

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.