Leicester City Health and Wellbeing Board
4 December 2025

Subject:	Update from the Leicester Integrated Health and Care Group
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EXECUTIVE SUMMARY:

The Leicester Integrated Health & Care Group has continued to meet in supporting the work of the Health & Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'. The summary provides an overview of the key work to ensure a close partnership between the Group and the Board.

A priority for the Group has been continuing to progress work around city neighbourhoods with engagement underway across the health and care system. Dedicated opportunities have enabled in-depth discussions to inform stakeholders of the approach of a four neighbourhood model in the city. The Group will continue to work with all partners to take forward the work for agreeing the governance and implementation of integrated neighbourhood teams in each of the four neighbourhoods. It is intended that the Group will be responsible for overseeing neighbourhoods and the delivery of priorities which will ensure reporting to the Health & Wellbeing Board.

Following changes to the health landscape with clustering of the Integrated Care Board and shift to neighbourhood working, the Group have initiated work to review system leads priorities and risks. This will ensure the Groups role and work is shaped in accordance with its purpose as a subgroup of the Health & Wellbeing Board in aligning commonalities around priorities for the city as well as identifying and proactively managing risks across the health and care system.

The Group have also held a dedicated workshop on the subject of health literacy to reflect on the work of colleagues at South Tyneside and Sunderland NHS Foundation Trust on how a person's ability to find, understand and use information to make decision about their health. The discussions enabled the Group to explore how health inequalities can widen where people may struggle to read complex information, interpret instructions or navigate the health and care system. This is not a reflection of people's intelligence but often a result of the way information is presented and/or communicated. The Group have committed to identifying appropriate representation across organisations for exploring opportunities and next steps to address issues around health literacy in the city.

The latest delivery plan update was shared in relation to childhood immunisations – the full update can be found below. Please note the ask from the Health & Wellbeing Board to alter the deliver plan updates to include information on outcomes associated to projects has been implemented and will be illustrated in the next cycle.
Low vaccination rates and vaccine hesitancy have been discussed with proactive work to address barriers. It has been recognised that neighbourhood models of care is an opportunity to further address vaccinations as a priority with targeting gaps at a local level within communities.

The Dementia Support Service has also been discussed by the Group where it has been agreed that conversation will be continue to ensure the Group have oversight in recognition of the importance of the preventative service provision to support residents.

A subgroup focussed on monitoring the Better Care Fund has also met to discuss the impact of investment of the fund with a case-study on the housing enablement team. The subgroup have also discussed the Lets Get Digital programme and improving awareness and training to support local people to use digital platforms in recognition of the NHS 10-year plan to shift from analogue to digital. Performance will continue to be monitored and reported periodically to the Group to ensure oversight and consideration of planning for informing recommendations to the Health & Wellbeing Board.

The lead officer will continue to provide strategic oversight on projects and actions aligned to the Groups work and liaise with the Health and Wellbeing Board programme manager to ensure the Board receives regular updates and action any necessary workstreams.

Delivery Plan Updates:

Please note the ask from the Health & Wellbeing Board to alter the deliver plan updates to include information on outcomes associated to projects has been implemented and will be illustrated in the next cycle.

Delivery Plan Updates: October 2025
Title of workstream: Childhood Immunisations
Objective: *To increase childhood vaccination uptake across Leicester.*
Governance arrangements: LLR Immunisations Board

Reporting Project	Project KPIs & Targets	Update	Next steps	PLUS Groups	Risks & Mitigations	RAG for Period
Antenatal Vaccinations: Pertussis, Flu & RSV	Respiratory Syncytial Virus (RSV) LLR current uptake is 49.2% NHSE target is 60%. Pertussis LLR current uptake: 73.4% NHSE target: 60% Flu 1,297 (25.9%)	RSV 6,865 Maternity RSV vaccinations have been given since 1 Sept 2024 to date. 15x City-based community pharmacies (CPs) have been piloting RSV vaccinations since July 2025 as part of NHSE plans to expand RSV vaccination delivery through CPs, alongside flu, and pertussis New NHSE national campaign messaging urges pregnant women to "protect their babies" and highlights RSV as a major cause of infant hospitalisations. Pertussis UHL data shows monthly pertussis vaccinations have	Maternal RSV community vaccination pilot activity being scoped to commence from November 2025 subject to funding Data & Information Systems UHL to introduce booking system for pregnant women that will also enable call / recall for those that DNA. Due to start this winter. UHL existing maternity data system is in transition to BadgerNet to improve real-time tracking of vaccination uptake and recall amongst pregnant women. Efforts are underway to resolve issues related to	Investigating joint working options with the UHL maternity diversity lead. Collaborating with Inclusion Health to support vaccination awareness among people experiencing homelessness, such as sharing information on health and wellbeing events. Examining levels of vaccination uptake among LPT's LD patients.	This service is currently commissioned by NHSE until April 2027. Risks Key risks include low uptake, data issues, commissioning gaps, and access barriers. UHL lacks strong recall systems for RSV vaccination; a pilot programme may partly address this. Lower vaccine uptake in ethnic	Progress is steady but slow

		increased from the low 300s earlier in the year to 400+ doses per month, with uptake stabilising between 50-52% of eligible women at 20-week scans Flu Winter vaccination plan 2025/26 sets a target to improve flu uptake among pregnant women, alongside other high-risk groups. The plan aligns with NHSE urgent and emergency care strategy and mandates a 100% offer to all eligible cohorts. GPs continue to be actively encouraged to call/recall pregnant women for their recommended vaccinations. Some super vaccinator deployment has supported UHL antenatal vaccination clinics during the summer 2025, to cover gaps in UHL staffing rota. Flu vaccinations for pregnant women started on 1st September 2025, a month ahead of the main adult flu programme to ensure early protection during pregnancy. Vaccines are available through GPs,	current data systems (RAVS/System1) and to improve the granularity of available data. Further analysis is required to fully understand existing data sets and the anticipated impact of the introduction of BadgerNet. Comms & Engagement Winter vaccination campaign just launched which encouraged pregnant women to get vaccinated and links LLR women to the LLR Vaccine Hub – a one stop shop for all related information including where to get vaccinated in LLR. Targeted communications are being developed to address vaccine hesitancy during pregnancy, emphasising safety, maternal and infant benefits, and incorporating trusted voices such as midwives and general practitioners. Promotion will continue through collaboration with CVSE groups, events, and		minority and deprived groups calls for targeted outreach and tailored messaging. There is still uncertainty about RAVS data integration with System1. Commissioning and resource discussions are ongoing. Staffing gaps have been filled, and promotional activities continue. Progress is slow and improvements in uptake are hard to measure. Some data and recruitment challenges persist but are being managed. Mitigations Targeted outreach Data enhancements Promotional and educational efforts Service expansion and flexibility	

		maternity services, CPs and roving healthcare units (RHU). Education & Training Core training slide sets for relevant healthcare practitioners have been updated and circulated to ensure correct administration, consent, and communication with pregnant women. MMR & Autism myth-buster leaflet shared with healthcare professionals. Engagement work continues with key partners, including sexual health teams and VCSEs to promote pregnancy vaccination education and gathering insights on barriers to uptake, engaging relevant system partners to support new parent and baby groups. Improving Accessibility RHUs carry all the recommended vaccinations in pregnancy as standard and offer these opportunistically to anyone eligible. RHUs are being deployed to community events, health fairs and areas of historical low uptake to improve access for underserved populations.	dissemination of new video materials. Collaboration with the Maternity Voices Partnership will help identify barriers to vaccine uptake and inform tailored communication strategies.		Advocacy and escalation	

Babies & Pre-school Children	MMR 2 Current LLR uptake 86.1% at 5 years: City: 81.9%, (noting uptake was at 76.3% July 2024) County: 87.8% Rutland: 89.1% WHO MMR target is 95% for 2 doses at 5 years. Flu: 2-3-year-olds LLR: 24.3% Target: 44.1%	Super Vaccinators Delivered 298 pre-school vaccinations since April to end August 2025, which includes 199 MMR vaccinations. Practices have been actively encouraged to: • Designate a lead clinician responsible for vaccination programmes • Conduct record audits to identify immunisation gaps • Utilise multi-channel communication strategies • Deliver culturally sensitive messaging within diverse communities • Implement changes to the national childhood vaccination and immunisation schedule, with	Primary Care Continue the super vaccinator programme and CHIS support at selected GP practices to identify unvaccinated children, reduce waiting times, and boost clinic capacity. Community-Based Outreach Maintain RHU services in areas with low vaccine uptake to inform under-served communities about vaccinations. Collaborate with LPT to locate children with learning disabilities and those in care who need recommended vaccines. Coordinate with partners and VCSEs to align vaccinations with other health interventions and MECC principles to improve overall health engagement.	Sustained Outreach & Engagement Collaborating with LAC services to identify children who have not received nationally recognised vaccinations. Cooperating with LPT to find children with learning disabilities who are missing recommended vaccinations and directing them to appropriate resources. Data & Monitoring Advocate for enhanced data systems and reporting to accurately track vaccination uptake among marginalised groups. Training & Communications Continue developing and evaluating targeted informational materials and myth-busting resources for healthcare	ICB executive team rejected the inequalities business case. Risks Uptake for some vaccines is below national targets, which can lead to gaps in early-life protection. Families in deprived areas, those with language barriers, and children in vulnerable groups are at higher risk of missing vaccinations. Limited clinic capacity and staff shortages can delay timely vaccination, especially during winter when demand peaks. Inconsistent coding and reporting across GP systems make it harder to track missed doses and	On track

		corresponding updates provided to all healthcare providers and relevant services (e.g., Healthy Together health visitors). An MMR & Autism myth-busting leaflet has been shared with practices and associated professionals to facilitate informed discussions with parents. Quality Reviews Regular meetings are held with practices to review performance, discuss uptake levels, and examine barriers and opportunities for improvement. Particular emphasis is placed on increasing rates of childhood vaccinations and immunisations. Individual practices with historically low vaccination uptake are being provided with targeted support to enhance		professionals supporting these groups. Provide ongoing training for health and care providers to address vaccine hesitancy with empathy and clarity.	follow up effectively. Mitigations Enhanced call/recall and data monitoring to identify children overdue for vaccines and send reminders. Flexible delivery models offering walk-in sessions for childhood vaccines Targeted support for vulnerable groups Workforce and capacity planning Public communication and education to reassure parents about vaccine safety and importance. Integration with other services allows for opportunistic vaccination	

		clinic capacity and address elevated waiting lists. New Booking Process NHSE, who commissions CHIS, is introducing a new booking process, requiring parents to contact GPs directly to arrange vaccination appointments that can be scheduled according to their availability. This has started but details of the roll-out plan are expected. Community-Based Outreach The RHU 'vaccinations in the park' initiative offered walk-in clinics in city parks during summer, supported by the ChatHealth text service and Healthy Together helpline for guidance. RHUs have been deployed across LLR to reach underserved populations and improve access to MMR and pertussis vaccinations and health advice. Both nasal and injectable flu vaccines are available via RHUs from September 2025. Since October 1st CP are authorised to vaccinate 2- and 3-year-olds against flu, expanding				

		access and reducing pressure on GP practices. There are over 80 CPs in LLR offering this service. Data A vaccination dashboard has been developed to provide a unified data source for performance reporting.				
School-age & Adolescents	HPV LLR school aged uptake: 71.5% City: 55.4% County: 81.0% Rutland: 81.7% WHO target is 90% in females by 2030. There is no target for males. Cervical Cancer Elimination Strategy in place, with sub section on HPV vaccine and goal is to achieve 90% uptake by 2030. Flu	School-based Vaccination Programme HPV vaccination continues to be administered in secondary schools (school year 8 and above) by the School Age Immunisation Service (SAIS). Activities encompass follow-up visits to schools for catch-up sessions, administering HPV vaccine alongside other adolescent immunisations (MMR, 3-in-1 booster, MenACWY), as well as community clinics and home visits for children with additional needs. Dedicated sub-groups are actively addressing low uptake issues in collaboration with individual schools and communities. Post-16 Activity	The 2025 HPV in-school programme begins in January 2025, with the new MAVIS e-consent platform expected to boost vaccination consent rates. This should be in update HPV Vaccine will be available at RHUs from end-October 2025 for easier and opportunistic vaccination. This should be in update column An ICB-led communications campaign is planned for November-December to raise awareness of HPV vaccination benefits before the in-school rollout. The University of Leicester is surveying teachers to enhance HPV education and communication in schools.	Engagement Reviewing LPT patient records to determine if vaccination rates are low amongst LD registered patients. Collaborating with schools, social care, and health partners to identify and remove barriers to vaccination for care-experienced youth and those with LD, SMI or Looked After. Targeted HPV vaccination activity is focused on improving uptake among ethnic minorities and deprived communities	Risks SAIS is currently commissioned by NHSE until April 2027. HPV vaccination rates have declined since pre-pandemic levels, with significant variation across LLR. Persistent inequalities among minority ethnic groups and deprived areas, and lower consent rates in some schools. Cultural beliefs and misconceptions linking HPV vaccination to sexual activity	

	LLR Primary school: 13.1% Target: 43.7% LLR Secondary school: 11.8% Target: 34.3%	Young adult males who missed vaccination due to the campaign start date, as outlined in national guidelines, will be prioritised within the GP call/recall programme. Catch-up campaigns via GP call/recall are focusing on individuals aged 17 to 24 years who did not receive their HPV vaccination in-school. Training & Education Current information is being disseminated to relevant healthcare providers, education professionals, and community or faith leaders to enhance understanding and address vaccine hesitancy empathetically. Additional health and wellbeing professionals with established relationships in schools, such as school nurses, health and wellbeing teams, and specialist sexual health services, are being identified to support advocacy efforts and participate in training or educational sessions as appropriate. The school mapping activity undertaken to create a	Promotional materials and messaging are being codesigned with target groups, educators, and health partners. GP practices, SAIS, and sexual health services will support local mop-up clinics and opportunistic vaccination through accessible sites and providing more information about the importance of the vaccine. Continuation of the GP call/recall pilot for 16–18-year-olds supports young people in deprived areas by promoting autonomy and direct communication. These efforts address barriers such as misinformation, parental dissent, and lack of post-16 vaccination offer. Consent SAIS has reviewed its legal stance on self-consent for HPV vaccination. The outcome confirms that young people aged 16–17 can legally self-consent under the Family Law Reform Act 1969, while those under 16	through co-produced, culturally sensitive approaches, with partners such as the African Heritage Alliance and SAHA, planned initiatives include promotion at community engagement events eg community specific cancer awareness events, pop-up clinics in trusted venues, and sensitive, tailored messaging.	create reluctance among parents. Social media misinformation amplifies hesitancy. Delays in contract awards for SAIS impact planning and school engagement. Limited real-time data on uptake by ethnicity, school, and deprivation index. Fragmented accountability between ICB, SAIS, and local authorities complicates improvement efforts. Mitigations Targeted communication and education workstreams to integrate awareness into school curricula and involve teachers. Catch-up and flexible delivery	

		centralised database linking schools with their assigned school nurses/wellbeing teams, SAIS link nurses, and key contacts. It has identified engagement gaps, prioritised schools with low HPV uptake, and incorporated faith and community connections to support targeted outreach. This work enables a coordinated approach, ensuring consistent communication and effective collaboration between health teams, education partners, and community leaders. Engaging city school heads in improving HPV. Action plan has been developed that prioritises schools with low HPV uptake for targeted engagement. Fostering collaboration between school nurses, SAIS, public health, and sexual health teams, while also tailoring strategies for faith-based and underserved communities by involving faith leaders and creating culturally sensitive materials. Flu in-school vaccination campaign is being delivered by	may do so if deemed Gillick competent. This clarification has now been incorporated into SAIS's updated consent process map, which outlines how schools, parents, and children interact with the vaccination programme. The review supports efforts to improve uptake, particularly in communities where parental consent is a barrier, and aligns with broader strategies to empower young people and reduce health inequalities.		offers eg GP-led catch-up campaign Data and insight improvements enable enhanced analysis of uptake by ethnicity, school, and deprivation to inform targeted interventions. Use of new consent platforms for automated reminders and follow-up. Multi-agency HPV delivery group oversees implementation and escalates risks. Engagement with local authorities, education leads, and VCSE partners to address inequalities. Alignment with NHSE HPV catch-up campaign 2025/26 and WHO cervical cancer elimination targets. Integration of HPV into broader	

		SAIS from September to December 2025, with potential to provide mop-up activity in the New Year.			immunisation strategies and opportunistic offers in primary care.	

Case study/ qualitative examples of progress:

Project	Example
Connecting systems partners	The ICB Vaccination Programme has helped establish a culturally sensitive parent and baby group at the African Caribbean Centre to support maternal mental health, reduce isolation, and promote early years health education in the Black community. Support includes linking with secondary care and City Council Children's Services to guide the programme and integrate health promotion, ensuring it aligns with broader health strategies during its pilot phase.
HPV GP call & recall for 16 to 18-year-olds	This project aims to improve vaccine uptake among young people who missed school-based HPV vaccination. Running across up to 20 GP practices across LLR, the pilot uses personalised letters sent directly to 16–18-year-olds to promote autonomy and health literacy. Practices receive support from the super vaccinator team to run dedicated clinics, with patient data provided by CHIS. The initiative addresses inequalities in uptake, particularly in Leicester City, and supports the national goal to eliminate cervical cancer by 2040. Feedback from practices has been positive, with interest in flexible clinic formats and mobile vaccination options. Project commenced September 2025 and will conclude in March 2026.

Point for escalation relating to any of the projects:

1. The transfer of commissioning from NHS England to ICBs is postponed to April 2027.
2. Specialist sexual health services are only commissioned to provide HPV vaccinations for 'at risk' groups, eg MSM, people diagnosed with HIV, sex workers, etc, up to age 45.
3. National Access and Inequalities funding ends on 31 March 2026, with no future plans announced.
4. The responsible team is funded only until 31 March 2026.
5. Business cases for immunisation investment were rejected for both 2024/25 and 2025/26.

Bibliography of Projects

Project	Description
Antenatal Vaccinations	To improve pertussis (vaccination uptake: • Increase awareness through education and collaboration with groups like Leicester Mammas and Heads Up. • Enhance access via RHU community clinics. • Maintain antenatal clinic support at UHL by using super vaccinators to fill staffing gaps. For RSV vaccination campaign:

	• Continuous communications campaign highlighting the vaccine's importance. • Provide multiple access points for pregnant patients, including antenatal clinics, GPs, RHU, and community sites.
Babies & Pre-school Children	• Provide vaccination guidance for parents of infants and preschoolers to improve uptake. • Focus support on GP practices with the lowest immunisation rates, enabling CHIS to target effectively. • Raise primary care awareness through regular clinical webinars. • Offer supervaccinator staff and capacity via super vaccinators. • Deliver childhood vaccines (MMR, Pertussis) with the RHU in low-uptake areas. • MMR Core 20 project includes home visits for unvaccinated families and catch-up vaccinations.
School-age and Adolescents	• Support SAIS in delivering vaccinations • Collaborate with schools to identify barriers and strengthen self-consent for informed health choices. Focus efforts on schools with low uptake, learn from those with higher rates, and develop an in-school educational programme for students, staff, and parents/carers.