

**Leicester City Health and Wellbeing Board
4 June 2026**

Subject:	Update from the Leicester Integrated Health and Care Group
Presented to the Health and Wellbeing Board by:	Georgia Humby, Integrated Board Lead Officer
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EXECUTIVE SUMMARY:

The Leicester Integrated Health & Care Group was established to support the Health & 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'. This summary is intended to provide an overview of the recent work undertaken by the Group to ensure the Health & Wellbeing Board is kept updated and informed.

Changes to the health landscape, particularly the clustering of the Integrated Care Board for Leicester, Leicestershire and Rutland with Northampton and Northamptonshire has been a priority area of discussion in recent meetings. The Group has recognised the management of change process underway, and meetings have been focussed on identifying changes and risks that may impact arrangements across the health and care system in Leicester.

The Group have also continued its discussions on developing the neighbourhood model for health and care in recent meetings. Four initial workshops have taken place, and further work is intended to establish neighbourhood boards to shape the next steps and priorities for the programme. It has been recognised however that the timeframe for the delivery of this programme may need to be extended whilst the management of change is embedded within health.

In light of the above, the Group intends to come together as a workshop to review its role, responsibilities and membership to effectively support the Health & Wellbeing Board.

Updates on the Health & Wellbeing Board Delivery Plan have continued to be provided on a cyclical basis to the Group for monitoring performance and identifying opportunities for joint working. The latest updates have included child immunisations and healthy weigh – the full updates can be found below.

The Group also has oversight of the Better Care Fund and the BCF subgroup has reported on its management of scheme lines and business cases for informing the plan for 2026/27 which is shared with the Health & Wellbeing Board for approval.

Delivery Plan Updates:

Title of workstream: Childhood Immunisations

Objective: To Increase Childhood Vaccination Uptake Across Leicester

Governance arrangements: LLR Immunisations Board

Cross-cutting & System-wide Updates

National Access & Inequalities Funding: The current funding is scheduled to conclude on 31 March 2026. The budget for the upcoming financial year has been maintained at the same level, ensuring the continuation of existing activities.

Strengthening VCSE Partnerships: New or expanded collaborations have been established with several minority communities, specifically aimed at enhancing vaccine confidence through the Public Health Investment Fund (PHIF), running from November 2025 to April 2026.

NHSE Restructure: The merger of LLR ICB with Northants ICB provides opportunities for shared learning and insight. The updated structure of the vaccination and immunisation team has been released, outlining an expanded remit that now encompasses screening. Recruitment for these positions is anticipated to begin in April.

Expanded roving healthcare unit (RHU) offer: From 1st RHUs will be operational 5-days per week – 3 in LLR and 2 in Northants. Furthermore additional vaccines will be added to the RHU offer to improve access and convenience.

Reporting Project	Project KPIs & Targets	Update	Next steps	PLUS Groups	Risks & Mitigations	RAG for Period	Outcomes Contributing to RAG Rating
Antenatal Vaccinations: Pertussis, Flu & RSV	Respiratory Syncytial Virus (RSV) in 3 rd trimester - Dec 2025 LLR: 40.5% NHSE target is 60%.	RSV in pregnancy National emphasis has increased - NHSE Winter 25/26 & 26/27 comms push aligns with LLR messaging on protecting baby from birth.	Maternal RSV vaccination pilot project Pilot aimed to increase vaccination uptake by proactively engaging eligible pregnant women (from 28 weeks	Comms & engagement PHIF VSCs are targeting mothers in areas of high deprivation & low vaccine uptake with relevant messaging &	Risks Phased BadgerNet rollout is affecting data completeness. Mitigations Increased opportunities via	Progress is steady but slow	

	<p>Pertussis LLR uptake: 361 (72.9% Sept 2025) NHSE target: 60%</p> <p>Flu (Dec 2025) City: 31.4% County & Rutland: 42.4%</p>	<p>Community pharmacy (CP) RSV pilot Evidence shows improved access for women who cannot attend UHL clinics; a CP model is being evaluated for 2026/27 scale-up.</p> <p>BadgerNet transition UHL's migration is now providing early improvements in live vaccination status visibility.</p> <p>Inequalities actions strengthened Expansion of VCSE-led antenatal support groups (eg African Caribbean Centre) improving early vaccination conversations.</p> <p>Supervaccinators Delivered: 25x maternal RSV & 26x maternal pertussis vaccinations.</p>	<p>gestation), completing the routine offer in UHL antenatal clinics, GP practices, roving teams & via 15x community pharmacies.</p> <p>This multi-agency project (involved ICB, UHL, PCL, Public Health), ran from mid-Nov 2025 to 8 Jan 2026, & funded by PHIF £20k, & was aiming for a 60% uptake.</p> <p>SMS text messages were sent to pregnant women in gestational scope of vaccination directing them to vaccination clinics & further information. Telephone calls made to a refined cohort selection (priority to ≥32weeks) provided counselling, signposting & vaccination appointment bookings</p> <p>SMS linked to ICB Vaccine Hub activity - 404 "RSV Why" & 382</p>	<p>vaccination offers coordinated.</p>	<p>expanded CP provider base.</p> <p>Weekly data validation/review meeting progress.</p>		
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			<p>“RSV How” page views in a month; ~18% of hub traffic attributable to texts.</p> <p>Insight from calls suggested very low baseline awareness, strong demand for clear booking links & follow-up texts after a call.</p> <p>A number of recommendations are currently being considered to re-run the activity for autumn/winter 2026/27.</p>				
<p>Babies & Pre-school Children</p>	<p>MMR 1 at 24 months (Q2 2025/6)</p> <p>City: 88.6%</p> <p>County: 93.2%</p> <p>Rutland: 88.1%</p> <p>MMR2 at 5 years</p>	<p>MMR Outbreak response</p> <p>Pressures continue due to isolated school-based measles incidents in the City. RHU deployed to areas of persistent low uptake to support measles response. Practices reminded of measles cases currently circulating in other areas & provided with</p>	<p>Community-based outreach</p> <p>RHU provides MMR vaccinations as part of its standard offer at every location it frequents.</p>	<p>Learning disabilities (LD)</p> <p>Ongoing exercise with LPT to cross-match LD registers with CHIS immunisation status.</p> <p>Looked After Children (LAC)</p> <p>Strengthened</p>	<p>Risks</p> <p>Confirmed cases of measles still of concern.</p> <p>Mitigations</p> <p>Maintaining a rapid deployment model involving RHUs & supervaccinators.</p>	<p>On track</p>	

	<p>City: 83.19%</p> <p>County: 90.6%</p> <p>Rutland: 91.0%</p> <p>WHO MMR target is 95% for 2 doses at 5 years.</p> <p>Flu: 2-3-year-olds</p> <p>LLR: 44.7%</p> <p>Target: 44.1%</p> <p>City: 3,140 (36.5%)</p> <p>County: 6,978 (49.1%)</p> <p>Rutland: 382 (58.7%)</p>	<p>the up-to-date promotional materials.</p> <p>MMRV Vaccination programme New MMRV (includes chickenpox vaccine) vaccination programme launched 1st Jan 2026, with vaccination offer directly linked to date of birth. First uptake data expected shortly.</p> <p>CP flu (2 & 3-year-olds) Over 80 CPs now active providing improved access.</p> <p>RHU Targeted outreach RHUs continue to be deployed to neighbourhoods identified as having lowest preschool vaccination uptake.</p> <p>Data improvements Immunisation</p>		<p>LAC-SAIS-GP escalation pathway being developed to improve vaccination uptake for LAC.</p>	<p>MMRV v MMR – potential for parental confusion & distrust – awaiting uptake data to help shape potential action.</p>		
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		<p>dashboard continues to mature; postcode-level views now used for RHU route-planning.</p> <p>Supervaccinators 254 Children vaccinated (Dec 2025 to Feb 2026) with:</p> <ul style="list-style-type: none"> • 6-in-1: 159 • MenB: 127 • Rotavirus: 90 • Pneumococcal 13: 75 • MMRV: 89 • MMR1: 5 • MMR2: 16 • 4-in-1: 55 • Flu: 5 • Nasal flu: 2 • MenC: 19 • MenB: 127 					
<p>School-age & Adolescents (HPV, Flu, MenACWY, 3-in-1 teenage booster)</p>	<p>HPV (Aug 2025 – new data due Aug 2026)</p> <p>Females: City: 52.7%</p>	<p>HPV National Cancer Plan for England (published Feb 2026) HPV now central to cervical cancer elimination; all systems required to accelerate catch-up programmes.</p>	<p>New SAIS contract LPT has secured the SAIS contract from 1 April 2026. The new contract stipulates all school age children, including 16–18-year-olds are the</p>	<p>Outreach & engagement Targeted work with LD, LAC & SEND schools continue. Tailored comms for Eastern European families</p>	<p>Risks National HPV cancer plan raises expectations without new local funding.</p> <p>Mitigations</p>		

	<p>County: 80.5%</p> <p>Rutland: 87.2%</p> <p>HPV – Males:</p> <p>City: 44.2%</p> <p>County: 86.7%</p> <p>Rutland: 73.6%</p> <p>WHO target is 90% in females by 2030. There is no target for males.</p> <p>Cervical Cancer Elimination Strategy in place, with sub section on HPV vaccine & goal is to achieve 90% uptake by 2030.</p>	<p>RHUs</p> <p>HPV vaccination is now consistently available across the fleet at all locations.</p> <p>Improving HPV vaccination uptake</p> <p>Targeted school engagement activities, GP 14-24 vaccination call/recall catch-up continues, secondary school 6th form & FE college outreach programme commenced – all aligned to improve vaccination uptake. Separately the ICB is providing additional funding vaccination resource to 11 GP practices to 31 March.</p> <p>MAVIS Performance</p> <p>SAIS confirm school consent rates & vaccine uptake have improved in some cases as much as 10% as a result of</p>	<p>responsibility of the SAIS service.</p> <p>New delivery plan</p> <p>Produce LLR HPV 2026/27 delivery plan aligned to new National Cancer Plan for England requirements (equity targets, catch-up pace, data improvements).</p> <p>Improving 17 to 19 awareness</p> <p>Expand secondary school 6th form & FE college vaccination programme into the spring & summer months & beyond using RHUs.</p> <p>Collaborate with specialist sexual health services to expand reach.</p> <p>Reducing inequality</p> <p>Additional vaccinations eg MenACWY,</p>	<p>to be codesigned with local community organisations.</p>	<p>Joint planning group (ICB–SAIS–Public Health) established for HPV oversight.</p> <p>RHU opportunistic model used to reduce pressure on SAIS school schedule.</p>		
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	<p>Flu</p> <p>City primary schools: 36.1%</p> <p>County & Rutland primary schools: 65.3%</p> <p>Target: 60.0%</p> <p>City secondary schools: 30.2%</p> <p>County & Rutland secondary schools: 62.9%</p> <p>Target: 50.0%</p>	<p>the introduction of this new e-consent platform.</p> <p>Post-16 HPV campaign Secondary school 6th forms & FE colleges proactively contacted to book RHU on campus visits. Messaging emphasises young people taking charge of their own health from age 16.</p> <p>Cultural engagement Collaboration with faith leaders & ethnic minority organisations strengthened (eg African Heritage Alliance, South Asian Health Action, Public Health Investment Fund (PHIF) VCSEs).</p> <p>Teacher survey (University of Leicester) Data collection underway to inform school-based HPV</p>	<p>(meningitis), to be offered from the RHU before end of 2026</p> <p>Comms & engagement To develop youth-led video assets to counter HPV misinformation.</p>				
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		<p>education improvements.</p> <p>School-based vaccination programme</p> <p>HPV vaccination is currently being administered in secondary schools (from school year 8) by the School Age Immunisation Service (SAIS), until mid-March. Activities encompass follow-up visits to schools for catch-up sessions, administering HPV vaccine alongside other adolescent immunisations (MMR, 3-in-1 booster, MenACWY), as well as community clinics & home visits for children with additional needs. Mop-up clinic activity continued throughout school holidays and on Saturdays.</p> <p>Dedicated sub-groups are actively addressing low uptake issues in</p>					
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		<p>collaboration with individual schools & communities eg LD & PH child exploitation teams.</p> <p>Post-16 activity Young adult males who missed vaccination due to the campaign start date, as outlined in national guidelines, are being prioritised within the GP call/recall programme.</p> <p>Supervaccinators Delivered the following vaccinations during the report time- period:</p> <ul style="list-style-type: none">• HPV: 5• Teenage booster: 7• MenACWY: 6 <p>Comms campaign <i>'I choose me, I choose my child'</i> is a new targeted, youth-friendly, prevention-focused comms strategy that:</p>				
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		<ul style="list-style-type: none">• Simplifies eligibility (under 25s, 1-dose message)• Strongly highlights cancer-prevention benefits• Encourages GP-based catch-up for anyone who missed school vaccination offer• Integrates HPV messaging into broader student wellbeing advice• Uses a multi-platform digital approach to reach young people at scale.					
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Case study/ qualitative examples of progress:

Project	Example
Connecting systems partners	<p>Since October, LLR has strengthened system-wide collaboration to improve childhood vaccination uptake by bringing together GP practices, UHL, community pharmacies, Public Health, school nursing teams, teen health services, VCSE partners and NHSE under shared governance structures such as the LLR Immunisations Board. This partnership has expanded delivery models—including GP-based clinics, pharmacy pilots, RHUs, hospital vaccination teams and the rollout of the MAVIS school consent system—while coordinating targeted PHIF-funded outreach in Highfields, Loughborough and Oadby. Joint workforce deployment (supervaccinators) aligned call/recall processes through the One-Call GP model, and multi-agency project meetings have collectively enabled a collaborative, data-driven, cross-sector approach that is improving access, consistency and uptake across the childhood immunisation programme.</p> <p>The PHIF is a targeted, community-led outreach programme commissioned by the ICB and led by Public Health which aims to reduce health inequalities and improve uptake of childhood and antenatal vaccinations and NHS screening programmes across underserved areas. Running from Nov 2025 to March 2026, with evaluation to June 2026, the fund supports a coordinated model delivered by VCSE partners, local authorities, GP practices, RHUs, supervaccinators and Public Health teams. Activities include culturally appropriate health communication, VCSE-led engagement events, roving clinic support, and specialist training to build vaccine-confidence capacity, with priority focus on communities in Highfields, Hamilton, Oadby and Coalville. The project also funds bespoke VCSE training, and practice engagement, ensuring a unified, data-driven approach to improving access, trust and uptake among population groups experiencing the greatest barriers.</p>

Point for escalation relating to any of the projects:

1. The responsible team has funding only until 31 March 2026, with the new structure currently under consultation and set to be finalised from April.
2. Losing the LLR ICB training hub is likely to reduce the quality of vaccination delivery by providers throughout the system and could affect patient experience.
3. The business cases for investment in immunisation were rejected for both 2024/25 and 2025/26.

Bibliography of Projects

Project	Description
Antenatal Vaccinations	<p>To improve pertussis vaccination uptake:</p> <ul style="list-style-type: none">• Increase awareness through education and collaboration with groups like Leicester Mammias and Heads Up.• Enhance access via RHU community clinics.• Maintain antenatal clinic support at UHL by using super vaccinators to fill staffing gaps. <p>For RSV vaccination campaign:</p> <ul style="list-style-type: none">• Continuous communications campaign highlighting the vaccine's importance.• Provide multiple access points for pregnant patients, including antenatal clinics, GPs, RHU, and community sites. <p>PHIF is a targeted community-led outreach programme which aims to reduce health inequalities and improve childhood and antenatal vaccinations and NHS screening programmes across underserved areas (Running November 2025 to March 2026)</p>
Babies & Pre-school Children	<ul style="list-style-type: none">• Provide vaccination guidance for parents of infants and preschoolers to improve uptake.• Focus support on GP practices with the lowest immunisation rates, enabling CHIS to target effectively.• Raise primary care awareness through regular clinical webinars.• Offer of supervaccinator staff and capacity via super vaccinators.• Deliver childhood vaccines (MMR, Pertussis) with the RHU in low-uptake areas.• MMR Core 20 project includes home visits for unvaccinated families and catch-up vaccinations.
School-age and Adolescents	<ul style="list-style-type: none">• Support SAIS in delivering vaccinations as part of the in-school vaccination programme.• Collaborate with schools to identify barriers and strengthen self-consent for informed health choices. Focus efforts on schools with low uptake, learn from those with higher rates, and develop an in-school educational programme for students, staff, and parents/carers.

Title of workstream: Healthy weight

Objective: To create a system that enables at least 40% of our adult population and at least 70% of the Year 6 population to live at a healthy weight by 2034.

Governance arrangements:

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
<p>Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living.</p> <p>Lead officer: Amy Hathway.</p> <p>Provider: Leicestershire Nutrition and Dietetic Service</p>	<p>80 staff trained from a variety of workforces annually.</p> <p>Change in confidence, knowledge and awareness of assets/signposting locally pre and post training.</p>	<p>36 staff have been trained in year 2 of contract, with 26 booked onto the April session, and two further sessions planned for the rest of 2026. Confidence and knowledge around evidence based nutrition or healthy eating and raising the topic with service users (and how they will do so) increased in all training sessions. Attendees take different elements away, some highlighting practical portion sizing tips,</p>	<p>Promote training to more staff groups, internally and externally.</p>	<p>Homelessness – Turning Point Training.</p>	<p>Another member of staff has been recruited to increase team capacity.</p>	<p>Green</p>	<p>Engagement and delivery has been effective and quarterly training sessions are receiving interest, as well as trainings arranged for different organisations.</p>

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
		<p>language to use, the importance of social determinants and how it is not just choice to eat healthily that needs to be considered, and clarity of food myths. The booking information is now on the Live Well website with information about other Public Health training offers to also be added.</p> <p>Healthy weight – information for professionals – Live Well Leicester</p> <p>Some Nutrition and Healthy Living training sessions are being run for just Turning Point staff which will also</p>					

Reporting Project (<i>governance</i>)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
		contribute to these figures.					
<p>Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy</p> <p>Lead reporting officer: Amy Hathway</p> <p>Lead operational officer: Annie Kennedy.</p> <p>To be governed through</p>	<p>Number of midwives and pre/post-natal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training</p> <p>Page views for healthy lifestyle sections of Health for Under 5s website</p>	<p>Maternal Obesity Health Needs Assessment (HNA) approved and published online.</p> <p>Maternal Weight health needs assessment</p> <p>Initial conversations regarding development of the midwifery training are underway, linking to Healthy Pregnancy, Birth and Babies and to work of Office for Health Improvement and Disparities</p>	<p>Work towards recommendations within Health Needs Assessment, establishing governance through Healthy Pregnancy, Birth and Babies Group.</p> <p>Develop training in early 2026.</p>		<p>Recommendations of HNA do not sit evenly distributed across responsible organisations. Recommendations have been developed after consultation so it is hoped that shared responsibility is achieved, but capacity may impact.</p>	Amber	<p>Rated as Amber due to work timescales taking longer than anticipated and due to complexity of progressing some HNA recommendations and staff training.</p>

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
Healthy Pregnancy, Birth and Babies Group	<p>8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service.</p> <p>Explore opportunities for referrals of pregnant women with long term conditions to be made in to Live Well service.</p> <p>Number of mums attending Live Well Walk More mums walks.</p> <p>Review leisure centre opportunities to promote themselves as</p>	<p>(OHID) around reduce infant mortality. The challenge we are anticipating is embedding this training, so are currently exploring options to have the training verified so it can contribute to CPD hours required by midwives. Live Well Leicester has had its first client who is pregnant. This person is going to provide a case study/testimonial to support promotion.</p> <p>Walks have recommenced with 8 participants attending. These walks will take place on the first Saturday of the month until</p>	<p>Promote that Live Well Leicester are accepting pregnant women with long term conditions and explore feasibility of opening the service to all pregnant women.</p> <p>Explore feasibility of wider roll out of walks to other locations across the City.</p> <p>Staff training occurs and infant feeding priority space is set up at Aylestone Leisure Centre to then be</p>				

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
	<p>breastfeeding friendly.</p> <p>Antenatal physical activity classes at Aylestone Leisure Centre (March 2024)</p>	<p>October 2026. Plans are currently being reviewed as a new member of staff is leading the walks. It is hoped this year we can explore wider roll out of the walks and a focus on mum.</p> <p>Infant feeding training took place at Aylestone Leisure Centre and 7 staff attended. Centre is looking into infant feeding/breastfeeding friendly status in Aylestone but also across other sites.</p> <p>Two classes are running at Aylestone Leisure Centre but have been rebranded to make them more accessible (Active Mum and Baby Fit,</p>	<p>replicated at other sites.</p> <p>Promote classes and ensure they are promoted within relevant maternity contacts.</p>				

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
		and aquanatal). 9 people have attended to date.					
<p>Increase number of schools doing The Daily Mile</p> <p>To be monitored through the Childrens Healthy Weight working group (Chaired by Claire Mellon)</p>	<p>New campaign launched to increase school participation in The Daily Mile.</p> <p>Aim: grow participation and embed regular physical activity as part of the school day.</p> <p>At least 13 primary schools are currently</p>	<p>Small grants on offer to schools. 69 schools emailed with offer - three granted so far to restart Daily Mile with further 14 expressed interest.</p> <p>Three who have had grants will be followed up in June.</p> <p>Overall, 40 schools in the Sept 2025 survey stated they were carrying out some</p>	<p>Post-Christmas phase: targeted engagement with schools that have never implemented The Daily Mile</p>		<p>Programme Officer maternity leave so work around The Daily Mile to be covered. Recruit to cover the post.</p> <p>Schools not engaging. Mitigate – use existing contact with schools (i.e. LNDS, Inspire Together)</p>	<p>Amber</p>	<p>From survey of schools an increase in daily activity taking place but need further information about whether this is The Daily Mile. Engagement in The Daily Mile is still not at pre COVID-19 levels.</p>

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
<p>Lead reporting officer: Claire Mellon / Inspire Together</p> <p>Lead operational officer: Emma Everitt</p>	<p>known to be taking part in The Daily Mile, and we are following up September 2025 survey responses to update for this year.</p>	<p>form of daily activity (includes Daily Mile but also other activities). Will include question in Sept 26 survey.</p>					
<p>Social care (LD) focused work</p> <p>To be monitored through the Social Care Healthy Weight working group.</p> <p>Lead officer: Amy Hathway (with appropriate reps from</p>	<p>Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training. A total of</p> <p>Easy read information issued to all providers.</p> <p>Contracts reviewed to</p>	<p>23 staff trained in social care training. Struggling to get staff to attend. Quarterly sessions for 30-50 staff are all planned in and can be booked on via ESS, but very small numbers are showing interest. Officer delivering the training is attending team meetings, staff briefings to promote and try to increase uptake.</p>	<p>Deliver training on a quarterly basis and evaluate training outcomes including how practitioners have embedded information learnt within their day to day practice.</p>	<p>Conversations have commenced with Looked After Children's strategic group with new links to existing meetings being explored.</p>	<p>Other areas are progressing much of this work and because of the capacity of teams some work has taken longer to progress. Regular catch ups and conversation aims to support progression.</p>	<p>Amber</p>	<p>Outcomes are progressing and training is being delivered throughout 2026 in positive partnership with social care teams, but challenges in uptake must be considered.</p>

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
LNDS/LPT and Social Care)	embed healthy living more prominently	A checklist for providers is currently in development with discussion regarding how this could be used as CQC evidence. Further discussion regarding how nutrition can be embedded within support plans and training regarding support plans is ongoing.	Continue to discuss opportunities to embed nutrition and hydration more prominently within contractual and process based elements within social care. There have been issues raised regarding Food Hygiene and staff knowledge in Carers which is being actively explored to ascertain what the training need is within these workforces and how it can be improved.				

Case study/ qualitative examples of progress:

Project	Example
NA	Na

Point for escalation relating to any of the projects:

- Support and advocate for social care workforces to attend Nutrition and Healthy Living Training for Social Care.
- Advocate for collaborative working to support the implementation of recommendations created in the maternal weight health needs assessment.
- Support and advocate the attendance to training, particularly for Midwifery and how to ensure that this training is engaged and supported.
- Where appropriate promote The Daily Mile to schools.
- Where appropriate to promote the Live Well buggy walks.

Bibliography of Projects

Project	Description
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living	Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted

<p>Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy</p>	<p>A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post-pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately.</p> <p>HWB Partners: UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well</p>
<p>Increase number of schools doing The Daily Mile</p>	<p>A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity.</p> <p>HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership.</p>
<p>Social care (LD) focused work</p>	<p>A focus on how to improve health and wellbeing messages throughout social care including for working age people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training.</p> <p>HWB partners: LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity.</p>