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.