Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: TUESDAY, 1 SEPTEMBER 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,
Tel: , e-mail: governance@leicester.gov.uk
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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If you have any queries about any of the above or the business to be discussed, please contact: katie.jordan@leiceser.gov.uk and julie.bryant@leicester.gov.uk of Governance Services. Alternatively, email governance@leicester.gov.uk, or call in at City Hall.

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

USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

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

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

PUBLIC SESSION

AGENDA

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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 30th June 2026 have been circulated, and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

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

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. PETITIONS

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

7. HEALTH PROTECTION

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

8. HEALTHWATCH ANNUAL REPORT **Appendix B**

Healthwatch Leicester and Leicestershire submit their Annual Report, "Speaking up for Better Care" to the Commission.

9. WINTER PRESSURES UPDATE

The Integrated Care Board (ICB) will give the Commission a verbal update covering lessons learned from last winter and the process being undertaken to develop this year's winter plans, including the key areas of focus and progress to date.

10. LEICESTER NEIGHBOURHOOD APPROACH **Appendix C**

The Integrated Care Board (ICB) will provide the Commission with an update on the development of the Leicester City Neighbourhood Programme, including progress on neighbourhood footprint development, stakeholder engagement, and plans for the next phase of work. The report also highlights the potential implications of Local Government Reorganisation (LGR). The Commission is asked to note the progress made to date.

11. WORK PROGRAMME **Appendix D**

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

12. ANY OTHER URGENT BUSINESS

Appendix A

Leicester City Council

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

Held: TUESDAY, 30 JUNE 2026 at 5:30 pm

P R E S E N T :

Councillor Halford (Chair)

Councillor Bajaj	Councillor Sahu
Councillor Bonham	Councillor Singh Patel
Councillor Clarke	Councillor Singh Sangha

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

Also Present:

Youth Representatives
* * * * * * * *

38. WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Cllr March and Cllr Westley. Cllr Bonham was present as substitute.

39. DECLARATIONS OF INTERESTS

The Chair asked members to declare any interests in proceedings for which there were none

40. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 28th April 2026 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 28th April 2026 were a correct record.

41. MEMBERSHIP OF THE COMMISSION

The membership of the commission for 2026/27 were confirmed as follows:

Councillor Elaine Halford (Chair)
Councillor Paul Westley (Vice Chair)
Councillor Deepak Bajaj
Councillor Adam Clarke
Councillor Melissa March
Councillor Liz Sahu
Councillor Devi Singh Patel
Councillor Mohinder Singh Sangha BEM

42. DATES OF THE COMMISSION

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

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

43. SCRUTINY TERMS OF REFERENCE

The Commission noted the Scrutiny Terms of Reference.

44. CHAIRS ANNOUNCEMENTS

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

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

45. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

46. PETITIONS

It was noted that none had been received.

47. INTRODUCTION TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY

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

The Chief Operating Officer for UHL submitted a presentation which was taken as read. An overview was provided with the following being noted:

- UHL was a large teaching trust providing acute, community and virtual care across LLR from three acute hospitals and eight community sites, alongside specialist treatment and biomedical research services.
- 1.4 million patient visitors were seen annually; urgent and emergency care was the busiest single site emergency department in the UK.
- Improving performance, particularly ambulance handovers, patient flow, cancer care and elective recovery, remained a priority.
- Patient experience and staff feedback were positive, although emergency care satisfaction was lower than inpatient services.
- UHL accepted the findings of both the Amos and Ockenden reviews of NHS maternity and neonatal services and apologised to those who did not have a good experience. Improvements were being made.
- Quality Safety had seen progress with new facilities across LLR including a new urgent treatment centre to open in August 2027 at the Leicester Royal Infirmary.
- Work continued with Northamptonshire and Kettering partners to identify service improvements while maintaining a local integrated care focus.

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

- The Governance committees were working on Winter Planning. A number of schemes had worked well in the previous year.
- There had been a national critical incident for EMAS over the recent weekend.
- Work was ongoing to provide same-day access appointments, with the aim of reducing the number of people attending A&E when there was no emergency need.
- Members requested a report from EMAS.
- A joint site visit was requested by members.

The Group Director of Strategy and Partnerships for Leicestershire Partnerships Trust provided members with an overview of the work of the Leicestershire Partnership NHS Trust (LPT) The following was noted:

- The NHS was the 5th largest employer in the world. Over 87% of staff resided in the local area.
- LPT was a community and mental health trust, caring in home settings and hospitals across LLR over 100 different sites.

- Services included mental health, support for children and families and community health.
- A refresh had been launched with the aim of enabling people to thrive, with a working 'together' focus with patients, families and partners.
- There was an improving trajectory with 3 consecutive CQC ratings of 'Good.'
- Chat health services had been successful, and the service had been sold to other local authorities and health organisations.
- Work was ongoing to reduce the stigma for mental health services.

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

- AI was not yet in widespread use. Further understanding was required regarding its advantages and disadvantages, particularly in relation to mental health support.
- Key challenges included urgent and emergency care, supporting UHL with flow and providing space for rehabilitation. Additional capacity had been created at the Bradgate Unit to help alleviate pressures for the Leicester Royal Infirmary (LRI).
- Maintenance work was carried out during the summer in preparation for the winter surge.
- A number of meetings took place daily to manage flow and pressure.
- The chat facility enabled communication with health professionals.
- The mental health cafes were run by supported charities, staff were skilled and community nurses were on call.

The Deputy CMO for LNR ICB Cluster provided members with an overview of the ICB. The following was noted:

- Integrated Care Boards (ICBs) were undertaking a review and refresh of their operating model, with an emphasis on strategic commissioning. Work was underway to improve population health, reduce health inequalities, and develop neighbourhood health services, care was increasingly shaped around the needs and priorities of local communities.
- Service providers and commissioning bodies, including the ICB, were responsible for delivering health outcomes, while NHS England and the Department of Health and Social Care provided national leadership, funding and performance oversight.
- Significant financial reductions were required, including a 50% reduction nationally, with local reductions of 33% in Leicestershire and 29% in Northamptonshire.
- There was an increasing focus on collaboration with the other East Midlands clusters.
- There was a total budget of £5b across the whole of the cluster, the population being approximately 2 million.
- There were 42 Primary Care Networks (PCNs), 5 provider trusts, 5 upper tier Local Authorities, 5 Health Overview and Scrutiny Committees (HOSCs) and 20 neighbourhoods within the cluster.

- A five-year plan had been developed for the key areas of frailty, preventable mortality and children and young people, particularly relating to mental health and neurodiversity.

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

- The future workforce structure had not yet been finalised.
- Decisions relating to Leicester would be considered using Leicester-specific data.

The Director of Public Health for Leicester City provided members with an overview of Public Health. The following was noted:

- There was a focus on prevention with consideration of health inequalities.
- Leicester had a relatively young and population with changing demographics.
- Public health utilised mapping to track trends and it was noted that a high proportion of people within the city became unwell before retirement age, many issues being preventable. There was a correlation between areas of higher deprivation and poorer health.
- The Public Health Division coverage a range of services, some of which were mandated.
- A prevention and Health Inequalities Group had been established which enable focused work on areas including HPV Vaccination update, Bowel cancer screening, Mental health and isolation, Hypertension and Healthy weight.
- The range of council services helped to support people to lead better lives.

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

- Local Government Reorganisation would not affect funding awarded for being amongst the 20% most deprived areas.

AGREED:

1) For members to note the report.
2) EMAS to bring an introductory report to a future meeting of the Commission.
3) A visit to the Leicester Royal Infirmary to be arranged for Members.

48. HEALTH PROTECTION

The Director of Public Health provided an update on health protection activity since the previous meeting.

- It was noted that changes to the childhood vaccination schedule, including bringing forward the second MMR vaccination to 18 months of age, were expected to contribute to further improvements in uptake.

Vaccination rates across childhood immunisations had continued on a gradual upward trend, with second dose MMR uptake reaching 85% over the last four quarters and moving closer to the national average. Whilst this represented positive progress, it was acknowledged that further work remained, particularly amongst vulnerable groups.

- Members heard that there had been no significant outbreaks since the previous meeting and that partnership working across the Integrated Care Board footprint on vaccination and immunisation programmes continued to strengthen. The appointment of an additional Community Infection Prevention and Control Nurse was also welcomed.
- The Commission was updated on the recent visit by the House of Lords Committee undertaking an inquiry into vaccinations. The visit had showcased Leicester's collaborative approach, including contributions from health partners, schools and community organisations. The key message from the visit was that sustained investment and consistent resources were essential to improving vaccination uptake, building on the successful response to the measles outbreak. A report and recommendations from the inquiry were expected in October and would be shared with the Commission.
- Members also received an update on wider health protection issues. It was noted that the recent red heat alert highlighted the growing need to prepare for the impacts of climate change, with increasing emphasis on prevention, public awareness and adapting buildings and services. It was recognised that pressures traditionally associated with winter were increasingly becoming year-round challenges, including the emergence of diseases spread by insects not previously common in the UK.
- The success of the RSV vaccination programme was highlighted, with lower than expected hospital admissions reported over the previous winter. However, concerns remained regarding the uptake of the HPV vaccine. It was emphasised that HPV vaccination was an important cancer prevention measure rather than solely a sexual health intervention, and that increasing uptake had the potential to prevent future cancer deaths. Community Wellbeing Champions continued to play an important role in raising awareness.

In response to Members questions, It was noted that:

- Whilst HPV vaccination uptake was higher amongst females across Leicester, Leicestershire and Rutland as a whole, this pattern was not reflected within the city. Members stressed the importance of continuing to promote clear public messaging around the benefits of vaccination.
- Vaccination records could be accessed through the NHS App. Members highlighted inconsistencies depending on individual GP practices and suggested that improved visibility of vaccination records could help increase uptake. It was explained that this was linked to data governance arrangements within GP practices and that the issue would be raised with the relevant digital leads to explore whether more practices could enable access. Concerns were also raised regarding data quality across practices and the varying levels of support available to maintain accurate records.

Agreed:

1. The update on health protection activity be noted.
2. The findings and recommendations from the House of Lords vaccination inquiry be shared with the Commission once published.

49. DENTISTRY

The Public Health Programme Officer and representatives from the Integrated Care Board presented the report, providing an overview of oral health outcomes, preventative programmes and access to NHS dentistry across Leicester.

- It was noted that levels of tooth decay amongst children had continued to improve since 2012, when Leicester had some of the poorest outcomes nationally. Whilst this represented significant progress, rates remained considerably higher than the England average, with 35.6% of 5-year-old children showing signs of decay, missing or filled teeth. Surveys undertaken every 2 years continued to inform targeted preventative work, although increasing numbers of parents not returning consent forms had reduced participation.
- Leicester continued to have one of the highest rates of oral cancer mortality in England. Work was ongoing to identify risk factors, improve awareness and target preventative support within communities. It was also noted that water fluoridation could make a significant contribution to preventing dental decay and a request had been submitted to Government to consider fluoridation.
- A range of preventative initiatives continued across the city, including supervised toothbrushing programmes in nurseries, childminders, pre-schools and primary schools, training for education staff, work with voluntary organisations, Family Hubs, libraries and community groups, distribution of oral health resources and targeted engagement with communities experiencing the greatest inequalities. Although participation had reduced following the Covid-19 pandemic, work was continuing to increase uptake, particularly within the most deprived communities. Additional funding, national support and donations of resources had enabled the programme to expand further.
- An update was also provided on access to NHS dentistry. Whilst nationally NHS dental funding was only sufficient to cover around half of the population, Leicester, Leicestershire and Rutland had achieved 94% delivery of Units of Dental Activity during the previous financial year and were on course to improve further. Additional NHS dental activity continued to be reinvested within Leicester alongside initiatives to increase capacity, improve access for vulnerable groups, reduce waiting times and support Community Dental Services.

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

- Commissioning decisions for NHS dental provision were based on population need and health inequalities, with additional capacity directed towards the areas experiencing the greatest need.
- Further work would be undertaken to explore whether children experiencing tooth decay had previously accessed NHS dental services.

- Tooth extraction data should be interpreted with caution, as it did not always distinguish between extractions resulting from tooth decay and those carried out for other reasons.
- Ward level information on supervised toothbrushing programmes could be shared with Members.
- The suggestion that Ward Councillors and community health champions help promote oral health initiatives within local communities was welcomed.
- Engagement with older children and teenagers remained challenging due to limited data beyond the age of 5. Work continued with schools and young people to develop messages that better promoted good oral health.
- Recruitment of NHS dentists remained a national challenge, although initiatives such as the Golden Hello scheme were helping to attract dentists back into NHS practice.

Agreed:

1. The presentation be noted.
2. Ward level information on supervised toothbrushing programmes be shared with Members.

50. LEICESTER NEIGHBOURHOOD APPROACH

Due to officer illness, the report on the Leicester Neighbourhood Approach was unable to be presented and was deferred to the next meeting of the Commission.

51. 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.

52. ANY OTHER URGENT BUSINESS

With there being no further business, the meeting closed at 7:52pm.

Appendix B

Healthwatch Leicester and Leicestershire Annual Report 2025-2026

Public Health and Health Integration Scrutiny Commission

Date of meeting: 1st September 2026

Lead Director/Officer: Harsha Kotecha, Healthwatch Leicester & Leicestershire (HWLL) Chair

Useful information

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

1. Summary

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

2. Recommended actions/decision

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

3. Scrutiny / stakeholder engagement

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

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

HWLL also attends a number of other strategic boards and meetings and works collaboratively with NHS organisations, local authorities, voluntary community & social enterprise (VCSE) organisations and neighbouring Healthwatch services to ensure that

public insight is reflected within local priorities, service redesign and strategic planning across the health and care system.

4. Detailed report

Context

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

Background

Healthwatch Leicester and Leicestershire is the statutory consumer champion for health and social care established under the Health and Social Care Act 2012.

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

HWLL statutory duties include:

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

Annual Report 2025-26 and Business Plan 2025-26

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

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

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

Key achievements during 2025-26

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

Key achievements include:

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

To deliver our statutory obligations HWLL maintains links with key stakeholders, including departmental links within the local authorities, Public Health, Adult Social Care and providers such as Leicestershire Partnership Trust, University Hospitals of Leicester. HWLL collaborates with Healthwatch Rutland and has a Memorandum of Understanding with local Healthwatch across Northamptonshire as part of the ICB cluster arrangements. During this arrangement we have agreed a singled shared non-voting seat at the joint ICB attended by our HWLL Chair. We continue to hold quarterly meetings with our partners outside of the key strategic meetings ensuring that we contribute to plans and decisions around health and social care services

Impact and Outcomes
Neighbourhood Mental Health Cafes

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

Women and Girl's Health Programme

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

Supported Living Review for Leicestershire

HWLL in partnership with Adult Social Care at Leicestershire County Council developed an engagement approach to gather lived experiences of those accessing supporting living provision, including residents, carers and providers across both Leicester and Leicestershire. This review enabled people and their carers a direct route to share experiences. Supported Living providers vary in the way support is provided depending on care needs therefore the review focused on a small cohort in order to explore more closely their experiences. Whilst the number of people (32 individuals and 19 carers) involved in the review appear modest to other HWLL activity the work provided valuable insight into the experiences of a population that is vulnerable and often underrepresented in consultation and engagement activity. The review highlighted issues around communication, inclusion, housing suitability, social isolation and support planning. Findings have been shared with the local authorities and providers as part of the future development and review of supported living services.

Hospital discharge

HWLL worked in partnership with the NHS, providers and local authorities to undertake extensive research to identify good practice and areas where discharge processes

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

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

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

Forward Plan 2026-27

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

The key three themes identified were:

1. Pharmacy First: To understand public awareness, accessibility and experience of the Pharmacy First programme. This work will help improve awareness, access and the quality of care provided through community pharmacies.
2. Digital access to NHS services: the 10-year Health Plan emphasises a shift from analogue to digital. Digital access in primary care is one of the issues we hear most often. We will work with our ICB colleagues to explore the impact of

increasing use of digital systems and ensure services remain accessible to all communities.

3. Tackling Health Inequalities: we will strengthen our partnership work with local authorities and stakeholders to ensure services better meet the needs of all communities locally. Our first project will look at a survey for young people, exploring their lived experience into healthy weight and lifestyle.

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

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

5.1 Financial implications

We are funded by Leicester City Council and Leicestershire County Council We employ 7 staff and 24 volunteers
Signed: Hardip Kaur Chohan
Dated: 18th August 2026

5.2 Legal implications

There are no direct legal implications arising from this report.
Signed: Hardip Kaur Chohan
Dated:18th August 2026

5.3 Equalities implications

There are no equality implications arising from the recommendations in this report. VAL's work actively supports inclusion, community cohesion and reducing health inequalities across diverse communities. VAL is committed to promoting equality and welcomes diversity in all aspects of its service delivery. We operate in a diverse community, and our aim is to harness the talent within the community to help improve our service provision further. We understand that our services have to be delivered in a different way to meet the legitimate needs of different communities. We operate an Equality and Diversity Policy in service delivery and employment.
Signed: Hardip Kaur Chohan
Dated: 18th August 2026

5.4 Climate Emergency implications

None
Signed: Hardip Kaur Chohan
Dated: 18th August 2026

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

none

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

7. Summary of appendices: none

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

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

healthwatch
Leicester and
Leicestershire

Speaking up for better care

Healthwatch Leicester and Leicestershire annual report 2025/26

Contents

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

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

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

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

A message from our Chair and Vice Chair

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

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

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

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

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

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

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

Chair
Harsha Kotecha
Vice Chair
Fiona Barber

About us

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

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

Our vision

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

Our mission

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

Our values are:

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

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

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

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

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

Our year in numbers

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

Reaching out:

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

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

Championing your voice:

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

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

Statutory funding:

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

A year of making a difference

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

Spring

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

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

Summer

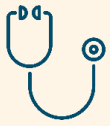
Our local insights contributed to the Trans and non-binary GP care report, helping drive national conversations on improving GP record systems and staff training.

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

Autumn

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

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



Winter

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

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

Working together for change

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

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

Every woman's health matters:

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

Improving access to care:

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

Building strong relationships to achieve more:

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

Making a difference in the community

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

Trans & non-binary people's experiences

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

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

Supporting breast cancer awareness in diverse communities

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

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

Improving care over time

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

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

Listening to your experiences

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

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

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

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

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

What did we do

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

Key things we heard:

39% relied on family members to help them communicate with professionals

49% felt services had worsened over the last decade

57% found healthcare harder to access during COVID-19.

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

Leicester Deaf Centre

What difference did this make?

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

Neighbourhood Mental Health Cafés: Listening to local voices

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

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

Key findings:

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

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

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

Service user

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

What difference did this make?

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

Hearing from all communities

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

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

This year, we have reached different communities by:

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

Listening to supported living voices to improve local care services

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

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

What difference did this make?

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

Bus access and patient care

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

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

What difference did this make?

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

Information and signposting

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

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

This year, we've helped people by:

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

Clearer next steps for delayed eye care

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

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

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

Improving GP access for patients of the Willows Health Group

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

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

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

Showcasing volunteer impact

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

This year, our volunteers:

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

At the heart of what we do

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

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

Debbie

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

Howard

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

University Hospitals of Leicester NHS Trust (UHL)

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

Andy

Be part of the change.

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

www.healthwatchll.com

0116 257 4999

enquiries@healthwatchll.com

Finance and future priorities

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

Our income and expenditure:

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

Additional income is broken down into:

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

Finance and future priorities

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

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

Our top three priorities for the next year are:

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

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

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

Statutory statements

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

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

The way we work

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

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

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

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

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

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

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

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

Statutory statements

Responses to recommendations

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

Taking people's experiences to decision-makers

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

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

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

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

Healthwatch representatives

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

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

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

Statutory statements

Enter and view

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

Statutory statements

Enter and view

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

Statutory statements

Enter and view

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

Statutory statements

Enter and view

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

Statutory statements

Enter and view

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

Statutory statements

Enter and view

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

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Appendix C

PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMITTEE: 1 SEPTEMBER 2026

Leicester City Neighbourhoods Update

REPORT OF THE DIRECTOR OF INTEGRATION, NHS LEICESTER, LEICESTERSHIRE AND RUTLAND AND NHS NORTHAMPTONSHIRE INTEGRATED CARE BOARDS

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1. Purpose of the Report

- To provide an update on the development of the Leicester City Neighbourhood Programme.
- To inform Members of progress made in agreeing neighbourhood footprints and engaging stakeholders in the co-design of neighbourhood priorities.
- To outline the next phase of development, including governance arrangements, neighbourhood planning and the potential implications of Local Government Reorganisation (LGR).
- To seek the Committee's note of progress to date.

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2. Recommendations

The Health Overview and Scrutiny Committee is asked to:

- Note the progress made in developing the Leicester City Neighbourhood Model.
- Note the agreement of the four Leicester City neighbourhood footprints.
- Note the findings and priorities emerging from the neighbourhood engagement workshops.
- Note the opportunities and challenges associated with the next phase of development, including Local Government Reorganisation.

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3. Background

Neighbourhoods are a core component of the Leicestershire, Northamptonshire and Rutland Integrated Care System Cluster vision for improving population health, reducing health inequalities and delivering more integrated services closer to people's homes.

The neighbourhood model seeks to bring together partners from primary care, local government, community health services, acute services, mental health services, public health and the voluntary, community and social enterprise (VCSE) sector to jointly identify local priorities and respond to the needs of their communities.

A key aim is to move from organisationally-led services towards a neighbourhood-based approach that supports prevention, early intervention and more coordinated care whilst addressing the wider determinants of health.

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4. Progress Update

Agreement of Neighbourhood Footprints

A significant milestone has been achieved through the agreement of the Leicester City neighbourhood footprints.

Over several months, partners worked collaboratively to review existing geographies and align neighbourhood arrangements. Throughout this process, the ten Primary Care Networks (PCNs) remained a key organising principle, reflecting a shared view that maintaining PCN alignment would provide the strongest foundation for neighbourhood development and integrated working. Existing social care and community service boundaries were also carefully considered to support effective service delivery and partnership working.

A series of workshops was undertaken with representation from all neighbourhoods, ensuring that local insight, knowledge and perspectives were reflected throughout the process. Feedback and learning from these discussions informed the development of the proposed footprints and were taken into account in reaching the final agreement.

The neighbourhood boundaries were agreed through a partnership-based approach, informed by local knowledge, population health considerations, existing service configurations and stakeholder engagement. The development of the footprints sought to balance community identity, operational practicality and opportunities for integrated care. While no boundary model can perfectly accommodate every perspective, the agreed arrangements provide a coherent and sustainable basis for neighbourhood delivery, strengthened collaboration and improved outcomes for local residents.

The following four neighbourhoods have now been agreed:

- **Neighbourhood 1 – North East**
- **Neighbourhood 2 – South East**
- **Neighbourhood 3 – North West**
- **Neighbourhood 4 – South West**

Whilst concerns were raised regarding the geographical size and diversity of Neighbourhood 2, partners agreed that the footprint should remain unchanged. It was recognised that additional locality-level work will be required within each neighbourhood to ensure local communities and population groups are appropriately represented and supported.

5. Neighbourhood Workshops and Engagement

To support development of the neighbourhood model, a programme of engagement workshops was undertaken between February and March 2026.

Four neighbourhood workshops and a dedicated VCSE engagement session were delivered. A total of **168 attendees** participated, representing a broad range of organisations including:

- Primary Care
- NHS Leicester, Leicestershire and Rutland Integrated Care Board
- Leicester City Council
- University Hospitals of Leicester
- Leicestershire Partnership NHS Trust
- Public Health
- Education
- Police
- VCSE organisations
- Elected Members

The workshops provided stakeholders with an opportunity to identify local priorities, opportunities, barriers and practical actions required to develop effective neighbourhood arrangements.

Feedback demonstrated a strong commitment across organisations to work collaboratively and build on the significant strengths that already exist within communities across Leicester.

6. Key Themes Emerging Across All Neighbourhoods

A number of consistent themes emerged across all workshops.
Stakeholders highlighted the need for:

- Better coordination across services.
- Clear and simple service pathways.
- A "no wrong door" approach for residents.
- Stronger community involvement in shaping priorities.
- Improved information sharing and digital connectivity.
- A greater focus on prevention and early intervention.
- Enhanced health literacy.
- Closer collaboration across health, care, housing, education, employment and community services.
- A continued focus on reducing health inequalities.

Participants consistently recognised that neighbourhoods must address wider determinants of health and not focus solely on health and care services. Housing,

employment, education, transport, community safety and access to community assets were all identified as important determinants of health and wellbeing.

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7. Emerging Neighbourhood Priorities

Whilst each neighbourhood identified priorities reflecting local population needs and circumstances, there was a high degree of consistency across all four workshops. The outputs demonstrated a shared ambition to improve coordination between services, strengthen community-based support and improve outcomes for local residents.

Across the four neighbourhoods, the following priorities were consistently identified:

Hospital to Community

- Improving understanding of available services, community assets and referral pathways.
- Delivering more services closer to home and reducing unnecessary hospital attendance.
- Strengthening multidisciplinary working and connectivity between organisations.
- Improving navigation, signposting and access to support.

Analogue to Digital

- Improving health literacy and public awareness of services.
- Developing accessible directories of services and community support.
- Supporting digital inclusion through training and education.
- Improving information sharing and interoperability between systems.

Sickness to Prevention

- Strengthening prevention and early intervention approaches.
- Developing trusted community connectors and wellbeing support.
- Working more closely with schools, employers, faith organisations and VCSE partners.
- Improving coordination across services and addressing wider determinants of health.
- Reducing health inequalities through targeted neighbourhood approaches.
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Although there was significant alignment across neighbourhoods, discussions also highlighted the importance of retaining flexibility within the model to respond to the specific needs of local communities. The workshop findings will now inform the development of neighbourhood delivery plans and future priorities within each locality.

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8. Governance and Next Steps

Workshop outputs have been shared with participants and partners and will inform the next phase of neighbourhood development.

Work is now underway to:

- Review governance arrangements through the Leicester City Integrated Health and Care Group
- Strengthen reporting arrangements for neighbourhood development.
- Review membership and stakeholder representation.
- Align neighbourhood priorities with Health and Wellbeing Board priorities.
- Consider neighbourhood steering group arrangements.
- Map existing multidisciplinary teams and neighbourhood programmes.
- Develop neighbourhood action plans informed by local priorities supported by data.
- Continue engagement with communities and VCSE organisations.

The programme will focus on building upon existing strengths and avoiding duplication of work already being delivered successfully within neighbourhoods and take learnings from other parts of the cluster and across the county.

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9. Opportunities

There are significant opportunities associated with the development of neighbourhoods across Leicester City.
These include:

- Strengthening partnership working across organisations.
- Delivering more proactive and preventative support.
- Improving access to services closer to home.
- Developing more coordinated care pathways.
- Better use of community assets and local knowledge.
- Improved engagement with residents and communities.
- Enhanced ability to address health inequalities through targeted interventions.
- Supporting delivery of the three national shifts from hospital to community, analogue to digital and sickness to prevention.

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10. Risks and Challenges

Whilst progress has been positive, several challenges remain.
These include:

- Securing sustainable infrastructure and programme support.
- Availability of administrative support to coordinate neighbourhood activity.
- Understanding future funding arrangements
- Data sharing and digital interoperability between organisations.
- Maintaining momentum whilst wider system changes take place.
- Ensuring consistent approaches whilst recognising different local needs.
- Continuing to engage communities and ensure local voices influence decision-making.

Following the establishment of a neighbourhood steering group, the risks will be worked through and mitigating actions will be agreed and implemented consistently across the four neighbourhoods.

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11. Implications of Local Government Reorganisation

Local Government Reorganisation (LGR) presents both opportunities and challenges in improving outcomes for our population. Managing variation in service provision, changes to geographical footprints and place-based arrangements will impact the current configuration of Leicester City Neighbourhoods. There are likely to be workforce implications, including organisational change, recruitment and retention challenges, and the need to align different organisational cultures, ways of working, digital systems and processes.

LGR may also affect governance and decision-making arrangements, requiring the review of existing partnership structures and accountability mechanisms across health, local authority and voluntary sector partners. Over the coming weeks, key leads will meet to discuss our approach and start to scope options for this. We will provide an update on how these progresses in due course.

Partners remain committed to maintaining momentum whilst ensuring neighbourhood development continues to focus on improving outcomes for Leicester residents.

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12. Conclusion

Good progress has been made in establishing the foundations for neighbourhood working in Leicester City. Agreement of the four neighbourhood footprints, extensive stakeholder engagement and the identification of locally informed priorities represent important milestones in the development of the programme. The workshops demonstrated a strong appetite across organisations and communities to work collaboratively, improve coordination, strengthen prevention and reduce health inequalities.

The next phase of work will focus on strengthening governance arrangements, developing neighbourhood action plans and translating workshop priorities into practical delivery programmes. Whilst challenges remain, particularly in relation to resources, funding and system change, the programme has established a strong foundation upon which neighbourhood working can continue to develop and mature.

The Committee is invited to note this update.

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
1 September 2026	Winter Pressures planning UHL/PH/ICB Health Watch Annual Report Leicester Neighbourhood Approach (adjourned from last meeting)	.	
3 November 2026	*Vaccinations update Mary/Annie*		

Meeting Date	Item	Recommendations / Actions	Progress
1 February 2027	*Revenue Budget 27-28* *Rheumatology*		
8 March 2027			

Forward plan suggestions 2026/27:

NHS dentistry	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.	**July 2026**
Prevention and Health Inequalities	To include work done on Bowel Cancer.	
Palliative Care	To include information on Loros.	
Winter Plan	The NHS to update the commission on the winter plan for 26/27.	**September 2026**
Structure of the LNR	A report had been requested for the full structure of the LNR to come to scrutiny once available.	

Vaccination Report – Mary Hall	Requested in January 26, to come to the first meeting of the municipal year.	
Rheumatology	An update on recruitment and progress to come to the commission once available.	**February 2027**
Neighbourhoods	• Scrutinise development of localised plans (detailed work to take part in a more granular level using MSOA & community level data) to identify priorities and target interventions • 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 • Check engagement with people who represent the varied communities.	**July 2026**
Men's Mental Health	•	
Childhood vaccinations	•	
Sexual Health Services	•	
Healthy babies s	•	

LLR Child Death Overview Panel Annual Report 2024/25	That a further update be brought back to the Commission on progress, including delivery against the action plan and any measurable impact on outcomes.	
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