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# **Prevention and Health Inequalities Steering Group Annual Review**

Public Health and Health Integration Scrutiny Commission

Date of meeting: 27<sup>th</sup> January 2026

Lead director/officer: Rob Howard

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## Useful information

■ Ward(s) affected: All

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## 1. Summary

1.1 The Prevention and Health Inequalities Steering group was established in June 2024. It was designed to take an 'incident management team' (IMT) approach to build on the successful approach, learning and outcomes of the Measles IMT-based response. The group is chaired by the Director of Public Health, with the vision that the group would focus on a few priorities at a time and take an action-oriented approach to the identified priorities, identifying areas of particular concern based on health and wellbeing outcomes in Leicester.

## 2. Recommended actions/decision

2.1 Public Health and Health Integration Scrutiny Commission (Scrutiny Commission) are asked to note the contents of this report, and future plans. Members are invited to comment or ask questions about the work.

## 3. Scrutiny / stakeholder engagement

3.1 Stakeholder engagement remains ongoing. The Prevention and Health Inequalities Steering Group maintains links with the Voluntary, Community, and Social Enterprise (VCSE) Alliance and Healthwatch, involving them as appropriate. A wider stakeholder group was involved in the initial workshop (see below). This report will be taken to Scrutiny Commission on 27<sup>th</sup> January 2026.

## 4. Background and options with supporting evidence

4.1 The Leicester City Prevention and Health Inequalities Steering Group is a strategic group that provides direction and alignment on prevention priorities to address health inequalities in Leicester. It reports to both the Leicester Integrated Health and Care Group, and Health and Wellbeing Board (HWB) and is a subgroup of HWB.

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

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

- Hypertension (High Blood Pressure) case finding
- Healthy weight (neighbourhood focus)

- HPV (Human Papillomavirus) vaccine uptake
- Social isolation in people with severe mental illness
- Bowel cancer screening uptake

4.4 Each of these issues would be tackled through a task and finish group consisting of subject experts and interested partners, with updates and reporting back to the steering group on a regular basis, including barriers and challenges that may require intervention, support or resources from the steering group. The Task and Finish (T&F) groups are encouraged to focus on actions that can be quickly implemented at a local/neighbourhood level, in a similar way to the solutions identified from the Measles Incident Management Team. The T&F groups were set up in autumn/winter 24/25 and have now been running for 12 months.

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

4.6 A summary of the progress of the task and finish groups follows.

#### **Hypertension (High Blood Pressure) case finding** **Chair: Amy Endacott (Public Health)**

- Identified priority communities at higher risk of hypertension, including Westcotes, City Central, and residents aged 40+, enabling more targeted outreach.
- Delivered over 100 blood pressure checks through partnership with the roving health unit, alongside follow-up advice to support early detection and management.
- Expanded community pharmacy hypertension case-finding into off-site community settings, including two Leicester City Council health events providing more than 150 tests combined.
- Raised awareness of blood pressure and cardiovascular risk at major community events such as the Caribbean Carnival, Leading Better Lives, local mosques, and within the Sri Lankan/Tamil community.
- Conducted around 50 additional blood pressure tests in community venues including men's sports groups and food hubs, supported by GP registrars and public health staff.
- Developed a standard operating procedure to enable consistent, safe delivery of blood pressure testing by the public health team.
- Planning to scale delivery through workplace engagement, particularly among routine and manual workers aged 40+, and through collaboration with local VCSE organisations.
- Strengthening partnership with primary care to deliver targeted NHS Health Check invitations, ensuring those at greatest risk are reached and supported.

#### **Healthy weight (neighbourhood focus)** **Chair: Amy Hathway**

- NHS Healthy Weight Declaration adopted across University Hospitals of Leicester (UHL), Leicestershire Partnership Trust (LPT), the NHS Integrated Care Board and Primary Care Networks, demonstrating strong system-wide commitment.

- Lead officer identified within LPT and a dedicated UHL working group established to support implementation.
- Declaration successfully progressed through UHL governance processes, with a system update presented to the Health and Wellbeing Board on 25 September 2025.
- Targeted neighbourhood work delivered, including parenting programmes to support healthy family lifestyles, with strong uptake of healthy lifestyle courses.
- Two-year contract for continued delivery of parenting and healthy lifestyle programmes due to be awarded, ensuring stability and ongoing community engagement.
- Activity contributes to the wider whole-systems approach to healthy weight, combining strategic commitments with practical community-based interventions to drive sustainable change and improved health outcomes.

### **HPV (Human Papillomavirus) vaccine uptake**

**Chair: Annie Traynor (NHS Integrated Care Board)**

- HPV data dashboard now operational, capturing data from a range of delivery partners to enable breakdown by different groups to consider health inequalities in the delivery of the HPV programme.
- The NHS e-consent system introduced in September 2025 has streamlined the consent process, and GPs are now actively calling and recalling unvaccinated 16 to 18-year-olds.
- Engagement with secondary school heads, school nurses, and education settings has strengthened efforts to support uptake, alongside targeted communications to FE colleges, sixth forms, and universities.
- Community-focused work has expanded through partnerships with faith leaders, community representatives, and VCSE organisations to improve culturally sensitive outreach.
- Local insight has improved through an Leicester, Leicestershire and Rutland survey and a University of Leicester research project exploring knowledge among parents, teachers, and students.
- School Aged Immunisation Service has increased accessibility by using sexual health clinic space at The Haymarket to deliver mop-up vaccinations during school holidays.

### **Social isolation in people with severe mental illness**

**Chairs: Kate Galoppi (Adult Social Care) and Kate Huszar (Public Health)**

- Questions about social activity have been built into the Leicestershire Partnership Trust client journal, helping ensure that loneliness and social isolation are routinely recognised in the client journey for people with severe mental illness.
- Mapping of venues and activities has created a clearer picture of local provision and strengthened the foundation for coordinated support.
- Key delivery partners across sectors have been identified, improving collaboration and enabling more joined-up work to support people with severe mental illness.

- A toolkit will be developed for voluntary, community and social enterprise organisations to strengthen their skills, confidence and consistency when supporting people with severe mental illness.
- Professionals will be provided with clear signposting information to help connect individuals to appropriate activities and support.

### **Bowel cancer screening uptake**

#### **Chair: Sally Le-Good (NHS Integrated Care Board)**

- Implemented a new bowel screening pathway for asylum seekers, with development underway for a similar pathway for people experiencing homelessness.
- Secured East Midlands Cancer Alliance funding for a city-wide bus-back advertising campaign to raise awareness of bowel screening.
- Delivered engagement and awareness sessions with care home forums to encourage screening completion.
- Introduced text reminders and secured funding for instructional videos within South Leicester City Primary Care Network, informed by patient interviews on screening barriers.
- Provided targeted support for people with learning disabilities through Leicestershire Partnership Trust nurses to ensure equitable access.
- Implemented the extension of bowel screening eligibility to people aged 50+ from November 2024.
- Next steps include rolling out video-based text reminders, finalising the homelessness pathway, launching the advertising campaign, and continuing city-wide awareness work with VCSE partners, the NHS Integrated Care Board and University Hospitals of Leicester.

### **Next steps**

4.7 Prevention and Health Inequalities Steering group continues to meet quarterly and receive progress updates from the five task and finish (T&F) groups. The steering group can provide direction and support or can assist with overcoming barriers and challenges faced in implementing the actions identified in each of the T&F groups.

The five priorities described above continued throughout 2025 and have been running for approximately 12 months.

4.8 A review of priorities will take place at the start of 2026. The ongoing evaluation, which includes a desk-based review of the work, alongside focus groups and interviews with the five task and finish groups, will be considered together with updated health and wellbeing data to shape priorities for the following 18 months. The evaluation is expected to be completed in March 2026.

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

### **5.1 Financial implications**

There are no direct financial implications arising from this report.

Signed: Mohammed Irfan

Dated: 09/01/26

## 5.2 Legal implications

There appear to no adverse legal implications arising from the content of this report.
Signed: Mannah Begum, Principal Solicitor, Commercial Legal Team
Dated: 08 January 2026

## 5.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not. Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

This Report provides an annual review of the Prevention and Health Inequalities Steering Group, detailing the progress made on five specific health priorities over the last year. The work of the Prevention and Health Inequalities Steering Group is inherently designed to address disparities in health outcomes that disproportionately affect residents based on their protected characteristics.

To address systemic health disparities, current initiatives focus on removing barriers for specific protected groups through community-based outreach and tailored clinical support. The use of the HPV data dashboard and JSNAs allows the Council to monitor outcomes by protected characteristic, ensuring that "due regard" is informed by robust local evidence. The transition to the 2026 priority review should continue to use Equality Impact Assessments where significant service changes are proposed to ensure no group is inadvertently disadvantaged.

Equalities Officer, Surinder Singh, Ext 37 4148  
Dated 9 January 2026

## 5.4 Climate Emergency implications

There are limited climate emergency implications directly associated with this report. However, as service delivery generally contributes to the council's carbon emissions, impacts of delivery can be managed through measures such as encouraging partners to use sustainable travel and transport options and use buildings and materials efficiently. In addition, work which encourages and enables sustainable behaviours such as increased levels of physical activity and healthy eating may have further co-benefits for tackling the climate emergency. Where relevant, information about the climate benefits of such actions could also be included in communications as part of the programmes.

Phil Ball, Sustainability Officer, Ext 372246  
8<sup>th</sup> January 2026

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

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

**7. Summary of appendices:**

**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?**