

Leicester  
City Council

**MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION  
SCRUTINY COMMISSION**

**DATE: TUESDAY, 30 JUNE 2026**  
**TIME: 5:30 pm**  
**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles  
Street, Leicester, LE1 1FZ**

**Members of the Committee**

Councillor Halford (Chair)  
Councillor Westley (Vice-Chair)

Councillors Bajaj, Clarke, March, Sahu, Singh Patel and Singh Sangha

**Youth Council Representatives**

To be advised

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

For Monitoring Officer

**Officer contacts:**

**Julie Bryant and Katie Jordan, Governance Services**  
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- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### Further information

If you have any queries about any of the above or the business to be discussed, please contact: [Katie.Jordan@leiceser.gov.uk](mailto:Katie.Jordan@leiceser.gov.uk) and [Julie.Bryant@leicester.gov.uk](mailto:Julie.Bryant@leicester.gov.uk) of Governance Services. Alternatively, email [governance@leicester.gov.uk](mailto:governance@leicester.gov.uk), or call in at City Hall.

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

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

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

## **PUBLIC SESSION**

### **AGENDA**

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

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#### **1. WELCOME AND APOLOGIES FOR ABSENCE**

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

#### **2. DECLARATIONS OF INTERESTS**

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

#### **3. MINUTES OF THE PREVIOUS MEETING**

**Appendix A**

The minutes of the meeting of the Public Health and Health Integration Scrutiny Commission held on 28<sup>th</sup> April 2026 have been circulated, and Members will be asked to confirm them as a correct record.

#### **4. MEMBERSHIP OF THE COMMISSION**

Members will be asked to note the membership of the Public Health and Health Integration Scrutiny Commission for 2026/27.

<b>Chair</b>	Councillor Elaine Halford
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<b>Vice Chair</b>	Councillor Paul Westley
	Councillor Deepak Bajaj
	Councillor Adam Clarke
	Councillor Melissa March
	Councillor Liz Sahu
	Councillor Devi Singh Patel
	Councillor Mohinder Singh Sangha BEM

## 5. DATES OF THE COMMISSION

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

1. Tuesday 30<sup>th</sup> June 2026
2. Tuesday 1<sup>st</sup> September 2026
3. Tuesday 3<sup>rd</sup> November 2026
4. Monday 1<sup>st</sup> February 2027
5. Monday 8<sup>th</sup> March 2027

## 6. SCRUTINY TERMS OF REFERENCE

[Appendix B](#)

Members are asked to note the scrutiny terms of reference.

## 7. CHAIRS ANNOUNCEMENTS

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

## 8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

## 9. PETITIONS

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

## 10. INTRODUCTION TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY

[Appendix C](#)

The Director of Public Health, Leicestershire Partnership Trust (LPT), The Integrated Care Board (ICB) and the University Hospitals of Leicester (UHL) will give the commission an overview of the service areas.

**11. HEALTH PROTECTION**

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

**12. DENTISTRY**

**Appendix D**

The Director of Public Health submits a report which was coproduced with Health Partners to update the Commission on the current position of dentistry across Leicester.

**13. LEICESTER NEIGHBOURHOOD APPROACH**

The Integrated Care Board (ICB) will give a verbal update on Leicester Neighbourhood Approach.

**14. WORK PROGRAMME**

**Appendix E**

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

**15. ANY OTHER URGENT BUSINESS**





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# Appendix A

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

Held: TUESDAY, 28 APRIL 2026 at 5:30 pm

P R E S E N T :

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

Councillor Clarke  
Councillor Haq

Councillor March  
Councillor Sahu

Councillor Singh Patel

In Attendance:

Councillor Dempster, Assistant City Mayor - Health, Culture, Libraries and  
Community Centres

\* \* \* \* \*

**26. WELCOME AND APOLOGIES FOR ABSENCE**

The Chair led on introductions and welcomed everyone to the meeting.

Apologies were received from Cllr Singh Johal and Cllr Westley. Cllr Singh Patel was present as substitute.

**27. DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**28. MINUTES OF THE PREVIOUS MEETING**

AGREED:

The minutes of the previous meeting held on 24<sup>th</sup> March 2026 were confirmed as a correct record.

## **29. CHAIRS ANNOUNCEMENTS**

The Chair announced that the Care Quality Commission (CQC) had published a report on Leicestershire Partnership NHS Trust's mental health crisis services and health-based places of safety, rating them as 'Good' following an inspection in May 2025.

## **30. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

It was confirmed that none had been received.

## **31. PETITIONS**

It was confirmed that none had been received.

## **32. HEALTH PROTECTION**

The Director of Public Health provided the Commission with a verbal update. Slides were presented as attached. Additional points to note were as follows:

- Public Investment Funds funded voluntary schemes for screening and vaccination. This could be brought back to scrutiny.
- There had been no meningitis outbreaks seen in Leicester since the last update.
- Healthy Life Expectancy (the number of years an individual can expect to live in good health) was declining. It was unusual to see such a decline.
- Flu was at low levels, but vaccination rates in Leicester were lower than the national rate. It was hoped that improvement may be seen once more up-to-date statistics were released. It was a similar pattern for Covid.
- There had been no change on TB since the last update.
- There had been no new cases of Measles, but more vaccinations were needed to reach the herd-immunity rate of 95% uptake. The uptake was higher in the early years and then dropped off after five years old, this was used as a rationale to administer the second dose after 18 months.
- Statistics were presented on Childhood Immunisation in the period 2022-24 as outlined on the slide. It was noted that whilst this was lower than hoped, each level had increased slightly.
- There was an evidence base for the HPV vaccine in reducing cervical cancer and it was hoped that with a higher vaccination rate the beginning of the elimination of cervical cancer could start to be seen.

In response to member questions and discussions, the following was noted:

- With regard to healthy life expectancy, poor health was defined as people declaring that they had chronic conditions or illness that affected quality of life. As to whether or not this was a measure of good preventative healthcare, it was noted that awareness could make a difference, but more of a factor was whether or not people had a chronic condition or illness.

There had been significant disinvestment in public health and Local Authority Services from 2013, so this would affect people in poverty and deprivation more than others

AGREED:

1. That the update be noted.
2. That comments made by members of this commission to be taken into account.

### **33. RHEUMATOLOGY**

The University Hospitals Leicester (UHL) Provided a verbal presentation into Rheumatology Services across Leicester. The following was noted:

- An apology was provided on behalf of UHL for the late submission of the report, with paper copies circulated at the meeting. It was noted that this was not common practice and that learning had been taken from the issue.
- The service overview highlighted that Rheumatology covered more complex conditions such as rheumatoid arthritis and lupus, requiring ongoing care rather than discharge.
- Services were delivered across Leicester Royal Infirmary and Leicester General Hospital, with 12 consultants and specialist nurses supporting adult and paediatric clinics, treatment and follow up care. This included DMARDs, biologics, physiotherapy, pain management, an advice line and joint procedures.
- Activity levels had increased significantly, with 2,670 referrals in 2025 to 2026, representing a 34% rise. This was linked to chronic conditions and an ageing population.
- Around 17,000 follow up appointments had been delivered. The DNA rate was 3.2%, which was in line with the national average.
- Performance against the 18 week referral to treatment standard remained challenged due to increased demand, with 42% of patients treated within 18 weeks.
- It was noted that longer waits were influenced by the prioritisation of urgent cohorts, particularly within early inflammatory arthritis pathways.
- The early inflammatory arthritis clinic was highlighted as a key area of strong performance, with earlier treatment leading to improved patient outcomes and remission rates. Performance had improved from around 50% to 56% 3 years ago to 96% of patients now treated within 6 weeks with a DMARD, making the service one of the best performing nationally.
- The British Society for Rheumatology was undertaking a case study on the service due to its high performance, which exceeded other trusts both regionally and nationally.
- It was noted that the service had previously been a poor performer but had significantly improved by 2025 to 2026.
- Work was taking place to support referral to treatment recovery included

moving towards a single point of access model to provide early guidance and reduce demand on the service.

- Increased use of patient initiated follow up had been introduced, enabling patients to re access the service when required.
- A need to expand the clinical workforce was identified, with a business case being developed to secure additional funding.

In discussion with Members the following was noted:

- Concern was raised regarding risks to patients alongside a 20% year on year increase in referrals, with continued growth expected. It was queried whether moving towards advice and guidance models could create additional risks by delaying early intervention, and what the current position and capacity was for 2026 to 2027. It was explained that demand had increased significantly, with a historic backlog and capacity pressures, although earlier diagnosis had improved from around 10 years to 2 years for some conditions, particularly inflammatory arthritis.
- Referral to treatment performance had remained largely static over the past 2 years, with ongoing challenges in managing both new and long term patients. It was explained that many conditions required lifelong management, limiting discharge rates and placing sustained pressure on the service.
- With 12 consultants and around 53% unmet demand, equating to over 3,500 patients, concern was raised that current workforce plans did not match the scale of need. Additional consultants were required, with at least 2 to 3 posts identified to improve capacity.
- Increased referrals since COVID 19 reflected a national trend, particularly for rheumatoid arthritis, and that patients were rarely discharged due to the chronic nature of conditions. It was queried whether some patients could be safely managed differently, including earlier stage management outside of acute settings. It was confirmed that a longer term workforce and neighbourhood model approach was being developed to support this.
- Recruitment remained challenging due to consultant vacancies and retention pressures, although there were opportunities to recruit candidates with local ties. Specialist nurses were also highlighted as a key part of the workforce, supporting clinics and patient care.
- While improvements in early treatment were welcomed, concern remained about overall capacity given population need and a 27% increase in referrals. Delays in diagnosis were linked to referral quality and pathways, and while no specific figures were available, potential cases of harm had been identified and reviewed through governance processes.
- It was questioned why additional funding had not been secured. Previous business cases had been submitted, however financial constraints required prioritisation across services. International recruitment was being explored to support workforce expansion.
- A workforce plan was in development and could be brought back to the Commission, including a 2 year outlook. Same day emergency care and

on call rheumatology advice were in place to support urgent cases.

- Queries were raised about where business cases had been submitted and whether trainee retention was an issue. Recruitment had been impacted by a freeze, although strong training and specialist clinics supported retention.
- Shared care arrangements were not operating as effectively as intended, increasing pressure on hospital services. Closer joint working between UHL, the ICB and GPs was identified as key, including expanding specialist nurse roles within primary care.
- The rise in referrals reflected a combination of factors, including improved awareness, more treatment options and limited time within primary care consultations. A triage decline rate of around 15% was noted.
- Patient safety incidents were monitored through trust governance processes, including weekly reviews of cases involving moderate harm with senior clinical oversight.
- Concerns were raised about the quality and appropriateness of referrals, with some GPs lacking confidence in diagnosis. Diagnoses required clinical assessment, with detailed management plans provided following specialist review. Work was underway to improve referral quality through guidance, streamlined forms and exploration of AI tools.
- Some conditions, including fibromyalgia and ME, did not require rheumatology input and should be managed in primary care or pain services, supported by existing guidance.
- Early inflammatory arthritis clinics operated a 3 week wait, although not all referrals were appropriate, reinforcing the need for improved referral quality and education.
- The importance of delivering care closer to home was emphasised, including through shared care, neighbourhood working and stronger collaboration with GPs and the ICB. A dedicated forum with primary care partners was suggested.
- System wide resource constraints continued to impact delivery, particularly access to biologic treatments.
- Concern was raised about the wider impact of capacity pressures, with a recommendation that the ICB review business cases and funding approaches in light of patient care needs. This was seconded.

AGREED:

1. That Members note the verbal presentation.
2. That the item would be added to the work programme for an update in the new municipal year.

#### **34. LLR CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2024/25**

Due to the similarity in the items, the LLR Child Death Overview Panel Annual Report and the report on Reducing Infant Mortality were taken together.

The Director of Public Health, Leicester City Council and the LLR Designated Doctor for Child Deaths, Leicestershire Partnership Trust outlined the work of

the Child Death Overview Panel (CDOP) and presented the findings of the CDOP annual report to the Commission.

Slides were presented as attached with the agenda pack. Additional key points to note were as follows:

- This was a very challenging area, but the team supported families.
- A report had been produced to collate the narratives and to prevent future deaths.
- The data was based on child deaths notified to the service.
- A key issue was support for the family. The team acted as a key worker for families. Families were supported to participate in the review process and feedback.
- Once a child dies, there was a period of decision making. Following this there was an investigation and information gathering. This could take the form of anything from a criminal investigation to a post-mortem. Once this was concluded, staff were brought in for review and analysis was begun to look at what may have contributed to the death in order to capture learning. This was reviewed at a panel for final independent scrutiny.
- All data went into the national database.
- Infant mortality in Leicester was higher than in England and in the county of Leicestershire. Work was being undertaken to understand what was driving this.
- In terms of wider context, it was key to note that deprivation was strongly associated with child mortality. Babies in the most deprived fifth percentile of the population had twice the deathrate of the least deprived.
- The first dataset reviewed were the notifications as there was a statutory duty to notify of a death. There had been 92 notifications in total, a quarter of which required a joint-agency response.
- Over half of notifications were death after birth, but while the baby was still in hospital. Many of these were pre-viable gestation.
- 20% died at home. Some of these had died suddenly, but others had planned end-of-life care.
- Prolonged information gathering could cause reviews to take a long time to complete. The majority of cases were complete within 12-18 months.
- Nationally, most deaths were perinatal or neonatal, the second biggest category were chromosome or congenital anomalies and the third were malignancy or unexplained issues.
- Contributory factors were factors that could have contributed to the death, often in terms of family, social and environmental factors, and social services received. A modifiable factor was a factor that, if it had been different, might have led to a different outcome.
- Early warning scores could help to catch risks early but did not always work.
- When safety mechanisms needed to interact but worked in different systems, this could be a risk.
- Information gathering was carried out, and interpretations were made before a decision was made. Therefore, it was necessary to have access to people with the expertise to analyse and interpret.
- The quality of referrals could make a difference.

- A clear evidence base policy and guidance were need. Information sharing to identify the emergence of risks could be useful.
- A model put decision making into context of interpersonal interaction. The quality of interaction could affect what was done with decisions.
- Wider organisational and system processes were present. This risk assessment and interaction occurred in this context. It was necessary to have available and effective resources to tackle risks.
- It was noted where things had gone well. This was captured through a free-text box and put into a word-cloud as set out on the slide.
- In terms of thematic learning, every year, cases were looked at to consider themes and recommendations.
- Learning was done at a national level and a commissioner level and shared with LLR.

The Acting Consultant in Public Health submits a report to update the Commission on the Infant Mortality Rate in Leicester.

Slides were presented as attached with the agenda pack. Additional key points to note were as follows:

- Infant mortality referred to death in the first year of life. It was a complex issue and not all of the answers were available. However, a lot of good work was being undertaken.
- Leicester had the second-highest rate of infant mortality in England.
- Infant mortality rates were higher for BAME babies.
- Due to the high rate, it was necessary to understand what was happening in the city and to make changes.
- Key stakeholders were being worked with and asked why they thought the rate was so high, what could be done differently and what was going well. This feedback was analysed and taken to a conference with other stakeholders where themes were presented in a logic model to look at how to get to solutions. Comments were analysed to come up with an account plan and delivery. There was a system-wide steering group. Actions were complex and system wide.
- The action plan was in the first draft. Possible solutions included a multi-disciplinary approach, better equipping people to have a healthy pregnancy
- Care navigation included more support for fathers, streamlining the process, the delivery of the bumps-to-babies antenatal sessions, and advice on breast feeding.
- The charity Baby Basics were worked with to ensure that there was no waiting list for safe sleep spaces (moses baskets and cots) for babies.
- There was lots of work to be done, it was challenging, but the service were committed.

In response to member questions and comments, the following was noted:

- Support was expressed for taking the reports together. Concern was raised about the high proportion of deaths in the neonatal period and the

correlation with low birth weight and higher mortality rates among Black mothers and babies. It was queried what measures were currently in place, including whether care passports were effective in preventing information loss. It was outlined that many neonatal deaths related to extremely premature births, with very low survival rates at earlier gestations, and that robust pathways were in place to optimise care and outcomes. Care passports aimed to improve communication and reduce the need for families to repeat their experiences.

- It was highlighted that disparities in outcomes for Black mothers and babies persisted even when deprivation was accounted for. It was noted that while no single consistent theme had been identified, cases were reviewed individually, with learning logged and action taken where required.
- It was noted that wider work was being undertaken across the system to address inequalities linked to poverty, housing and ethnicity, including consideration of the experiences of looked after children and care experienced parents. It was outlined that data relating to care experience was collected and considered, although local numbers were small and national data sharing remained complex.
- The strong link between deprivation and infant mortality was emphasised, with significantly higher death rates in the most deprived areas. Concern was raised about the impact of wider societal factors, including housing conditions, reduced public health resources and increasing inequalities. It was suggested that both local and national action was required, including raising concerns with government and national bodies
- Many of the recommendations were longstanding, raising questions about whether key messages were effectively reaching communities. It was queried whether outcomes differed for new arrivals and what data was available to understand this. It was explained that data collection was being strengthened, and that safe sleeping remained a key area of focus. It was also noted that changing parenting contexts, including reduced family support and the impact of COVID 19, had influenced risk factors.
- It was acknowledged that consistent public health messaging remained important, with a need to consider how messages could be delivered differently to improve impact.
- Emerging trends were highlighted, including a small number of cases linked to IVF treatment abroad, where higher risk practices may be used. It was noted that increasing awareness of these risks would be important.
- Strong concern was expressed regarding Leicester having one of the highest infant mortality rates nationally. Pressures on maternity services, including estate capacity and increasing demand, were highlighted, alongside challenges in accessing local perinatal services. It was suggested that more targeted action was needed in areas of highest deprivation. It was queried how system partners, including the ICB, would support addressing these issues.
- System wide resource pressures were acknowledged, alongside the importance of early intervention and wider social determinants of health. It was noted that outcomes would likely be worse without existing services and education.
- It was queried whether there was national best practice that Leicester

could adopt, particularly in relation to housing, indoor air quality and smoke free environments. It was outlined that work was evidence based and tailored to Leicester's needs, with links to housing and enforcement of standards such as damp and mould. Opportunities to strengthen partnerships with housing providers were identified.

- The impact of smoking and indoor air quality was discussed, including the risks to infants returning to home environments following hospital care. It was noted that further work with landlords and tenants could support smoke free homes.
- The role of vaping was discussed, including its use as a smoking cessation tool and concerns regarding uptake among young people. It was emphasised that vaping should support quitting smoking rather than act as a gateway behaviour.
- Concerns were raised regarding access to and availability of products such as shisha and vaping products within communities.

**AGREED:**

1. That the report be noted and the recommendations to Scrutiny be supported.
2. That comments made by members of this commission to be taken into account.
3. That a further update be brought back to the Commission on progress, including delivery against the action plan and any measurable impact on outcomes.

**35. REDUCING INFANT MORTALITY IN LEICESTER**

*Due to the similarity of the items, the LLR Child Death Overview Panel Annual Report and the report on Reducing Infant Mortality were taken together. The discussion and minutes are recorded under the previous agenda item.*

**36. WORK PROGRAMME**

The Chair reminded Members that any suggested items for inclusion in the work programme should be shared with the Chair and the Senior Governance Officer.

It was suggested that a item would be added to the work programme for GP Health Referrals for Children.

**37. ANY OTHER URGENT BUSINESS**

With there being no further business, the meeting closed at 8:11pm.



# Health protection

*An overview of health protection issues in Leicester including Flu, RSV and COVID-19*

11

Minute Item 32

**SOURCES:**

***UK Health Security Agency: Notifiable diseases  
OHID Fingertips***

***Last updated 22/04/26***

***For presentation on: 28/04/2026***

***Prepared by:***

***Public Health Division, Leicester City Council***



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# Health Protection Update Headlines

- **Changes to the childhood vaccination schedule from Jan 1<sup>st</sup> 2026:** Children born on or after 1 July 2024 will now receive an additional 4 in 1 vaccine at 18 months alongside their second MMR vaccination also at 18 months (previously at 3 years 4 months). This is expected to increase uptake of the 2<sup>nd</sup> MMR vaccination.
- **Flu and covid vaccination ongoing** but early indicators are that this season uptake has increased (official figures not yet available).
- **ICB moving to LNR** including with immunisation and screening programmes (due to be delegated from NHS England in April 2027).
- **Two public health investment funds (PHIF) ongoing.** Ten VCSE organisations are currently working to increase screening and vaccination with their own communities. All work is being evaluated with an overall evaluation framework and individual frameworks for each organisation.
- **A further small outbreak of meningitis** in Dorset was limited to three young people who are all recovering. Antibiotics and vaccination has been offered to a large group of young people in the affected area.
- **LLR plans for any potential outbreak** fully worked up.

**Healthy life expectancy** shows the years a person can expect to live in good health (rather than in poor health).

Similar to the national trend, healthy life expectancy in Leicester has fallen over the past 10 years.

Over this period, healthy life expectancy in Leicester peaked at around 60 years in 2014–16, but has since declined to 58 years in 2022–24.

13

The latest data shows that males in Leicester can expect to live 58 years in good health, followed by a further 19 years in poor health. This compares with the national average of 61 healthy years and 19 years in poor health.

Females in Leicester can expect to live 58 years in good health, followed by a further 23 years in poor health. By comparison, the national average is 63 healthy years and 20 years in poor health.

There are further inequalities between our most and least deprived residents.

## UK healthy life expectancy falls by two years in past decade



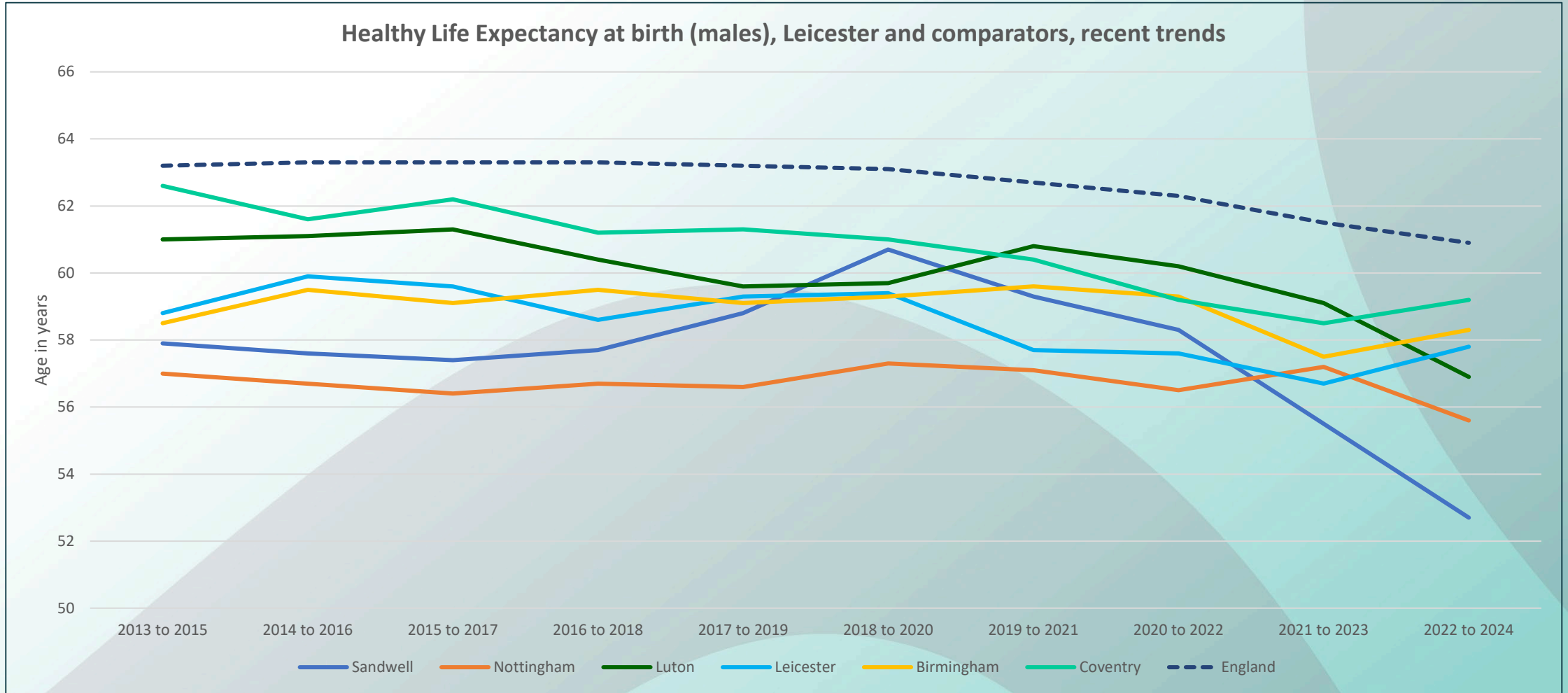
**Hugh Pym**, Health editor and **Nick Trigg**, Health correspondent

27 April 2026, 05:55 BST · 274 Comments

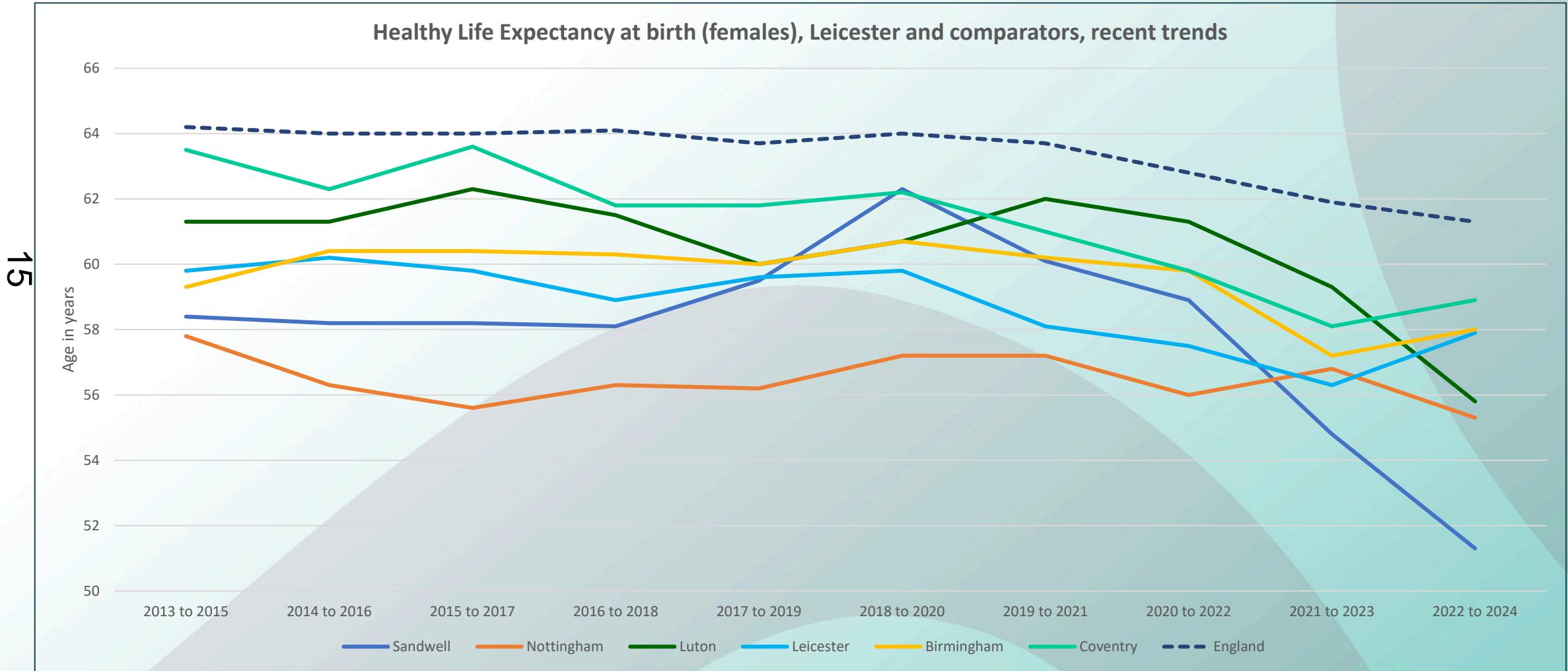
[UK healthy life expectancy falls by two years in past decade - BBC News](#)

Topic	Product	Source
<b>6. Healthy Life Expectancy: 2022-24</b>	The number of years males are expected to spend in “good” general health	<a href="#">Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - Office for National Statistics</a>

14



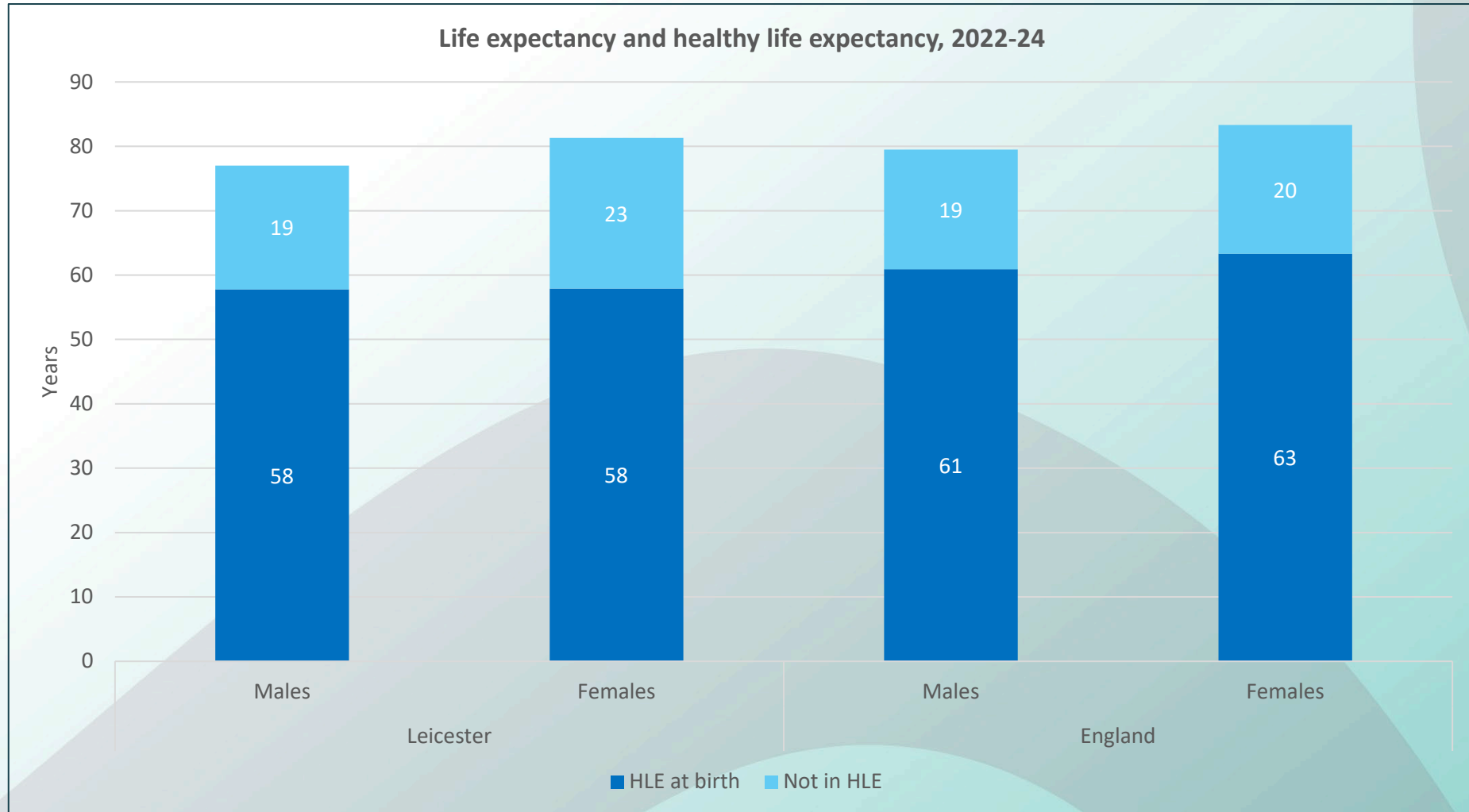
Topic	Product	Source
<b>6. Healthy Life Expectancy: 2022-24</b>	The number of years females are expected to spend in “good” general health	<a href="#">Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - Office for National Statistics</a>



Data: ONS

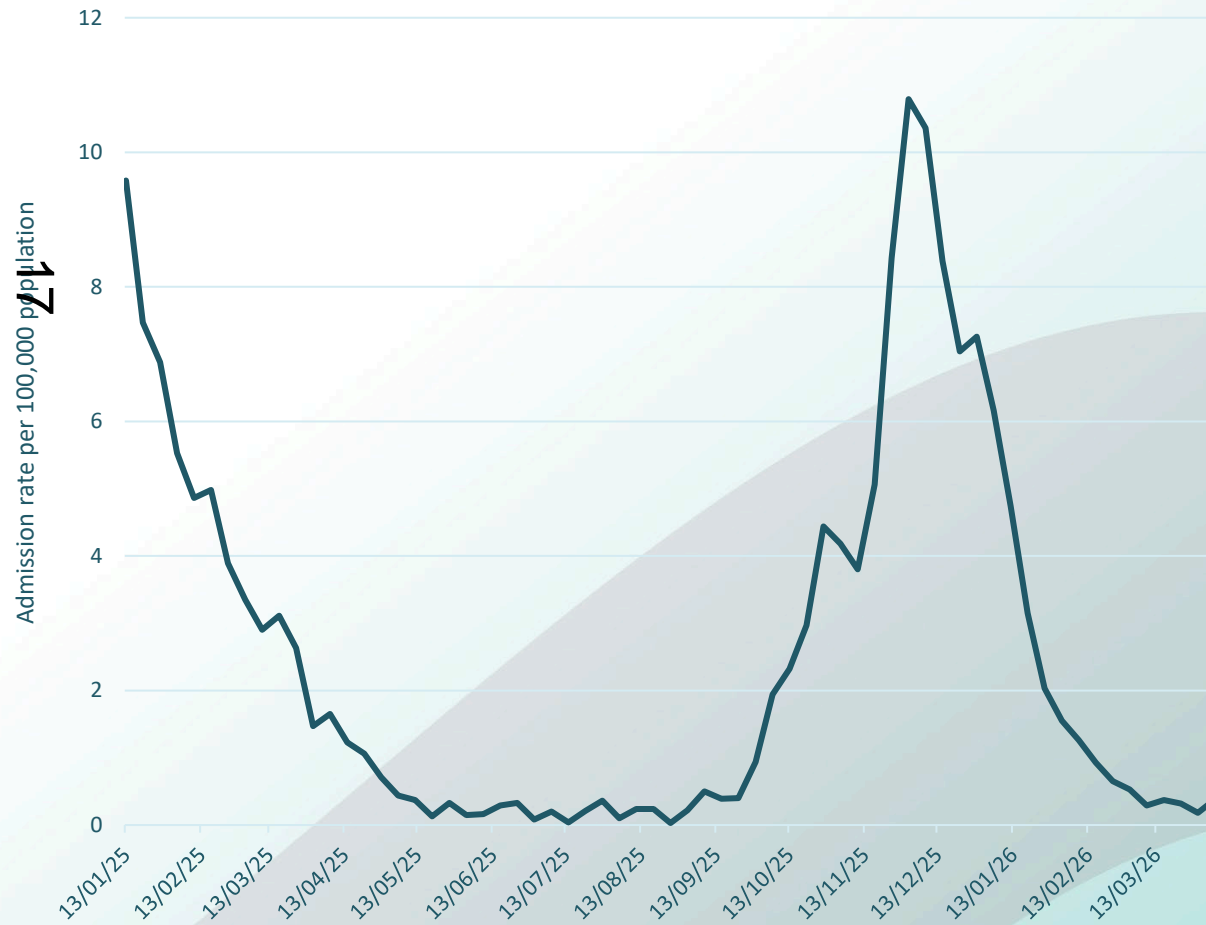
Topic	Product	Source
<b>6. Life and Healthy Life Expectancy: 2022-24</b>	The number of years people are expected to spend in “good” general health and ill health	<a href="#">Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - Office for National Statistics</a>

16

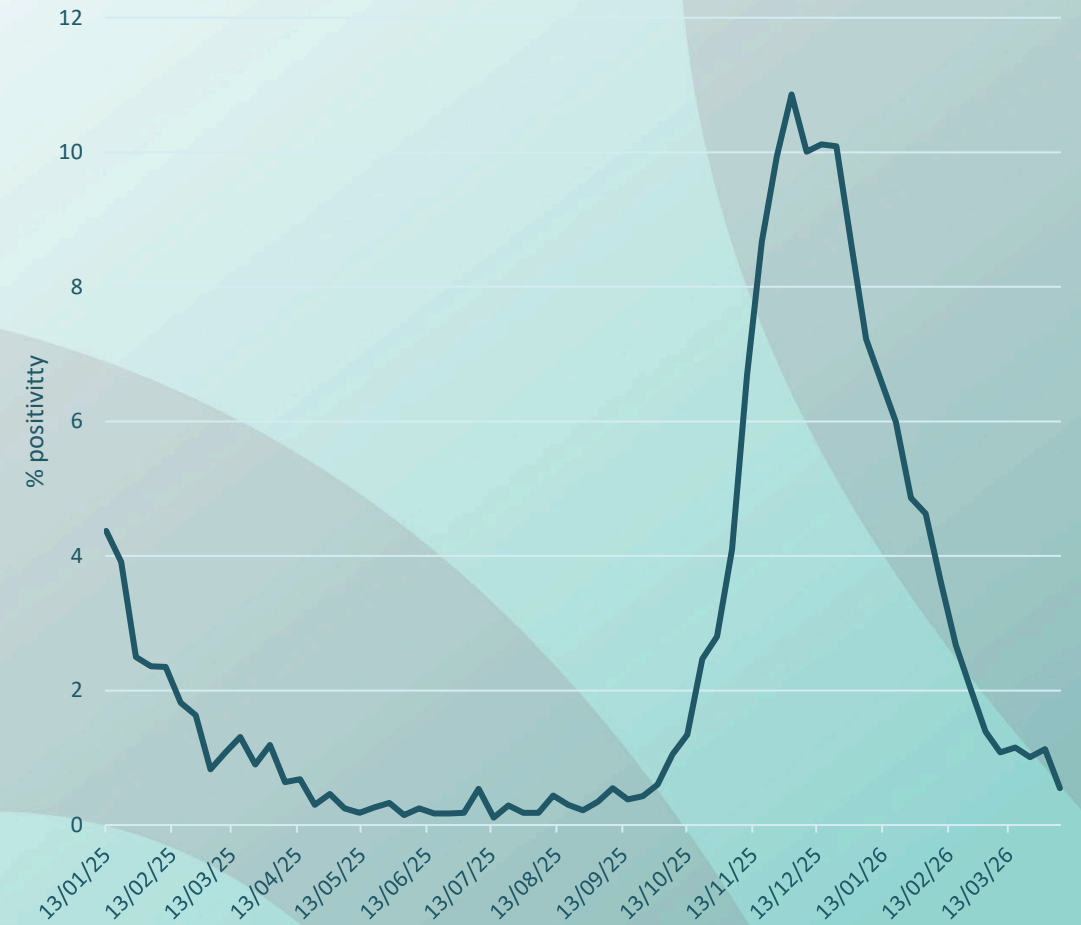


**National flu and RSV surveillance:** Influenza (commonly known as flu) is a respiratory infection and is currently stable and circulating at baseline levels. Respiratory syncytial virus (RSV) is one of the common viruses that cause coughs and colds in winter. RSV causes mild symptoms, but can be serious for some infants, older adults and people with chronic medical conditions. RSV has decreased and is circulating at baseline levels.

**Influenza hospital admission Rate By Week (England)**



**RSV testing positivity By Week (England)**



# Flu vaccination uptake in priority groups

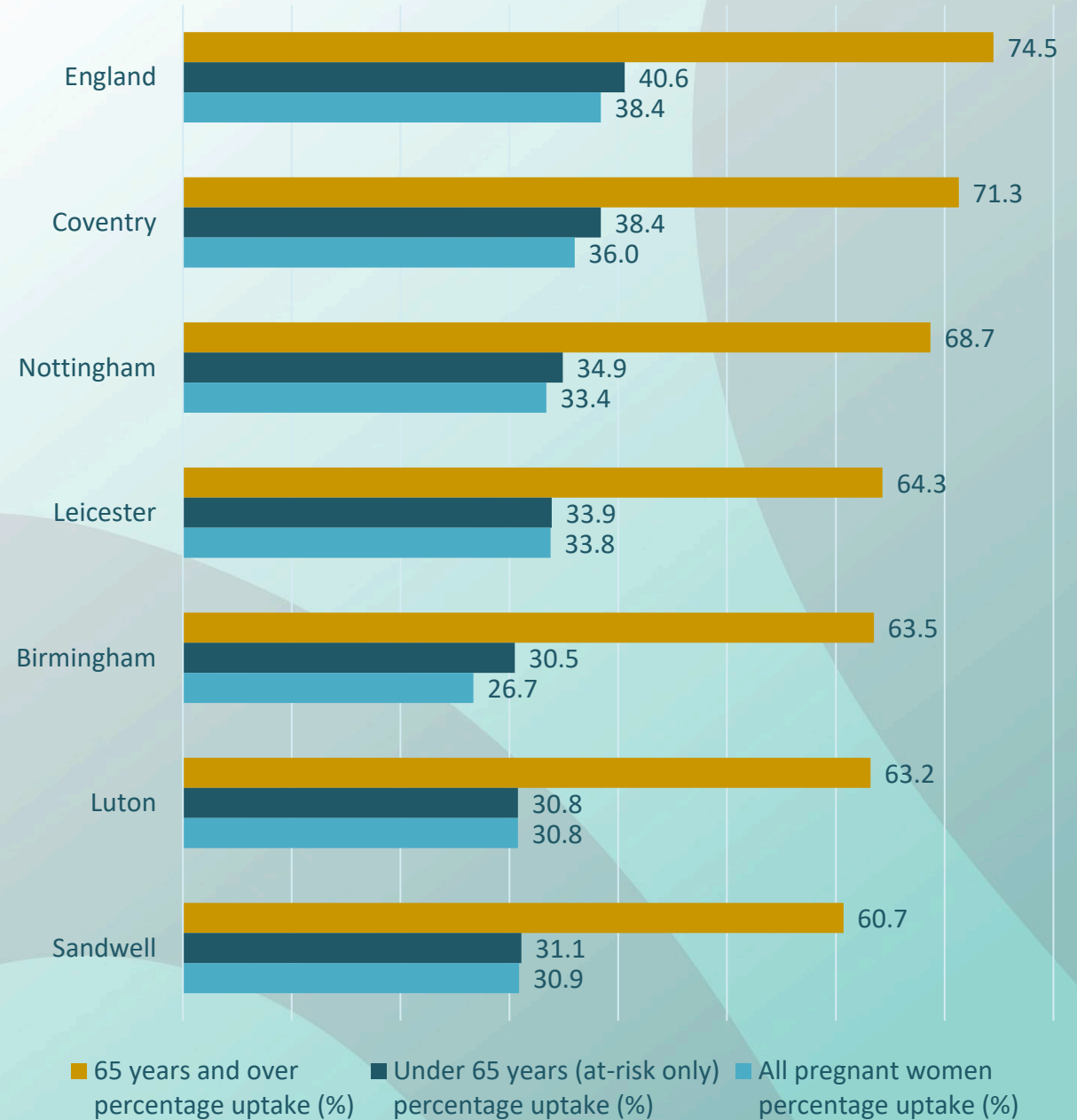
Influenza (also known as Flu) is a highly infectious viral illness spread by droplet infection. The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu.

**65 year olds and over:** 64% of Leicester 65+ year olds were vaccinated against flu. This is below the national average, but similar to our comparators. The goal of 75% has not been achieved in Leicester since 2021/22. In the 2024/25 campaign Leicester achieved 65%.

**Under 65 (at risk population):** About a third (33.9%) of the under 65 at risk population have had the vaccination compared to 40% for the national average. Last year we achieved 32.3%.

**Pregnant women:** Less than a third (33.8%) of the pregnant population have had the vaccination compared to 35% for the national average. Last year we achieved 30.3%.

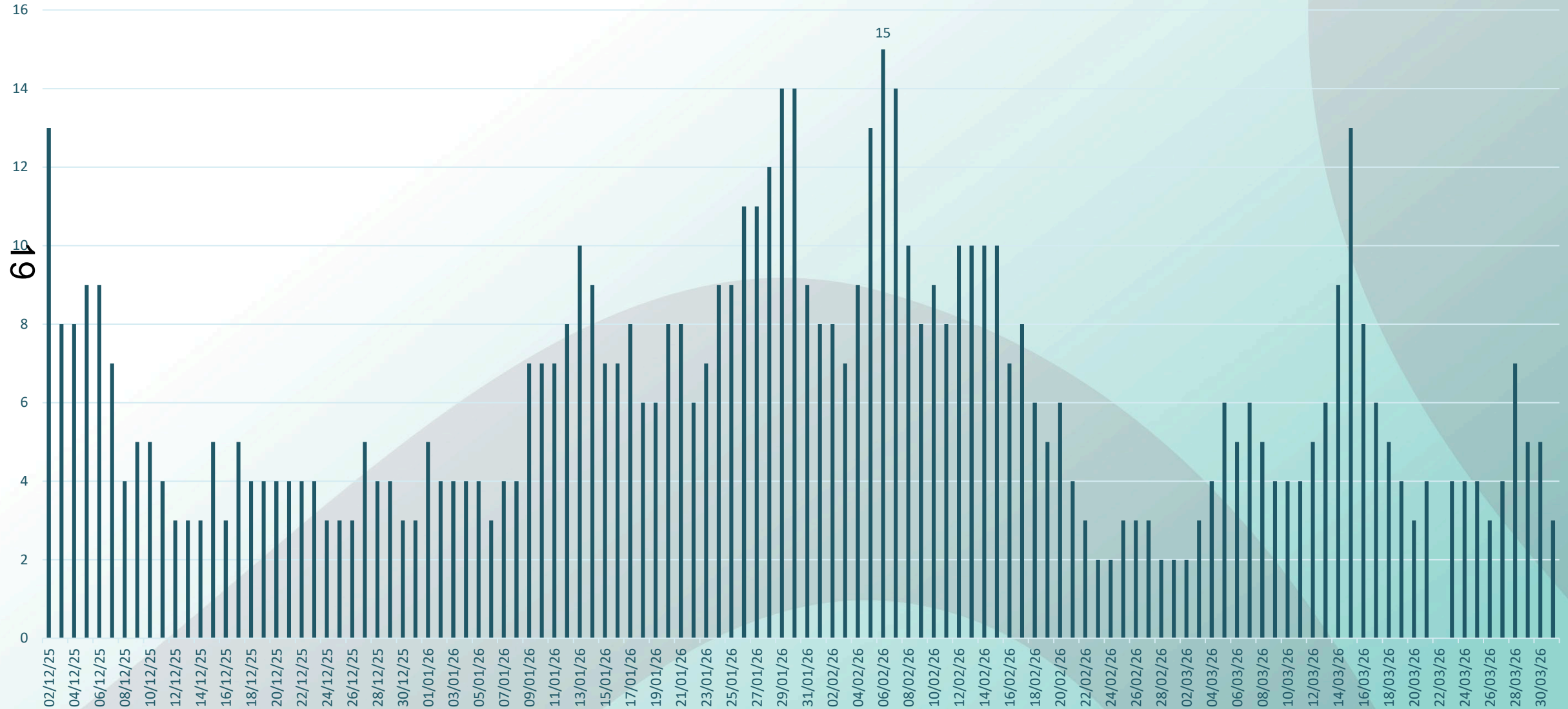
Flu vaccination uptake 2025/26 by priority groups



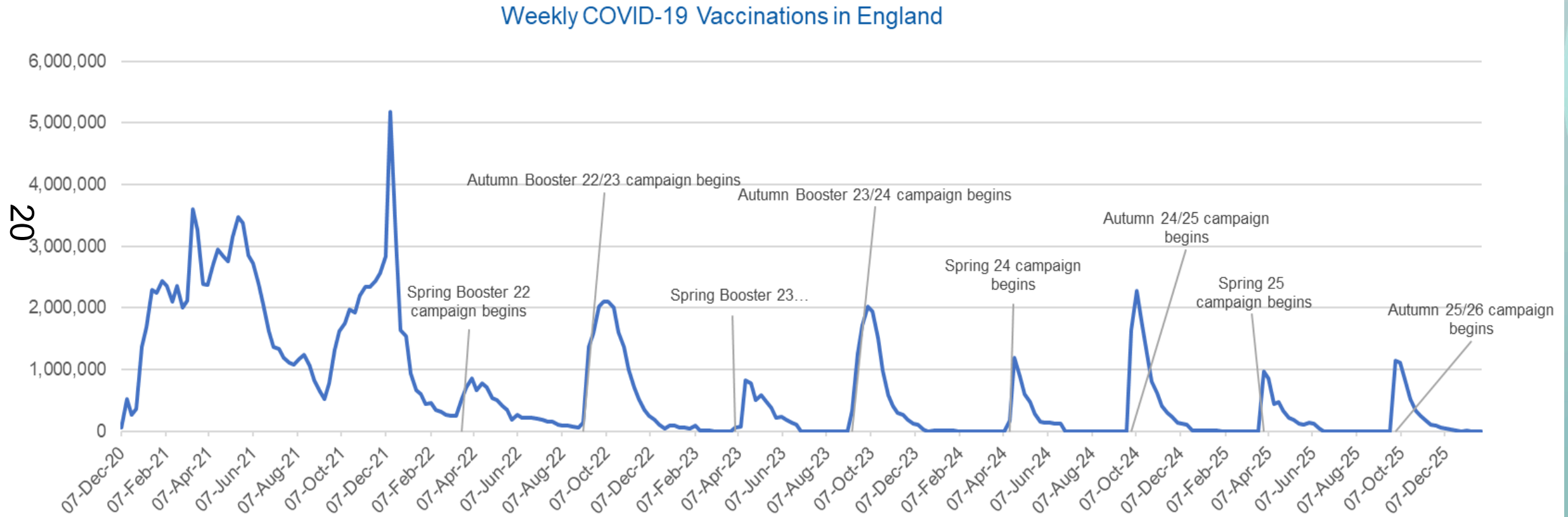
Source: UKHSA national influenza vaccinations in GP patients in England 2025 to 2026

**COVID 19 in Leicester (UHL):** COVID-19 activity remained stable and is circulating at baseline levels nationally. There are currently less than five COVID-19 patients at UHL. The peak in 2026 was 15 in February.

**Daily count of COVID-19 patients in hospital at UHL 2025 up to 31/03/2026**



**COVID 19 vaccination Autumn Winter Uptake:** There continues to be autumn and spring booster campaigns but numbers continue to fall year on year. There has been a pattern of lower uptake in Leicester compared to the national and Leicestershire county for consecutive autumn and spring booster campaigns. Last



# Tuberculosis in England 2024 report

In the calendar year 2024 data shows that:

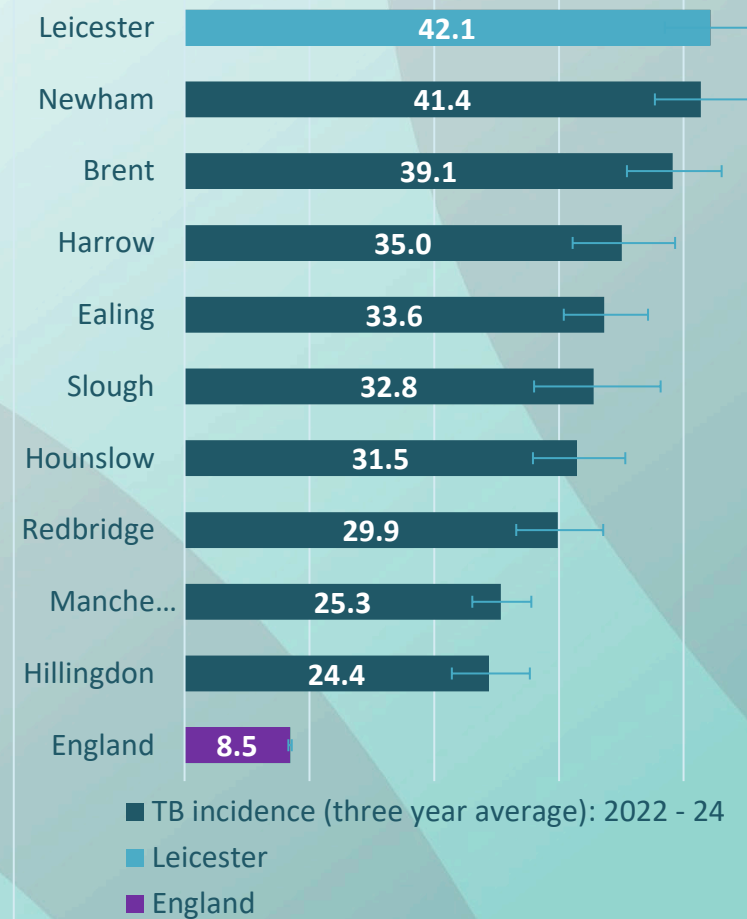
- In 2024, the steep upward trajectory of TB notifications seen in 2023 continued, with an increase of 13.6% - the largest annual increase since national surveillance began.).
  - England remains just under the World Health Organization (WHO) threshold of 10 notifications per 100,000 (9.4) but at current rates of increase England will pass this threshold by the end of 2025.
- 21 TB rates remain highest in urban areas. Rates continue to be highest in London and the Midlands and in those living in the most deprived areas of England.
- 81.9% of notifications were in people born outside the UK, similar to 2023 (80.0%).
  - Rates increased in people born in the UK by 5.0% in 2024, only the second year-on-year increase since enhanced surveillance started in 2012.
  - Tuberculosis continues to be strongly associated with inequalities. 1 in 7 TB notifications reported one or more social risk factors with the most common being homelessness, asylum seeker status and drug use.
  - **In 2024, the same 2 local authority districts as in 2023 had a 3-year average notification rate above 40 per 100,000. These were Leicester City (East Midlands) at 42.1 per 100,000 and Newham (London) at 41.4 per 100,000.**

**Tuberculosis in Leicester and England:** The three year average TB incidence rate shows Leicester has had a significantly higher rate compared to England for many years. The rate in the city has fallen but in recent years has seen a small increase to about 42 per 100,000 population (an average of 161 notifications a year). Leicester's TB incidence is significantly higher than our comparators, and latest data shows we are currently highest in country with London boroughs Newham, Brent, Harrow, and Ealing also in the top five.

**TB incidence (three year average)**



**TB incidence (three year average): 2022 - 24**



**Measles in England:** In 2025 there were 959 laboratory-confirmed measles cases reported in England, this was considerably lower than the high of nearly 3,000 in 2024. Promotional material has been circulated to all schools and nurseries in the city reminding parents of where and how they can get their children vaccinated and why this is important.

In 2025 the majority (68%) of these cases were in children aged 10 years and under, and 25% were in young people and adults aged 15 years and over.

51% of these cases were in London, 14% in the North West, and 8% each in the East of England and the West Midlands.

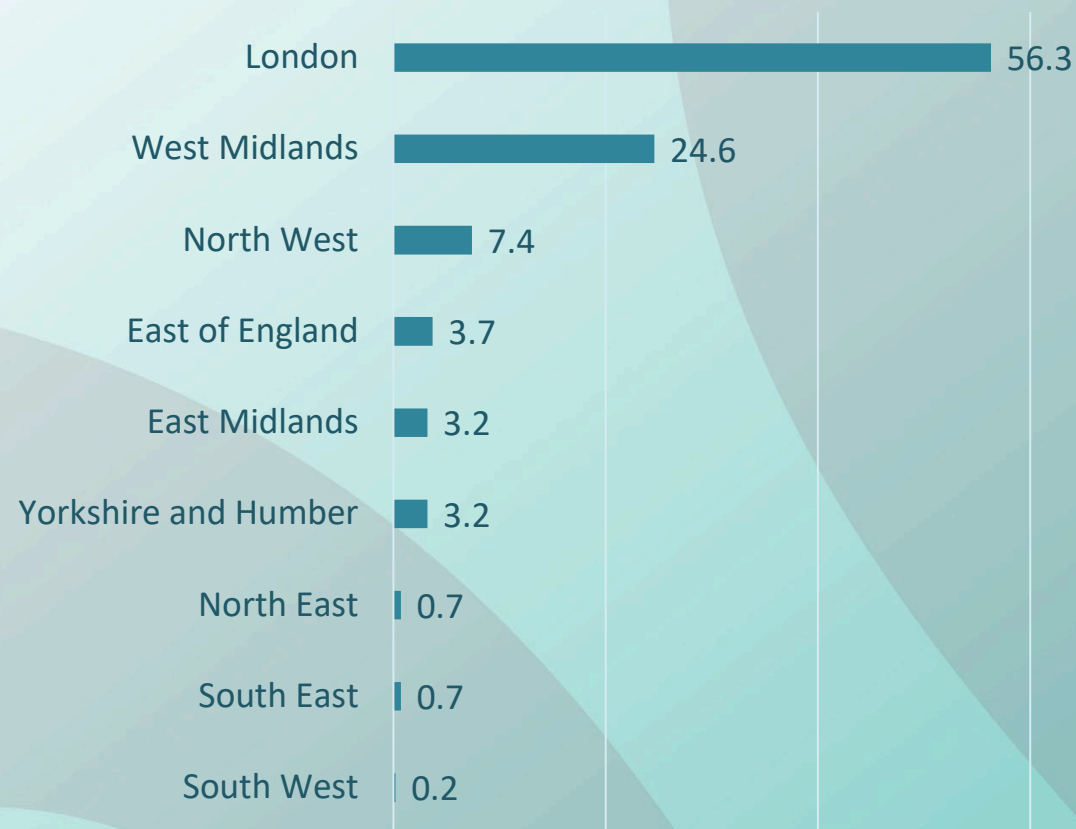
Leicester did not feature amongst the list of authorities with the most cases in 2025.

Since 1 January 2026, there have been 407 laboratory confirmed measles cases reported in England.

56% of these cases have been in London, 25% in the West Midlands, and 7% in the North West. However, all regions have reported at least one confirmed case.

**Leicester does not feature amongst the list of authorities with the highest number of cases during 2026 .**

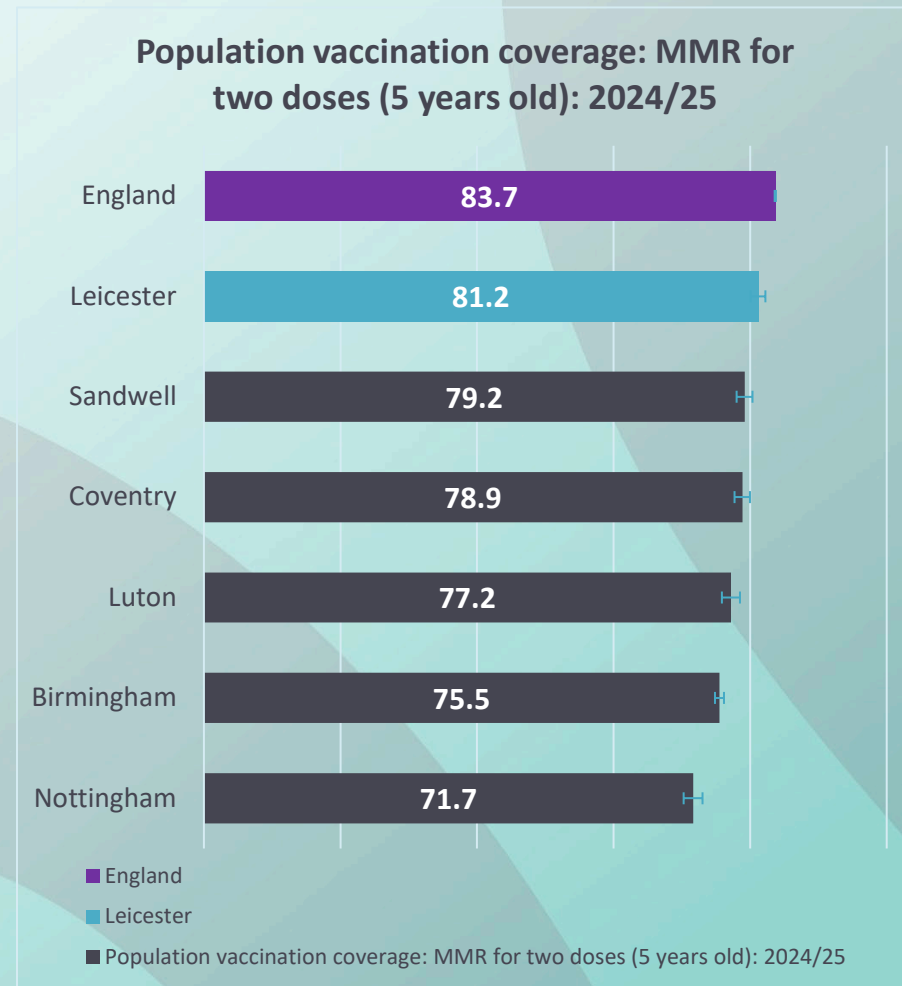
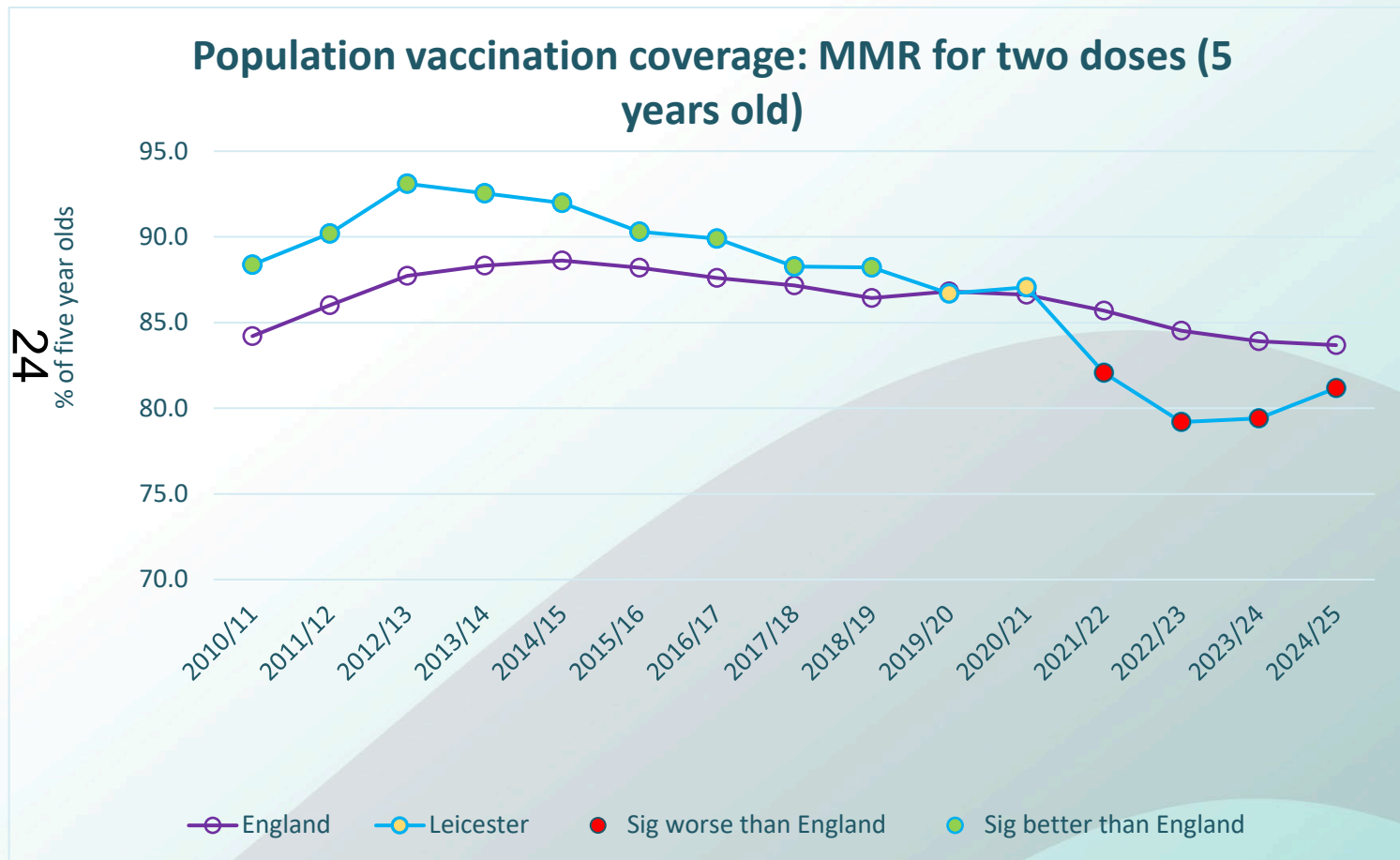
**% Measles cases by region in 2026 up to: 06/04/2026**



[Measles | UKHSA data dashboard](#)

**MMR (2 doses) Vaccination in Leicester and England for 5 year olds:** The picture of MMR vaccination coverage in our five year old children has changed from a picture of significantly better than the national to one significantly worse. In recent years Leicester has seen improvement in coverage and is better than our comparators.

From 1<sup>st</sup> January 2026 the 2<sup>nd</sup> dose of MMR will be given at 18 months rather than 3 years 4 months.



Source: OHID Fingertips

Note: UK Health Security Agency (UKHSA) recommend achieving 95% coverage for two doses of the MMR vaccine.

**MMR Vaccination delivery in Leicester quarterly data for 2025/26:** The quarterly picture for Leicester also shows improvement across the quarters for MMR delivery. The latest for MMR dose 2 delivery at 5 years old is 85.9%, this is higher than the national average at 83.8%.

25

Vaccination	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
MMR Dose 1 at 24 months	88.0%	88.6%	87.7%	
MMR Dose 1 at 5 years	92.5%	92.7%	93.5%	
MMR Dose 2 at 5 years	82.7%	83.1%	85.9%	

**Childhood Immunisations:** Leicester has experienced falling vaccination coverage for a range of childhood immunisations over the last 10 years. The city has often moved from a position of above vaccination target to below the target over this last 10 year period.

Population vaccination coverage	Leicester 2014/15	Leicester 2019/20	Leicester 2024/25
Dtap IPV Hib HepB (1 year old)	96.1%	92.3 %	91.4%
Hib and MenC booster (2 years old)	94.4%	90.8%	<b>88.1%</b>
PCV booster (2 years old)	94.5%	90.8%	<b>86.2%</b>
MMR for one dose (2 years old)	94.8%	91.2%	<b>88.4%</b>
MMR for two doses (5 years old)	92.0%	<b>86.7%</b>	<b>81.2%</b>

26

**Benchmark against goals:** The World Health Organisation (WHO) has set vaccination coverage targets which have been adopted by the Department of Health at national and local levels. The 95 percent target for vaccination coverage is required nationally to ensure control of vaccine preventable diseases within the UK routine childhood vaccination programmes, with at least 90 percent coverage in each geo political unit.

Above 95% target	90% to 95% acceptable range	<b>Below 90%</b>
------------------	-----------------------------	------------------

**Childhood Immunisations:** Leicester, Leicestershire and Rutland has also experienced falling vaccination coverage for a range of childhood immunisations over the last 10 years.

27

Population vaccination coverage	LLR 2012/13	LLR 2014/15	LLR 2019/20	LLR 2024/25
Dtap IPV Hib HepB (1 year old)	97.6%	96.9%	94.8%	93.5%
Hib and MenC booster (2 years old)	96.5%	95.9%	93.8%	91.7%
PCV booster (2 years old)	96.4%	96.0%	93.8%	90.8%
MMR for one dose (2 years old)	95.9%	96.0%	93.9%	91.9%
MMR for two doses (5 years old)	93.4%	93.6%	91.3%	<b>87.1%</b>

**Benchmark against goals:** The World Health Organisation (WHO) has set vaccination coverage targets which have been adopted by the Department of Health at national and local levels. The 95 percent target for vaccination coverage is required nationally to ensure control of vaccine preventable diseases within the UK routine childhood vaccination programmes, with at least 90 percent coverage in each geo political unit.

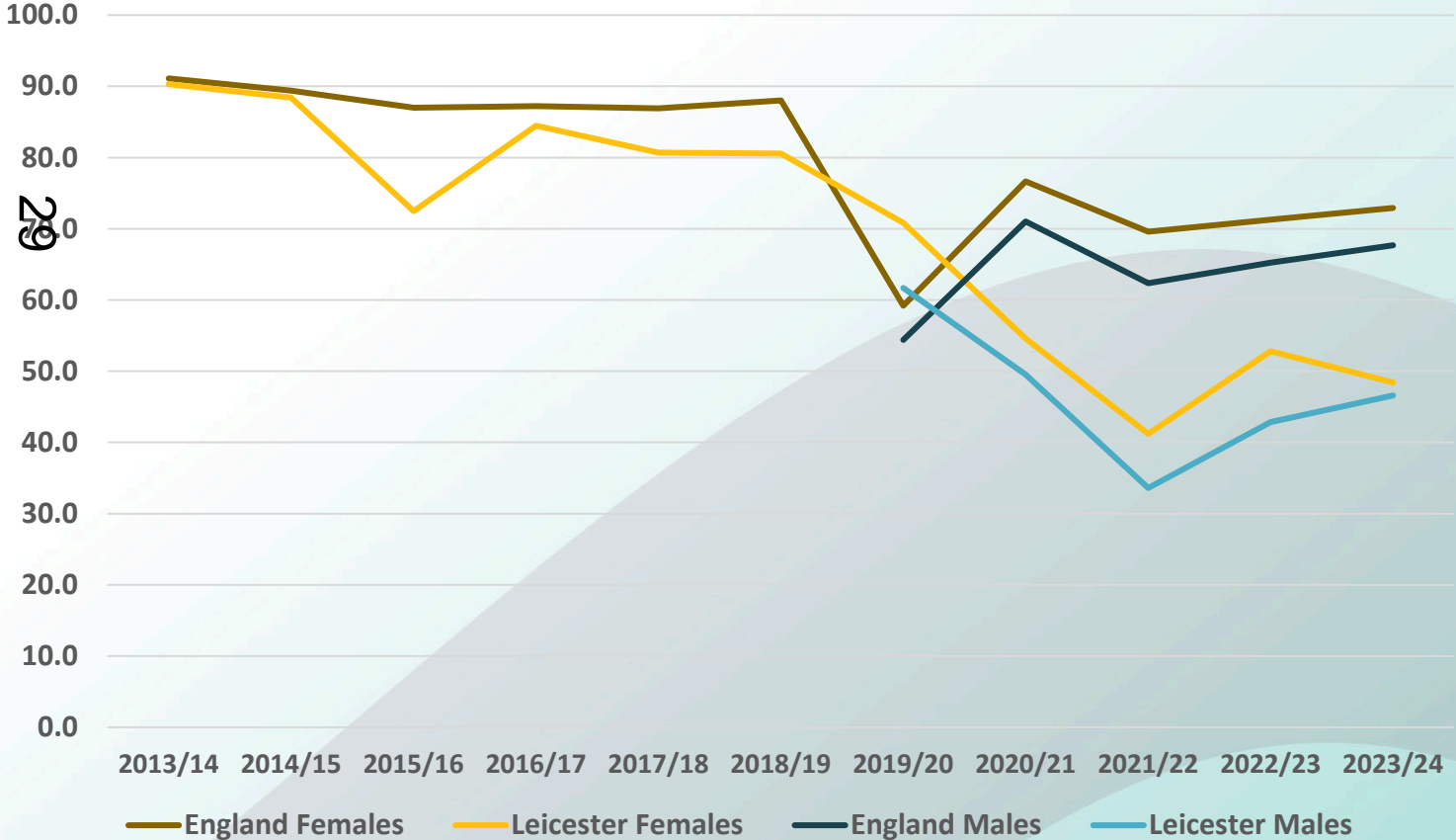
Above 95% target	90% to 95% acceptable range	<b>Below 90%</b>
------------------	-----------------------------	------------------

**Childhood Immunisations change in the last year:** Leicester has seen some small improvement across a range of childhood immunisations in the last year, and placing our coverage closer to the national average for many.

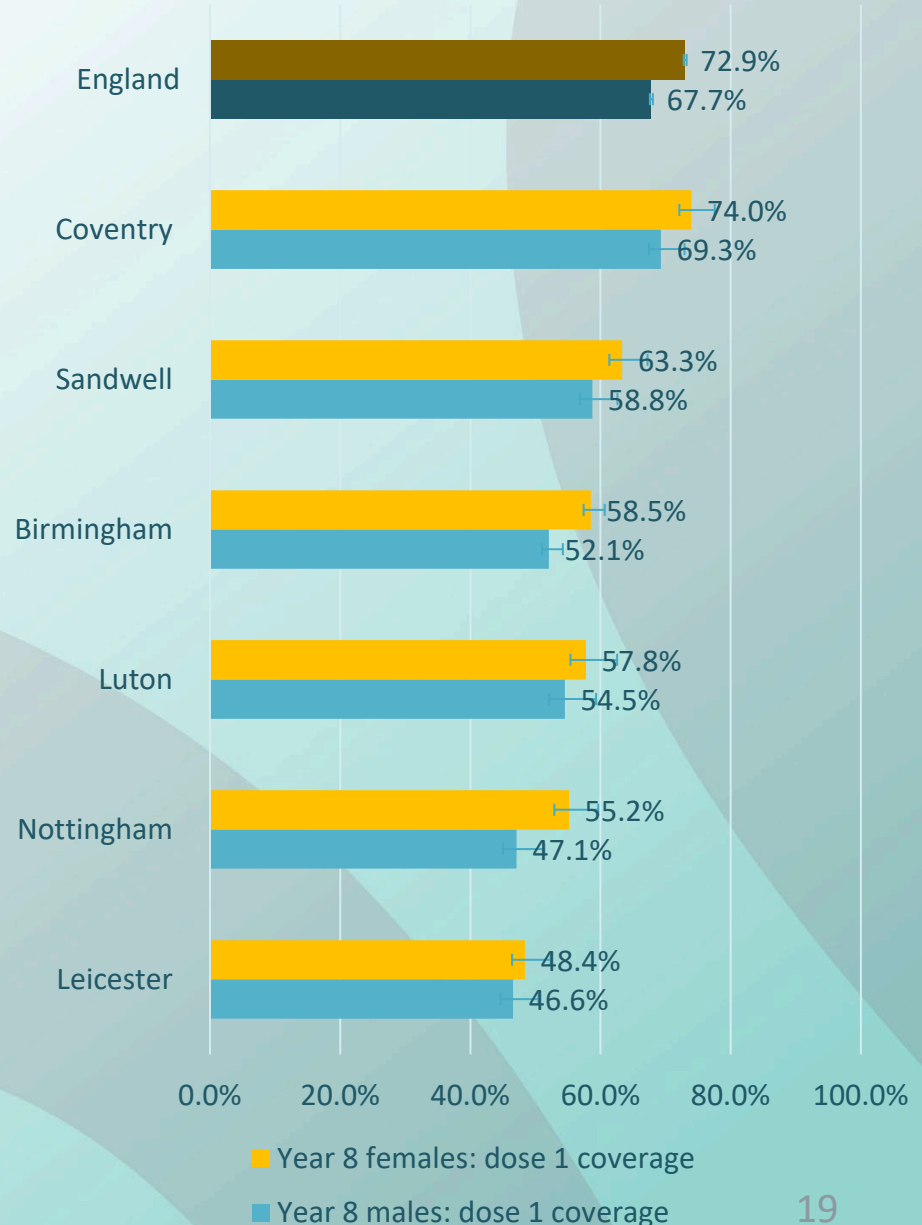
	Leicester 2023/24	Leicester 2024/25	England 2024/25
Population vaccination coverage: Dtap IPV Hib HepB (1 year old)	91.1%	91.4%	<b>91.3%</b>
Population vaccination coverage: MenB (1 year)	89.0%	90.2%	<b>91.0%</b>
Population vaccination coverage: Rotavirus (Rota) (1 year)	85.5%	85.5%	<b>88.8%</b>
Population vaccination coverage: PCV	93.6%	93.8%	<b>93.1%</b>
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	92.6%	93.0%	<b>92.5%</b>
Population vaccination coverage: MenB booster (2 years)	84.3%	86.0%	<b>87.3%</b>
Population vaccination coverage: MMR for one dose (2 years old)	87.7%	88.4%	<b>88.9%</b>
Population vaccination coverage: PCV booster	85.5%	86.2%	<b>88.0%</b>
Population vaccination coverage: Hib and MenC booster (2 years old)	87.0%	88.1%	<b>88.6%</b>
Population vaccination coverage: DTaP and IPV booster (5 years)	75.9%	77.8%	<b>81.3%</b>
Population vaccination coverage: MMR for one dose (5 years old)	91.2%	91.5%	<b>91.8%</b>
Population vaccination coverage: MMR for two doses (5 years old)	79.4%	81.2%	<b>83.7%</b>

**HPV Uptake Trend:** This data relates to vaccine coverage for the routine school-aged HPV immunisation programme in England for the 2023 to 2024 academic year. In recent years, there has been a decline in HPV vaccine coverage nationally and at the local authority level. Leicester has seen some improvement in recent years, however the HPV vaccination rate in the city remains below national and many of our comparators

**HPV vaccine Yr Dose One by sex: Leicester and England**



**HPV vaccine Yr Dose One by sex: Leicester, England and Comparators (2023/24)**



Data source: [and link Human papillomavirus \(HPV\) vaccine coverage estimates in England: 2023 to 2024 - GOV.UK](https://www.gov.uk/government/statistics/human-papillomavirus-hpv-vaccine-coverage-estimates-in-england-2023-to-2024)

Vaccination against HPV reduces cervical cancer risk up to 18 years later with no signs of waning protection, research has shown.

A Swedish analysis of nationwide data of almost a million girls and women between 2006 and 2023 found a 'consistently low incidence of invasive cervical cancer' the follow up period after the introduction of the quadrivalent vaccine.

It extends previous long-term research by six years and with protection particularly strong for those vaccinated before the age of 17 years.

[Writing in the BMJ](#), they concluded that the results 'further support global strategies aimed at cervical cancer elimination through high vaccine coverage, particularly in younger populations'.

Their analysis was based on 926,362 girls and women born between 1985 and 2001 with no previous HPV vaccination or diagnosis of invasive cervical cancer at the start of follow-up in 2006.

Participants were followed up to a maximum age of 38 years, with those vaccinated before age 17 followed up to a maximum age of 34, they reported.

The researchers also took into account age, county of residence, mother's country of birth and history of high-grade cervical lesions and non-cervical cancers, parental education and income.

Overall, 365,502 (40%) of participants had received at least one dose of the quadrivalent HPV vaccine.

The data showed 930 cases of invasive cervical cancer – 97 in vaccinated and 833 in unvaccinated individuals.

Those vaccinated before age 17 had a 79% lower risk of cervical cancer compared with the unvaccinated group, with sustained protection (77% lower risk) for 13 to 15 years after vaccination, the team reported.

[In those vaccinated at age 17 or older](#), the analysis showed a 37% lower risk of invasive cervical cancer compared with the unvaccinated group, with a 46% lower risk 10 to 12 years after vaccination and a 77% lower risk 13 to 15 years after they were vaccinated.

The figures also showed a population level decline in cervical cancer cases over time, progressively falling as more girls and women were vaccinated.

'This risk reduction was observed regardless of age at vaccination initiation, with no indication of waning or attenuation over time,' they said.

'To our knowledge, this is the first study to assess how the risk reduction varies by time since HPV vaccination based on the longest follow-up.'

Last year GPs were told to focus on [HPV vaccination as part of the national immunisation campaign](#).

[It followed changes to cervical cancer screening intervals from three to five years](#) for women aged 25 to 49 years who have a negative HPV test in England.

Uptake of HPV vaccination had declined in the pandemic but has since shown signs of recovery.

## SCRUTINY COMMITTEES: TERMS OF REFERENCE

### INTRODUCTION

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

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

Scrutiny Committees may:

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

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

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

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

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

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

## **SCRUTINY COMMITTEE: OVERVIEW SELECT COMMITTEE**

The Overview Select Committee **will**:

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

## **SCRUTINY COMMISSIONS**

Scrutiny Commissions **will**:

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

Our mission

**Making a difference, together**



**Leicestershire Partnership**  
NHS Trust

# Leicestershire Partnership NHS Trust



Appendix C

# Welcome and introduction

- We provide community health, learning disability and mental health support to over 1 million people living in Leicester, Leicestershire and Rutland (LLR).
- Our services touch the lives of all ages (from health visiting to end of life care), from head to foot (from mental health to podiatry) and everything in between.
- We have 8433 staff (including bank staff) who provide this care through three clinical directorates:
  - Mental health services
  - Families, young people and children's services and learning disabilities and autism services
  - Community health services
- We operate in over 100 premises across LLR and continue to develop community-based and preventative services in neighbourhoods to support earlier intervention and help people receive care closer to home, wherever possible.

34



Our vision  
what we are aiming for

35  
Together we thrive, building compassionate care and wellbeing for all.

Our group strategy  
how we will get there

-  **T** Technology
-  **H** Healthy Communities
-  **R** Responsive
-  **I** Including everyone
-  **V** Valuing our people
-  **E** Efficient and effective

Our mission  
why we do what we do everyday

Making a difference, together

Our values and leadership behaviours  
how we act

Compassion, respect, integrity and trust

-  Valuing one another
-  Recognising and valuing people's differences
-  Taking personal responsibility
-  Working together
-  Always learning and improving

# LPT performance

- Three consecutive **ratings of 'Good' from CQC** in most recent reports for the following services:
  - mental health crisis and health-based place of safety
  - specialist community mental health services of children and young people
  - community mental health services for adults of working age.
- For the fourth quarter in a row we are in the **second of four segments in the NHS National Oversight Framework**, ranked 23<sup>rd</sup> out of 61 community and mental health trusts (up from 27<sup>th</sup>).
- ω We achieved full marks for cleanliness in a national survey of health providers led by patients. We **scored 100 per cent for the third year running in the 2025 Patient-Led Assessments of the Care Environment (PLACE)**. We also received excellent scores for other categories, including 99.97 per cent for condition, appearance and maintenance, and 98.7 per cent for privacy, dignity and wellbeing.
- Recent awards include HSJ Digital Award 2026 for Chat Mental Health service; Triangle of Care Star 2 award from Carers' Trust; and several of our nurses winning international DAISY awards.

# LPT in numbers



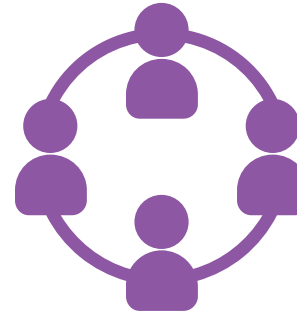
8.4k

staff  
(including bank staff)



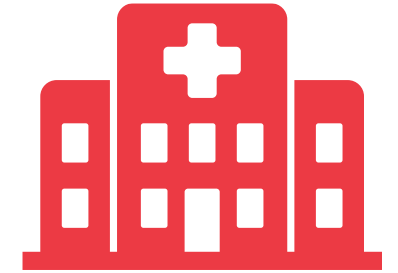
218.8k

active caseloads



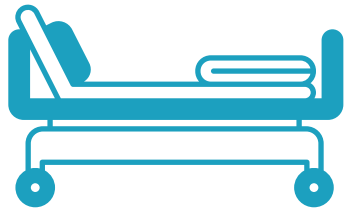
1.9m

community contacts



100+

premises



187k

bed days



91%

positive FFT ratings



1.5m

appointments across  
LLR in 2025/26



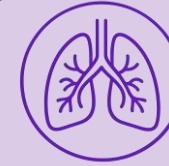
220

active volunteers



# LPT Community Health services

- **Community-based** healthcare closer to home, supporting independence and wellbeing.
- **Neighbourhood multidisciplinary** care through integrated teams and local partnerships.
- ∞ ○ **Prevention, rehabilitation, recovery** and long-term condition management.
- **Coordination of care** across health, social care and voluntary sector services.
- **Improvement in outcomes** whilst reducing avoidable hospital attendance and pressure on acute services.



## Respiratory pathway examples:

- **Respiratory specialist nurses and therapists** work alongside GPs and practice nurses to improve COPD care, self-management and outcomes.
- **Home visits and community respiratory clinics**, supporting people with COPD to remain independent and avoid hospital admission.
- **Rapid specialist support** for people experiencing COPD exacerbations, helping them remain safely at home and reducing avoidable admissions.
- **Supporting primary care** through specialist advice, shared management approaches and targeted intervention for people with complex respiratory needs.



# LPT Mental Health services

- **Specialist assessment, treatment and recovery** support.
- **Severe mental illness** support for independent living, community connections and avoidance of unnecessary hospital admissions.
- 3  
○ **Integrated neighbourhood-based** care in partnership with primary care, local authorities, voluntary sector organisations and communities
- **Prevention, early intervention, crisis support and recovery**, ensuring timely access to appropriate care.
- **Reducing health inequalities** and improvement in physical health outcomes through targeted support and annual physical health checks.



## Mental Health examples of care:

- **The Mental Health VCSE Alliance** brings together community organisations and NHS partners, improving access, prevention, recovery support and wellbeing.
- **25 (and growing) Neighbourhood Mental Health Cafés** providing over 40 safe, accessible community support weekly sessions: offering early intervention, practical advice and alternatives to crisis services. 800 people benefiting on our cafes monthly.
- **Fearon Hall and LPT neighbourhood mental health hub**, expanding community-based wellbeing, early intervention and recovery support.



# LPT Family, Children, Young People, Learning Disability and Autism services

40

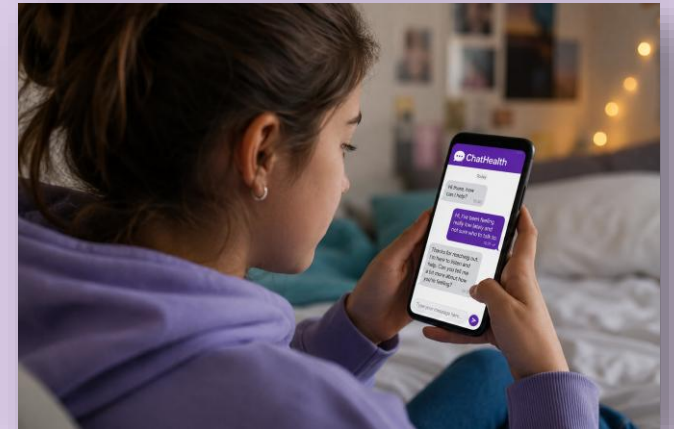
- **Supporting children, young people and families** to achieve the best possible health, wellbeing and life outcomes.
- **Specialist services** for children and young people with physical health, developmental, emotional wellbeing and neurodevelopmental needs.
- **Health services for people with learning disabilities and autistic people**, helping to reduce health inequalities and improve access to care.
- **Working in partnership** with schools, local authorities, primary care and community partners to provide integrated support around the needs of individuals and families.
- **Leading preventative approaches** that promote early intervention, improved life chances and supporting people to live healthy and independent lives.



**ChatHealth**  
example:



- **Award-winning digital messaging service** providing confidential access to healthcare professionals, improving access, engagement and early intervention for young people.





# Reducing health inequalities and our social value impact in communities

## Understanding our communities

- ✓ Trust Board priority.
- ✓ Data and evidence led.
- ✓ Identifying and tackling inequalities in service access and outcomes.
- ✓ Targeted interventions.
- ✓ Transformation and QI programmes and governance.

## Working in partnership

- ✓ Collaborative work with Public Health, local authorities and community partners.
- ✓ Example: Tackling social isolation within communities and hypertension risk with Leicester Public Health.

## Creating opportunities

- ✓ One of the largest employers within our communities.
- ✓ Investing in local people, skills and employment.
- ✓ Partnership with Leicester College delivering NHS Sector-Based Work Academies.

## Our impact in communities

1. Better Health
2. Better Access
3. Better Opportunities
4. Stronger Communities





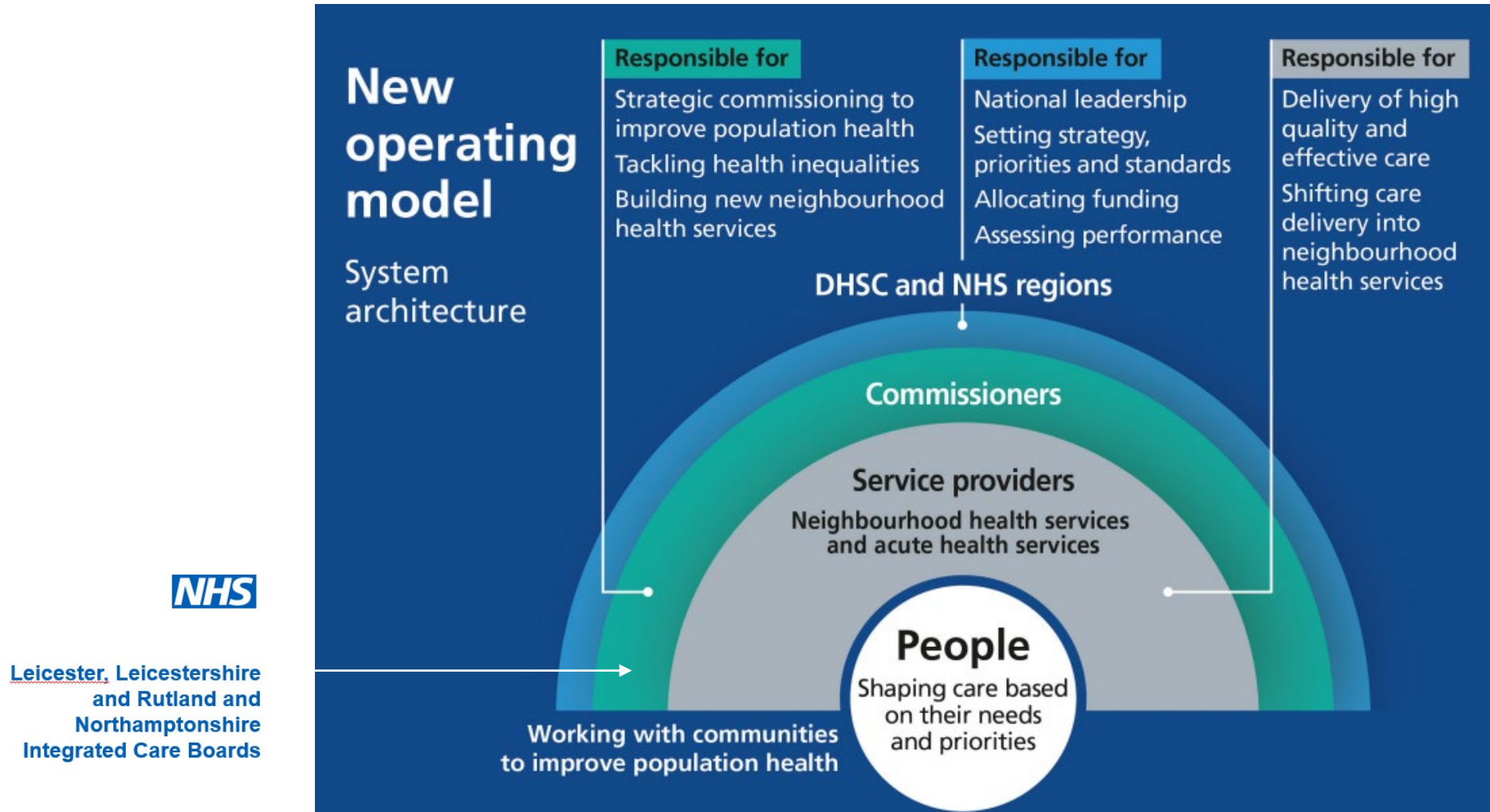
# Integrated Care Board (ICB) introduction

43

- Building a cluster for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB
- Our role and strategy

# ICBs' refreshed role in new national operating model

44



# Why is change required



**A refreshed and refocused role to ICBs.** The national Model ICB Blueprint outlines the crucial function of ICBs in the delivery of the NHS 10 Year Health Plan in acting as **strategic commissioners**, improving population health outcomes, reducing inequalities, setting strategy and ensuring effective use of NHS resources to deliver maximum benefit for their population

45



**Revised resourcing envelop for ICBs to operate within.** ICBs across the country have been tasked with reducing costs by an average of 50% nationally to meet the expectation of costing £19.40 per head of population. In Leicester, Leicestershire and Rutland (LLR) this represents a revenue reduction of 33% and in Northamptonshire 29%.



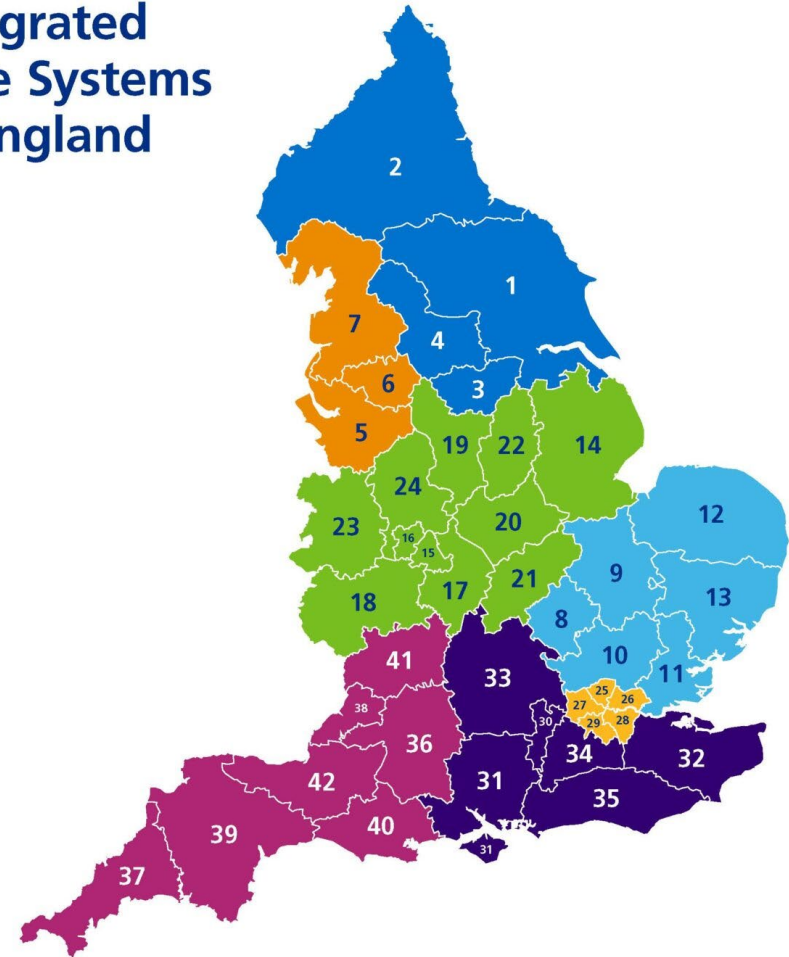
**Increased focus on collaboration across regional footprints.** The Model ICB Blueprint outlines functions and activities where ICBs could come together to deliver at a larger scale. The blueprint also points to areas which can be delivered by local organisations other than ICBs and those areas which should be delivered by different regional or national structures.

# National Response

- There are 42 ICBs in England
- The vast majority of these are now entering clustering arrangements to help them rise to the outlined challenges
- In the Midlands NHS England has agreed that the 11 ICBs will form five clusters
- These are:
  - **Leicester, Leicestershire and Rutland with Northamptonshire**
  - Derbyshire with Nottinghamshire and Lincolnshire
  - Birmingham and Solihull with Black Country
  - Staffordshire and Stoke-on-Trent with Shropshire, Telford and Wrekin
  - Coventry and Warwickshire with Herefordshire and Worcestershire

46

## Integrated Care Systems in England



# What our clustering means

- Both LLR and Northamptonshire ICBs remain as separate statutory bodies for the time being working in partnership.
- The organisations will have:
  - Single board governance
  - A unified leadership team
  - Shared staffing structure.
- Building a transformational cluster between Northamptonshire ICB (NICB) and LLR ICB provides us the opportunity to drive forward the Ten-year-Plan within our communities and neighbourhoods, continue to improve health outcomes, while at the same time rise to the very real financial challenges we face.
- We are now in the early stages of engaging in discussions around moving from a cluster to a formal merger

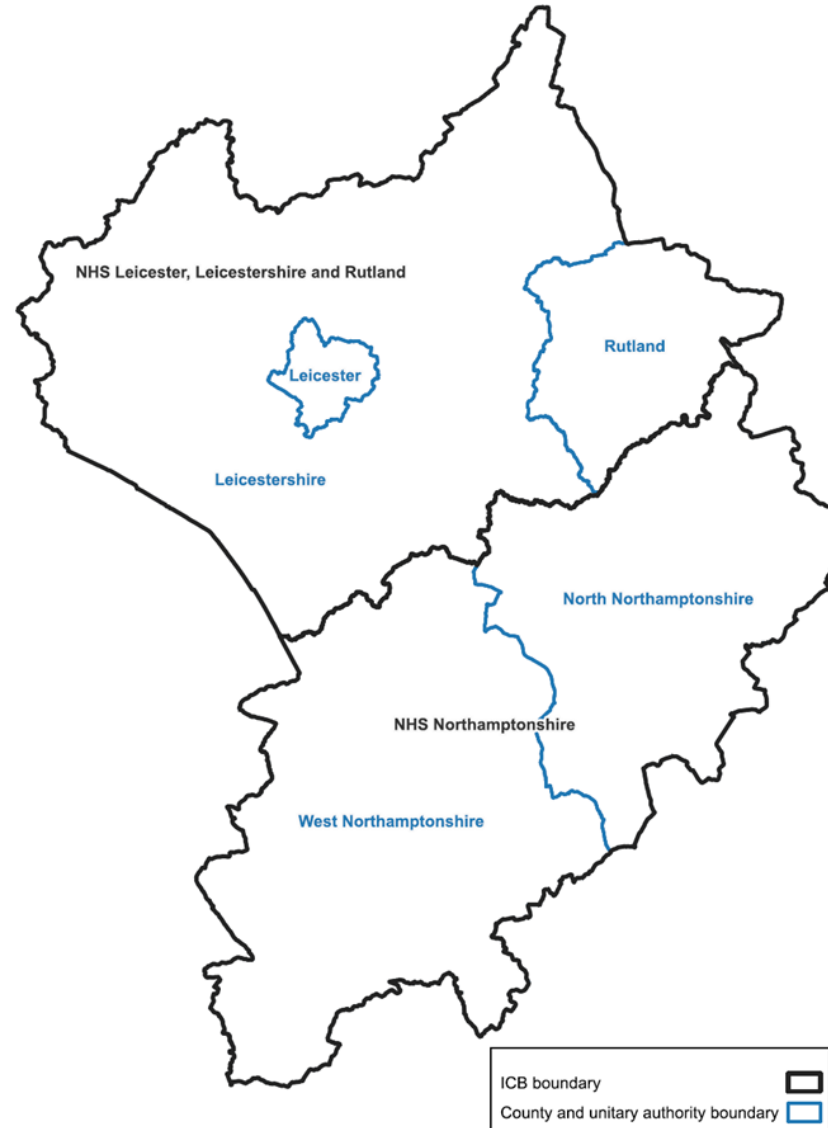
# Our geography

£5bn  
total budget

5 Provider Trusts

42 Primary Care  
Networks

5 Upper-Tier  
Local Authorities



Population:  
2m

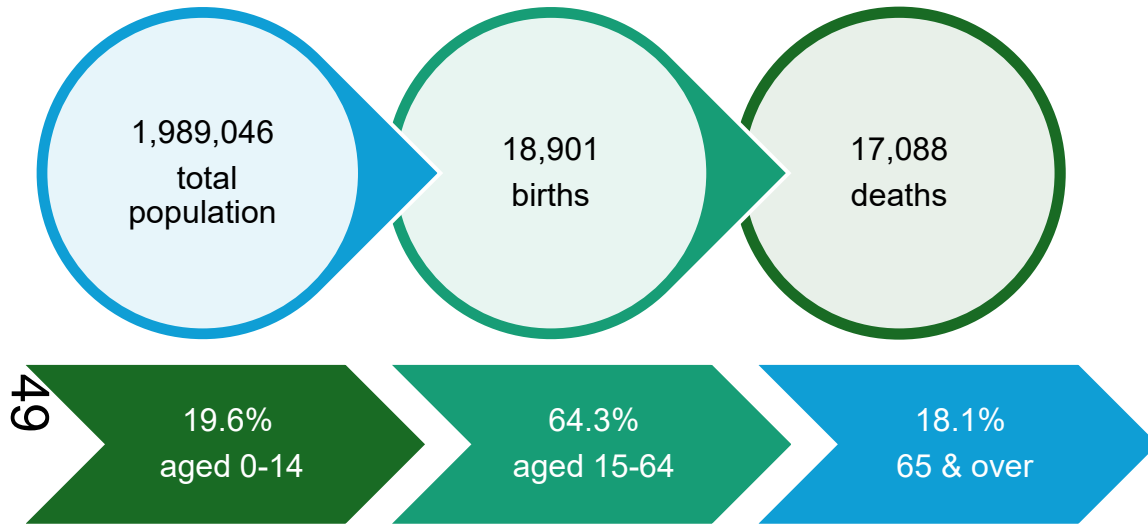
5 Places

20  
neighbourhoods

5 Health Overview  
Scrutiny Committees

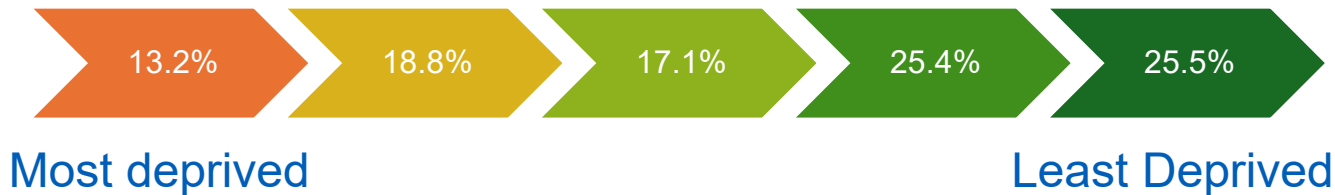
# Our population

## In 2024



## Deprivation

13% of the LNR population live in Core 20 areas



## In the 2021 Census

- Ethnicity:
  - 78.8% White
  - 13.3% Asian, Asian British or Asian Welsh
  - 3.6% Black, Black British, Black Welsh, Caribbean or African
  - 2.6% Mixed or Multiple ethnic groups
  - 1.6% Other ethnic group
- Health Status
  - 83% Good or very good health
  - 12.4% Fair health
  - 4.5% Bad or very bad health
- Disability
  - 16.2% Disabled under the Equality Act
  - Provision of unpaid care
  - 8.4% of population age 5 and over provide unpaid care with 1.2% providing 20 or more hours per week
- Sexual Orientation
  - 1.2% of over 16-year-olds are Gay or Lesbian
  - 1.2% are Bisexual
  - 0.3% are Other Sexual Orientation
  - 7.6% chose not to answer

# Our focus – The Strategic Commissioning Approach

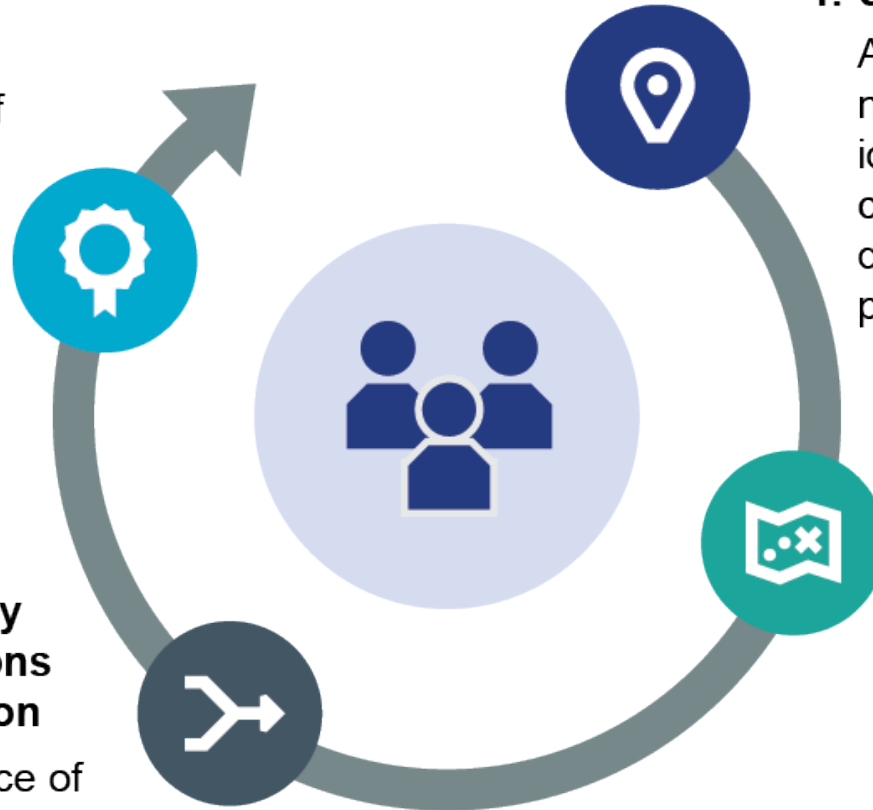
50

## 4. Evaluating impact

Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

## 3. Delivering the strategy through payer functions and resource allocation

Oversight and assurance of what is purchased and whether it delivers outcomes required



## 1. Understanding local context

Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

## 2. Developing long-term population health strategy

Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

# Our focus – underpinning strategic commissioning



Improve population health and ensure access to consistently high-quality services



Commission, invest in and evaluate services to improve outcomes and reduce inequalities



Accountable for health budgets – ensuring best value now and in the future



Align resources strategically with long-term health objectives



Lead population health strategy – evidence-based and long-term focus



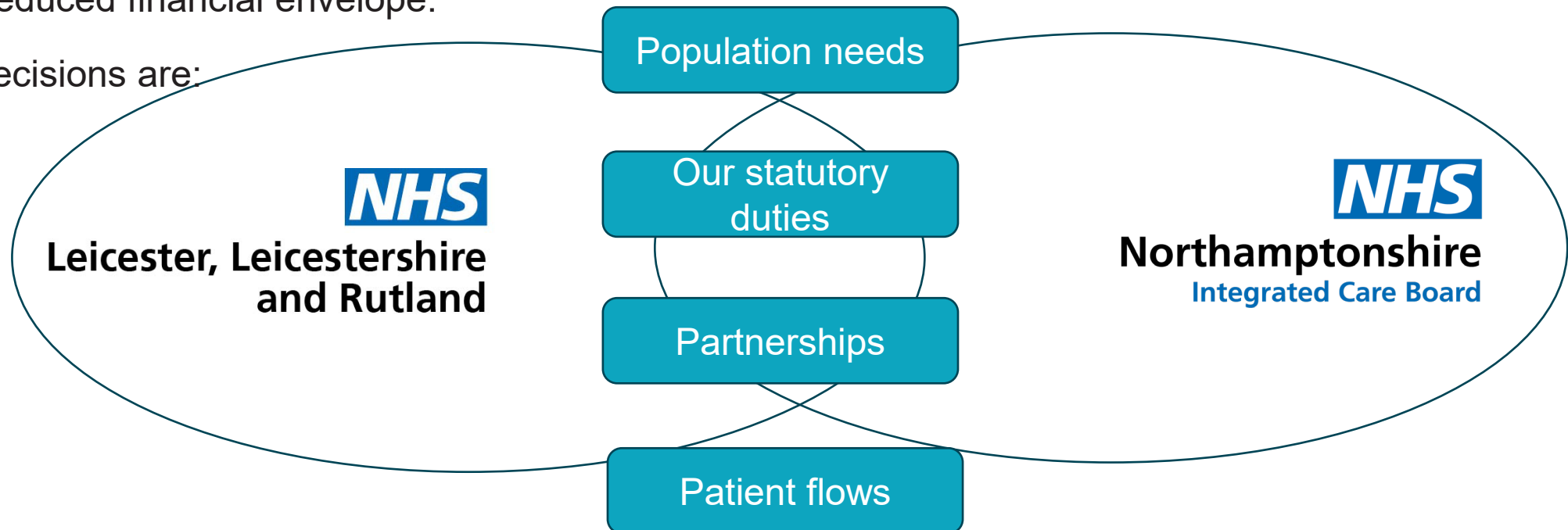
Manage clinical and financial risks across the system

# Our design process

- Designing the new cluster for LLR and Northamptonshire ICBs will need to meet population needs while reducing running costs
- The functions of each ICB are under review to ensure they align with the Model ICB Blueprint; what to keep, grow, reduce, transfer or stop
- We are moving the organisations into a single staff structure refocused on the new role of the ICBs and within the new reduced financial envelope.

52

Underlying all decisions are:



Mission

To commission healthcare services across Leicester, Leicestershire, Rutland and Northamptonshire to improve population health, reduce inequalities and ensure access to high-quality efficient healthcare for all.

Aims

**CORE COMMISSIONING**  
To plan, commission and assure, financially sustainable, high-quality health services that meet the needs of our patients.

**STRATEGIC TRANSFORMATION PRIORITIES**  
Plan and commission services to strengthen urgent and integrated care pathways to better support people with frailty and long-term conditions, increase same-day care capacity, to reduce avoidable A&E attendances, admissions, and delays

**PARTNERSHIP WORKING HEALTH BEYOND HEALTHCARE**  
Partnering with local authorities and the voluntary sector to improve health, integrate services, and reduce health inequalities

Action

- Deliver the NHS mandate
- Commission sufficient elective capacity to reduce waiting lists
- Improve same-day access with stronger community care, rapid assessment, and alternatives to ED
- Support strategic transformation of CYP services (Inc Weight Management, SEND)
- Commission N'hood Health Services
- Improve cancer services & early diagnosis
- Improve maternity services provision
- Improve access to MH services
- Deliver core LD&A performance standards
- Build capability in strategic market management

FRAILTY	PREVENTABLE MORTALITY	CYP (MH & ND)
<ul style="list-style-type: none"> <li>• Personalised care delivered closer to home.</li> <li>• Clear access and coordinated response for deterioration and crisis</li> <li>• Rapid hospital-based assessment without admission.</li> <li>• Stronger recovery, step-down and post-hospital support</li> <li>• Resilient communities, carers and workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Population-level prevention schemes, targeting underserved communities</li> <li>• Early diagnosis to improve outcomes and reduce the number of undiagnosed people</li> <li>• Ensuring people have access to the right treatment pathways</li> <li>• Support in primary and community care through new neighbourhood models</li> </ul>	<ul style="list-style-type: none"> <li>• Optimise ASD and ADHD diagnostic pathways</li> <li>• Develop a consistent early intervention and navigation approach</li> <li>• Integrate Mental Health Support Teams and neurodiversity roles within schools</li> <li>• Develop CYP-specific neighbourhood MDTs</li> <li>• Mobilise and mature the CYP Lead Provider model in Northamptonshire</li> <li>• Strengthen transition across the life course</li> </ul>

- Active partner in Health and Wellbeing Boards
- Contribute and support delivery of place & neighbourhood health plans
- Work with partners to help address the wider determinants of health
- Work effectively with the VCSE sector to engage all the communities
- Work to improve access to dentistry care services
- Embed prevention and early intervention approaches into all partnership activity
- Share data and insights with partners to target inequalities

53

Benefits

- Ensure the delivery of good quality, effective services to the public
- Improve patient experience and outcomes
- Meet the needs of the local population
- Support providers in improving the care they deliver
- Commit resources to invest in the delivery of the main strategic intent
- Staff feel valued, developed, and supported to thrive, enabling them to provide outstanding care

- Early recognition prevents crises, reduces avoidable admissions, and enables proactive planning
- Maintaining strength and mobility reduces falls, hospital length of stay, and long-term dependency
- Preventing delirium avoids cognitive decline, improves experience, and independence
- Reduce emergency admissions
- Optimised long-term condition management reduces exacerbations, hospitalisations, and mortality.
- Faster acute response and rapid diagnostics improve survival and reduce complications.
- Support care closer to home and reduce pressure on hospitals.
- Reduced health inequalities through proactive identification and targeted support
- Earlier access improves outcomes for CYP
- Smoother transitions reduce gaps in care and deterioration
- More community and school-based support reduces crises and hospital use
- Timely neurodiversity assessments and health checks improve equity and long-term health
- Clearer pathways improve experience for CYP and families

- Improve work on primary preventions
- Increased access to dentistry services across the county
- Increased good quality housing provision along with the associated health services
- Our patients are actively engaged in shaping services
- Increased skills and access to employment opportunities
- Increased activity level across the county

Enabled by:

NHS 10 Year Plan Shifts: Hospital to Community | Analogue to Digital | Sickness to Prevention

Transacted & Assured by:

Our Strategic Commissioner Target Operating Model | Our Outcomes Framework





University Hospitals  
of Leicester  
NHS Trust

# Introducing University Hospitals of Leicester NHS Trust – our role, performance and strategy

# Who we are

- UHL is a large teaching trust providing care from acute, community and virtual settings
- We are a national and regional centre for specialist treatment, a renowned biomedical research facility, and the local hospitals for people in Leicester, Leicestershire and Rutland
- We have an international reputation for research excellence in areas including cardiovascular, respiratory and diabetes



# Our acute sites



**University Hospitals  
of Leicester**  
NHS Trust

Glenfield Hospital



Leicester General Hospital



Leicester Royal Infirmary



# Our community sites



University Hospitals  
of Leicester

NHS Trust



# UHL in numbers



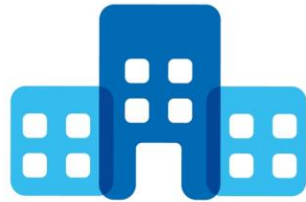
University Hospitals  
of Leicester

NHS Trust

59



18,000 colleagues, representing  
over 70 nationalities



3 acute hospitals  
8 community sites



£1.8 billion  
annual turnover



1.4 million  
patient visits each year



260,000 Emergency Department  
attendances each year



1,900 beds



10,000 babies  
born each year



16,000+ patients  
involved in clinical trials

# Current performance

- Challenging urgent and emergency care position - the Leicester Royal Infirmary has the busiest single site Emergency Department in the country with more than 1,000 patients attending on our busiest days - ambulance handover times and 4-hour waits are improving
- Elective performance is improving, with sustained progress in reducing long waits and a focus on accelerating elective recovery. Cancer wait times remain a priority
- We have an active maternity and neonatal improvement programme and are part of the national Baroness Amos Review
- Our latest Friends and Family Tests scores are 95.8% (Inpatients) and 86.3% (Outpatients), 93.1% (Maternity) and 79.5% (Emergency Department)
- We are in segment 4 of the NHS National Oversight Framework, reflecting ongoing financial and access challenges

# Our strategic framework

Vision: Leading in healthcare, trusted in communities

Five goal areas

High-quality care for all

A great place to work

Partnerships for impact

Research and education excellence

Financial sustainability

61

Our UHL values

  
Compassionate

  
Proud

  
Inclusive

  
One team

Embedding health equality and inclusion in all we do

Enablers of success

Continuous improvement approach 

Digital, data and technology 

Becoming a Green Trust 

Working with people and communities 

# High-quality care for all

- Safety and quality measures are improving
- Cutting waiting times remains a key focus, particularly for cancer care
- First Trust in UK to achieve prestigious Pathway to Excellence accreditation for two sites – Glenfield and LRI – working towards LGH
- Several state-of-the-art facilities opened in last five years, increasing capacity and enhancing experience - more on the way through the New Hospitals Programme
- UHL is a national leader in transforming digital services for patient and colleague benefit



# A great place to work

More than 11,500 colleagues (58.7%) completed the 2025 NHS Staff Survey, with UHL placed as:

- Best teaching hospital in the Midlands
- Second highest acute provider in the East Midlands as a place to work
- Best in the region for colleagues feeling safe and healthy

We have more to do to improve inclusion and experience at work, and we continue to invest in our people through education, development and wellbeing support



# Financial sustainability

- We delivered the financial position agreed with NHS England in 2025/26, reducing the deficit from the previous year
- We are forecasting further reduction of the deficit in 2026/27
- Finance remains a significant challenge
- We continue to focus on ensuring high-quality care and services while safely reducing pay and non-pay costs



# Research and education

- Around 1,000 active studies at any one time
- More than 16,000 patients involved in clinical trials
- Research is embedded in routine clinical care across all three acute sites

65

One of only a small number of trusts to host:

- NIHR Biomedical Research Centre
- NIHR Clinical Research Facility
- NIHR Patient Recruitment Centre
- NIHR-CRUK Experimental Cancer Medicine Centre
- NIHR Clinical Research Network East Midlands



# Partnerships for impact

- Our collaboration with University Hospitals of Northamptonshire - the UHL and UHN Group - is focused on improvements at scale for 1.9m patients
- Our Group Clinical Strategy aims to transform care by improving outcomes for long-term conditions and cancer, reducing waiting times and variations in care, and ensuring services are sustainable
- Locally, we have a strong focus on integrating care, including work with GPs and partners on neighbourhood care models
- We continue to strengthen relationships with communities and VCSE partners



# Embedding health equality in all we do

- UHL's Health Equality Partnership brings together community partners to shape culturally competent, accessible care
- We have a clear anti-racist, anti-discriminatory approach to fair, compassionate care
- We are focused on prevention and working with communities to spot issues early and reduce health inequalities
- We bring people together to tackle issues, and are currently planning our third Health Equality Summit, *Together We Can*, to drive action with colleagues, partners and communities

67





# Dentistry

Public Health and Health Integration Scrutiny Commission

Date of meeting: 30<sup>th</sup> June 2026

Lead Director/Officer: Rob Howard, Director of Public  
Health, Leicester City Council  
Julie Lemmy, Director of Primary Care, LNR ICB Cluster

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## Useful information

■ Ward(s) affected: All

■ Report author:

- Liz Rodrigo Consultant in Public Health
- Chirag Ruda Programme Officer (Children's)
- Jo Grizzell, Senior POD Strategic Commissioning Manager, LNR ICB Cluster
- Lewis Parker, Commissioning Manager, East Midlands Primary Care Team

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■ Report version number: Version 1.0

### 1. Summary

1. Children's dental decay has shown some signs of improvement, however, continues to be remain higher than the English rates.
2. Leicester reports the third highest oral cancer mortality rate in England.
3. Members are invited to note the contents of the report, describing the data related to oral health providing information on joint working between Leicester City Council and Leicester City ICB place, Public Health and health promotion, current dental service provision and future plans to improve access to NHS dental services.
4. NHS dental commissioning in the East Midlands transferred from NHS England to local Integrated Care Boards (ICBs) in April 2023, enabling more responsive, locally driven planning supported by a central operational team. In Leicester, Leicestershire, and Rutland (LLR), mid-year activity for 2026/27 shows improved performance.
5. Significant expansion in urgent care has been achieved, exceeding national targets and supported by financial incentives to increase capacity further. Plans include the procurement for oral surgery (Intermediate Minor Oral Surgery [IMOS]), plus schemes enabling providers to deliver additional activity, contract rebasing to reinvest underused funding, expanded General Anaesthetic capacity for paediatrics, and targeted pilots for high-needs patients.

### 2. Recommended actions/decision

6. To note.

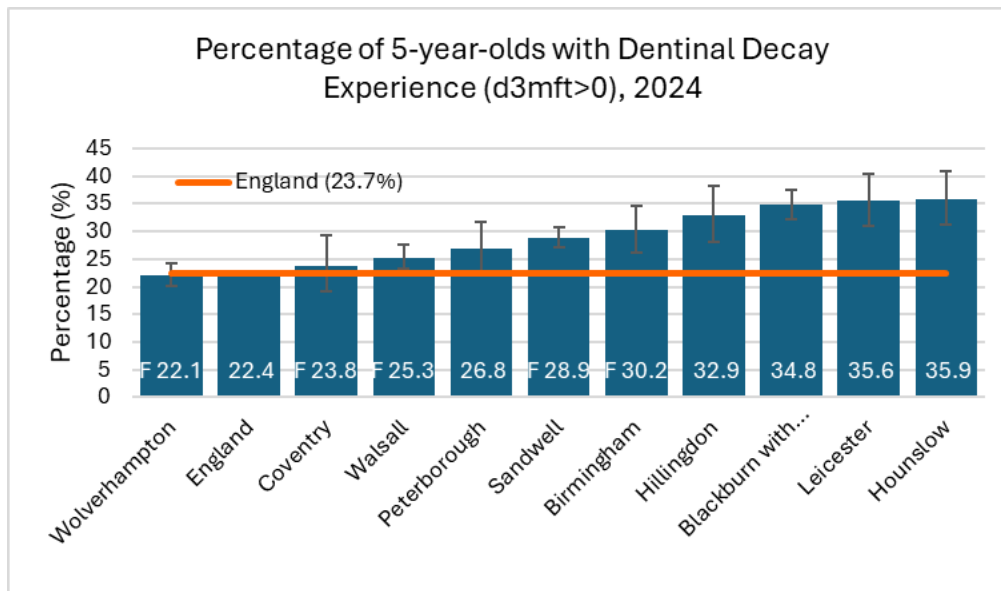
### 3. Scrutiny / stakeholder engagement

#### 4. Detailed report

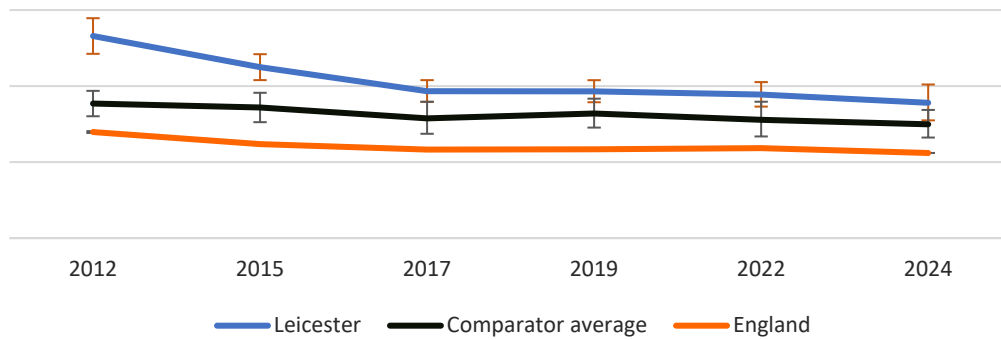
Data regarding oral health need is limited. There is a sample survey of 5-year-olds dental health including a physical examination that is undertaken bi-annual. This data is presented below and shows the progress that has been made in Leicester since 2012.

Leicester has reported poor oral health amongst children for many years. Currently, over one in three (35.6%) of children examined were found to have decay experience. This is a fall from the 9<sup>th</sup> highest prevalence to 13<sup>th</sup> of all participating local authorities and is significantly higher than the national average (23.7%).

Nevertheless, this figure follows the slight decrease observed in the previous survey and is significantly lower than a decade ago (53.2% in 2012). Further analysis shows that children in the most deprived areas are significantly more at risk.



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



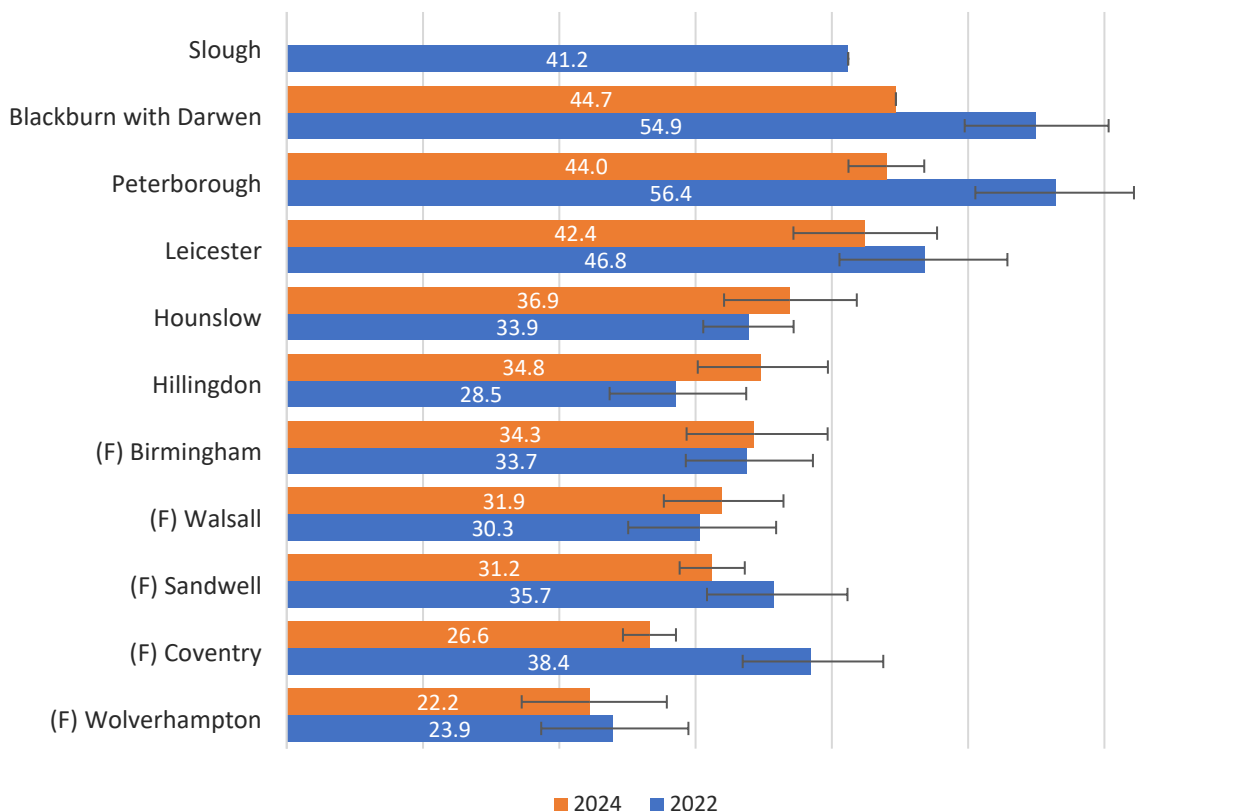
To understand the early signs of decay a new indicator was introduced (in 2022) looking at both enamel and dentinal decay.

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

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

**Both these indicators of child oral health show the lower prevalence reported in local authorities with fluoridated water.**

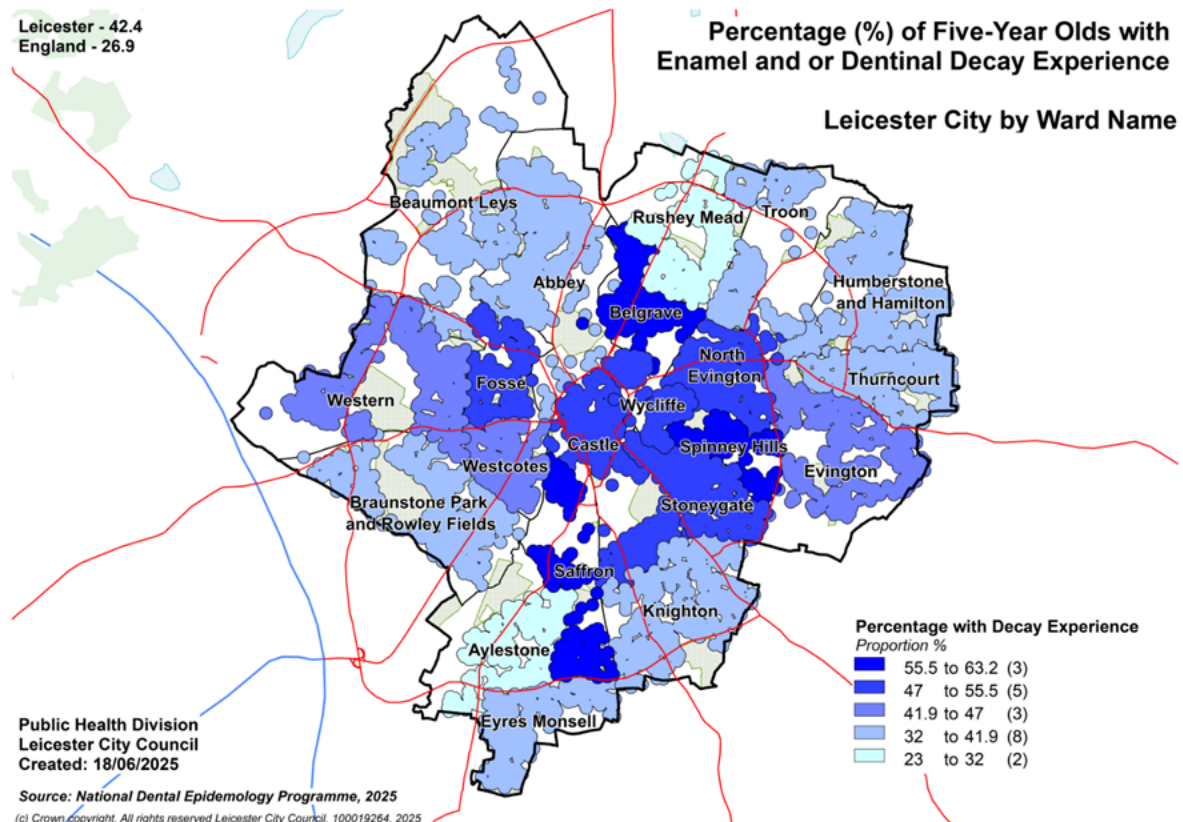
Prevalence of enamel and or dentinal decay  
2022 & 2024



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

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

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



Members are advised that NHS England was responsible for the commissioning of NHS dental services until 31 March 2023. Effective 1 April 2024, responsibility for commissioning NHS dental services including primary, community, and secondary dental care was formally delegated to the East Midlands Integrated Care Boards (ICBs). This transition empowers the ICBs to address local population needs through localised commissioning which are aligned to its Oral Health Needs Assessment (OHNA).

With support from the East Midlands Primary Care Team (currently hosted by Nottingham & Nottinghamshire ICB), the ICB has developed plans to improve not only general access to NHS dental services, but also specific initiatives tailored to the needs of the local population.

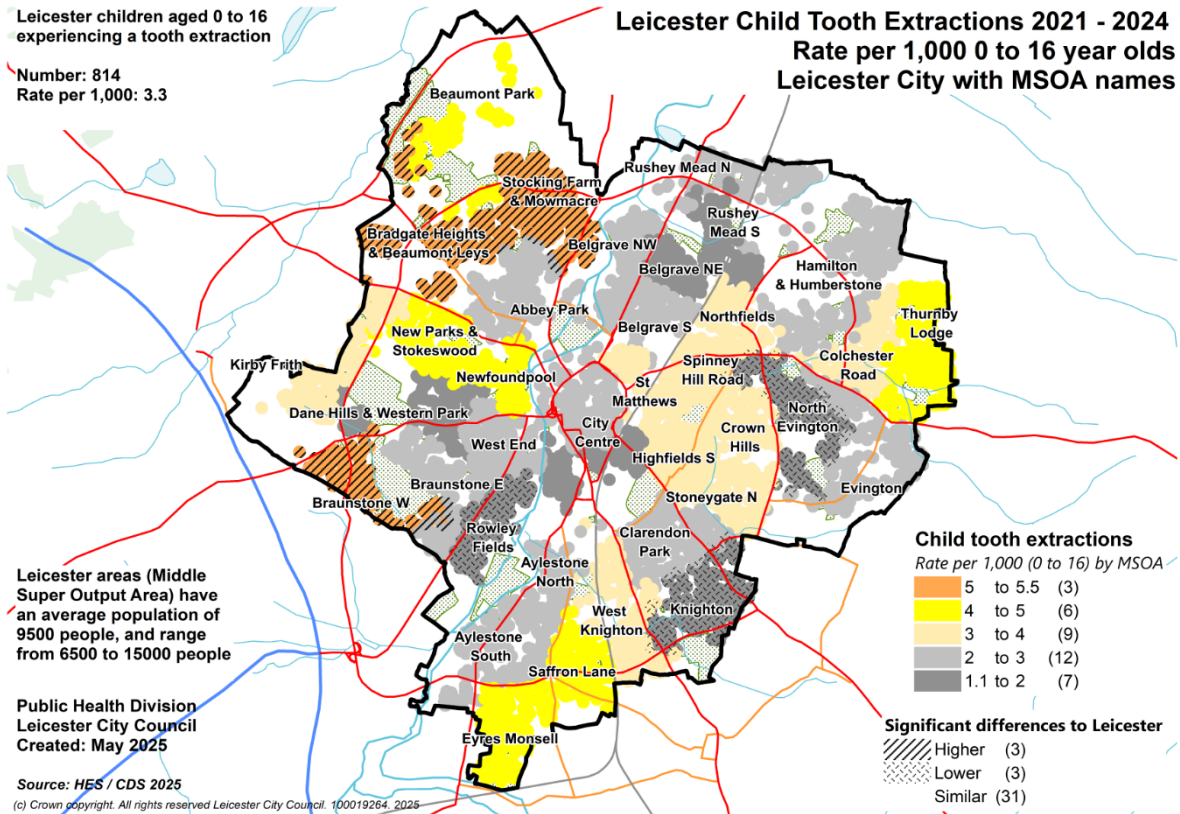
### Child tooth extractions in Leicester by MSOA

Data for tooth extractions in children is provided by both the Community Dental Service (CDS) and University Hospitals of Leicester UHL).

Currently CDS provide the majority of the extractions however the nationally reported data only comes from UHL. This results in an incomplete picture in published data and underrepresents the level of decay in Leicester Children. Please note that not all extractions are due to decay and some may be following trauma (e.g. falls or sporting accidents).

Some of the most deprived MSOAs in the city are reporting significantly higher rates of child tooth extraction including Braunstone, Stocking Farm and Mowmacre, and Beaumont Leys.

Other deprived areas including Eyres Monsell, Saffron, New Parks, and Thurnby Lodge also report high rates.



## Adult Data

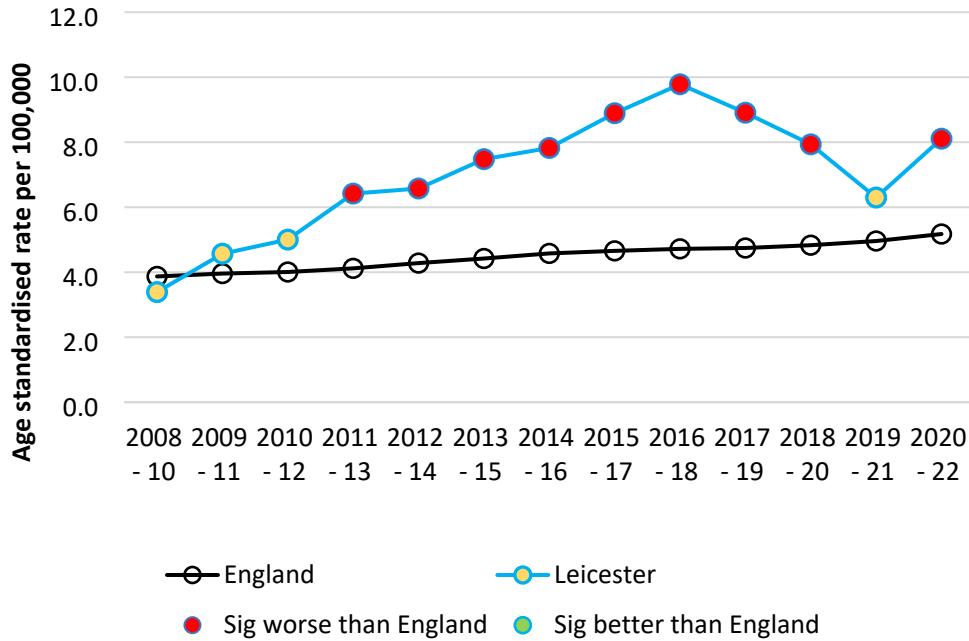
We do not have any data related to the health of teeth in adults. There is no centralised data collection, dentists use a variety of data collection systems and there is a mix of NHS and Private provision.

## Oral Cancer

Leicester reports the third highest oral cancer mortality rate in the country. The chart below shows that Leicester has reported significantly higher rates of oral cancer compared to England for many years.

The risk factors for oral cancer include smoking, alcohol consumption, Paan chewing.

### Mortality rate from oral cancer, all ages



Further local analysis of admissions for Oral Cancer reveal:

- Highest among individuals aged 55-74
- Males have significantly higher oral cancer admission rates than females in most of the age groups.
- White British individuals have the highest overall admission rates, particularly between ages 55-74.
- Higher number of admissions in younger age groups (under 55) in BAME communities than in White: British populations.

### Public Health Actions and Partnership work

Leicester City Council chair the Oral Health Promotion Partnership Board that works with the ICB, Local Dental Committee, CDS, UHL, and Healthwatch and others to develop approaches to address health needs across Leicester. Efforts are made to ensure a collaborative approach is taken.

- There is close work with the ICB supporting their dental with data and support to access communities.
- Public Health are working with UHL to look at clinical data so we can better understand the risk factors that have caused oral cancer in the local communities and prevent further cases.
- Supporting efforts to increase dental activity at the Bridge.

This group have agreed that Fluoridation of water is a key approach to prevent dental decay and a letter from the ICB and Leicester City council was sent to Secretary of State requesting that Leicester, Leicestershire and Rutland (LLR) is considered for fluoridation in 2024.

### **Promotion of Health Improvement**

Diet, Smoking and Alcohol consumption all affect dental health, and some contribute to oral cancer. The wider Public Health team provide lifestyle and nutrition advice, stop smoking services and commission Turning Point to provide advice and support to people who consume alcohol. LiveWell Leicester offer support for residents to,

- eating well
- reducing alcohol
- reduce tobacco use including smoking and smokeless tobacco (Paan)
- improve physical activity

### **Campaign Support**

The Healthy Teeth, Happy Smiles! (HTHS!) Team supports several key campaigns throughout the year to support individuals to improve their oral health. These campaigns include,

- Mouth Cancer Action Month – during the whole month of November, the support residents to improve their awareness of the risk factors, signs and symptoms and support available for mouth cancer.
- National Smile Month - a charity campaign set up by the Oral Health Foundation to promote good oral health and the value of a healthy smile. The four key messages of National Smile Month are:
  - Brush teeth for two minutes, last thing at night and one other time during the day, with a fluoride toothpaste
  - Clean between your teeth every day
  - Cut down how much and how often you have sugary foods and drinks.
  - Visit the dentist regularly.
- Fizz Free February - a campaign launched by Southwark Council with the aim of reducing sugar intake by cutting out fizzy drinks. The HTHS! Team raises awareness of the health implications of drinking fizzy drinks which often contain high amounts of sugar.

### **Oral Cancer**

To ensure a collaborative approach is taken to address the high rates of oral cancer, Leicester City Council host the Mouth Cancer Action working group. Key updates include,

- Working with University Hospital of Leicester to understand the risk factors impacting Leicester.
- Community support to improve risk factor awareness and behaviour change that are associated with mouth cancer e.g. Chewing tobacco and betel nut.

- Co-production of promotional assets for Mouth Cancer Action Month.
- Mouth Cancer Action Plan including training pharmacists to recognise oral cancers, refresh training with GPs, improved data collection across the health system, improving HPV vaccination uptake,

### **Supervised Toothbrushing Programme**

An evidence-based programme to reduce decay amongst children. This is universally offered for free to all Early Years Settings including nurseries, childminders and pre-schools and Primary Schools in Leicester.

Currently 60 early years settings (nurseries, childminders and pre-schools) participate in the STB programme. Resulting in 2694 children participating a daily toothbrushing activity. 40 of these early year's settings are located within IMD decile 1&2.

26 primary schools currently participate in the STB programme, totalling 1822 children participating in a daily toothbrushing activity. 18 of the schools are from IMD deciles 1&2.

### **Smile Early Years Award (SEYA)**

The Smile Early Years Award is an accreditation scheme which aims to ensure that a whole setting approach is taken to improve oral health, promote a healthy lifestyle and ensure school readiness of children within Leicester. Early years settings who join the yearlong accreditation are encouraged to demonstrate how they meet a set of criteria covering three key themes.

### **Training for health professionals and community organisations**

To support community and health professional empowerment the HTHS! Team delivers quarterly oral health training sessions. This training enables attendees to be aware of basic oral health messages and hygiene routines to maintain good oral health across the life course.

### **Funding**

Leicester City Council received an additional £119,088 for 25/26 to enhance the supervised toothbrushing programme for children aged 3, 4 and 5 in the most deprived communities.

Funding eligibility and allocations are based on the number of 3- to 5-year-old children living in the 20% most deprived Lower Super Output Areas according to the Indices of Multiple Deprivation.

Leicester City Council have also received toothbrushes and toothpaste through a donation from Colgate-Palmolive. This is a commitment for 5 years starting in 2025/26.

As a result of this additional funding, Public Health have been able to,

- Increase the number of early years settings and schools participating in the STB programme within IMD 1&2.
- Create Video resources created to support and increase participation in STB. Distribute Colgate resources via Healthy Together programme, Family Hubs and Libraries.

- Increased team capacity and support to participating settings,
  - Parents evenings
  - Workshops
  - Training
- Childminders now included in the STB offer.
- Toothbrushing activity within community settings.
  - Family Hubs
  - Femina

## Care Homes

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

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

Leicester City Council offer training support for Care home staff to ensure good oral health practices are maintained with residents, oral health assessments are carried out and teams are supported to access dental support.



## Free oral health training for care homes

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

### Training includes:

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



### To book a session:

Email us:  [HealthyTeethHappySmiles@leicester.gov.uk](mailto:HealthyTeethHappySmiles@leicester.gov.uk)



## **Patient Access and Prioritisation**

It is important to acknowledge that the concept of patient registration with an NHS dentist has been superseded since 2006. While many practices maintain a list of NHS patients for recall purposes, patients are unable to register with an NHS dentist in the same manner as with a General Practitioner (GP). Dentists are commissioned to deliver a defined level of dental activity (e.g., Units of Dental Activity - UDAs) rather than to provide care for a specific cohort of registered patients.

In the context of service demand, dentists may need to prioritise patients presenting with acute dental problems over routine check-ups. Furthermore, it should be noted that a six-monthly review is not routinely required. Clinical guidance recommends that adult patients with good oral health be reviewed less frequently, typically on an annual or biennial basis, while the recommended interval for children is between three and twelve months. It is also important to note that NHS dental funding has only ever been intended to provide care for around half of the population. ICBs commission a fixed volume of activity each year; the contract has never funded universal access.

## **Current Provision in Leicester City**

Within Leicester City there are currently 132 general dental contracts in place. This total comprises:

## **Current Provision in Leicester City**

Within Leicester City there are currently 132 general dental contracts in place. This total comprises:

- 6 Specialist Orthodontic Practices
- 13 General Dental Service (GDS) Practices providing orthodontics
- 7 Specialist Orthodontic Pathway Providers

## **Activity Delivery (2025/26)**

Performance data continues to show a year-on-year improvement with delivery within Leicester City in the 2025/26 financial year showing at 100.06% of UDAs with adult and child dental access surpassing national averages across LLR. This equates to 623,311 of 622,950 target. In 2024/25 delivery was 88.8%.

## **Commissioning Plans**

### **Urgent and unscheduled Care (8.2%)**

In line with the 8.2% government directive, all high street dental practices must have specified urgent care slots. This equates to 22,931 appointments commissioned for Leicester City providers across 56 contracts.

## **Annual Contract Rebasing exercise**

Following the contract rebasing process, 6,562 UDAs have been recovered from underperforming dental providers. This activity will be redistributed within Leicester City to providers with a strong track record of delivery. The process is due to commence in July 2026.

## **110% Overperformance Scheme**

The 110% overperformance scheme commissions additional UDAs from high performing providers. The expressions of interest exercise for 2026/27 was completed on 14 June 2026 and as expected uptake has increased compared to 2025/26 when an additional 24,726 UDAs were awarded within Leicester City.

## **High Needs Patients Pilot**

Oral cancer incidence in Leicester City is around 22.7 per 100,000, well above the England average of 15.4, with some of the highest oral cancer mortality in the country. Risk is heightened by habits such as shisha smoking and chewing paan or betel nut, and by deprivation. High needs patients remain the least likely to access NHS dentistry regularly, despite having the greatest need.

As such a High Needs Patients (Dental) Pilot is in progress. It mirrors that of a successful pilot currently active in the West Midlands (Staffordshire & Stoke-On-Trent). We know that in the West Midlands 2,300+ referrals have been received, reducing A&E admissions. The pilot has been tailored to meet the needs of our population by Jenny Oliver, Consultant in Dental Public Health (Jenny Oliver).

We have commissioned 12,000 UDAs on a non-recurrent basis. Working with identified community partners such as food banks, homelessness services or drug and alcohol services, those volunteering act as referrers and complete a low barrier MS Form referral is completed at the point of contact. The ICB allocates the referral to a provider with capacity. The provider contacts the patient and books the appointment; family may also attend. There are 7 providers within a 5-mile radius of LE1. The pilot will run until the end of this financial year. A robust evaluation will need to be undertaken to determine whether it is feasible to commission the service on a recurrent basis.

## **Intermediate Minor Oral Surgery (IMOS) Procurement**

This procurement is due to be awarded imminently with 3 lots live across Leicestershire.

IMOS provides specialist led oral surgery in a community setting, bridging the gap between general dental practice and hospital based oral and maxillofacial surgery. Procedures include surgical extractions, removal of impacted or buried teeth and retained roots, soft tissue biopsies and the removal of cysts. Patients are referred by their dentist, reducing pressure on hospital services and improving access to care closer to home.

## **Orthodontics Procurement**

## **Orthodontics Procurement**

An orthodontic procurement is due to begin across the East Midlands in 2026. Current orthodontic contracts will be extended in the interim to maintain continuity of patient care.

The ICB is finalising the additional orthodontic activity to be included within the procurement. A two-stage approach will first stabilise existing providers, then new services will be commissioned in areas of high need.

## **Community Dental Service (CDS CiC) and the CDS Support Practice Scheme**

The service is commissioned and delivered by Community Dental Services CIC (CDS-CIC) for patients whose needs cannot be met in general dental practice due to additional medical, physical or behavioural needs.

Services are delivered from practices in Westcotes, Merlyn Vaz, Loughborough Hospital, Melton Mowbray Hospital and Hinckley Health Centre (under review).

Performance is outlined within the associated slide deck. The service receives excellent patient and carer feedback.

The CDS Support Practice Scheme is a commissioned pilot whereby less complex referrals received by the Community Dental Service are onwardly referred to a designated Leicester City Based support practice, ensuring patients can access treatment sooner. The pilot will run until the end of this financial year with 52 sessions being commissioned.

## **NHS Dentistry Quality Improvement Programme**

This is a new national NHS dentistry quality improvement (QI) programme which began in April 2026. It is a voluntary, structured three-year programme, with each year focusing on a different nationally selected topic. Year 1 focuses on assigning dental recall intervals in line with NICE guidelines, supporting consistent, evidence based and risk-based decisions for each patient. This reduces clinically unnecessary check-ups for lower risk patients, protects access for those with greater need, and helps tackle health inequalities. Practices use structured improvement (PDSA) cycles, monthly national data packs and peer review to test, measure and embed changes. 58 practices signed up across LLR with 27 of those situated in Leicester City.

## **Financial, legal, equalities, climate emergency and other implications**

### 5.1 Financial implications

- The Public Health Grant received by Leicester City Council supports provision of supervised toothbrushing, some of the work related to oral cancer and the lifestyle services that support healthier eating and smoking cessation services.
- All costs related to the initiatives clinical services set out within this report are funded through the ICBs allocated budget

- Recurrent costs (e.g., GA expansion, future IMOS contracts) · Non-recurrent investments (urgent care uplift, pilots, contract uplifts)
- Recurrent savings (contract rebasing)
- Targeted reinvestment aimed at improving access in high-need areas

These implications are typical for a dental commissioning programme undergoing expansion and redesign.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

## 5.2 Legal implications

There are no direct legal implications arising from this report.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

## 5.3 Equalities implications

Several groups experience disproportionate challenges accessing NHS dental care, including:

- People with learning disabilities or autism
- People with severe dental phobia
- Children and very young families
- Older residents, particularly those in care homes
- People living in deprived areas
- Groups with language or cultural barriers
- Individuals who have not accessed dental care for over two years

The commissioning plans specifically target these groups through:

- Additional General Anaesthetic (GA) sessions
- The High Needs Patient Pilot
- Targeted contract rebasing in areas of significant need as identified in the ICBs OHNA.

This approach aligns with equality duties to reduce health inequalities for deprived and marginalised communities.

These initiatives are expected to reduce inequalities in access and outcomes.

The ICB continues to meet its statutory obligations under:

- The Equality Act 2010, including the Public Sector Equality Duty (PSED)
  - The Health and Care Act 2022, which requires action on health inequalities
- Equality, Quality Impact Assessments (EQIAs) are routinely completed or updated for major procurements such as IMOS and the High Needs Patient Pilot.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

#### 5.4 Climate Emergency implications

There are no climate emergency implications arising from this report.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

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

Not applicable

#### **6. Background information and other papers:**

An associated slide deck has been produced that will be shared at the meeting.

#### **7. Summary of appendices:**

Not applicable

#### **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)?**

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

No decisions required as the paper is to note only.



# Oral Health in Leicester 2026

*Date: June 2026*

*Prepared by:*

*Liz Rodrigo – Consultant in Public Health*

*Chirag Ruda – Programme Officer*

*Gurjeet Rajania - Principal Public Health Intelligence Analyst*

*Division of Public Health, Leicester City Council*



Leicester  
City Council

# Data Headlines – Oral Health Challenges in Leicester

- Leicester has experienced and reported poorer oral health outcomes for both our adults and child population for many years.
- Over one in three (35.6%) of children examined were found to have decay experience. When accounting for enamel decay, this increases to 42.4% of five-year-olds examined (2024).
- Mapping of dentinal decay shows that, similar to the previous survey, children living in the East of the city tend to experience the most amount of decay (2024).
- Leicester reports the third highest oral cancer mortality rate in the country.

# Children's Tooth Decay

Percentage of children with any decay experience

Leicester has reported poor oral health amongst children for many years.

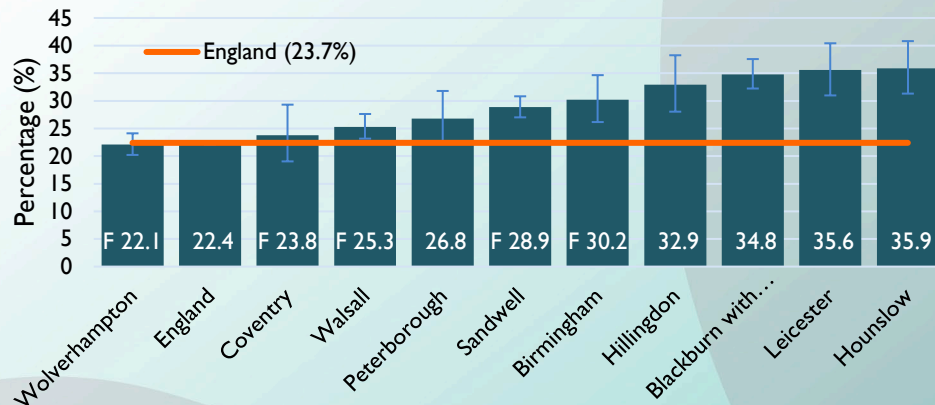
Currently, over one in three (35.6%) of children examined were found to have decay experience.

This is a fall from the 9<sup>th</sup> highest prevalence (2022) to 13<sup>th</sup> of all participating local authorities and is significantly higher than the national average (23.7%).

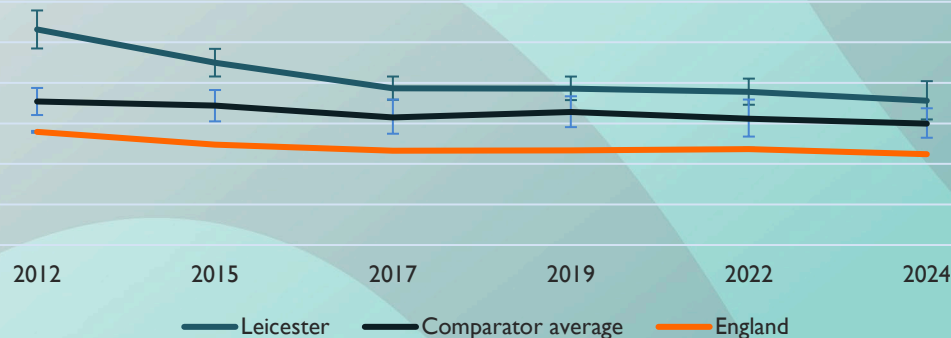
Nevertheless, this figure follows the slight decrease observed in the previous survey and is significantly lower than a decade ago (53.2% in 2012).

Further analysis shows that children in the most deprived areas are significantly more at risk.

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



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



# Enamel and Dentinal Decay

## Percentage of children with enamel and or dentinal decay

To understand the early signs of decay a new indicator was introduced (in 2022) looking at both enamel and dentinal decay.

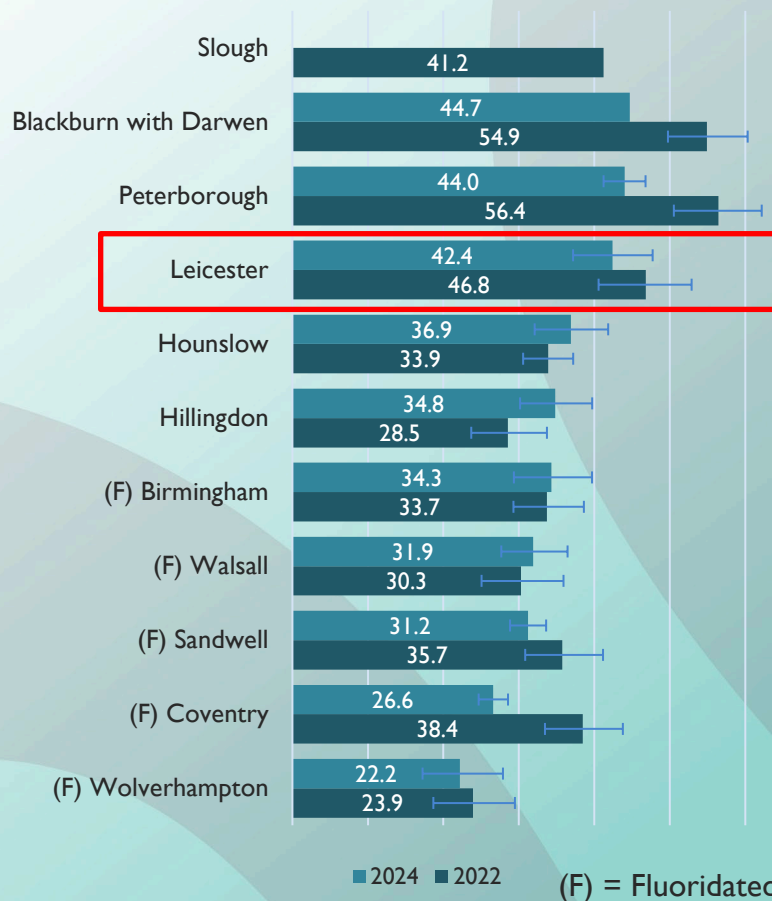
In Leicester, more than four in every ten children (42.4%) examined were found to have enamel or dentinal decay.

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

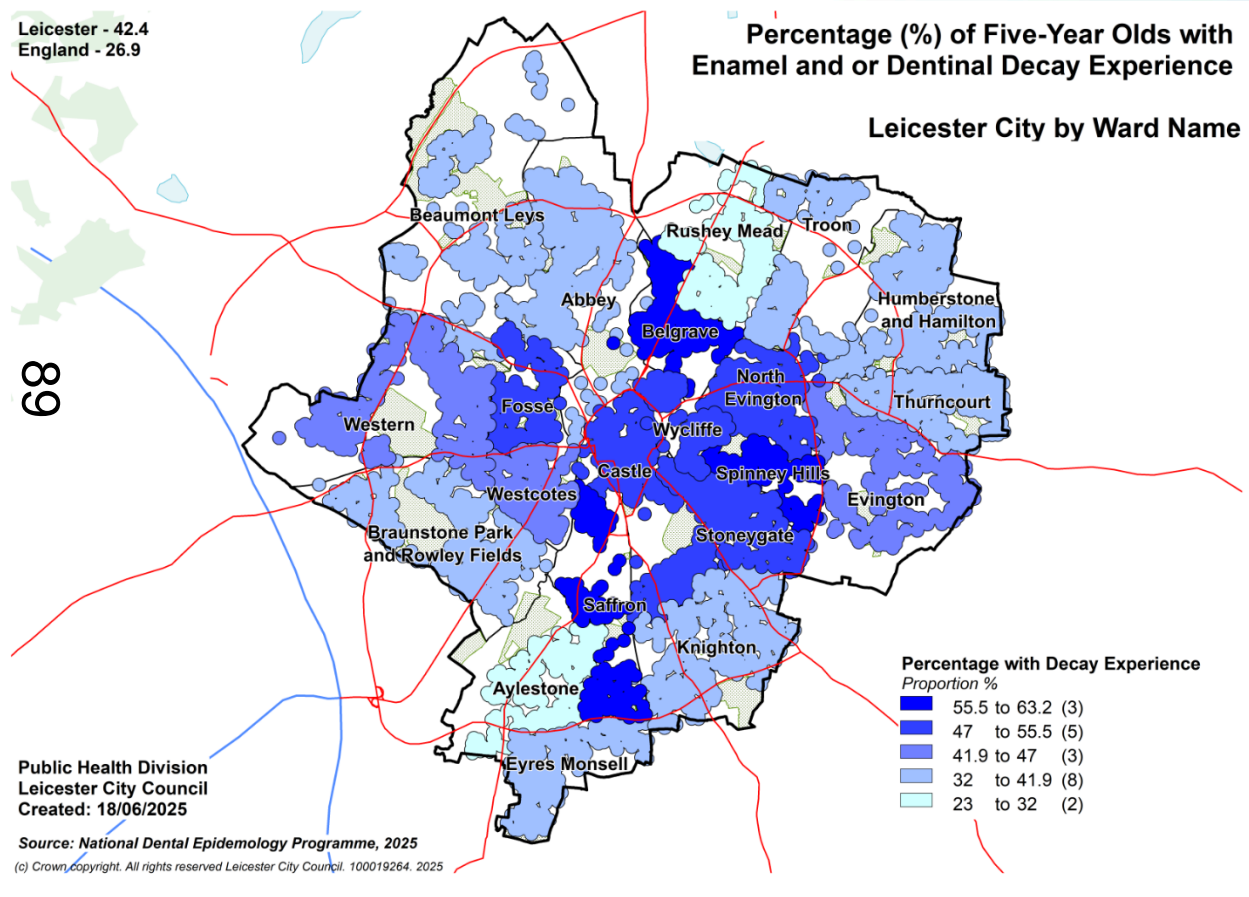
**Both these indicators of child oral health show the lower prevalence reported in local authorities with fluoridated water.**

**Note:** No participation from Slough in the 2024 survey

## Prevalence of enamel and or dentinal decay 2022 & 2024



# Enamel and Dentinal Decay - Mapping



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

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

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

# Child tooth extractions in Leicester by MSOA:

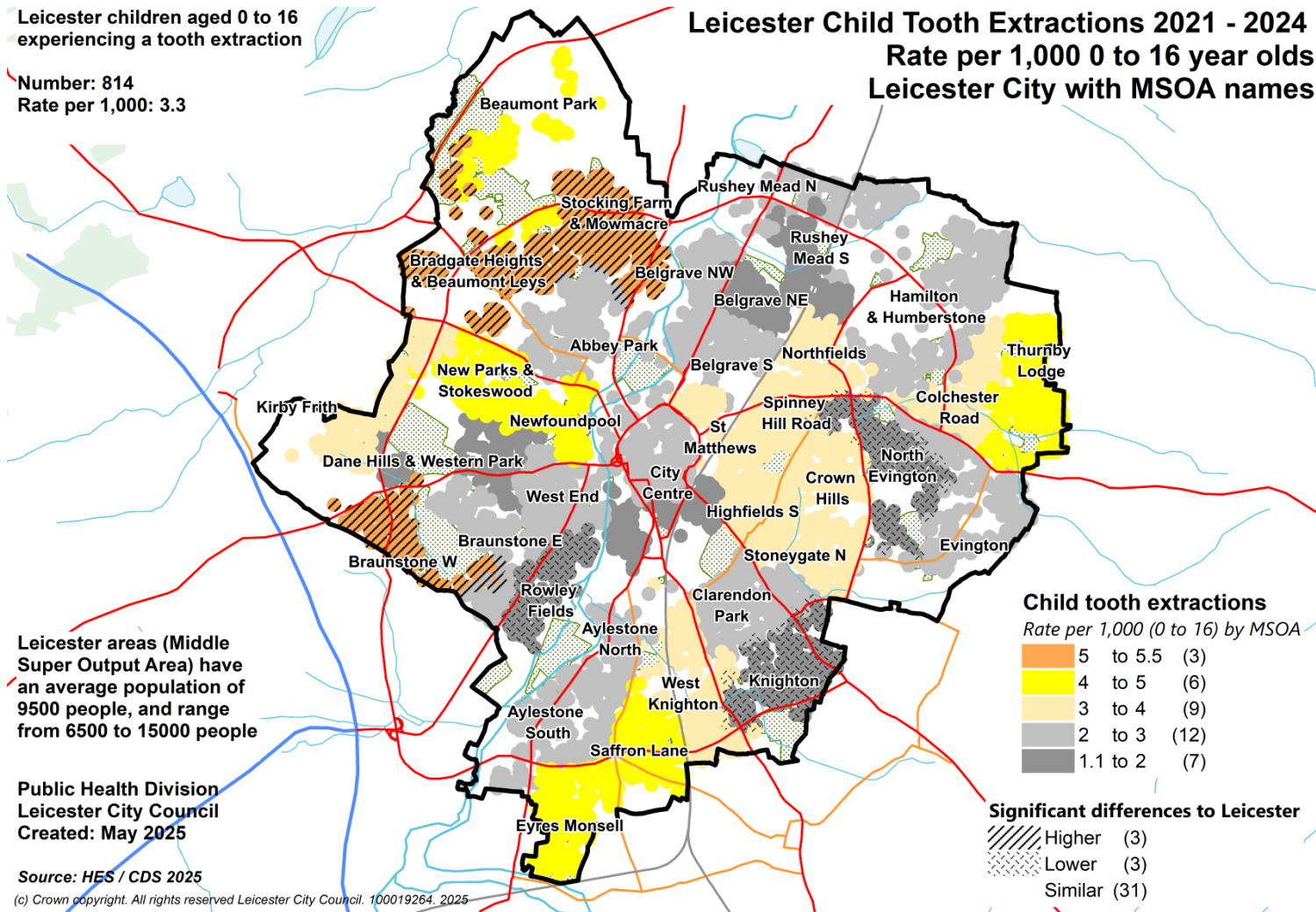
Some of the most deprived MSOAs in the city are reporting significantly higher rates of child tooth extraction including Braunstone, Stocking Farm and Mowmacre, and Beaumont Leys.

Other deprived areas including Eyres Monsell, Saffron, New Parks, and Thurnby Lodge also report high rates.

Leicester children aged 0 to 16 experiencing a tooth extraction

Number: 814  
Rate per 1,000: 3.3

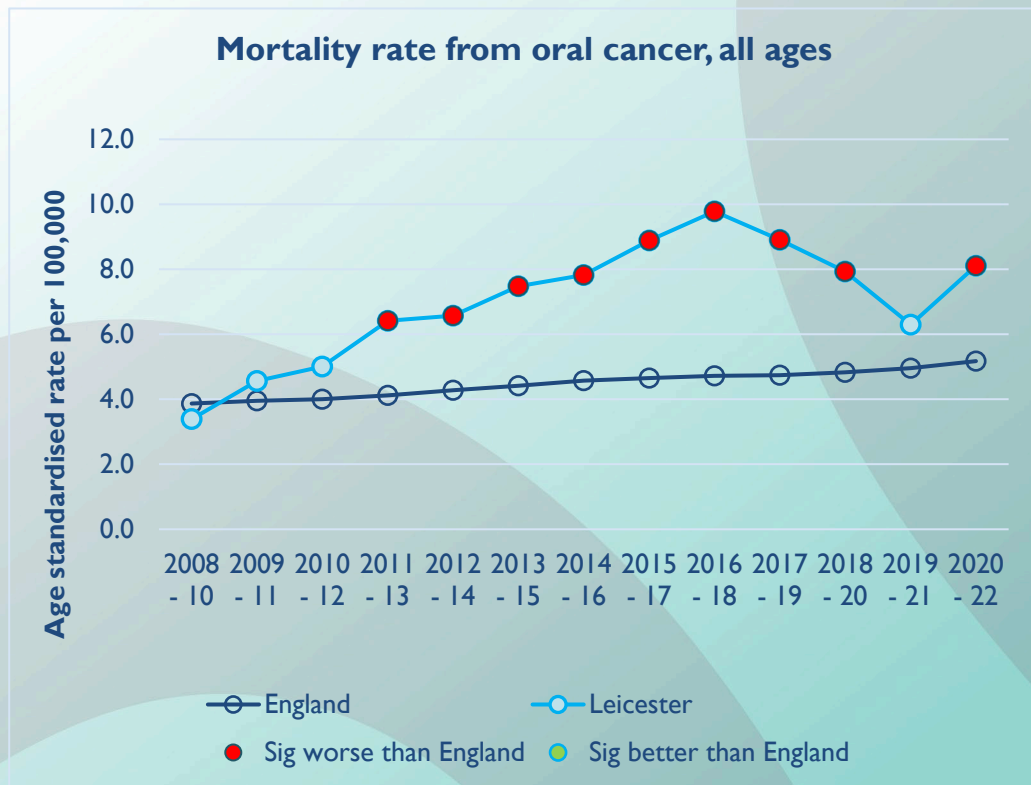
# Leicester Child Tooth Extractions 2021 - 2024 Rate per 1,000 0 to 16 year olds Leicester City with MSOA names



**Oral Cancer:** Leicester reports the third highest oral cancer mortality rate in the country. The chart shows that Leicester has reported significantly higher rates of oral cancer compared to England for many years.

Further local analysis of admissions for Oral Cancer reveal:

- Highest among individuals aged 55-74
- <sup>16</sup> Males have significantly higher oral cancer admission rates than females in most of the age groups.
- White British individuals have the highest overall admission rates, particularly between ages 55-74.
- Higher number of admissions in younger age groups (under 55) in BAME communities than in White: British populations.



# Public Health Actions & Partnership

- Leicester City Council chair the Oral Health Promotion Partnership Board
  - Letter sent to Secretary of State requesting that Leicester, Leicestershire and Rutland (LLR) is considered for fluoridation.
- Close work with the ICB supporting their dental with data and support to access communities.
- 26 • Ongoing work with UHL to look at clinical data to better understand the risk factors that have caused oral cancer in the local communities and prevent further cases.
- Supporting efforts to increase dental access for those experiencing homelessness.
- Promotion of health improvement across all populations via the LiveWell service.
- Campaign Support
  - Mouth Cancer Action Month
  - National Smile Month
  - Fizz Free February
- Oral health resources provided for all early years children.

# Public Health Actions Supporting Early Years Children

- Supervised Toothbrushing (STB) programme within nurseries, playgroups and childminders.
- Toothbrushing sessions within community organisations.
- Oral health resource distribution via Family Hubs, Healthy Together Programme, Libraries and events.
- Smile Early Years Award accreditation scheme for early years settings.
- 🌀 Training for health professionals and community organisations.

## Supervised Toothbrushing Programme

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



# Supervised Toothbrushing programme

94



# Overall Uptake in Early Years Settings in Leicester City

- Positive uptake amongst early years settings contributed to a significant improvement in decay levels amongst 5-year-olds.

- Due to covid, the programme was paused resulting in reduced resumption.

- 2694 children within nurseries, pre-schools and childminders currently take part in daily STB within their educational setting.

## Supervised Tooth Brushing

### Programme Overview: Early Years Settings

Data as of 17th June 2026

230

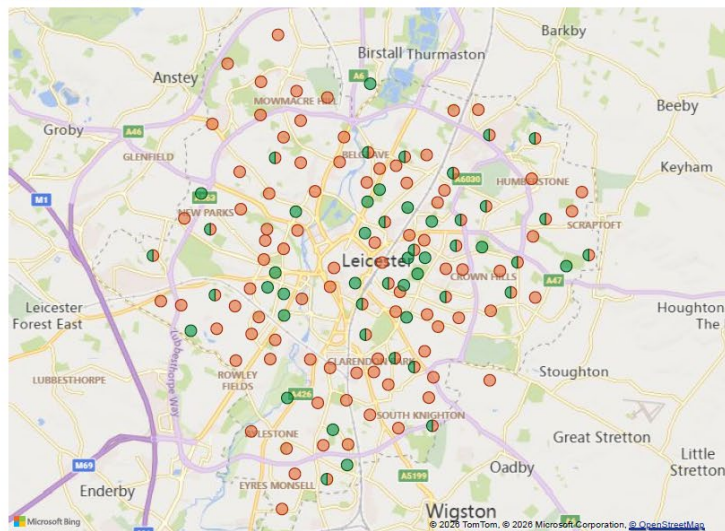
60

Map of Early Years Settings in Leicester

Total Number of EY Sites

Number Participating in STB

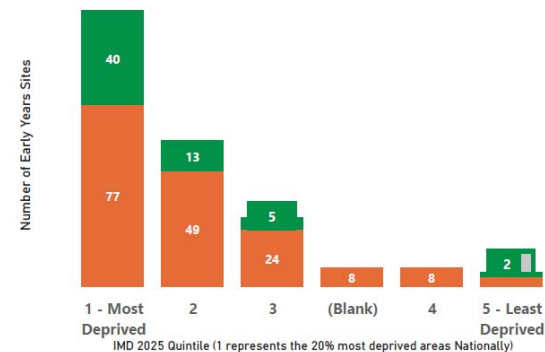
Offers STB ● No ● Yes



Type of EY Setting	No	Yes	Total
Academy/Trust Preschool	28	6	34
Childminder	58	2	60
Creche	2		2
Independent school with nursery/pre-school	6	2	8
Maintained School - Preschool/Nursery	26	5	31
Nursery	37	34	71
Pre-schools Inc Playgroups	13	11	24
<b>Total</b>	<b>170</b>	<b>60</b>	<b>230</b>

### STB Participation by Area Deprivation

Offers STB ● No ● Yes



Geography based graphs incl. maps and bar graph showing deprivation only account for sites for which complete postcodes are available. This means that a large proportion of Childminder settings are not captured here, but they are in the table of counts.

# Overall Uptake in Primary Schools in Leicester City

- Reception aged children within primary schools are invited to participate. In the STB programme.
- Universal offer for all primary schools and SEND schools in Leicester.
- 1822 children within primary schools are currently taking part in daily STB within their educational setting.

## Supervised Tooth Brushing

### Programme Overview: School Settings

Data as of 17th June 2026

101

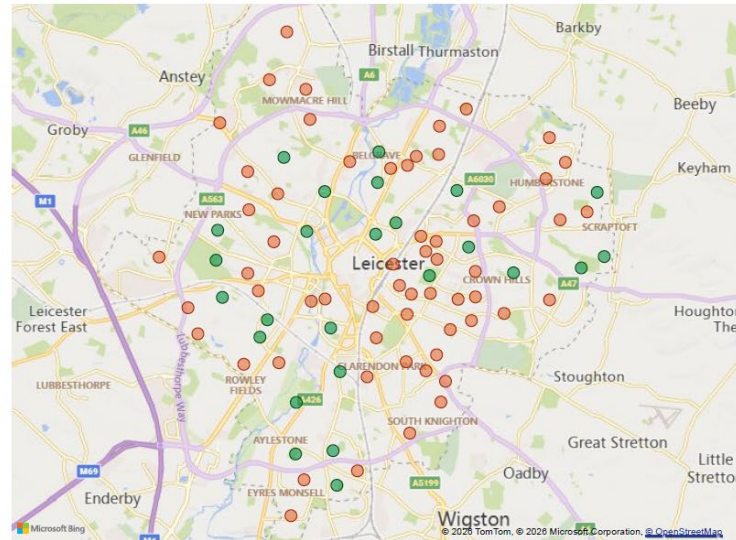
Total Number of School Settings

26

Number Participating in STB

Map of School Settings in Leicester

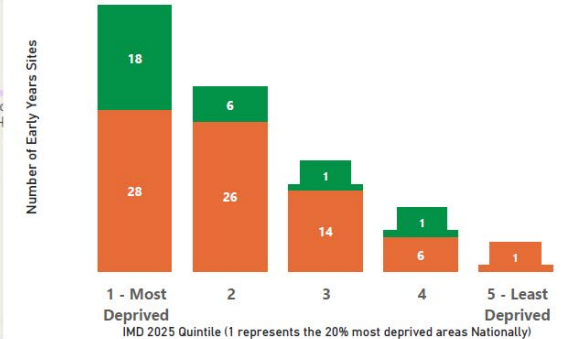
Offers STB ● No ● Yes



Type of School	No	Yes	Total
Academy/Trust	27	13	40
Maintained Primary School	25	10	35
Other independent school	12	12	24
Other independent special school	3	3	6
Primary School	1	1	2
Special School	7	3	10
<b>Total</b>	<b>75</b>	<b>26</b>	<b>101</b>

### STB Participation by Area Deprivation

Offers STB ● No ● Yes



Geography based graphs incl. maps and bar graph showing deprivation only account for sites for which complete postcodes are available.

# STB Programme Funding

- Leicester City Council received an additional £119,088 for 25/26 to enhance the supervised toothbrushing programme for children aged 3, 4 and 5 in the most deprived communities.
- 97 • Funding eligibility and allocations are based on the number of 3- to 5-year-old children living in the 20% most deprived Lower Super Output Areas according to the Indices of Multiple Deprivation.
- Leicester City Council have also received toothbrushes and toothpaste through a donation from Colgate-Palmolive. This is a commitment for 5 years starting in 2025/26.

## Progress

- Increase in number of early years settings and schools participating in the STB programme within IMD 1&2.
- Video resources created to support and increase participation in STB.
- Distribution of Colgate resources via Healthy Together programme, Family Hubs and Libraries.
- Increased team capacity and support to participating settings,
  - Parents evenings
  - Workshops
  - Training
- Childminders now included in the STB offer.
- Toothbrushing activity within community settings.
  - Family Hubs
  - Femina

# Public Health Actions Supporting Adults

## Oral Health

- Increasing knowledge of support staff.
- Distribution of oral health resources including Family Packs of toothpaste, toothbrush and literature at food aid provision, hotels for displaced families, homeless teams.
- Diet , Smoking and Alcohol consumption all affect dental health and some contribute to oral cancer .The wider Public Health team provide lifestyle and nutrition advice, stop smoking services and commission Turning Point to provide advice and support to people who consume alcohol .

## Oral Cancer

- Working with University Hospital of Leicester to understand the risk factors impacting Leicester.
- Community support to improve risk factor awareness and behaviour change that are associated with mouth cancer e.g. Chewing tobacco and betel nut.
- Co-production of promotional assets for Mouth Cancer Action Month.
- Mouth Cancer Action Plan including training pharmacists to recognise oral cancers, refresh training with GPs, improved data collection across the health system, improving HPV vaccination uptake,

# Public Health Actions Supporting Care Homes Residents

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

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



## Free oral health training for care homes

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

**Training includes:**

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



**To book a session:**

Email us:  [HealthyTeethHappySmiles@leicester.gov.uk](mailto:HealthyTeethHappySmiles@leicester.gov.uk)



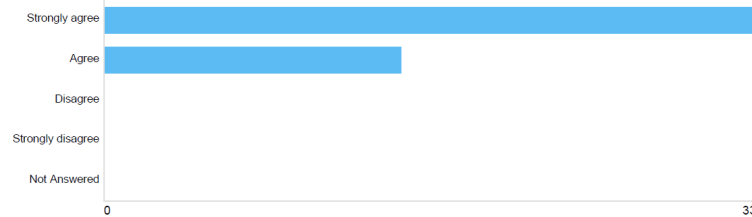
# Uptake and Feedback:

Activity	Number
Total number of care homes	94
Care homes visited	21
Staff trained*	248

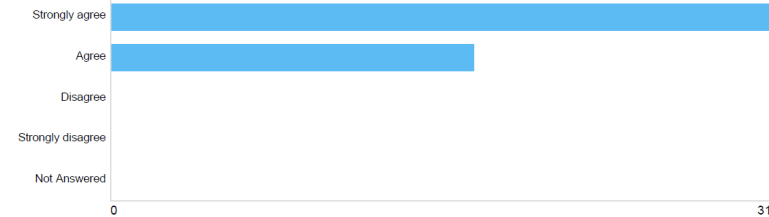
100



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



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



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

# Further Information

1. National data and reporting is available here: [National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-children-2022)
2. Local information and oral health guidance is available here: <https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/>
3. The latest oral health needs assessment (2023) for Leicester City is available here: [Oral health \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-social-care/public-health/needs-assessment/2023-oral-health-needs-assessment/)
4. Oral cancer admissions are not published and therefore comparator data is not available.
5. Further information on published oral cancer mortality data can be found online here: [Fingertips | Department of Health and Social Care](https://www.hqip.org.uk/2023/07/20/fingertips-oral-cancer-mortality/)
6. Further information on HES admissions: [Hospital Episode Statistics \(HES\) - NHS England Digital](https://www.hes.nhs.uk/)



# Leicester City Health Scrutiny Meeting

Dental Update – Leicester, Leicestershire and Rutland ICB

102

A proud partner in the:

Leicester, Leicestershire  
and Rutland  
Health and Wellbeing Partnership

# The Current NHS Dental Contract

NHS dentistry has always operated as a capacity limited service rather than a universal one. Understanding how the contract was designed helps explain the access challenges seen today.

## 2006

The current contract begins. Practices are paid to deliver a fixed number of Units of Dental Activity (UDAs) each year.

## Today

ICBs commission dental services locally, within the same fixed activity framework and a finite national budget.

103

## Funding Covers Around Half the Population

**~50%**

NHS dental funding has only ever been intended to provide care for around half of the population. ICBs commission a fixed volume of activity each year; the contract has never funded universal access.

## Dental Registration Does Not Exist

**No Patient List**

Unlike GP services, patients are not registered with a dental practice. The relationship lasts only for the duration of a course of treatment, and practices have no contractual obligation to offer ongoing care.

# UDA Services — Delivery by Reporting Year

The table below reflects UDA delivery performance across the LLR contract portfolio over three reporting years. Performance has improved year-on-year, with 2025/26 showing strong recovery to 93.6% delivery.

Reporting Year	UDA Delivered %	Commentary
2024/2025	88.8%	Recovery year post-COVID — contracts rebasing underway, access improving across LLR
2025/2026	93.6%	Strong improvement — adult and child dental access surpassing national averages across LLR
2026/2027	12.8%	Year-to-date (partial year) — on track in line with seasonal delivery profile

104

**88.8%**

2024/25 Delivery

Prior year baseline

**93.6%**

2025/26 Delivery

Year-end outturn

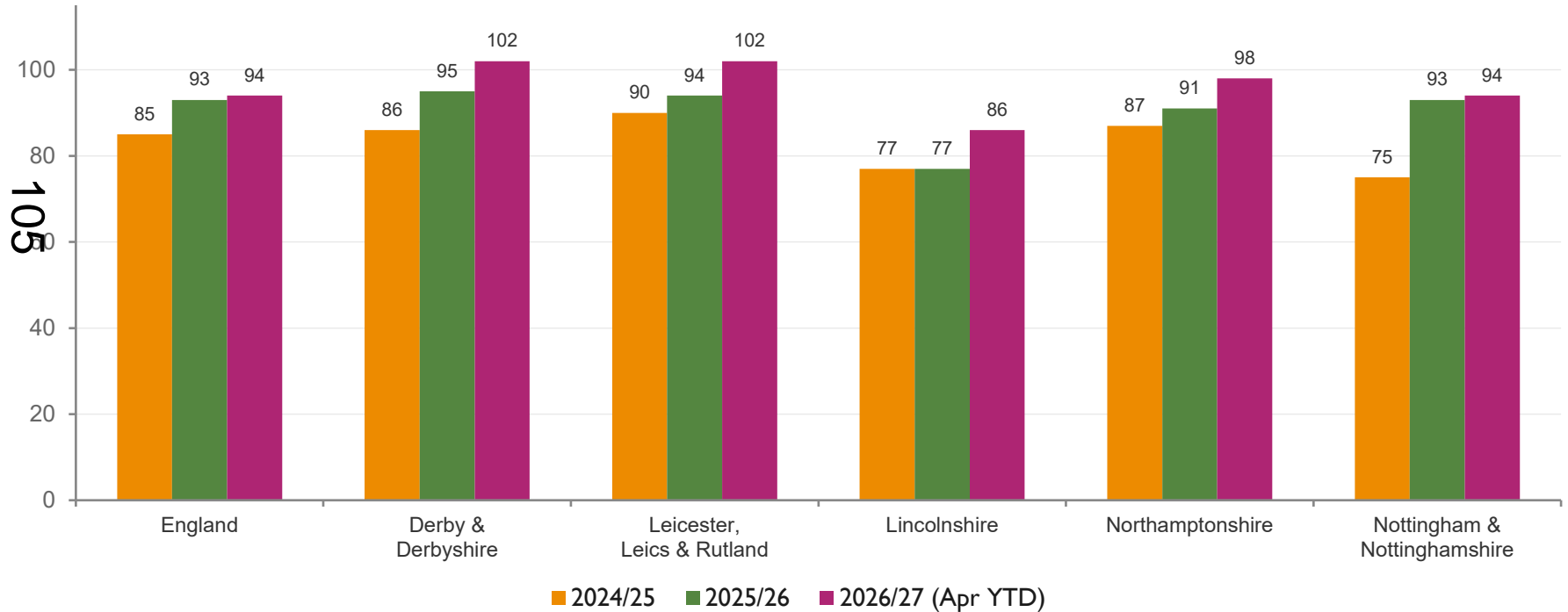
**+4.8pp**

Year-on-Year Improvement

Percentage point gain

# UDA Delivery — Regional Comparison

Comparison of standardised UDA delivery (% of contracted activity) for LLR against England and neighbouring ICBs. LLR consistently outperforms both national and most regional benchmarks.



# Patients Seen — Regional Comparison (2025/26)

Unique patients seen data for 2025/26 year-end. Children are counted over a rolling 12-month period; adults over a rolling 24-month period. All figures sourced from NHS Business Services Authority dental pack.

Area	Unique Patients (Adults 24-mth)	Unique Children (12-mth)	Total CoTs Delivered	Year-end UDA %
England	18,390,911	7,387,795	3,121,751	93%
<b>Leicester, Leics &amp; Rutland</b>	<b>394,483</b>	<b>167,209</b>	<b>66,211</b>	<b>94%</b>
Derby & Derbyshire	405,931	148,689	64,538	95%
Nottingham & Nottinghamshire	425,319	164,213	73,100	93%
Northamptonshire	236,243	108,241	38,933	91%
Lincolnshire	250,685	89,608	36,345	77%

## Key Takeaways

- LLR delivered 94% of contracted UDAs in 2025/26 — above the England average of 93% and second highest among comparator ICBs
- LLR saw 167,209 unique children in the 12-month period, and 394,483 adults over 24 months

# Leicester City Dental — Performance Overview 2025/26

Headline UDA delivery and patient access metrics for Leicester City in 2025/26. Contract-level detail is provided in the accompanying Excel attachment.

## £20.96m

**UDA Financial Value**

2025/26 contracted value

107

## 100.06%\*

**UDA Delivery**

623,311 of 622,950 target

## 3.6 km

**Average Distance**

Travelled to access NHS dentistry

## 56

**Active Contracts**

Delivering across Leicester City

Latest dental access data from NHS BSA - January - June 2025.

Latest population data from ONS - Mid year 2024

Number of contracts/practices in this area = 170

Access Decile: 8 (1 = poor access, 10 = good access)

Group	Pop. Accessing NHS Dentistry (LLR)	Total Pop.	Access Rate	Comparison to National Average
Adult	222,770	929,150	23.98 %	Higher than national average of 21.40 %
Child	123,002	246,214	49.96 %	Higher than national average of 43.33 %
All	345,658	1,175,364	29.41 %	Higher than national average of 25.95 %

\*Performance delivery includes additional 110% Overperformance funding

# Improving Access — Urgent Care & Contract Rebasing

## Urgent & Unscheduled Care (8.2% Directive)

# 56,736

### Urgent care appointments commissioned in LLR

Specified urgent care slots have been introduced into all high street dental practices across LLR, in line with the 8.2% government directive.

Commissioned across 127 contracts, this expands timely access to unscheduled NHS dental care for patients in urgent need.

22,931 of these appointments are commissioned to Leicester City providers across 56 contracts.

## Contract Rebasing

# 6,562

### UDAs rebased from underperforming providers

Following the contract rebasing process, UDAs have been recovered from underperforming dental providers.

This activity will be redistributed into Leicester City to providers with a strong track record of delivery. The process is due to commence in July 2026.

# 110% Overperformance Scheme

The 110% overperformance scheme commissions additional UDAs from high performing providers. The 2026/27 round is now out to invite for expressions of interest.

**54,023**

**Additional UDAs Awarded in LLR.  
24,726 in Leicester City**

Across the 2025/26 scheme

**40**

**Contracts**

Participated in 2025/26

**£1.8m**

**Funding Committed**

To the 2025/26 scheme

601

## Looking Ahead — 2026/27

In 2025/26 the scheme was offered to providers in November. Because the 2026/27 round has opened earlier in the year, uptake is expected to be higher and the number of additional UDAs awarded is likely to increase.

# High Needs Patient Pilot — Leicester City

A non-recurrent dental access pilot helping vulnerable, high needs patients into NHS dental care through a low barrier community referral route.

**12,000**

**UDAs Commissioned**

Non-recurrent activity

**7**

**Providers**

Within 5 miles of LE1

**£36**

**Per UDA**

Premium incentive rate

**£432,000**

**Total Investment**

Commissioned value

## 110 Why It Matters

Oral cancer incidence in Leicester City is around 22.7 per 100,000, well above the England average of 15.4, with some of the highest oral cancer mortality in the country.

Risk is heightened by habits such as shisha smoking and chewing paan or betel nut, and by deprivation.

High needs patients remain the least likely to access NHS dentistry regularly, despite having the greatest need.

## How It Works

- 1 Identified at a community partner (food bank, homelessness or drug and alcohol service).
- 2 A low barrier MS Form referral is completed at the point of contact.
- 3 The ICB allocates the referral to a provider with capacity.
- 4 The provider books the appointment; family may also attend.

Modelled on the West Midlands pilot: 2,300+ referrals, reduced A&E admissions.

# Procurement Update — IMOS & Orthodontics

## Intermediate Minor Oral Surgery (IMOS)

**What it is:** IMOS provides specialist led oral surgery in a community setting, bridging the gap between general dental practice and hospital based oral and maxillofacial surgery.

- Procedures include surgical extractions, removal of impacted or buried teeth and retained roots, soft tissue biopsies and the removal of cysts.

Patients are referred by their dentist, reducing pressure on hospital services and improving access to care closer to home.

**Status: procurement due to be awarded imminently with 3 lots live across Leicestershire.**

## Orthodontics

An Orthodontic procurement is due to begin across the East Midlands in 2026.

Current Orthodontic contracts will be extended in the interim to maintain continuity of patient care.

The ICB is finalising the additional orthodontic activity to be included within the procurement.

A two stage approach will first stabilise existing providers, then new services will be commissioned in areas of high need.

**Status: contract extensions in progress; scope being finalised.**

# NHS Dentistry Quality Improvement Programme

A new national NHS dentistry quality improvement (QI) programme began in April 2026. It is a voluntary, structured three year programme, with each year focusing on a different nationally selected topic.

58

LLR Practices Signed Up. 27 of these are based in Leicester City.

Voluntary participation, Year 1

112

230

Cluster Sign-ups

Across the LNR and DLN ICBs

3 years

National Programme

New topic each year from 2026

## Year 1 Focus (2026/27) — Dental Recall Intervals

Year 1 focuses on assigning dental recall intervals in line with NICE guidelines, supporting consistent, evidence based and risk based decisions for each patient.

This reduces clinically unnecessary check ups for lower risk patients, protects access for those with greater need, and helps tackle health inequalities.

Practices use structured improvement (PDSA) cycles, monthly national data packs and peer review to test, measure and embed changes.

# Community Dental Service (CDS) — Overview & 2025/26 Performance

## About the Service

Commissioned and delivered by Community Dental Services CIC (CDS-CIC) for patients whose needs cannot be met in general dental practice due to additional medical, physical or behavioural needs.

**Who it is for:** severe learning disability or challenging behaviour, severe mental health needs, severe medical or physical compromise, **Looked After Children** unable to access general dental practice, and treatment resistant dental phobia.

**Care provided:** behavioural management, conscious sedation (inhalation and IV), general anaesthesia (paediatric and adult) and domiciliary care.

**Clinics:** Westcotes, Merlyn Vaz, Loughborough Hospital, Melton Mowbray Hospital and Hinckley Health Centre (under review).

## 2025/26 Performance

3,708

Referrals Received

+13% on 2024/25

2,068

Referrals Accepted

55% acceptance rate

28 wks

Average Wait

To first appointment

8,439

UDAs Delivered

80% of 10,500 target

309

Conscious Sedation

351% of annual target

577

Paediatric GA

Patients treated under GA

96% of Friends and Family responses rated the service Very Good or Good in 2025/26 | 538 patient compliments received

# CDS Support Practice Scheme

The CDS Support Practice Scheme is a commissioned pilot whereby less complex referrals received by the Community Dental Service are onwardly referred to a designated to the Leicester City Based support practice, ensuring patients can access treatment sooner.

52

Sessions Commissioned

↑  
14  
↓  
Across the pilot year

79

Additional Course of Treatment

Delivered in 2025/26

31 Mar 2027

Pilot End Date

Subject to recurrent procurement

## How the Scheme Works

1

Referral received by CDS

2

CDS triages & identifies lower-complexity

3

Onward referral to Leicestershire Support Practice

4

Patient receives treatment sooner

5

CDS capacity preserved for high-complexity

⚠ The pilot is due to conclude on 31 March 2027. Work is currently underway to secure recurrent commissioning of the scheme beyond this date.

**Public Health & Health Integration Scrutiny Committee**

**Work Programme 2026-2027**

Meeting Date	Item	Recommendations / Actions	Progress
30 June 2026	Introduction to Health Scrutiny Health Protection NHS Dentistry Leicester Neighbourhood Approach		

Meeting Date	Item	Recommendations / Actions	Progress
<b>1 September 2026</b>	Winter Pressures Vaccinations update		
<b>3 November 2026</b>			
<b>1 February 2027</b>	<i>Revenue Budget 27-28</i> <i>Rheumatology</i>		

Meeting Date	Item	Recommendations / Actions	Progress
8 March 2027			

**Forward plan suggestions 2026/27:**

<b>NHS dentistry</b>	A report was requested 8 July for 9 September, the report has been delayed to the next meeting. To come to first meeting of 2026/27 municipal year.	<b>July 2026</b>
<b>Prevention and Health Inequalities</b>	To include work done on Bowel Cancer.	
<b>Palliative Care</b>	To include information on Loros.	
<b>Winter Plan</b>	The NHS to update the commission on the winter plan for 26/27.	<b>September 2026</b>
<b>Structure of the LNR</b>	A report had been requested for the full structure of the LNR to come to scrutiny once available.	
<b>Vaccination Report – Mary Hall</b>	Requested in January 26, to come to the first meeting of the municipal year.	

<b>Rheumatology</b>	An update on recruitment and progress to come to the commission once available.	<b>February 2027</b>
<b>Neighbourhoods</b>	<ul style="list-style-type: none"> <li>• Scrutinise development of localised plans (detailed work to take part in a more granular level using MSOA &amp; community level data) to identify priorities and target interventions</li> <li>• Check the creation of neighbourhood steering groups to allow a more focused approach within smaller footprints within each neighbourhood, to enable targeted consideration of health inequalities</li> <li>• Check engagement with people who represent the varied communities.</li> </ul>	<b>July 2026</b>
<b>Men's Mental Health</b>	•	
<b>Childhood vaccinations</b>	•	
<b>Sexual Health Services</b>	•	
<b>Healthy babies s</b>	•	
<b>LLR Child Death Overview Panel Annual Report 2024/25</b>	That a further update be brought back to the Commission on progress, including delivery	

	against the action plan and any measurable impact on outcomes.	
	<ul style="list-style-type: none"><li>•</li></ul>	
	<ul style="list-style-type: none"><li>•</li></ul>	
	<ul style="list-style-type: none"><li>•</li></ul>	

