



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 5 MARCH 2026 at 9:30 am

Present:

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| Councillor Dempster
(Chair) | – | Assistant City Mayor, Health, Culture, Libraries and Community Centres, Leicester City Council. |
| Councillor Elaine
Pantling | – | Assistant City Mayor, Education, Leicester City Council. |
| Councillor Geoff Whittle | – | Assistant City Mayor, Environment & Transport, Leicester City Council. |
| Rob Howard | – | Director of Public Health, Leicester City Council. |
| Ruth Lake | – | Director of Adult Social Care and Safeguarding Leicester City Council. |
| Dr Katherine Packham | – | Public Health Consultant, Leicester City Council. |
| Dr Nil Sanganee | – | Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board. |
| Helen Mather | – | Head of Childrens and Young People and Leicester Place Lead. |
| Dr Ruw Abeyratne | – | Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust. |
| Jean Knight | – | Deputy Chief Executive, Leicestershire Partnership Trust. |
| Benjamin Bee | – | Area Manager Community Risk, Leicestershire Fire and Rescue Service |
| Kash Bayani | – | Healthwatch Advisory Board, Leicester and Leicestershire. |
| Kevin Allen-Khimani | – | Chief Executive, Voluntary Action Leicester. |
| Kevin Routledge | – | Strategic Sports Alliance Group. |
| Barney Thorne | – | Mental Health Manager, Leicestershire Police. |

In Attendance

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164. APOLOGIES FOR ABSENCE

Apologies were received from Bertha Ochieng.

165. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

166. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 4th December 2025 be confirmed as a correct record.

167. CHAIRS ANNOUNCEMENTS

The Chair announced that this would be Helen Mathers last meeting. The Board thanked her for her contributions and wished her well.

168. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Monitoring Officer noted that none were received.

169. UPDATE FROM YOUNG VOICES CONSULTATION

The Board received an update on the Young Voices consultation and the development of the Integrated Care Board 3 year Children and Young People engagement plan.

It was noted that:

- The consultation engaged approximately 3000 participants across Leicester, Leicestershire and Rutland, including young people, parents, carers and healthcare professionals.
- The findings had informed the development of the ICB 3 year Children and Young People engagement plan, delivered through a range of formats including digital approaches.
- The plan aligned with wider strategies including the Darzi Review and the NHS 10 year plan.
- Key feedback from young people included the need to improve

communication, ensure young people felt heard and listened to, and develop stronger 2 way engagement.

- Young people highlighted the importance of being treated with respect and receiving services that met their needs.
- Mental health was identified as a high priority, with a need for more holistic support across services.
- Additional themes included sleep, anxiety and the impact of social media, alongside a need to strengthen links with the voluntary and community sector.
- Social media platforms such as TikTok and Instagram were identified as preferred methods for communication and information sharing.
- It was recognised that a wide range of activity was taking place across councils, schools and the voluntary and community sector, however this was not always well coordinated.
- Future work would focus on developing neighbourhood approaches and a more joined up offer across health, social care, education and the voluntary sector, with a focus on supporting whole families.
- From an acute perspective, it was noted that some children were waiting over a year to access services, which had a significant impact on outcomes.
- Progress in year 1 of the plan included development of an engagement policy, exploration of digital approaches including AI, work to understand barriers to access, and improvements to service delivery including transitions to adult services.
- Ongoing work included webinars, implementation of the Lundy model, neurodiversity support in schools, same day access initiatives, school assemblies and engagement through youth clubs.
- Year 3 priorities would be developed in partnership, with a focus on strengthening relationships with neighbourhoods and the voluntary and community sector.

In response to questions and comments from members, it was noted that:

- There was a need to ensure the voluntary and community sector was fully involved in delivery, with concerns raised that some work had been undertaken without full engagement.
- There was currently a lack of clarity around the definition of “hubs”, with multiple models in place, and a need to develop a clear and consistent local approach.
- Funding pressures across all sectors were acknowledged, particularly within the voluntary and community sector, and further work was required to consider how resources could be used more effectively.
- The importance of partnership working through initiatives such as Family Hubs and the Families First programme was highlighted, noting the need for a more coherent and less confusing offer for families.
- The Board recognised the importance of building on existing engagement with young people and avoiding duplication, ensuring that young people remained engaged and could see outcomes from their input.
- It was noted that young people required clearer information on available

services and how to access support.

AGREED:

1. That the update be noted.
2. That a future report be brought to the Board to provide further clarity on the development and definition of neighbourhood hubs.

170. ANDY'S MAN CLUB

The Board received a presentation from Andy's Man Club, a mental health and suicide prevention charity supporting men aged 18 and over.

It was noted that:

- Andy's Man Club had been established following the death of Andy Roberts, aged 23, with the aim of tackling stigma around men's mental health and encouraging men to speak openly.
- Elaine Roberts and Luke Ambler are Andy's Mum and Brother-in-Law, together they came up with the idea of ANDYSMANCLUB, a group where men aged 18 and above can speak openly about their mental health in a judgment-free, non-clinical environment.
- Suicide remained the leading cause of death for men, with approximately 4900 men taking their own lives each year in the UK, equating to around 12 deaths per day.
- Each suicide was estimated to impact approximately 135 people, highlighting the wider effect on families, friends, colleagues and communities.
- The organisation had grown organically from a single group of 9 men in Halifax to a national network, with 344 groups now established across the UK.
- Weekly sessions took place every Monday at 7pm in community venues such as sports centres and fire stations, alongside online sessions.
- The groups operated on a self-referral basis with no booking, cost or formal referral process, aiming to remove barriers to access.
- Sessions provided a safe, non-judgemental space for men to talk, with no expectation to share more than they felt comfortable with, and no advice or clinical intervention offered.
- Facilitated discussions included reflections on the week, positive experiences and opportunities to share concerns, with sessions designed to ensure participants left feeling more positive.
- The charity did not provide clinical advice or discuss topics such as medication, but signposted individuals to appropriate services where needed, including emergency support where there was an immediate risk.
- The organisation had expanded locally, with groups established across the county and a presence in Leicester for approximately one year, with further development planned.
- Demand for the service continued to grow, with a record attendance of 6800 men nationally at sessions in a single week.

In response to questions and comments from members, it was noted that:

- The work of the organisation was welcomed, particularly in addressing stigma and providing a safe space for men who may not otherwise engage with services.
- Where individuals required additional support beyond the scope of the sessions, facilitators signposted to relevant services and, where necessary, contacted emergency services.
- The importance of improving engagement with minority communities was highlighted, including consideration of cultural factors and potential barriers to access.
- There was a need to explore how partners could support greater awareness and access, including whether additional groups were required within the city.
- The Board recognised wider challenges relating to social isolation and loneliness among men, and the importance of providing male focused spaces for support.
- Opportunities were identified to link the organisation into existing networks, including community wellbeing champions, neighbourhood forums and voluntary sector partnerships.
- The importance of supporting volunteers was emphasised, recognising that the model relied heavily on voluntary contribution and should not place undue pressure on individuals.
- The potential to strengthen links with health services, including emergency departments, was noted to ensure earlier support and prevent escalation to crisis point.
- It was suggested that further work be undertaken to map provision and identify gaps in access, particularly for those with higher levels of need.

AGREED:

1. That the presentation be noted.
2. That a task and finish group be established to explore how the voluntary, community and social enterprise sector can support mental health provision, including charities such as Andy's Man Club.
3. That the presentation slides and video be circulated to Board members following the meeting.

171. CHANGING FUTURES

The Board received a presentation providing an update on the Changing Futures programme.

It was noted that:

- The programme was currently in year 5 of phase 1, funded by the National Lottery, with transition to phase 2 commencing in April under a 3 year funding settlement.
- Phase 1 had operated across 15 areas nationally, with changes expected in phase 2 including some areas leaving and others joining the

programme.

- The programme aimed to support individuals experiencing multiple disadvantage, including homelessness, mental health challenges, involvement in the criminal justice system and women engaged in sex work.
- Funding in phase 2 was expected to be reduced, with an increased focus on partnership working across systems.
- Analysis of data over a 5 month period highlighted the significant impact on public services, with one individual estimated to have cost approximately £220000 across police, ambulance, emergency department and temporary accommodation usage.
- High levels of emergency department attendance were identified, including instances where individuals were not seen and asked to leave.
- Data demonstrated that where coordinated support was in place, both demand on services and associated costs reduced significantly.
- Different parts of the system experienced varying pressures, with high demand identified in policing, emergency healthcare and temporary accommodation.
- Targeted interventions showed a clear reduction in service usage, particularly where individuals engaged with support following crisis points.
- A deep dive into a cohort of individuals highlighted links with children's social care, with approximately 80% of those with children already known to services.
- Work was underway with partners including children's social care, Leicester Royal Infirmary and inclusion healthcare teams to support high frequency users of services.
- It was noted that some individuals were not registered with primary care services and often relied on emergency departments as a point of access.
- Over a 6 month period, there had been a reduction in service usage, including a 60% reduction among a cohort of 70 individuals.
- Targeted work had been undertaken to support women experiencing multiple disadvantage, including partnership working through the Leicester Women's Network and provision of outreach resources.
- It was highlighted that women experiencing homelessness were often underrepresented in official data, with many not visible through traditional rough sleeping counts.
- Local work identified that only 1 in 10 women sleeping rough were captured through standard methods, with additional hidden homelessness identified through targeted outreach.

In response to questions and comments from members, it was noted that:

- The importance of strengthening partnership working across organisations was emphasised, particularly in relation to families experiencing high levels of need and frequent service use.
- It was recognised that individuals experiencing multiple disadvantage often required a different approach, with a need to move beyond

traditional service models and allow time to build trust and relationships.

- The impact on emergency departments was significant, with high frequency attendance placing pressure on services and not always providing the most appropriate support.
- Pilot work was underway to improve pathways from emergency departments into community based support, including links with family hubs.
- The complexity of need within this cohort was acknowledged, and the importance of a coordinated, person centred approach was emphasised.
- The Board highlighted the need for clear governance arrangements to support delivery of the programme and ensure effective oversight.

AGREED:

1. That the update be noted.
2. That information on the governance arrangements for the Changing Futures programme be shared with Board members.

172. ADULT MENTAL HEALTH SERVICES

The Board received a presentation providing an overview of adult mental health services across Leicester, Leicestershire and Rutland.

It was noted that:

- There had been a continued rise in demand for secondary mental health services, with increasing system pressure particularly at the acute end.
- Referrals had increased, with more individuals presenting with complex needs, including dual diagnosis.
- Demand had significantly increased following the Covid 19 pandemic and had not plateaued.
- Inpatient services were under sustained pressure, with beds consistently at full capacity, impacting staff morale and resulting in delays for admission.
- Individuals were often waiting longer for admission due to limited bed availability and capacity constraints.
- A clinical triage approach was in place to manage demand, with calls received from both professionals and patients, enabling appropriate assessment and support.
- Whilst some individuals were being safely managed outside of secondary care, overall demand across the system continued to rise.
- Home treatment services were in place to support individuals in crisis and reduce the need for admission, however pressures remained across acute pathways.
- Investment had been made in neighbourhood mental health services to improve access and provide support at an earlier stage.
- Workforce shortages across the system continued to impact service delivery and capacity.
- Housing challenges were a significant factor, with some individuals experiencing delays in discharge due to a lack of suitable

accommodation and unsafe discharge options.

- Work to date had included strengthening triage and front door pathways, alongside quality improvement activity.
- Future priorities included addressing capacity constraints, workforce development, improving environments and exploring new roles within the workforce.
- There was a need to integrate pathways, improve joint planning, invest further in early intervention and prevention, and strengthen data sharing across partners.

In response to questions and comments from members, it was noted that:

- Reducing stigma and encouraging people to seek support earlier had contributed to increased demand, highlighting the importance of prevention and early intervention.
- Individuals with serious mental health conditions experienced significant health inequalities, and there were opportunities to improve both mental and physical health outcomes through earlier support.
- The voluntary and community sector had an important role in providing accessible, community based support, and further investment in these services could help reduce pressure on primary and secondary care.
- There was a need to improve the use of data to better understand demand, service pressures and outcomes, particularly at neighbourhood level.
- Although inpatient admissions had reduced slightly, occupancy rates had increased, reflecting higher levels of acuity and complexity among those requiring admission.
- Lengths of stay varied, with some individuals requiring longer periods of treatment due to complex needs, while others experienced delays in discharge due to non-clinical factors such as housing.
- Workforce challenges remained a key issue across the system.
- Opportunities were identified to strengthen partnership working and improve coordination between services, including links with neighbourhood approaches and digital tools for signposting.
- Progress had been made in children and young people's mental health services, with reductions in waiting times, and there were opportunities to apply learning across adult services.
- The importance of strengthening early intervention, prevention and community based provision, including crisis cafes, was emphasised.

AGREED:

1. That the update be noted.
2. That further information, including relevant research and data relating to demand, early intervention and prevention, be shared with the Chair.

173. CURE

The Board noted the update provided on the Cure programme, including

ongoing engagement work supporting individuals in hospital and those experiencing crisis. It was recognised that there were increasing opportunities to work collaboratively and explore new approaches to support individuals at the point of need.

AGREED:

1. That the update be noted.
2. That the contact details for the lead officer be shared with Board members.

174. NEIGHBOURHOOD WORKING UPDATE

The Board received an update on progress with neighbourhood development work.

It was noted that:

- 3 of the 4 planned neighbourhood workshops had taken place, with strong attendance and positive engagement from a wide range of partners.
- Participants had actively contributed, highlighting the need to adapt approaches to reflect the specific needs of different neighbourhoods, populations and communities.
- Early discussions had identified key priorities, including waiting lists, GP access and improving awareness of available services.
- There was a need to improve signposting and ensure communities had a clearer understanding of what services and support were available, including children's hubs and related programmes.
- Future work would focus on bringing together a comprehensive view of provision across health, social care and the voluntary sector, and how this could be accessed by local communities.
- National priorities and guidance would be considered alongside locally identified needs to inform future planning.
- Consideration would be given to the development of integrated neighbourhood steering groups and how integrated teams would operate in practice.
- It was emphasised that the approach should be inclusive, recognising that neighbourhoods were not solely about health but wider wellbeing, including creating spaces for community engagement and communication.
- A further report would be brought to the next meeting setting out the outcomes of the workshops and identified priorities.
- The Chair reported positively on attendance at a workshop and the level of engagement observed.

In response to comments from members, it was noted that:

- A final workshop was scheduled, alongside a session specifically for the voluntary and community sector.
- There was a need to build on the momentum from the workshops and

involve those who had expressed an interest in contributing to neighbourhood steering groups, including representation beyond statutory services.

AGREED:

That the update be noted.

175. ICB UPDATE

The Board received an update from the Integrated Care Board.

It was noted that:

- The consultation on the management of change process had concluded, with significant organisational changes expected, including a reduction in workforce and changes to roles and responsibilities.
- The importance of maintaining strong working relationships and clear communication with partners during this period of transition was emphasised.
- There would be a need to ensure continuity of engagement, including sharing updated contact details and responsibilities with partners to support a seamless transition.
- The organisation was undergoing a significant reduction in workforce, with approximately one third of posts affected.
- 3 key strategic transformation priorities had been identified, focused on frailty, premature mortality and prevention, and children and young people, including SEND, neurodiversity and mental health.
- There was a continued focus on shifting commissioning towards outcomes based approaches, ensuring services delivered improved outcomes for local populations.
- Positive progress had been made in relation to immunisation and vaccination programmes, supported through partnership working and engagement with national bodies.
- Work was ongoing to improve access and delivery models for seasonal vaccination programmes and sexual health services, including HPV provision for younger people.
- Engagement was taking place with national teams to support local delivery and alignment across systems.
- Obesity prevention, particularly in children, had been identified as a priority area, with further updates expected.
- Changes to the GP contract would place a stronger focus on improving access, including ensuring clinically urgent need was met on the day, alongside improving overall service delivery.
- There was a focus on making better use of clinical expertise across the system to reduce unnecessary referrals and improve patient pathways.

In response to comments from members, it was noted that:

- Concerns were raised regarding the potential loss of organisational knowledge, relationships and historical understanding as a result of

workforce changes.

- The importance of maintaining continuity and supporting partners through the transition was emphasised.

AGREED:

1. That the update be noted.
2. That regular updates be provided to the Board on organisational changes and key contacts, with updated information shared with Governance Services.
3. That an informal session be arranged to introduce new colleagues, provide an overview of changes and support relationship building with Board members.

176. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP

The Chair noted the report as read and advised Board members they could contact Georgia Humby if they had any questions.

177. DATES OF FUTURE MEETINGS

The Board noted that future meetings of the Board would be circulated following Annual Council on 14th May 2026.

178. ANY OTHER URGENT BUSINESS

With there being no further business, the meeting closed at 12:00pm.

