
Health and Wellbeing Board Annual Report 2024-2025

Health and Wellbeing Board

Date of meeting: 1st October 2026

Lead director/officer: Dr Katherine Packham

Useful information

- Ward(s) affected: All
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- Report version number: 1

1. Summary

The Health and Wellbeing Board is a statutory board of the council, established under the Health and Social Care Act 2012, and is a forum in which key leaders from the local health and care system work as a multi-stakeholder partnership to set strategic direction for improving the health and wellbeing of the local population. The Board is also a forum for public accountability.

The Health and Wellbeing Board terms of reference outline that it is a requirement to provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) to ensure that the Board is publicly accountable for delivery.

The previous report was published in autumn 2024 and features updates from August 2023-August 2024. The current report covers the August 2024-August 2025 period. This timeline is in line with the redesign of our Health, Care and Wellbeing Strategy delivery plan and will embed the annual reporting approach going forward.

This iteration of the annual report covers:

- An overview of how the Health and Wellbeing Board works
- A summary of the work of partnership boards who work with the Health and Wellbeing Board
- The statutory responsibilities it must enact
- An overview of key communications and engagement activity with stakeholders and local people, and how this is used to shape and influence their work
- An update on the Health Care and Wellbeing Delivery Plan progress and review of priorities
- Looking ahead to 2026/27

2. Recommended actions/decision

- For Leicester Health and Wellbeing Board to receive the report, and approve the content prior to the report being available on the Leicester City Council website.

3. Scrutiny / stakeholder engagement

Partner organisations and programmes who are referred to in this report have had the opportunity to comment and submit information to support the completion of relevant sections as follows:

- The Mental Health Partnership Board
- The Learning Disabilities Partnership Board
- The Leicester Integrated Health and Care Group
- The Leicester Prevention and Health Inequalities Group
- Healthwatch
- The Better Care Fund
- The Community Wellbeing Champions

This report has been taken to the following:

Public Health DMT – December 2025

Lead Member Briefing– January 2026

City Mayor Briefing – April 2026

Health and Wellbeing Board members will receive this report for approval prior to publishing on the Leicester City Council website.

4. Background and options with supporting evidence

The Health and Wellbeing Board is established as a council committee under the Health and Social Care Act 2012. All county councils and unitary authorities are required to establish a Health and Wellbeing Board. The Leicester Health and Wellbeing Board is a crucial partnership forum for identifying the current and future health and wellbeing needs of the local population and working collaboratively to address them in a coordinated, planned and measurable way. The Board has several statutory functions and responsibilities some of these are as follows:

- Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. This enables commissioning and policy to be evidence-based.
- Developing and delivering the Joint Health, Care and Wellbeing Strategy which clearly outlines the health and wellbeing needs of Leicester's population and plans to address them., communicating and engaging with local people on how they can be supported to exercise choice and control over their personal health and wellbeing to enable them to achieve the best possible quality of life.
- Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes.
- Approving the Better Care Fund plan; a programme which supports partners across the local system to deliver the integration of health and social care in a way that supports person-centred care, sustainability, and better outcomes for people and carers. It allows the NHS and Local Authority to pool funding to spend in ways which join up care more effectively.

As a forum for public accountability, it is important that the Board's activity is transparent across the partner organisations it is represented by and the wider public. The annual report is a valuable means of providing a summary of this activity, with direction to further information across the range of areas covered by the report for those requiring more detail.

During this reporting period, four key priorities developed with the Health and Wellbeing Board to address the most pertinent issues in Leicester at the time, have been monitored These were:

- Healthy Weight
- Childhood immunisations

- Hypertension Prevention and Case Finding
- Mental health and wellbeing related to social inclusion, and supportive networks
- Quarterly collection of updates and reporting into Health and Wellbeing Board Subgroup- Leicester Integrated Health and Care Group was undertaken. The annual report features summaries of the achievements of these priorities across the year, as well, as an update on the 19 priorities from the Joint Local Health, Care and Wellbeing Strategy (2022-27). Priorities are under review for 26/27 and a decision will be made soon whether to keep the same four priorities or to adapt them.

The report also offers an opportunity to publicly highlight the value and importance of partnership working across the health and social care system. Partnership working is integral to our future planning, and the report is an opportunity to highlight the ongoing importance of partnership work in addressing the common goal of tackling health inequalities experienced by our local population.

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

5.1 Financial implications

The BCF pooled budget for 2024/25 was £60,758,831 and this is included in the annual report. In addition to this, £870,000 was secured for Best Start for Life. The Public Health Community Engagement Grants (PHCEG) Programme provided VCSE organisations in Leicester funding for projects – total £60,000 in 2024/25.

Mohammed Irfan, Head of Finance

15 January 2025

5.2 Legal implications

There are no apparent adverse legal implications from the Annual Report.

Where grant funding, the procurement of services or other third-party relationships form part of the future proposals of the Health and Wellbeing Board (and those teams involved in its remit) legal and procurement support, if not already in play, should be sought.

Emma Young, Qualified Lawyer

1 December 2025

5.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (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.

The Health and Wellbeing Board report outlines progress in identifying the current and future health needs of the population. It highlights four new priorities for the coming year, all aimed at improving health, social care and wellbeing outcomes for Leicester City residents and reducing health inequalities. Leicester is a growing and increasingly diverse city and collaborative efforts to build healthy, prosperous communities that meet people's social needs can positively impact individuals across many protected characteristics.

A Leicester Prevention and Health Inequalities Steering Group has been established and has identified five key priorities. These priorities are being taken forward through dedicated task and finish groups, which will address issues important to local communities and help improve outcomes.

The council uses data to enhance the lives of residents and shape public services by maintaining up to date JSNAs. Accurate information about protected characteristics, as well as the attitudes and behaviours of people living in Leicester, can help improve understanding and support efforts to tackle inequalities.

Signed: Sukhi Biring, Equalities Officer

Dated: 4 December 2025

5.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 2nd December 2025

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:

HEALTH AND WELLBEING BOARD ANNUAL REPORT

August 2024 – August 2025

Chair's foreword

I would like to welcome you to our Health and Wellbeing Board's annual report for the past year ranging from August 2024-25. Having taken the role of Chair a few months into this reporting period I have been able to immerse myself in the work delivered by the Health and Wellbeing Board and can see its commitment to addressing local health inequalities. In addition to addressing inequalities, prevention is also a significant part of our focus and a Steering Group which feeds into the HWB has been developed to address this. With an ongoing focus on partnership work, we are going to deliver on our strategic commitments using a multidisciplinary approach.

The past period focused on our four key priorities through which we were able to deliver a number of positive changes in the services available to our residents. Some examples of our achievements include:

- Roving healthcare units deployed to low vaccine uptake areas, to provide opportunistic vaccinations to eligible people on a range walk-in vaccines.
- Supporting people with learning disabilities by providing nurses to help them to complete their bowel cancer screening tests.
- Expanding Warm Welcome across the city, with all libraries participating in 2024/25 and 33 **Voluntary, community and social enterprises (VCSE)** organisations funded to open welcoming hubs or provide health and wellbeing support.
- Working towards healthy weight through the Leicestershire Nutrition and Dietetics Service delivering work to support schools to adopt a whole school approach to food.
- Continued to support Neighbourhood Mental Health Cafés which are delivered by local VCSE organisations in order to adapt to local needs.
- Rolled out a network of Mental Health Friendly places across Leicester to challenge stigma, support people facing adversity and access free mental health training.

As previously, I would like to thank: the Board members for their continued dedication; all of the staff who continue to provide high-quality health and care services care to our residents despite pressures experienced across the system; and give special thanks to the countless volunteers across Leicester who work tirelessly to support the health and wellbeing need.

Councillor Vi Dempster

Assistant City Mayor – Health, Culture, Libraries and Community Centres

Terminology and acronyms used in this report

Any words in **bold** throughout this report may require explanation or further detail. There is a 'glossary and links to further information' section at the end of this document to explain this terminology and to provide full details of websites or links to further information which have been referred to in this report.

1. Introduction

We, the Health and Wellbeing Board, represent and address health and wellbeing needs in Leicester by bringing together key partners from across the health and social care system to meet, in public, to discuss the issues which face Leicester's residents, and to identify and agree ways to address them collaboratively. Meeting agendas, minutes and webcasts of individual meetings are publicly available on the Leicester City Council website, but the purpose of this annual report is to provide an overview of our activity during the period being reported on (August 2024- August 2025) along with plans for the future.

2. Who we are and what we do.

2.1 What is the Health and Wellbeing Board?

Established under the **Health and Social Care Act 2012**, in April 2013, the Board became a formally constituted Committee of the council. The Board serves as a partnership forum which is made up of leaders from local health and care systems to enable them to understand the health and wellbeing of the local population, and to work together to improve it. Our primary purpose is to make sure that all residents of Leicester can live in good health to their full potential. We recognise that this will be different for every individual.

Notably, the Health and Wellbeing Board develops and oversees our Health, Care and Wellbeing strategy which is one of the tools for addressing local health inequalities.

2.2 Who represents the Health and Wellbeing Board?

Board membership aims to be representative of the organisations who support health, care and wellbeing needs across our city and the communities we serve. Membership of the Board is reviewed each municipal year (beginning in May). The membership for 24-25 was described in the previous annual report [here](#). Current membership i.e. membership for 2025-26 comprises of:

Elected members of Leicester City Council
- Executive Lead Member for Health - Four further Elected Members (elected by the mayor)
NHS representatives
- Chief Executive plus three other representatives from the LLR ICB - Independent Chair of the Integrated Care System - Chief Executive of University Hospitals NHS Trust - Chief Executive of Leicestershire Partnership NHS Trust
Officers of Leicester City Council (4)
- Strategic Director of Social Care and Education - Director of Public Health

• A Public Health Consultant leading on improving cross organisational initiatives and communication and developing links with the between system, place and neighbourhood within the Integrated Care System. • One Officer nominated by the Chief Operating Officer (vacant)
Further representatives of the wider community (8)
• One representative of the Local Healthwatch organisation for Leicester City • Leicester City Local Policing Directorate, Leicestershire Police • The Leicester, Leicestershire and Rutland Police and Crime Commissioner • Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service • Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board • A representative of the city's sports community • A representative of the private sector/business/employers

2.3 Health and Wellbeing Board Meetings

In the described period there have been four meetings of the Health and Wellbeing Board. This is in line with the Board's objective at the time. Full agenda, minutes and webcast of these meetings can be found on the **Leicester City Council Health and Wellbeing Board webpages**.

The meetings are mandated to be held in person. As well as the Board members and presenters attending the meeting, members of the public can attend and sit in the public gallery. The meetings are held in Leicester City Hall, time of meetings and room information can be found online [here](#).

As well as the webpages, you can see appendix 2 of this report for detail of items discussed. The Chair decides on the agenda for each HWB meeting with the support of leading officers who maintain a forward plan of potential topics for the meetings.

The terms of reference for the Board were reviewed in May 2025 and going forward the Board will be meeting formally four times per year.

Development sessions

In addition to our standard meetings, a **development session** was held during the period. Development sessions provide an opportunity for Board members, along with wider partners, to collaborate strategically and in greater depth ahead of discussion being brought to a formal meeting. Development sessions are not broadcasted online and are limited to invitees rather than including the wider public.

During this time a development session was held on the topic of health literacy. Exploring how health literacy is a health inequalities issue, and how organisations and systems can work to make information, processes and experiences simpler for everyone. Going forward an action plan will be developed to integrate the principles explored in the workshop.

2.4 Working as a Part of a Wider System

Leicester's Health and Wellbeing Board is part of the Integrated Care System (ICS). There are ICSs across the whole of England and this is nationally mandated. Our ICS features the [Integrated Care Board](#) and Integrated Partnership which is known as the [Leicester, Leicestershire and Rutland Wellbeing Partnership \(LLR HWP\)](#). Both subgroups aim to tackle inequalities in health and improve the health and wellbeing of our population across Leicester, Leicestershire and Rutland (LLR).

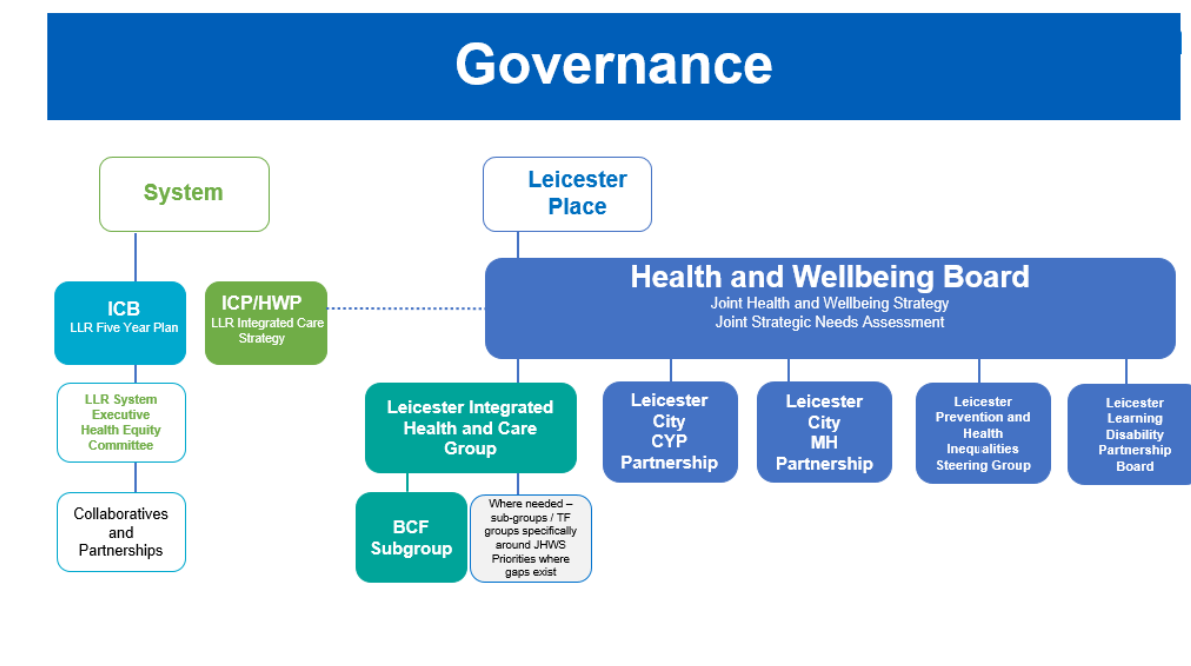
The ICS covers the whole of LLR, also known as '**system-level**'. This is important because many health and care services serve all three of those areas (for example, the hospitals). However, the uniquely different needs of each area within that system must also be considered if we are to be able to plan and deliver the right services to meet those needs and reduce health inequalities.

Feeding into the ICS, Leicester, Leicestershire and Rutland are individually referred to as '**places**' – each have their own Health and Wellbeing Board, which is the place Board for supporting health and wellbeing for that locality. The Health and Wellbeing Boards bring together partners from across the health and care system within the individual 'places' to ensure that decisions relating to health and care services meet the needs identified at place level, whilst also feeding into the wider ICS.

Leicester's Health and Wellbeing Board has a number of partnering Boards and subgroups which focus on more specific issues supporting HWB's oversights and assisting with strategic direction. These are outlined below together with updates on their progress in the last year.

The governance arrangements of the integrated health and care system for Leicester City is illustrated at Figure 1.

Figure 1: Map of the Integrated Care System



Leicester Prevention and Health Inequalities Steering Group

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.

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 vaccine uptake
- Social isolation in people with severe mental illness
- Bowel cancer screening uptake

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 initiative reports directly to Leicester's Health and Wellbeing Board, ensuring strong governance and alignment with wider city priorities. An evaluation process is underway to identify which future areas are best suited to this incident-management style approach, so that lessons learned can be applied more broadly.

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.

The work of the five task and finish groups for the period are summarised below:

HPV Vaccination Improvement Task and Finish Group

Leicester continues to face significant challenges in increasing uptake of the HPV vaccine. Uptake rates vary widely across schools, ranging from as low as 5% to as high as 82%, highlighting stark inequalities across the city. Vaccine hesitancy remains a persistent issue, driven by misinformation and cultural beliefs, while accessibility can be limited because, for example, Specialist Sexual Health Service (SHSS) can only offer HPV vaccinations to restricted groups and GPs to 16 – 18 year olds. Awareness of the vaccine's role in preventing cervical and other cancers is still low, compounded by a historical lack of targeted communication strategies. Data on uptake among young adults, at risk groups, and underserved communities is patchy, making it difficult to plan effectively. In addition, the protracted procurement process for the School Age Immunisation Service (SAIS) tender throughout autumn impacted forward planning.

Despite these challenges, Leicester has achieved notable progress. Since September 2025, a new NHS e-consent system has been introduced, streamlining the consent -process. General

Practitioners are now actively calling and recalling unvaccinated 16–18-year-olds, while secondary school heads and school nurses have been engaged to support uptake. A survey across Leicester, Leicestershire, and Rutland (LLR) has assessed local understanding of the HPV vaccine, and a research project with the University of Leicester is exploring knowledge levels among parents, teachers, and students. Partnerships with faith leaders and community representatives have strengthened culturally sensitive outreach, and targeted communications have been distributed to local further education colleges, sixth forms, and universities, particularly during fresher's week. The SAIS has also made use of sexual health clinic space at The Haymarket to provide mop- up- vaccinations during school holidays.

Looking ahead, several priorities have been identified. From October 2025, a roving healthcare unit will begin offering HPV vaccinations, increasing accessibility across communities. The Leicestershire Partnership Trust (SAIS) will review the legal position on Gillick competency protocols following advice from NHS England. Engagement with voluntary, community, and social enterprise (VCSE) organisations, as well as faith leaders, will continue to ensure culturally sensitive outreach. Work is also underway with NHS England to consider commissioning the SHSS to offer HPV vaccinations to a wider cohort. Collaborative projects with partner organisations, including the Beacon Well Schools Project, the NIHR HPV Vaccination Disparities Project, Cancer Core Connectors, and the African Heritage Alliance, will further strengthen the city's approach. Finally, a new commissioning strategy is being designed, guided by the principle of proportionate universalism, to ensure that resources are targeted where they are most needed while maintaining universal access.

Social isolation in people with severe mental ill health

This work stream is jointly led by Public Health and Adult Social Care, with oversight from a steering group made up of representatives across different sectors. Its focus is on tackling loneliness and social isolation among people with severe mental ill health (SMI). Three main themes guide the work: encouraging professionals to ask questions about social activity during conversations with people with SMI, mapping existing provision and strengthening the skills and knowledge of voluntary, community and social enterprise (VCSE) organisations, and carrying out targeted initiatives to improve access to physical activity for this group.

There have already been notable successes. Questions about social activity have been incorporated into the client journal used by Leicestershire Partnership Trust (LPT), ensuring that social isolation is recognised as an important part of the client journey. Work has also been done to map venues and activities, and key partners have been identified to support delivery. These achievements demonstrate progress in embedding awareness of social isolation into routine practice and in building a clearer picture of available resources.

However, several challenges remain. It has been difficult to embed the new questions into documentation used by NHS professionals, and there are inconsistencies in how questions and resources are applied across services. Short-term funding also poses a risk to the sustainability of this work, making it harder to plan for long-term impact.

The next steps will focus on consolidating progress and addressing these gaps. A toolkit will be developed for VCSE organisations working with people with SMI, equipping them with practical guidance and resources. Professionals will also be provided with clear signposting information so they can connect individuals to appropriate support and activities. These actions aim to strengthen consistency, improve access, and ensure that the issue of social isolation is addressed more systematically across services.

Healthy Weight

A significant step forward has been the adoption of the NHS Healthy Weight Declaration across University Hospitals of Leicester (UHL), Leicestershire Partnership Trust (LPT), the Integrated Care Board (ICB) and Primary Care Networks. A lead has been identified within LPT to drive this work, and UHL has established a working group to support implementation. The Declaration has already been taken through UHL's internal governance processes, ensuring organisational commitment. An update on progress was presented to the Health and Wellbeing Board on 25 September 2025, reinforcing the importance of this agenda at a system-wide level.

Alongside this, targeted neighbourhood work has been undertaken in the city. Parenting programmes designed to test and learn approaches to supporting healthy lifestyles in families have been delivered, with strong uptake reported for the healthy lifestyles courses. Building on this success, a contract for the next two years of delivery is due to be awarded imminently, providing continuity and stability for families engaging with these programmes.

This activity sits within the broader whole systems approach to healthy weight, which continues to progress across the area. By combining strategic commitments such as the Healthy Weight Declaration with practical, community-based interventions, the work aims to create sustainable change and improve health outcomes for individuals and families.

Bowel cancer screening

A number of achievements have been made in strengthening bowel screening access and awareness. A pathway has been implemented to enable asylum seekers to take part in bowel screening, and work is underway to develop a similar pathway for people experiencing homelessness across Leicester, Leicestershire and Rutland. Funding has been secured from EMCA to run a city-wide advertising campaign on bus backs, which is currently being developed. Engagement has also taken place with care home forums, where presentations have been delivered to highlight the importance of bowel cancer screening and to encourage residents to complete their tests.

In South Leicester City Primary Care Network (PCN), patients have been interviewed to better understand barriers to screening. The PCN has also introduced Accurx text messaging to remind patients when their screening is due, and secured funding to produce videos showing patients how to complete the test, which will be shared alongside text reminders. People with learning disabilities are being supported to complete their tests by nurses from Leicestershire Partnership Trust, ensuring equitable access. In addition, bowel screening eligibility has been extended to patients from the age of 50, with this change implemented in November 2024.

Looking ahead, the next steps include rolling out video texting across South Leicester PCN, finalising and implementing the pathway for homeless people, and launching the planned awareness campaign. Continued support will be provided to the learning disability community to help them complete screening, and awareness-raising activity will carry on across the city through collaboration between VCSE organisations, the Integrated Care Board and University Hospitals of Leicester. These actions aim to build on the progress already made and ensure that more people are able to access and benefit from bowel screening.

Hypertension (high blood pressure)

Hypertension is a leading cause of cardiovascular disease, including heart attacks and strokes, and is a major contributor to Leicester's high under-75 mortality rate. Around 30% of UK adults live with hypertension, yet nearly half remain undiagnosed or untreated. The group's aim is to engage high-risk communities by promoting awareness of blood pressure, its risk factors and management, and by signposting to testing opportunities while providing blood pressure checks where possible.

Progress so far has included identifying priority groups and areas such as Westcotes, City Central, and people aged 40 and over, while remaining flexible to respond to other areas of need. The group has partnered with the roving health unit, delivering 96 blood pressure tests with follow-up advice, and developed off-site case finding through community pharmacies. A pilot at a Leicester City Council health event provided 88 tests and advice, and awareness has been raised at community events including the Caribbean Carnival, Leading Better Lives, and at a local mosque.

Looking ahead, the proposed direction includes using GP registrar capacity to support health promotion and blood pressure testing at food hubs, through Leicester City in the Community, and within underserved communities. There are plans to engage workplaces, particularly those with routine and manual workers aged 40 and over, alongside local VCSE organisations. Collaboration with primary care will also be strengthened to deliver targeted NHS Health Check invitations, ensuring more people at risk are reached and supported.

The Mental Health Partnership Board

The Mental Health Partnership Board (MHPB) comprises a partnership which includes people with lived experience of mental illness, carers, health and social care, the voluntary sector, employment services, housing and the police. The MHPB has several roles.

- It oversees the actions to meet the Leicester Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25 for which the three key priorities are Prevention, Accommodation, Employment and Volunteering.
- It acts as the place-based board for mental health in Leicester. In this role it reports to the Leicester, Leicestershire and Rutland (LLR) Mental Health Collaborative. This is a strategic group in which political leaders, health, social care, community organisations, and the police, work together to plan, transform and deliver mental care in LLR. There is a place-based group for each of the three areas. The MHPB reports on the impact of health inequalities on mental health in Leicester, the work to address those inequalities and highlights areas of need.
- It takes ownership of the Healthy Minds priority under the Health, Care and Wellbeing Strategy, the main priority for which is addressing social isolation and loneliness.

In addition to these roles, the MHPB has

- Used local evidence, lived experience, and service user feedback to identify needs and advocate for better support.
- Worked with health partners to embed Mental Health Cafes, improve crisis response, and strengthen community organisations.
- Monitored Suicide Prevention strategy and received updates from community connectors, neighbourhood leads, and care navigators.

- Promoted prevention-focused, evidence-based planning by signing up to the Prevention Concordat for Better Mental Health.
- Supported young people transitioning to adult services and raised awareness of men's mental wellbeing.

Learning Disability Programme Board

The main purpose of our Learning Disability Programme Board (LDPB) is to influence developments in the city that can make a difference to people with learning disabilities and their family carers. We organise our work around key priorities that people with learning disabilities and their families have told us are important. These priorities are captured in our coproduced joint health and social care strategy for Leicester City which we refer to as our Learning Disability Big Plan. This plan was introduced in 2020 and will continue until 2026.

Some of the work we have done together, with people, their carers, our providers and the NHS since our Big Plan was introduced is captured in our You Said, We did report [the-big-plan-report-2020-2023.pdf \(leicester.gov.uk\)](https://www.leicester.gov.uk/media/2023/04/20/you-said-we-did-report-2020-2023.pdf). This report explains what we have done to make things better for people with learning disabilities over the last three years.

In 2026 onwards there will continue to be focused work on all areas of the Big Plan including , employment, health and wellbeing and addressing health inequalities . We will continue to work in close collaboration with our Leicestershire County council, Rutland County Council and NHS partners and in co production with people with learning disabilities to improve things for people with learning disabilities – our new early action programme Leading Better Lives will also support this aspiration.

In Leicester City “ Leading Better Lives” is bringing people together across health and social care, the wider council departments and the voluntary sector with the aim of ensuring that people across our city have access to the right support- we want every person with care and support needs including unpaid carers to be able to live the life they want to live doing what is important to them in good homes and in carers and communities. We have worked closely with local people and community groups to understand what matters most to people in Leicester and have committed to four actions which can be found [here](#)

There will also continue to be focused work to improve our support for carers. In partnership with care providers, health and regional partners we are developing a person-centred short break offer for people with learning disabilities and autism. The short breaks offer will promote choice and flexibility including overnight stays, day opportunities and support at home. This will support our early action approach and prevent crisis and enhance wellbeing.

The Partnership Board have completed the following pieces of work in 2025:

- Produced Easy Read documents in collaboration with Social Care, Education, and the We Think Self Advocacy Group.
- Worked co-productively on initiatives such as the Local Account, Adults Short Breaks commissioning, and the Leicester Communities Together Event.
- Partnered with Health to share information about the Joy App and promote physical and mental wellbeing.
- Supported the Mental Health Partnership, focusing on “Healthy Minds, Healthy Life” with input on diet, health management, and reducing inequalities.
- Promoted Supported Employment, empowering people with learning disabilities through training, internships, apprenticeships, benefits advice, and signposting.

- Collaborated with the Big Mouth Forum to strengthen youth self-advocacy and ensure their voices influence the Partnership Board.
- Upskilled IT skills at Central Library and worked with health partners to review autism-friendly GP surgeries.
- Continued co-chairing meetings with Local Leaders to build skills and confidence.

Leicester Integrated Health and Care Group

The Leicester Integrated Health and Care Group, (the Group), was established in September 2024 to support the Health and 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 Group emerged following consensus to streamline the governance process and combine the former Joint Integrated Commissioning Board (JICB) and Leicester City Integrated Systems of Care Group (ISoC). The terms of reference for both JICB and IsoC were reviewed to inform the remit and responsibilities of the Group to ensure strategic place-based outcomes and operational delivery for the integrated health and care system.

Membership of the Group brings system leads together to collaborate on priorities, promote good practice and identify risks for mitigation. This includes senior managers from Adult Social Care, Children and Young People's Services and Public Health within the local authority as well as senior managers from Leicester, Leicestershire & Rutland Integrated Care Board (ICB), Leicestershire Partnership Trust (LPT), University Hospitals of Leicester (UHL) and representatives from the voluntary and community sector.

Serving as a subgroup of the Health & Wellbeing Board, the Group has regular reporting frameworks to drive forward the work of the Board in supporting the implementation of Leicester's Joint Health and Wellbeing Strategy and monitoring the Delivery Action Plan. This includes the priorities around childhood immunisations, healthy weight, hypertension case finding and social isolation. The Group recognises the vital role of the Health & Wellbeing Board and can be tasked to approach work which it does in an open and transparent way, ensuring equity is at the heart of decisions made.

Leading on transformation is at the core of the Group responsibilities through influencing, advocating and integrating work across the system for the City. Since its establishment, the Group has therefore been instrumental in progressing discussions with all partners across the health and care system to identify and agree a model of four neighbourhoods in the city. Further is continuing to implement the model for integrated working, and the Group will take ownership of governance arrangements to oversee neighbourhoods and the delivery of their priorities.

Key principles have been developed with the Group to ensure senior leaders are provided an opportunity to understand changes, pressures and responsibilities on each of the partners including the publication of the NHS 10-year plan, CQC assessments of local authority adult social care departments as well as clustering of ICB's and local government reorganisation.

The needs of the population, patients, service users and carers, have been central to the Group's work. This has included focussed discussions about the health literacy of the population to ensure people of Leicester are able to access the right care at the right place and the right time across the health and care system. Discussion have included same day access, pre-hospital models of care and urgent and emergency care. The Group also reviewed

readiness for the adult social care CQC assessment process and will continue discussions around the associated action plan.

The Group were made aware of questions raised regarding discharge processes and the outcomes being achieved for Leicester residents requiring bedded intermediate care. The questions have been discussed in detail and the Group agreed to initiate a review with system leads and Healthwatch to examine the services and effectiveness of discharge processes for intermediate care across the integrated health and care system in Leicester. The findings of the view are expected to be shared with the Group and Health & Wellbeing Board for discussion and any associated action plans in the coming months.

Other topic areas discussed at the Group have illustrated its role in promoting best practice across the system including the Well Schools Project and innovation across Leicester South PCN.

The Group have also been active in developing a process to ensure robust governance around joint commissioning arrangements, particularly in priority areas to add value in terms of improved outcomes and promotion of greater efficiencies but also to provide thorough discussion and planning regarding decommissioning activity.

With responsibility for oversight of the Better Care Fund (BCF), the Group has instructed a BCF subgroup for operational planning and monitoring of the Fund. This has included ensuring completion of national reporting and the development of local performance metrics to monitor the impact of investment. Focussed discussions allow service providers to report service delivery as well as share best practice and learning for the integrated health and care system.

Governance arrangement enables the subgroup to report into the Group and make recommendations to the Health & Wellbeing Board for allocating the Fund at Place level as per its responsibilities. Utilising the vast expertise from colleagues who form the BCF subgroup, it has allowed for a space for open discussion and ensured that schemes with BCF investment were looked at from all angles to provide the most value to meet national criteria and local strategic-based priorities. Discussions have also ensured proportionate funding for schemes in line with place-based priorities.

2.5 Vision, aims and objectives of the Board

Our primary aim is to achieve better health, social care and wellbeing outcomes for Leicester City's population, and a better quality of care for patients and other people using health and social services. Our objectives are to:

- Provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and work to reduce health inequalities.
- Lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- Maximise opportunities for joint working and integration of services using existing opportunities and processes, and prevent duplication or omission.
- Provide a key forum for public accountability of NHS, Public Health, Adult Social Care, Children's Services, and other commissioned services directly related to health and wellbeing.

2.6 Statutory responsibilities of the Board

We have some statutory duties which we must carry out. They are to:

Produce Joint Strategic Needs Assessments (JSNAs) which assess the health and wellbeing needs of Leicester's populations, and refresh them as needed.

The **Joint Strategic Needs Assessment (JSNA)** is a comprehensive document that evaluates the health profile of a population, identifying health inequalities and unmet needs. The JSNA also projects future health trends, providing recommendations for enhancing population health. JSNA's are an important tool in helping to develop local strategies and to inform decisions about the types of services which need to be commissioned to support local health and wellbeing. During the time period this report covers, the following JSNA's and **Joint Specific Needs Assessments (JSpNA's)** have been completed:

- [Sexual health](#)
- [Respiratory disease](#)
- [Diabetes](#)
- [Asylum seekers and refugees](#)
- [Homelessness](#)
- [Children in care](#)
- [Tuberculosis in Leicester and Leicestershire](#)

Produce a Pharmaceutical Needs Assessment (PNA) for Leicester

The **Pharmaceutical Needs Assessment (PNA)** is used to understand the current and future pharmaceutical needs of people in Leicester, and whether they are being met by the community pharmacies. This information is used to help to make decisions about the planning and commissioning of pharmaceutical services and new pharmacy applications made to NHS England and NHS Improvement. It is a statutory requirement to complete a PNA every three years to assess the demography of the area and needs of different localities, sufficient choice of pharmaceutical services; surrounding areas, and future need.

The current PNA was published on 1st October 2025 and the progress of the work was overseen by the Health and Wellbeing Board. [Pharmaceutical Needs Assessment \(PNA\)](#)

Agree the Better Care Fund (BCF) submissions.

The **Better Care Fund (BCF)** is a programme which supports partners across the local system to deliver the integration of health and social care in a way that supports person-centred care, sustainability, and better outcomes for people and carers. It allows the NHS and Local Authority to pool funding to spend in ways which join up care more effectively. The BCF supports a range of services and schemes that contribute to the overarching vision of the Health and Wellbeing Board and the strategic priorities set out in the Leicester Health, Care and Wellbeing Strategy and Delivery Plan. There is a well-established **place-based** infrastructure which supports the preparation and execution of the BCF plan. The Health and Wellbeing Board has a responsibility to approve the BCF submission to NHS England; the Leicester Integrated Health and Care Group has delegated authority from Leicester City Health and Wellbeing Board to develop BCF strategy and to sign off BCF plans, pending HWB sign-off; A BCF working group meets monthly to oversee operational delivery of BCF services and recommends any commissioning required to meet its objectives.

The BCF pooled budget for the period from April 2024 – March 2025 was £60,758,831, including the Improved BCF element (to support Local Authorities) and the Disabled Facilities Grant, which are received from central government via the BCF.

A substantial proportion of the BCF is used to support core health and care services, so that they are effective in enabling joint working on the national BCF priorities of reducing the use of acute care, reducing the use of residential and nursing care and improving people's independence.

The impact of this funding can be seen in the BCF metrics but more widely in the system resilience we have for services that support acute care flow (admission avoidance and discharge) and integrated community services.

In addition to supporting core social care, community health, therapy and adaptations activity, the BCF supports a number of local voluntary and community sector organisations that deliver early (preventative) support.

The Leicester BCF was a 2-year plan created in April 2023 and refreshed in April 2024 in accordance with national conditions and guidelines.

BCF in action – 2024/5 highlights

Integrated Crisis Response Service

ICRS is a long-established BCF scheme, which continues to deliver rapid community support to people, avoiding admissions to hospital or to statutory care services. Over 6,000 people were supported, with 80% requiring no ongoing additional statutory services.

Care Navigators

Care Navigators have been a funded BCF project for over 10 years. They work holistically within a primary care setting, supporting people with issues as diverse as cold housing, loneliness, financial difficulties and mobility within the home.

Leicester Mamas

Leicester Mamas receives a small grant from the BCF. This promotes the delivery of support to pregnant women and those with children under 3 years of age, with additional vulnerabilities. It has been nationally recognised for its innovative approach, building communities of support.

"I love how I can ask any question and it's never shunned or laughed at. The support at Mamas is wonderful"

"The most beautiful thing is I never felt outsider. You made me feel Leicester my home."

Specialist Support and System Resilience

The BCF funds a small number of social care roles, that work with people who have complex needs, including hoarding conditions and substance misuse. Other roles provide additional capacity to meet system pressures including for timely hospital discharge.

Encourage integrated working between health and social care commissioners.

The Health and Wellbeing Board comprises of a multidisciplinary membership which featured health and social care representatives. Commissioners are encouraged to bring items to the

attention of the Health and Wellbeing Board. Mental Health Partnership Board and Learning Disability Programme Board are managed by social care commissioners and both groups are subgroups of the Health and Wellbeing Board. Leicester Integrated Health and Care group is key to commissioning work and operational practice. Information that requires awareness of commissioners or directly relates to the commissioning of projects is also presented in the two Boards to ensure awareness and integration of work across relevant parties.

Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities

The previous Health and Wellbeing Board's January 2023- July 2024 annual report was published describing the progress the Board made through general activity and the specific progress of the strategic delivery plan in that period. The delivery plan featured in the report focused on 6 priorities which were labelled as 'do'. These priorities were considered most pressing at the time:

Due to the changing nature of most pertinent issues in the City the Health and Wellbeing Board agreed to draft a new set of priorities and for the monitoring of these to replace the former monitoring of the six 'Do' priorities. The new priorities for this period were:

- Childhood immunisations
- Hypertension Prevention and Case Finding
- Healthy Weight
- Mental health and wellbeing related to social inclusion, and supportive networks

Quarterly collection of updates and reporting into Health and Wellbeing Board Subgroup- Leicester Integrated Health and Care Group was undertaken. A summary follows on the progress on the four priorities above. As well as an update on the 19 priorities from the Joint Local Health, Care and Wellbeing Strategy (2022-2027). The plan brings together partners from across the health and care systems, as well as the voluntary and community sector, to work collaboratively to address these priorities.

Childhood immunisations

Local childhood vaccination and immunisation delivery is aligned with NHS England Vaccination Strategy and local ICB Immunisation Board priorities, with a focus on reducing inequalities, and improving uptake for the nationally recommended vaccinations and immunisations. Persistent gaps remain in Leicester City compared to Leicestershire and Rutland, requiring continued targeted interventions; to this end, the following initiatives have been adopted over the past 12 months:

- Roving healthcare units deployed to low vaccine uptake areas, to provide opportunistic vaccines to eligible people– 486 administered from 1st April to end Oct.

- Supervaccinators provide flexible support for GP practices by increasing vaccination capacity. Since 1st April, a total of 1,780 vaccinations have been given to 867 patients.
- 3x GP practices located in areas of deprivation, with long waiting lists and low vaccine uptake, are currently receiving comprehensive support from the Child Health Information Service – this involves process reviews, data cleansing, update trackers, training, and relevant resource provision, all tailored to improve vaccine uptake.
- 38x GP practices have adopted One Call GP model to streamline access and call/recall for childhood vaccinations and appointments, and a further 17 are in pipeline to join.
- A dedicated LLR Vaccine Hub provides a one-stop shop for vaccination information (over 22,000 views in 12 months) and flexible access options via a LLR Walk-in Vaccination Finder detailing local walk-in clinics.
- Introduction of NHSE digital consent platform, MAVIS, is having a significant positive effect on vaccine uptake for in-school vaccination and making it easier for parents to respond to each vaccination programme being offered through their child's school.
- Contact has been established with the local Roma community across Leicester City mainly, Gypsy Lane, Beaumont Leys, New Parks, Narborough Road, Oadby, Highfields areas
- The Local Immunisation Street Team (LIST) project ran for three months at the start of the year, which involved local **VCSE** organisations working with their respective communities to increase childhood immunisation coverage and reduce variation in uptake

Hypertension – prevention and case finding

- Hypertension (high blood pressure) is the primary risk factor for deaths and illness related to cardiovascular disease (CVD). It is the most common CVD condition amongst Leicester residents and contributes to the higher-than-average under 75 mortality rate in the city. Hypertension prevention and case-finding is a priority for the Leicester City Health and Wellbeing Board due to the high estimated numbers of the Leicester adult population who may be living with the condition unknowingly. This is because often hypertension has no symptoms, but if left untreated can cause very serious health problems, including heart attack and stroke. Hypertension also contributes to health inequalities in the city as it is more likely to affect people who are already at increased risk of poor health outcomes linked to the wider determinants of health, including deprivation, ethnicity, and lifestyle factors such as smoking.
- Between April 2024 and March 25, approximately 79,000 people across LLR had their blood pressure readings taken in community pharmacy. 33,000 (46%) of these were from City pharmacies. Most of these readings (83%) were opportunistic, the others were booked appointments. Of the total referrals, 13% people were referred on to their GP and community pharmacy identified that 8% of people who had readings had high or 'very high' blood pressure.
- Blood pressure checks form part of NHS Health Checks. In Leicester 11,308 blood pressures were done as part of NHS health checks in the 2024/2025 financial year. Of these over 500 tests led to a hypertension diagnosis or an addition to the hypertension register.

- The roving health unit continues to offer blood pressure tests in addition to the vaccination offer. Community engagement is being undertaken to identify communities where take up of testing is lower.

Healthy Weight

- A pilot brief intervention nutritional training programme was developed by Leicester City Council Public Health and Leicestershire Nutrition and Dietetics Service. The first session in June 2025 had 18 attendees, followed by 12 in September, with quarterly sessions now planned. Feedback has shaped improvements, and participants across varied workforces report increased knowledge and confidence in nutrition.
- Live Well advisors and Active Leicester staff have been trained in pre- and post-pregnancy physical activity, enabling referrals for pregnant women with long-term conditions. Sessions launched at Aylestone Leisure Centre in September 2025 are growing weekly attendance and encourage social connection.
- Live Well walks for mums and babies, restarted in Spring 2025, include themed activities and library engagement. Between August 2024 and August 2025, 64 people took part.
- Work with Inspire Together has strengthened promotion of The Daily Mile in schools. Public Health and Nutrition and Dietetics teams have encouraged peer support among school leads and shared good practice from schools already running the programme. Numbers of schools participating this year are awaited.
- Social care healthy weight work has included pilot training for Care Navigators, Occupational Therapists and Enablement Officers in October 2025, with wider rollout under discussion. A Healthy Living Toolkit for people with learning disabilities launched in June 2025, and training with Quality Compliance managers in September explored how nutritional quality can be embedded in assurance processes.

Mental Health and wellbeing relating to social inclusion

People with mental health problems often face isolation and exclusion from work, community life, and even essential services. This exclusion fuels inequality, which in turn can worsen mental illness.

- Public Health, together with local health organisations, work to build resilience, strengthen wellbeing, and support fuller participation in community life. The approach highlights both protective factors that promote mental health and risks that contribute to illness.
- The Let's Get Together programme provides weekly health walks, attracting around 90 participants each month, alongside smaller sociable strolls with about 15 people. These free activities combine physical exercise with social connection and can be tailored to specific groups to increase inclusivity.
- Warm Welcome has expanded across the city, with all libraries participating in 2024/25 and 33 VCSE organisations funded to open welcoming hubs or provide health and wellbeing support. This has strengthened community engagement, created safe accessible spaces, and empowered local organisations.

- Let's Get Digital supports people with low digital literacy by offering courses in familiar community settings. Since 2023, over 500 people have completed training—82% aged over 51, and 67% new to adult education—helping residents gain confidence and access services online.
- Neighbourhood Mental Health Cafés have welcomed 4,450 visits, including 932 unique visitors. Delivered by nine **VCSE** organisations, the cafés operate 15 sessions per week (57 hours across seven days). Most visitors receive sufficient support and develop plans within sessions, with very few escalating into urgent mental health services.
- Mental Health Friendly Places continues to be rolled out across the city, training staff in community organisations to hold safe, supportive conversations that build resilience to everyday adversity. More than 70 organisations in Leicester have signed up, and the programme has expanded through Mental Health Friendly Clubs launched with the Football Association. The offer has now been rolled out to all grass roots sports clubs with a focus on engaging men. In addition, seminars on men's mental health have been well attended, strengthening awareness and engagement.

The Health, Care and Wellbeing Strategy 2022-2027

The **Health, Care and Wellbeing Strategy 2022-2027** for Leicester was published in 2022, giving recognition to the impact of the COVID pandemic on health and wellbeing across our city and widening health inequalities. The strategy outlines the current and future health, care and wellbeing needs of Leicester's residents and sets out 5 themes with their strategic ambitions (illustrated in figure 2) and 19 fitting key priorities. Alongside the strategy is a detailed delivery action plan which includes the specific actions and activities which are taking place to help us achieve our priorities.

Figure no. 2 Strategic Themed Ambitions

HEALTHY PLACES Making Leicester the healthiest possible environment in which to live & work
HEALTHY START Giving Leicester's children the best start in life.
HEALTHY LIVES Encouraging people to make sustainable and healthy lifestyle choices
HEALTHY MINDS Promoting positive mental health within Leicester across the life course
HEALTHY AGEING Enabling Leicester's residents to age comfortably & confidently

HEALTHY PLACES

Making Leicester the healthiest possible environment in which to live & work

We will improve access to community health and care services

- Bowel Cancer: Increased number of patients diagnosed in Leicester City, with combined treatment including consultations, medication, and interventions rising translating into long-term improved outcomes.
- Weight Management: Referrals to the Weight Management Programme rose by 65%, supported by better coding and early prevention. Recording of BMI among patients with cardiovascular disease or risk factors increased by 4.2% in 2024/25, consistently across age, deprivation, and ethnicity markers.
- Chronic Kidney Disease (CKD): Diagnoses increased by 88% in Leicester City. Most referrals were made via the Lucid programme (run with University Hospitals of Leicester), which aims to shift patients starting haemodialysis from inpatient to outpatient care. In 2024/25, outpatient starts rose by 4%.
- Hypertension: Prevalence grew by 0.4%, adding 2,051 people to GP practice registers. Management reached 70% for patients under 79 and 83% for those aged 80+. By March 2025, 81% of patients with coronary heart disease and 77% of stroke/TIA patients had hypertension managed to appropriate thresholds. Smoking cessation support was offered to 91% of smokers with cardiovascular disease or risk factors.
- Primary Care Workforce: Expanded through social prescribing and the Additional Roles and Reimbursement Scheme, increasing access to non-doctor staff, home visits, and specialist support. Leicester, Leicestershire and Rutland added 30 whole-time equivalent GPs in October 2024, bringing the total to 1,097 GPs.
- WorkWell Programme: Piloted locally to help residents stay in or return to work, linking health with workplace wellbeing.
- Large-scale engagement campaigns promoted trusted health information, with multilingual resources distributed across 58 surgeries.
- GP surgeries across Leicester City delivered 2,361 hours of appointments above their contracted 1,786 hours (132% of target).

- Extended hours offered Monday to Friday (6:30pm-8pm) and Fridays (9am-5pm), with appointments provided by multi-disciplinary teams for long-term condition management, medication reviews, early screening, and prevention.

Creating Mental Health & Dementia friendly communities within Leicester

- The former Dementia Friendly Community has transitioned into the Leicester, Leicestershire and Rutland Dementia Inclusive Network, a strong grassroots partnership providing support and expert feedback on dementia initiatives. The Network has advised on the Admiral Nursing model and supported the implementation of the Dementia 100 Assessment Tool, with updates shared regularly at the Dementia Programme Board. Alongside this, the Alzheimer's Society continues to engage communities across Leicester City through coffee mornings, multilingual resources, and collaborations such as dementia-friendly ambulance practice with EMED, while also supporting the Memory Service with information and resources pre- and post-diagnosis.
- Service innovation has included the launch of the One Stop Memory Assessment Clinic pilot at the Bennion Centre, offering same-day assessment and diagnosis, with a formal review due in October 2025. An Advanced Pathway Pilot is also underway for patients aged 85+ with suspected dementia to improve waiting times and safety. Delivery plans for the Living Well with Dementia Strategy have been finalised by Leicester City Council, supported by highlight reporting from commissioners to capture progress, challenges, and good practice, with oversight provided by the Dementia Programme Board.

Improve the built environment to support people's long-term health and wellbeing

- The Leicester Local Plan, submitted to government and awaiting independent examination, will guide the city's growth to 2036 by allocating development sites, delivering infrastructure, and shaping planning decisions. A key feature is its health and wellbeing policy, requiring major developments to assess their health impact and demonstrate how adverse effects will be mitigated. A template for these assessments is being finalised to ensure developments contribute to reducing health inequalities.
- Complementary work includes the Leicester Streets Design Guide embedding 'Healthy Streets' principles, the defibrillators project, and a libraries and communities needs assessment with a health focus. Public health partners meet regularly with planning colleagues and will provide training on wider determinants and health impact assessments. In collaboration with Housing, a new referral process is being developed to ensure damp and mould investigations can be raised efficiently on behalf of residents, improving support for those unable to make referrals themselves.

Supporting a move towards a carbon neutral city

- An environmental sustainability action plan has been developed within the public health team to embed sustainability more strongly across commissioning, procurement, workforce, policies, and service delivery. This work is being advanced with partners and communities, building on projects such as *Beat the Street*

(promoting active travel) and *Let's Get Resourceful* (reducing energy consumption), while ensuring public health services themselves are delivered in more sustainable ways.

- Alongside this, the Leicester Energy Action fuel poverty programme has had a significant impact over two years: delivering 134 outreach and engagement events, referring 1,857 clients to advice services, providing City & Guilds training to 30 people and webinar training to 146 people, and running school-based sessions with 1,530 pupils. These achievements demonstrate how environmental sustainability and public health outcomes are being aligned to reduce inequalities across the city.

Healthy Start

Strategic ambition: To give Leicester's children the best start in life

Mitigate against the impact of poverty on children and young people

- Launched the Perinatal Mental Health Peer Support Programme, delivered by trained workers with lived experience of perinatal mental illness and recovery. The programme provides advocacy and tailored 1:1 or group support to women and birthing people experiencing moderate to severe conditions, promoting hope, control, and opportunity.
- Embedded two Peer Support Workers within the Perinatal Mental Health (PMH) and Maternal Mental Health Services (MMHS), supported through management and peer supervision and integrated into the trust's wider peer support services.
- Parents and families at greatest need with babies in neonatal services across LLR, are offered the opportunity to take part in the training and education programme called STORK (Supportive Training Offering Knowledge and Reassurance). The aim is to expand this to all parent groups. The programme can be delivered in person or via an online app, covering topics including recognising signs of illness in babies, safe sleeping, and how to reduce the risk of sudden infant death. Other topics include healthy lifestyles, smoking cessation, coping with a crying baby, perinatal mental health support and breastfeeding support. There are also practical sessions on basic life support and responding to a choking baby. This programme links into multiple resources e.g. Lullaby Trust, healthy lifestyles, perinatal mental health services ICON and many others.
- Implemented the Healthy Pregnancy, Birth and Babies Strategic Approach across Leicester, Leicestershire and Rutland to reduce infant mortality, focusing on smoking and smokefree homes, healthy weight in pregnancy, and safe sleep. The multi-agency action plan provides leadership, accountability, and partnership working to tackle health inequalities and improve outcomes for babies and families
- Established Family Hubs across Leicester City and County, delivering more efficient maternity services through 32 weekly clinics at 8 locations, offering antenatal and

postnatal care, Glucose Tolerance Test clinics, and infant feeding sessions, with 9–21 attendees per session.

- Delivered the Blossom and Bloom project as part of the 1001 Critical Days offer in Leicester, funded through ICB Health Inequalities investment. The programme supports vulnerable and single parents post-COVID, building skills and confidence to give children the best start in life, with services designed to be compassionate, inclusive, and accessible.
- Provided personalised one-to-one and group support, activity sessions, and signposting through trusted community relationships. Blossom and Bloom has successfully engaged parents who do not usually access services, reducing health inequalities by improving mental and physical wellbeing and strengthening parent-baby relationships.
- Supported vulnerable new parents in Leicester through Baby Basics, the second busiest branch in England, providing essential baby equipment to around 300 families annually. Public Health funding ensures home deliveries, addressing high levels of deprivation and reducing health inequalities in a city where 40,000 children live in poverty and infant mortality rates exceed the national average.

Give every child the best start in life by focusing on the critical 1001 first days of life

- Recommissioned Leicester Partnership Trust to deliver the 0–19 Healthy Child Programme through to 2030, with strong national performance, a high-activity Healthy Together helpline, and £870k secured for the Best Start for Life pilot to support families during the first 1,001 critical days and reduce health inequalities.

Making sure children are able to play and learn

- The Local Authority ensures sufficient education places across early years, schools, and colleges, working closely with providers to respond to changing demand. While declining birth rates have eased some pressures, recent migration trends and government extensions to early years and wraparound care entitlements are driving significant expansion in provision.
- School Improvement teams work with schools to maintain high-quality education, supported by services that promote inclusion and reduce inequalities. The Education Welfare Service supports attendance and reintegration for children missing education, Early Years teams encourage uptake among vulnerable families, and Connexions helps post-16 students transition into employment or training. SEND Services deliver timely EHCPs and strengthen school capacity through training, while the Virtual School provides academic support and enrichment for Looked After and Previously Looked After children, ensuring they benefit from cultural opportunities and improved outcomes.

Empowering health self-care in families with young children

Awaiting update.

Healthy Lives

Strategic Objective: To encourage people to make sustainable and healthy lifestyle choices

Increasing early detection of heart and lung disease and cancer in adults

- Planning for lung cancer screening in Leicester City is well underway, with the first screenings for eligible individuals aged 55–74 who have ever smoked due to begin in March/April 2026. Delivery will be phased over four years, prioritising areas based on deprivation, cancer registrations, and operational needs, while managing impacts on primary care and hospitals. Screening will be community-based using mobile health vehicles and scanners at recognisable venues to maximise uptake and reduce health inequalities. A communication and engagement plan is in place, sites have been explored, and for the first two years an outsourced provider will deliver the service end-to-end. Oversight will be provided by a local clinical governance and quality assurance team in line with national protocols.
- Use of the faecal immunochemical test (FIT) to support lower gastrointestinal cancer referrals has exceeded national expectations, with 84.6% of urgent referrals in Leicester accompanied by a FIT result within 21 days (above the 80% target). A City Primary Care Network piloted direct provision of FIT kits to patients, involving around 600 people, with positive feedback from surgeries. Following the pilot, the FIT contract across Leicester, Leicestershire and Rutland was revised in April 2025, enabling patients to receive results within 3 days of sample submission, compared to up to two weeks previously, significantly improving timeliness and reducing delays in diagnosis.
- Began delivery of the World Health Organization target to eliminate cervical cancer by 2040, creating a local elimination strategy and delivery plan. Work includes increasing HPV vaccination and cervical screening uptake, producing accessible videos for patients with learning disabilities and the wider public, and establishing project groups to drive progress. Engagement support through Appt Health is boosting appointment attendance, while mobile cervical screening is being expanded to reach underserved groups including the travelling community, asylum seekers, and homeless populations.
- Hypertension prevalence in Leicester rose to 58,000 recorded patients in 2024/25, with 71% treated to national guidance. By March 2025, blood pressure was managed to appropriate thresholds for 81% of patients with coronary heart disease and 77% of those with stroke/TIA, reducing risks of further complications.

Promoting Independent Living for People with Long Term Conditions

- In relation to pursuing alternative accommodation for people who are older, LCC will be working with a consultancy, appointed through a targeted quotation exercise. This commission will test and validate our demand forecasts which include the demand

older people. A key component of the commission will support our delivery of more traditional extra care in the city, assessing suitable site options and undertaking market engagement with registered housing providers to ensure we deliver on our commitments within our ten-year plan for extra care and supported living.

Reducing Levels of unhealthy weight across all ages.

- The Whole System Approach to Healthy Weight continues to work towards creating a system that supports healthy weight in Leicester. A detailed action plan supports the approach and is divided into three themes: focusing on building a stronger system; changing environments to increase opportunity; and empowering workforces and communities. 15 actions spread across these three themes are in place across the next three years to contribute to reducing excess weight. Priority groups of those living in deprivation, with disability, children and families, and pregnant women with excess weight are identified within the action plan as a focus.
- A variety of services exist that are already contributing to promoting a healthy weight across Leicester; the approach aims to build on these and use existing assets and services in a way that is more powerful to reducing excess weight. Existing services and themes already contributing to promoting healthy weight/living include but are not limited to: Live Well Leicester, Healthy Conversation Skills, United Leicester and Active Leicester. The approach as a whole aims to create a system that enables at least 40% of our adult population and at least 70% of the year 6 age group population to live at a healthy weight by 2034.
- In 2024/25, the work of the Whole System Approach to Healthy Weight has continued to work to change the system to improve rates of healthy weight within Leicester. Year 2 of the action plan has started after good progress on the actions assigned to year 1. This includes working collectively with Family Hubs, Leicester Mammals and Heads Up to run test and learn Health, Exercise, Nutrition for the Really Young sessions which support families. Leicestershire Nutrition and Dietetics Service started their work to support schools to adopt a whole school approach to food. Reviews of existing contracts within social care and public health has taken place to identify areas where future contracts can be amended to work to promote better nutrition and physical activity inclusion.

Improving support for carers

- Delivered a wide range of regular support opportunities for carers across Leicester, including three weekly Carer's Cafés in the city, a Parent Carer Support Group for families of children under 25 (every three weeks), and a monthly neurodiversity peer support group for carers of people with autism, ADHD and other neuro-diverse conditions.
- Expanded access through two weekly online Carer's Cafés (including an evening session) and community wellbeing activities such as a weekly Park Run/Walk and Talk every Saturday, helping carers connect, share experiences, and maintain their own health and wellbeing.
- A hospital discharge grant for carers helps them to support the person they care for with help such as moving furniture, cleaning and carer's loss of income due to time off work.

- A working group has been established to identify short break opportunities for carers supporting people with profound and multiple learning disabilities. The group meets monthly with representation from key partners, providers, and people who draw on support, ensuring a co-production approach.
- Work is underway to develop a citywide 'menu' of short break options to prevent carer breakdown and provide flexible support across all areas, shaped by lived experience and partner input.

Healthy Minds

Promoting positive mental health within Leicester across the life course

Increasing access for children and young people to Mental Health and emotional wellbeing services

- Implementation of a Community Participation Lead within CAMHS - This role includes Identifying disparities in access to mental health and community services, particularly for vulnerable populations. Focusing on access to mental health services and community support and addressing inequalities. Working collaboratively with healthcare providers, local authorities, and community organisations in tackling the wider determinants of health.
- Community Chill Out Zones (CCOZ) from The Relationship's Centre - Focused work with the African Heritage Alliance in progressing their youth agenda. They have been delivering their mental health and emotional wellbeing workshops to C&YP at the African Heritage's school holiday events (half terms and summer holidays) and at the African Caribbean Carnival. This is helping to improve access to C&YP who haven't previously been accessing services.
- Community Chill Out Zones (CCOZ) delivering workshops focused in areas of health inequality within the City. Their workshops are a preventative approach helping C&YP build resilience and coping strategies.
- Improving Access to C&YP's Mental Health meetings - we have begun work on how we can get a true baseline of our health inequalities. In the process of developing a standardised demographic template for providers to use within their services. This is being co-produced with C&YP for the questions and tips for professionals in how to ask these questions. This data will be reported back via our CYP highlight report. It will allow us to get a true picture of our health inequalities which will help us identify areas for improvement which we can then work with providers to implement specific work in those areas. Over a longer period having this data will then help us measure improvements.
- Youth workers - Now supporting our work with C&YP in the community. This is a multifaceted role in supporting young people, focusing on their social, emotional, and developmental well-being. Their responsibilities encompass building supportive relationships, providing guidance, and facilitating access to local resources to

enhance their connection to their community. They act as mentors, advocates, and facilitators, empowering young people to reach their full potential.

- Implementation of a CYP Mental Health Matron in the Emergency Dept and Children's Hospital. Developed links with community LPT (CAMHS) and UHL: supporting UHL staff- access to guidance and resources, providing valuable training to staff, face to face individual clinical assessments and involvement with complex cases of C&YP who present within UHL. This will help improve the knowledge and skills of staff as well as improving the experience for C&YP who present to both the Emergency Dept and Children's Hospital.

Improving access to Primary and neighbourhood level Mental Health Services for adults

- Over 1,600 practitioners across secondary care, local authorities and voluntary organisations have now completed Decider Skills training. These skills are being applied in neighbourhood mental health cafés and other community settings, supported by the introduction of a Practice Development Nurse to help embed the training into everyday practice.
- Awareness roadshows have continued in key locations across the city, including Hamilton Library, Belgrave Neighbourhood Centre, Aylestone Leisure Centre and Stocking Farm Community Shop. Delivered in partnership with GP practices, Primary Care Networks and initiatives such as Leading Better Lives, these events have strengthened local engagement and visibility.
- Work to tackle health inequalities is progressing through several targeted projects. One is exploring barriers to psychological support in diverse communities, working with three voluntary organisations representing Black, Asian and Minority Ethnic groups. Another multi-agency project is addressing Mental Health Act detentions within the Black community, aiming to improve the experience of assessments, increase advocacy and raise awareness. Efforts are also underway to reduce missed appointments among homeless individuals in secondary care community mental health services, with Inclusion Healthcare and LPT teams adapting communication methods and appointment arrangements. In addition, a partnership with Leicester City South PCN and LPT is increasing access to health support for young people in the Saffron and Eyres Monsell area, with GPs and practice staff working alongside neighbourhood leads to create more opportunities for young people to receive care in local practices.

Reducing social isolation in older people and adults

- Work to increase social inclusion in the city is delivered through a combination of commissioned services and collaborative programmes. The commissioned services are Let's Get Active and Let's Get Growing. Let's Get Active offers free, weekly physical activity sessions at locations across the city. Let's Get Growing offers courses and workshops covering different aspects of food growing, and support community-based food projects in the city, including at libraries and community centres. Let's Get Digital, offers tutor led accessible, adaptable short sessions to increase digital inclusion at a range of locations across the city. In addition, the Let's Get Together programme offers a variety of activities in libraries and community

centres, including chatty tables, health walks, sociable strolls, arts and crafts and growing activity.

Work towards having no deaths by suicide in the city

- Between 2021 and 2023, 108 people in Leicester died by suicide, equating to a rate of 11.1 per 100,000, which is not significantly different from the England average. Each death has a devastating impact on families, friends, and communities, and the local ambition is to work towards zero suicides by making suicide prevention everyone's responsibility. This is being achieved by empowering, educating, and equipping individuals and organisations to raise awareness and take action.
- A renewed suicide prevention strategy for Leicester, Leicestershire and Rutland (LLR) is now in place, owned by the Suicide Audit and Prevention Group (SAPG). It sets out priorities including support for children and young people at risk, targeted interventions for high-risk groups and locations, improved understanding of self-harm, effective bereavement support, and stronger collaboration with partners and communities. Real Time Suspected Suicide Surveillance (RTSSS), collected by Leicestershire Police, underpins this work by providing early information about suspected suicides so that services and community partners can respond quickly to those affected.
- Preventative action is also being strengthened through initiatives such as Mental Health Friendly Places (MHFPs) [Mental Health Friendly Places | Start a Conversation](#). These organisations, located across Leicester in areas of greatest need, have signed up to challenge stigma, support people facing adversity, and access free training. MHFPs are part of wider efforts to promote wellbeing, including responses to local flood risk and tackling food and fuel poverty. Additional training has been delivered this year, including webinars on men's mental health, and further initiatives are planned. A conference on supporting men will take place in November 2025, alongside the development of Mental Health Friendly Clubs, where local football and sporting clubs will be engaged to create safe spaces for men to talk about their mental wellbeing.

Healthy Ageing

Strategic Ambition: To enable the people of Leicester to age comfortably and confidently.

We will enable Leicester's residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty.

- We have supported the commissioning of services that provide alternatives to residential care, resulting in 249 new admissions to residential and nursing care in 2024/25 — a 9.5% reduction compared to the previous year. Of these, 39 were aged 18–64 (+8.3%) and 210 were aged 65+ (-12.1%). This figure includes 23 self-funders

whose resources depleted, leading Adult Social Care to assume costs. Alongside this, community day opportunities launched in April 2023 with 16 organisations, supporting around 360 people (41% over 65, 59% working age adults).

- The revised Carers Support Service went live in July 2025, building on support for over 2,500 carers and now reaching 1,360 registered carers, with outreach continuing to engage younger carers and those not receiving commissioned support. Dementia services worked with 2,257 families in 2024/25 (97% contacted within two weeks of referral), slightly below target but continuing to provide vital community support. Our domiciliary care model remains strong, with 91.7% of contracted providers rated good or outstanding by the Care Quality Commission at year-end, and new contracts due to commence in 2026.
- Pathway 1, delivered through the Reablement Provider Service and supported by the Integrated Crisis Response Service, now assists around 130 people each month including those needing double-handed care; outcomes remain strong with 93% still at home after 91 days and 56% requiring no formal support, strengthened further by daily multi-disciplinary input from community health partners integrating therapy, nursing, care technology and OT equipment.

Reducing the number of falls for people aged 65+ & promoting independent living so that older people can live in their own home and communities.

- The Integrated Crisis Response Service (ICRS) supports around 500 people each month, preventing unnecessary hospital admissions and aiding discharges. In the past year it responded to 1,808 falls: 1,641 required no further action beyond assessment and equipment or referrals, 150 led to hospital admission with paramedic liaison, and 17 resulted in new or increased support packages.
- Care Technology and the LeicesterCare alarm monitoring service play a major role in falls prevention and detection. LeicesterCare responded to 2,142 falls, most within one hour via ICRS, with others supported by local responders or paramedics. Over the year, 736 items of care technology (e.g. lighting, sensors, fall detectors, medication aids) and 988 help buttons were provided to reduce risks and enable rapid assistance.

3 Core 20PLUS approach

Core20PLUS¹ is the NHS framework for reducing healthcare inequalities by targeting services and support to those most at risk of experiencing healthcare inequalities. The Core20 refers to the 20% most deprived areas within a locality. '5' relates to five clinical areas which are linked to greater **health inequalities**. These are: Maternity; Severe mental illness (SMI); Chronic respiratory disease; Early cancer diagnosis; Hypertension case-finding and optimal management, and lipid optimal management. PLUS refers to groups identified locally as experiencing the poorest access, experience and outcomes with health and care services, regardless of their deprivation status or clinical needs.

In Leicester, the 'PLUS' groups which have been identified for initial focus are people experiencing homelessness, people with a learning disability, and people with severe mental illness. This is because these are the groups which are identified as having the lowest life expectancy, and poorer than average access to, and experience of, health and care services, and there is a clear need to address these issues. Across the health, care and wellbeing delivery plan, additional consideration is being given to how the unique needs of the identified plus groups can be considered and met to ensure that any activity is delivered adopting a proportionate universalism approach. The PLUS groups and the progress for these groups will be reviewed periodically.

During a development session this year, the future of our approach to providing additional attention to the PLUS groups was discussed. The PLUS groups will be highlighted in our future monitoring plan to ensure that each workstream is prompted to highlight any additional work that is being undertaken to support people in these groups. An additional inclusion of 'people with care experience' as a PLUS group to focus on in the city is being proposed. This is due to poor health outcomes experienced by the group and the importance of considering this when providing health interventions.

4 Community Engagement

Engagement with local communities is one of the core functions of the Health and Wellbeing Board, and there has been a range of communication and engagement activity over the period covered by this report, including:

Community Wellbeing Champions

The Community Wellbeing Champions (CWC) project was set up by Public Health in 2021 to help improve their reach into communities, especially underheard and underserved groups that experience poorer health access and outcomes. This is done by working with the CWC Network, a collective of VCSE and other local organisations and individuals that promote and support people's physical and mental health and wellbeing at a community level, and through direct engagement with residents themselves at public events. As well as reaching out with health messages and services, the project aims to gain quality insight through engagement with communities into the needs of different groups and the barriers they face in having those needs met, and to use this insight to inform how messages and services are shaped and delivered.

¹ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

Whilst initially developed in response to the Covid-19 pandemic, the CWC project works across the health inequality agenda as a whole and supports communication, information-sharing, networking, and collaboration across sectors and organisations for greater collective impact on strategic priorities and health inequalities in Leicester. In the past year, this included holding a network conference on children and young people's health and wellbeing (held December 2024) and twelve online monthly network forums covering more than 40 topics. The Public Health Community Engagement Grants Programme (see case study) was also delivered largely through the network and the Public Health Community Internships project, developed based on feedback from Champions, was successfully piloted in 2025.

Case study

The Public Health Community Engagement Grants (PHCEG) Programme provided VCSE organisations in Leicester with grants up to £2,000 each to deliver engagement events and activities tailored to the health and wellbeing needs of their communities. The programme was developed based on a need highlighted by CWC Network members for flexible funding pots that were relatively easy to access and administer, especially for smaller organisations. The programme had a total budget of £60,000 and funded 31 projects across the city, including health events and workshops, warm spaces, support sessions, social events, and training and development. Mental health and social isolation were common themes across most projects; other health needs addressed included substance use, vaccinations and screening, and long-term conditions. Around half of the projects were open to all, while half targeted particular communities or priority groups. Similarly, half of the projects had a broad citywide coverage, while half focused on specific areas. The end of project reports showed there were at least 5,000 direct engagements with members of the public across the programme.

Healthwatch

Healthwatch Leicester and Leicestershire

The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services. Healthwatch promotes improvements in health and social care services improving outcomes for local people by ensuring services are designed around the needs and experiences of local people.

To deliver statutory obligations Healthwatch maintains links with statutory partners, the Voluntary, Community and Social Enterprise sector, other neighbouring Healthwatch's, ensuring all intelligence is both independent and shaped by extensive public engagement.

Health and Wellbeing Boards have a statutory requirement to include Healthwatch in the membership, providing a unique opportunity for Healthwatch to ensure that the views of local people are built into the statutory functions carried out by the Health and Wellbeing Board.

During 2024/25:

- a. 10434 people engaged sharing their experiences of health and social care services over the past year helping to highlight what still needs to improve.
- b. 9259 people came to us for advice, information and signposting on local services on a range of topics. This included support with GP appointments, dental care, social care

and support for long-term conditions. 464 of those individuals were directly supported through the signposting helpline.

- c. 24 reports were published about the improvements people would like to see to health and social care services.
- d. 20 Enter and View visits were conducted with recommendations for providers to respond including Care Homes, CAMHS, Gynaecology services, Children's ED Department and GP Practices.
- e. 18 #SpeakUp events were hosted to gather topic based public feedback across the City and County

Case Study: Families Living in Temporary Accommodation in Leicester

In March 2025, Healthwatch Leicester and Leicestershire published an insight report on the experiences of families living in temporary accommodation in Leicester. The work, undertaken in partnership with Leicester City Council, aimed to capture families lived experiences and use these insights to inform service improvement.

Healthwatch used its community engagement expertise to reach families directly, combining survey responses with outreach visits to nine hotels in the city. In total, 35 survey responses were gathered, primarily from women of different age groups and ethnic backgrounds. Most households included children under 16 (28 responses), while some also reported young adults (16–24) and older adults (65+). Respondents represented a range of ethnicities and languages including English, Gujarati, Somali and Tamil.

Key findings included:

- **Living conditions:** lack of practical and essential items.
- **Health and Wellbeing:** poor general health due to financial constraints and limited access or understanding of healthcare services.
- **Social isolation:** limited community connections led to feelings of isolation amongst families.
- **Financial strain:** insufficient income to meet needs.
- **Transport:** costs and inadequate public transport options made it difficult to access schools and healthcare.
- **Food insecurity:** families reported skipping meals or eating unbalanced diets due to limited resources.

The report helped Leicester City Council build a clearer picture of the needs and challenges faced by families in temporary accommodation. Recommendations included:

- Improving access and pathways to health and social care services.
- Developing collaborative solutions with the Voluntary, Community and Social Enterprise (VCSE) sector and other stakeholders.
- Supporting families to build social and community connections, reducing isolation and improving access to essential resources.

Impact: Findings were presented at the Families in Temporary Accommodation Summit and shared with the Leicester Homelessness Charter. The work served as a call to action for providers and Leicester City Council to work in partnership to address concerns and develop support resources.

5 Looking Forward

The Health and Wellbeing Board intends to continue working on its primary aim of achieving better health, care and wellbeing outcomes for Leicester's population and a better quality of care for patients and other people using health and social services. The Joint Health Care and Wellbeing Strategy has been pivotal in establishing the business-as-usual priorities of the Board. The strategy will run until 2027.

The 19 priorities listed in the current strategy will be monitored by the Board annually as per this report. Furthermore, the four most pertinent priorities established through development sessions and described in this report will continue to be monitored. A development session has been planned for early 2026 to identify key priorities for remainder of strategy.

The HWB intends to continue partnership working and strengthen community engagement. This is done through maintaining a diverse membership within the Board itself and through also promoting community engagement as well as participation of people with live experience, in the development of services. This is done through the subgroups of the HWB and partners such as Healthwatch and Community Wellbeing Champions.

The Board will continue to adopt a proportionate universalism approach to ensure that fair focus is able to be given to the issues which have the greatest impact on people's ability to remain in good health and wellbeing for as long as possible. The Board will ensure that focus is maintained on both physical and mental wellbeing. To support this, a number of JSNA chapters are either in development or planned outlining key health and wellbeing issues affecting city residents.

Appendix 1: Glossary and links to further information

Anti-Poverty - [Anti-poverty strategy \(leicester.gov.uk\)](https://leicester.gov.uk/anti-poverty-strategy/)

Better Care Fund (BCF) – Supports local systems to deliver the integration of health and social care through collaborating with the Department of Health, Ministry of Housing Communities and Local Government, NHS England and Improvement, and the local government association. [NHS England » Better Care Fund](https://www.nhs.uk/england/better-care-fund/)

Clinical Commissioning Groups (CCG's) – CCG's were clinically-led statutory NHS bodies who held responsibility for planning and commissioning of healthcare services in their local area. They were replaced by Integrated Care Systems in July 2022.

Core20PLUS5 – [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](https://www.nhs.uk/england/core20plus5/)

Development sessions (of the Health and Wellbeing Board) – Development sessions are opportunities for members of the Health and Wellbeing Board and, where appropriate, wider

partners to come together to consider an issue in detail before bringing to a formal board meeting. They are not held in public.

Do, sponsor, watch – An approach to addressing the priorities set out in the Joint Local Health and Wellbeing Strategy which recognises that the same level of resource and effort cannot be focussed on all 19 priorities simultaneously. This approach gives more intensive focus on a small number of ‘Do’ priorities (those agreed by the Health and Wellbeing Board as the most important to progress in initial years), whilst ensuring some level of focus on *all* priorities identified, with opportunity for any risk to progress of ‘sponsor’ and ‘watch’ priorities to be escalated through reporting to place-based groups.

Equity – this means “fairness” – in health and wellbeing it means that in order to achieve good outcomes for everyone recognising that not everyone is starting from the same place, and that adjustments need to be made to ensure that everyone can achieve their full potential for good health and wellbeing. We sometimes use the term **health equity**, which means the absence of unfair, avoidable, or remediable differences in health among population groups defined socially, economically, demographically, or geographically.

Fuel Poverty – a household is considered to be experiencing fuel poverty when they spend 10% or more of their income on energy. More information can be found at [What is fuel poverty? - National Energy Action \(NEA\)](#)

Health and Social Care Act 2012 – The Health and Social Care Act 2012 introduced a number of reforms to the NHS including the establishment of Health and Wellbeing Boards to bring together partners from across health and social care services to plan how to meet the health and care needs of their local populations.

Health and Wellbeing Board meetings – [Health and Wellbeing Board \(leicester.gov.uk\)](#)

Health inequalities – health inequalities are the unfair, avoidable and systematic differences in health and wellbeing between different populations or groups.

Healthwatch Leicester and Healthwatch Leicestershire - An independent watchdog which aims to make local health and social care services better for people by ensuring that their views and experiences are considered by those entrusted to design and run services. It is independent of the CQC/ NHS and is ran by and for local people. They have a statutory place on local Health and Wellbeing Boards and have the authority to enter and view health and social care services using their trained volunteers. [HealthwatchLL - Healthwatch LL](#)

Integrated Care Systems (ICS's) – Integrated Care Systems were established in 2022. They are Partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners. They collectively plan health and care services to meet the needs of their population. In the LLR region this is currently a system partnership between the three statutory organisations with their respective legislative roles. More information about how ICS's are structured and operate can be found at [NHS England » What are integrated care systems?](#)

Joint Local Health and Wellbeing Strategy (JLHWS)– [Leicester's Care, Health and Wellbeing Strategy 2022-2027](#)

Joint Strategic Needs Assessment/Joint Specific Needs Assessment (JSNA/JSpNA) – Analyse the health needs of populations. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. [Joint Strategic Needs Assessment \(leicester.gov.uk\)](#)

Learning Disability Partnership Board (LDPB) - [Learning Disability Partnership Board \(leicester.gov.uk\)](#)

Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25 - [Mental Health BOOKLET8a \(leicester.gov.uk\)](#)

Meetings held in public – these are meetings which members of the public are able to attend and observe. Members of the public are not permitted to join in any discussions at Health and Wellbeing Board meetings but are allowed to submit questions in advance of the meeting in line with statutory guidance, which will be asked and discussed during the meeting.

Person-centred care – this means making sure care is focussed on the needs of the individual.

Place-based/Place/System (and neighbourhood) – System, Place and Neighbourhood refer to geographical areas. **System** covers populations of around 500,000 – 3 million. In this report System means Leicester, Leicestershire and Rutland. **Place** covers populations of around 250,000-500,000. In this report, Place means Leicester city). **Neighbourhoods** cover smaller populations of around 30,000 to 50,000 people. In this report **Place-based** means thinking about the local need for Leicester. **Place-based** partnerships bring together a broad range of partners including local government, NHS providers, voluntary/community sector organisations, social care providers and others in order to integrate the planning and delivery of services

through a multi-agency approach and address the social, economic and wider health needs of their population.

Pharmaceutical Needs Assessment (PNA) – A legal requirement for Health and Wellbeing Boards to produce every three years. It is a statement of needs from pharmacy services in the local area and is designed to ensure provision of local pharmaceutical services is effective for the needs of the local population. It can be used to direct commissioning decisions by CCGs and help NHS England in regulating new and existing pharmaceutical practice. [Pharmaceutical Needs Assessment \(PNA\) \(leicester.gov.uk\)](https://www.leicester.gov.uk/pharmaceutical-needs-assessment/)

Voluntary, community and social enterprises (VCSE)- This is a sector that is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes. VCSE groups and organisations differ in their size, what services they deliver and include groups such as: community groups, faith organisations, registered charities and grass roots-based sports clubs and groups.

Appendix 2 Full list of Health and Wellbeing Board meetings since September 2024

Date	Agenda Item	Description
26 Sept 2024	Better Care Fund 2024–25 planning	The Board reviewed and approved the national Better Care Fund plan, which sets out how partners will work together to prevent unnecessary hospital admissions, support people to remain at home, and strengthen collaboration with the voluntary and community sector. Members highlighted the strong track record of delivery and endorsed the continuation of integrated approaches.
26 Sept 2024	Mental Health Programme Board update	Updates were shared on the Better Mental Health network, including voluntary sector involvement and advocacy groups such as Loudspeaker. Concerns were raised about gaps in perinatal mental health provision, challenges around supported living, and confusion regarding the “Joy app.” The Board agreed to revisit these issues within six months.
26 Sept 2024	Healthwatch Leicester & Leicestershire Annual Report	Healthwatch reported engaging over 8,000 people in 2023–24. Feedback highlighted difficulties in GP access, NHS dentistry, and young people’s mental health. Priorities for 2024–25 include children’s emergency services, eye care, and supported living for the deaf community. The Board noted the importance of this intelligence for shaping local services.
26 Sept 2024	Prevention & Health Inequalities Steering Group	Outcomes from an August 2024 workshop were presented, identifying priority areas such as healthy weight, healthy weight in children, and targeted health checks. Task and finish groups will be established to deliver visible results and ensure accountability.
26 Sept 2024	Health and Wellbeing Board	Detailed logic models were presented for four priority areas: childhood immunisations, healthy weight, hypertension prevention and case finding, and mental health/social inclusion.

Date	Agenda Item	Description
	Priority Logic Models	Each model set out actions, outcomes, and measures to track progress.
19 Dec 2024	Dear Albert presentation	Dear Albert, a lived experience recovery organisation, described its approach to community rehab and harm reduction. All staff and volunteers have personal experience of addiction, creating a non-judgemental environment. Over 1,000 people attended in the first quarter, with digital support extending reach. The Board praised its ethos of belonging and visibility of recovery.
19 Dec 2024	Changing Futures Programme update	The programme has supported 162 people facing multiple disadvantages, including substance misuse, homelessness, and mental health conditions. Currently, 36 individuals receive intensive support from a multi-disciplinary team. Outcomes include 87% successful support, improved accommodation, and reduced emergency department admissions and ambulance call-outs, saving significant system costs. Partnership working with Dear Albert and Turning Point was highlighted as central to success.
19 Dec 2024	Workwell Programme	The LLR WorkWell Programme, a joint DWP and DHSC pilot, will launch in early 2025 to support people with health conditions or disabilities in returning to and thriving at work. It offers tailored coaching, links to local services, and employer support, with most PCNs onboarded and governance in place.
19 Dec 2024	LeDeR Overview and Ask	The LeDeR Programme update highlighted actions to reduce avoidable mortality and improve access to mainstream health services for people with Learning Disabilities and Autism. Key priorities included better use of reviews, accurate registers, earlier screenings, and addressing health inequalities, with training and system changes underway to improve outcomes.
19 Dec 2024	Healthy weight	The Healthy Weight programme update reviewed the logic model and KPIs, highlighting work with children, schools, pregnancy and post-pregnancy support, staff training, and community initiatives. Focus areas included increasing physical activity, improving referrals, and addressing wider factors such as poverty and mental health, with a workshop planned and materials to be shared with schools.
6 Mar 2025	Suicide Prevention Strategy	Leicester recorded 108 suicides between 2021–23, a rate of 11.1 per 100,000, similar to the national average. The renewed strategy prioritises children and young people, middle-aged men, and high-risk groups such as those facing financial hardship or homelessness. Real Time Suspected Suicide Surveillance (RTSSS) data provides early intelligence to enable rapid support for families. The strategy emphasises

Date	Agenda Item	Description
		bereavement support, crisis intervention, and community involvement.
6 Mar 2025	Leicester Health and Wellbeing Survey 2024	A survey of 2,100 residents showed positives such as 80% rating their health as good/very good, reduced smoking rates, and strong use of parks and green spaces. Challenges included rising food and energy insecurity, difficulties accessing NHS dentists and GP appointments, risky alcohol consumption in 1 in 7 adults, and loneliness affecting around 16,000 people.
6 Mar 2025	The Young Voices Consultation	The Young Voices Consultation engaged over 3,000 participants across LLR to capture the health and wellbeing needs of children and young people aged 11–25, their families, and healthcare staff. Findings showed generally positive experiences but highlighted concerns around mental health, care transitions, and access to support. Next steps include developing an engagement strategy, improving communication, co-designing services with young people, and strengthening referral pathways to shape future healthcare provision.
6 Mar 2025	Children & Young People's Mental Health Support	CAMHS reported reduced waiting times, with urgent cases seen within 4 weeks and routine cases within 8–9 weeks. VCSE partners such as Relate and First Steps ED provide counselling, eating disorder support, and family interventions. Young people raised concerns about poor transitions to adult services, described as “falling off a cliff.” Work is underway to improve continuity of care.
6 Mar 2025	Integrated Health and Care Group update	The subgroup continues to monitor delivery of the Health and Wellbeing Strategy, focusing on mental health, hypertension, and healthy weight. Concerns were raised about safeguarding and due diligence around the Joy platform, with assurances that these will be addressed at the next meeting.
5 Jun 2025	Better Care Plan 2025/26	The nationally approved Better Care Plan was endorsed, with governance through the Integrated Care Group. The plan sets out priorities for integrated health and social care, aiming to improve outcomes and reduce hospital admissions.
5 Jun 2025	Health Inequalities & Social Prescribing	Leicester City South PCN presented the “3 Conversations” model, a population health approach supporting patients with multimorbidity and those disengaged from GP services. Tailored engagement included simplified letters adapted for local literacy levels. The model focuses on understanding what matters to individuals, supporting people in crisis, and helping them build healthier lives.
5 Jun 2025	Nursing Care Standards (UHL)	UHL outlined actions to improve care quality, particularly in emergency departments under pressure. Compliance with the national four-hour ED standard was around 60%. Challenges included ambulance handover delays, hospital-acquired pressure ulcers, and patient falls. Improvements included new

Date	Agenda Item	Description
		equipment, specialist services, sensor mats, and the LEAF tool to monitor quality across five pillars: safety, efficiency, patient experience, staff experience, and improvement.
5 Jun 2025	Pharmaceutical Needs Assessment 2025	Leicester has 83 pharmacies (2.2 per 10,000 residents), with five operating 100 hours per week. Provision of advanced services varies. The Board approved moving to statutory consultation, with the final version due in October 2025. Key issues include equity of access, digital literacy, and tackling medication waste.
5 Jun 2025	Gambling Harms Needs Assessment	An overview of work undertaken on a Gambling Harms Needs Assessment was presented. Recommendations included developing a local strategy, improving data collection, increasing training and public education, and influencing advertising and licensing. The Board recognised gambling harms as a significant public health issue.