026.		- ICB restructure has affected consistency of clinical support for the group. 3. Possible impact on NHS Health checks (less people attending as a result of additional BP testing interventions) - Signposting to NHS HC to be embedded within intervention pathway. 4. Participation from target audience is essential. - Engagement with target	out using off-site Community Pharmacy model • 84 BP checks carried out by GP registrars on placement with public health. • Health promotion (without BP checks) carried out at two mosques, the Caribbean Carnival, Leading Better Lives event, Sri Lankan Tamil language school, annual public health conference, Haymarket health and wellbeing fair.
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	assessed for risk factors and offered prevention advice/signposting/referral to support services • 100% of individuals with BP considered within 'dangerous' range referred for immediate management as per NICE guidance/local guidelines • Individuals with a high BP reading via pharmacy outreach testing to be advised to be offered ABPM as per NICE guidance/local guidelines. - Individuals identified with high BP to be referred to GP for medicines optimisation as per NICE guidance/local guidelines				audience ahead of development of intervention to support co-design/co-production. - Stakeholders include CWC representation. Full risk log to be reviewed as a standing agenda item at working group.		• Approximately 30% of checks indicated higher than normal range BP. • Approximately 10% of checks were with people who had never received a BP check previously. • All checks accompanied with lifestyle advice and signposting to appropriate services for further checks and follow up.
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Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:**Bibliography of Projects**

Project	Description
Advanced Pharmacy	Most pharmacies in Leicester are signed up to the NHSE hypertension case-finding programme. This involved blood pressure checks.
NHS Health Checks	The programme is a preventative check to assess overall health status for those aged 40-74 years and don't have a pre-existing medical condition, one of the key areas the NHS Health Check measures for is hypertension and risk of cardiovascular disease (QRISK score).

Support case finding and optimisation of Hypertension	i) Place based targeted work to support practices to identify pts , and link to neighbourhood plans (Community Health and Wellbeing plans) ii) a communication plans to support medication adherence (iii) using business intelligence analysis to understand the detection and optimisation gaps. iv) T&F group work to focus on reducing health inequalities in hypertension detection.
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Date 17 06 2025

Title of workstream: Mental health and wellbeing related to social inclusion, and supportive networks

Objective: *Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness and wellbeing*

Governance arrangements:

- Leicestershire Partnership NHS Trust
- Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)
- Community Public Health Steering Group
- Leading Better Lives Programme Board
- Mental Health Partnership Board
- Leicester City Council – Public Health
- LLR Mental Health Collaborative

184	Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
					- SMI - LD - Homelessness - Care experienced young people			
	Neighbourhood Mental Health Cafés <i>LLR Mental Health Collaborative</i>	All café providers have provided case studies for Q1. All NMHC's have been reviewed independently (i.e. by NL's but not	<u>Q1 26/27 data highlights</u> 209 new individual visitors. 1159 repeat contacts. (283 more contacts compared to same period in 25/26) <u>Top 5 providers (by number of contacts)</u> 1. New Parks (243)	Complete review of cafes by November 2026, which will be carried out by NL's for their geographic area. Continue co-production and partnership working	n/a	Risk that individual cafes do not embed into existing pathways		Urgent Mental Health Hub The Hub was contacted 8 times with three individuals attending for an assessment

	for their specified geographic area).	2. Beaumont Leys (196) 3. Highfields (164) 4. Thurnby Lodge (154) 5. Belgrave (143) <u>Top 5 presenting issues (by number of contacts)</u> 1. Anxiety (425) 2. Depression (387) 3. Isolation/Loneliness (203) 4. Needing someone to talk to (179) 5. Family issues (156) 82.8% of individuals reported feeling a little better or much better, mostly or very safe after support received from their café visit	with providers to strengthen the model				Central Access Point 4 referrals were made to the Central Access Point Safeguarding 3 safeguarding referrals were made
Leading Better Lives	Metrics to be developed in co-production as part of the project	Programme has been agreed as corporate approach for early action – including the creation of a Programme Board.	To commission an external organisation to support with the development of the local area co-ordinator service. To complete an extensive mapping		Capacity and resource implications but to be explored now that agreement has been given for programme to be		Positive progress has been made this quarter with the leading better lives programme.

		Monthly community drop-ins are operating with a range of services to support, signpost and refer people in the community. Agreement has been given to proceed with four local area co-ordinators to align with neighbourhood models of care.	exercise to align workstreams to the agreed framework for early action and identify opportunities for collaborative working: 1. Community Offer 2. Partnerships 3. Digital Offer 4. Ways of Working To explore governance routes for other forums required to support the Programme Board.		a corporate approach.	Almost 300 people have attended community drop-ins. Information and advice zone was incorporated at Leicester Riverside Festival. Progress is being made with local area coordinators. Programme has been as corporate approach and has co-sponsors.
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Joy app rollout <i>LLR Mental Health Collaborative</i>	Quality Review of the impact of Joy including data, case studies and partner testimonies.	Work ongoing with social prescribers to collate data, case studies and testimonies.	New software – Joyconnect – installed across primary care late 2025. Engagement ongoing. Case study attached from VCS partners getting referrals from Joy, MyChoice database project ended and we contacted those not in Joy – very few replied to invitations. Installation into LPT of JoyConnect is taking place early autumn 2026. Four staff engagement sessions already taken place. Focus now on the new Joy contract which is a shared one with neighbourhood working at the new Workwell scheme in	n/a			This section is rated green as the JOY Connect software rollout is taking place in primary care and fully planned for Q3 in LPT. Another rationale for the green RAG rating is the updated software will improve the functionality for practitioners using JOY, improved marketplace optimisation and streamlined referral functionality.
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			primary care. This will help us to engage our GP partners in social prescribing as we embed the Workwell processes. Due to start this autumn				
Mental Health Friendly Places <i>Leicester City Council - Public Health</i>	Measurement of training numbers. Measurement of Sign up's to the programme.	105 organisations signed up to the programme: 87 Mental Health Friendly Places (47 City only orgs and 37 LLR orgs) 20 Mental Health Friendly Clubs (11 City only clubs and 9 LLR clubs) 1 Mental Health Friendly Business (City) 237 people trained in MHFA Aware in City and LLR organisations.	Opening up for more clubs to join the programme and offer my space my game sessions in Nov 26. Mental Health Friendly Businesses launching imminently, training has been changed in to video format to meet the needs of businesses. Continuing to offer men's mental health training though the programme. Currently working with key	n/a	Organisational capacity to enable training requires flexible offers.		The programme is continuing to expand with new organisations signing up and the mental health friendly businesses initiative. The ongoing development of training as well as community engagement and events are also evidencing the success of the programme.

		209 MH First Aiders trained in City and LLR organisations. 39 people trained in Samaritans Listening Skills in City and LLR organisations. 30 people trained in Healthy Conversation Skills in City and LLR organisations. 58 people trained in Real Talk Grassroots Suicide Prevention in City and LLR organisations. 2025/ 2026 Survey currently open. Webinar being hosted on 8th October to coincide with World Mental Health Day-	organisations representing diverse groups to gather insight and feedback into men's mental health in different communities. This feedback will be incorporated into the training offer. Work to engage with faith leaders and trusted community leaders for awareness raising of mental health and suicide prevention as well as training for diverse communities. Procure training for those topics identified through MHFP survey Working with Vita Health to produce neurodiversity and mental health training to be ran through the				
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		Updated version of Bridging Barriers with Men with Ryan Parke. Real Talk suicide prevention training being procured to be rolled out through the programme for World Suicide Prevention Day. 4 sessions of this training have been hosted and procuring further sessions for 2026/2027 Mental Health Friendly Places Celebration Event held in February 2025 in conjunction with Time To Talk day. Talks given by local mental health and suicide prevention services aswell as domestic violence, drugs and alcohol, autism	programme. Liaising with ND organisations and those with lived experience to inform the training. Collate responses from 2025/2026 MHFP survey and respond to further training needs identified. Hosting 2nd 'Together for Men 2026' conference on Thursday 19th November to coincide with international men's day. The day will be split into 2 parts, the afternoon session will be open to professionals, vcse organisations and sports clubs with guest speakers and stalls showcasing support for men's mental health. The				
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		space and gambling harms. (Update) Hosted the 'Together For Men' Conference 2025 at Leicestershire Count Cricket Ground on 18th November. 100+ professionals, VCSE organisations and sports clubs attended the evening. Guest speakers and stalls showcasing the support for men and their wellbeing in LLR. 5 Mental Health Friendly Clubs are trained across LLR (1 in Leicester AFC Andrews) 5 more clubs to be signed up for next football season. AFC Andrews withdrew from the	evening session of the conference will be a marketplace of stalls of those services and organisations supporting men's mental health and will be open to members of the public to attend. Work with LPT to launch version 2 of the men's mental health booklet with updated services of support.				
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		programme due to a change in committee members 2 further clubs signed up in the City this year: GNG FC Friar Lane & Epworth FC (Update) Mental Health Friendly Clubs successfully launched- currently 11 City clubs and 9 LLR clubs signed up to the programme. Mental Health Friendly Businesses being launched imminently with a target on barbers, hairdressers, local cafes, tattooists. Launch of the men's mental health booklet in					
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		collaboration with LPT. Working in partnership with Vita minds. Have co-produced further training which is being rolled out through the programme including mental health awareness and fitness, looking after your own wellbeing and men's mental health training. These sessions have helped to engage mental health friendly clubs due to the shorter time frame of training. These training sessions have also been made into a video format to better reach mental health friendly businesses.					
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		Mental Health Friendly Places are Hosting an event at Haymarket Shopping Centre on 10th September for World Suicide Prevention Day. We will be hosting a wall of hope to engage with members of the public asking them to leave uplifting and inspiring messages. We will be joined by Samaritans and Tomorrow Project on the day and will be handing out resources to local support as well as leaflets signposting the public to the 20 min suicide prevention training on SAC. MHFP's are also joining in to mark the day and hosting their own walls of hope at					
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		their venues and handing out the training leaflets and other SAC resources. The Cenotaph at Victoria Park and City Hall will be lit up in yellow and orange from the 7th-11th Sept to mark WSPD. If successful will look to make this an annual event.					
Getting Help in Neighbourhoods Projects <i>LLR Mental Health Collaborative</i>	Quarterly case study theming takes place to demonstrate the impacts and outcomes of the GHiN projects.	Number of first time (new attendees) 2,601 Number of total attendees to sessions / activities 16,622 Attendees receiving 1-1 support 4,989	All GHiN projects have been reviewed within Q1. All Providers were found to be delivering a good standard of support to individuals, with some exceptional projects offered by Leicester Combat Academy, New Futures, Somali	Groups supported include: - Homeless - Vulnerable women (sex workers, sex trafficked, domestic dbuse) Asylum Seekers	At present no risks identified.		The rationale for the green RAG rating is that all projects have been reviewed and met the expectations of the scheme.

			Development Service.				
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Case study/ qualitative examples of progress:

Project	Example
Neighbourhood Mental Health Cafés	Saff Caff – June 2026 Case Study Service User (SU) demographic: White, Female, 30-49, unemployed SU attended Saff Caff following self-harm and suicidal thoughts. Initially reluctant to engage, she accepted support to contact the Crisis Line and agreed to follow-up welfare checks. In subsequent sessions, the SU shared that family difficulties had led to increased gambling, self-injury, and a deterioration in her eating disorder. Staff supported her to access Gambling Harms, signposted her for debt advice, and provided information on eating disorder support services. Over time, the SU attended regularly, engaged with the GHIN programme, and became more open about her challenges. Despite delays in accessing the Crisis House, she remained engaged with support and accepted ongoing welfare checks.

	Outcome: The SU progressed from limited engagement to regularly accessing support, building trust, and finding a safe space where she felt heard and supported.
Mental Health Friendly Places	Saffron Acres: “We have a small but dedicated staff team, who come from a variety of backgrounds and with different experiences. As a charity, it can sometimes be a little harder to find opportunities for funded training that is relevant to our job roles, and this is where the MHFP experience has really shined. Not only has the training enabled our team to gain uniform understandings so we are all on the same page, it has allowed us to become more confident when we are engaging people that visit us and access our services. It has been directly relevant in the mental health projects we run, but helps support all our other projects we engage people in.”
Aunty Sue	 Aunty Sue Case Study.pdf
Network Event Belgrave	 Case Study Network Event Belgr

Point for escalation relating to any of the projects:

NA

Bibliography of Projects

Project	Description
Neighbourhood Mental Health Cafés	Drop-in sessions delivered by voluntary sector providers and located in areas with highest levels of mental health need where people can get mental health support and advice – no appointment needed.

Mental Health Wellbeing & Recovery Support Service	Preventative mental health service enabling people to improve and maintain their mental health & wellbeing, or recover from mental illness, through better use of community assets & resources.
Bringing People Together Programme	Free activity sessions at community centres and libraries encouraging people to learn new skills, get more active and get together with others. Projects include: • Let's Get Together (LGT) • Let's Get Growing (LGG) • Let's Get Digital (LGD) • Let's Get Walking LGW) • Let's Get Creative (LGC) • Warm Welcome
Leading Better Lives	Developing a coproduced council-wide approach to prevention and community wellbeing, including monthly community drop ins and a local are co-ordinator service.
Prevention Concordat for Better Mental Health	Underpinned by a prevention-focused approach to improve mental health, which in turn contributes to a fairer and more equitable society.
Joy app rollout	Roll out of the Joy social prescribing app which promotes activities and support and allows people and professionals to make referrals
Mental Health Friendly Places	Encouraging local businesses & community organisations to take up training offer & accreditation to equip them with skills and knowledge to support people with mental health
Getting Help in Neighbourhoods Projects	Grant-funded projects allowing voluntary sector organisations to expand or enhance their existing offer in order to support mental health & wellbeing through activities and support.