

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 25 September 2025.

PRESENT

Leicestershire County Council

Mr. M. Squires CC (in the Chair)
Mr. C. Pugsley CC
Mike Sandys
Jon Wilson

District Councils

Edd de Coverly

Integrated Care Board

Toby Sanders
Rachel Dewar
Pete Burnett

University Hospitals of Leicester NHS Trust

Simon Pizzey

Leicestershire Partnership NHS Trust

Jean Knight

Office of the Police and Crime Commissioner

Siobhan Peters

Healthwatch Leicester and Leicestershire

Fiona Barber

Voluntary Action Leicestershire

Kevin Allen-Khimani

In attendance

Joshna Mavji – Leicestershire County Council
Abbe Vaughan – Leicestershire County Council
Lisa Carter – Leicestershire County Council
Tracy Ward – Leicestershire County Council
Hanna Blackledge – Leicestershire County Council
Ellie Lowe – Leicestershire County Council

Euan Walters – Leicestershire County Council

Apologies

Mr. C. Abbott CC, Mr. J. Sinnott, Cllr Jeffrey Kaufman, Cllr Cheryl Cashmore, Jane Moore

17. Minutes of the previous meeting.

The minutes of the meeting held on 29 May 2025 were taken as read, confirmed and signed.

18. Urgent items.

There were no urgent items for consideration.

19. Declarations of interest in respect of items on the agenda.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

The Chairman himself declared an Other Registerable Interest in all substantive items as he was an agency worker for Leicestershire Partnership NHS Trust. The Chairman clarified that the agenda items did not directly relate to his employment and therefore he would remain in the room throughout the meeting.

No other declarations were made.

20. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

- (i) Health and Wellbeing Board Membership update;
- (ii) Adult Social Care;
- (iii) NHS;
- (iv) Chair's Engagement Activity;
- (v) Key Messages.

A copy of the position statement is filed with these minutes.

The Chair also reported that he had received a petition from Mr. J. T. Orson CC regarding the potential closure of St Mary's Birth Centre in Melton. The petition had over 3,000 signatures. The Chair stated that he would give consideration to which would be the best way of dealing with the petition.

21. NHS 10 Year Health Plan for England.

The Board considered a report of the Integrated Care Board regarding the main objectives and implications of the Ten-Year Health Plan for England which was published by the government in July 2025. A copy of the report, marked 'Agenda Item 5', is filed with these minutes.

Arising from the report the following discussions took place:

- (i) It was noted that a significant part of the plan was to shift care from hospital to the community. The implementation of the Neighbourhood Health Programme in Leicestershire was key to the delivery of the 10 year plan.
- (ii) West Leicestershire had been named as one of 43 areas in England which would benefit from improved Neighbourhood Health Services as part of a government scheme. Reassurance was given that Neighbourhood services would be implemented in the rest of Leicestershire as soon as possible and the learning from the national programme would be passed onto the other areas. Further engagement with district councils was required and would take place.
- (iii) The way partners worked together was key and the changes which were taking place to the structure of Integrated Care Boards was an opportunity to review the ways of working. The direction of travel for the NHS and local government was to create larger organisations covering a wider geographical footprint. It was therefore emphasised that it was important not to lose the focus on place and neighbourhood.
- (iv) The Chair noted that there were issues with staffing, recruitment and retention in Leicestershire and queried whether the resources were available to carry out the proposals set out in the 10 year plan. In response reassurance was given that the 10 Year Health Plan would be accompanied by an NHS 10 Year Workforce Plan which would set out how the NHS would tackle the issues of retention, productivity, training and attrition. The shift from hospital to community would also help with these issues.
- (i) It was suggested that the implementation of the 10 year plan would be more effective if communities had 'buy-in' and helped develop the proposals. The level of community resilience was also important.

RESOLVED:

That the information provided in the report be noted and priority actions be supported.

22. Families First Reform Programme

The Board considered a report of the Children and Families Service, Leicestershire County Council which provided an overview of the Families First Partnership Programme (FFPP) which was the delivery mechanism for the Government's reform of children's social care services. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

As part of discussions the following points were made:

- (i) Members praised the work that had gone into the FFPP. The Cabinet Lead Member for Children and Families Mr. C. Pugsley CC emphasised the importance of the partnership work and the potential for it to lead to positive outcomes for families. Other members also advocated the partnership approach particularly the use of the voluntary sector, and in response reassurance was given that the voluntary sector and a wide range of partners were heavily involved. The wider community and networks would play a role in achieving outcomes for children and families. A networking event to bring families and partners together was being organised.

- (ii) It was queried what the expected outcomes were and what success looked like. It was emphasised that the children and families themselves needed to have input into what the expected outcomes were. In response it was explained that engagement events were taking place where families could have an input into goal setting.
- (iii) There were several different services in Leicestershire which worked with Families run by different organisations, and it was important that the way they linked together was understood and that they complimented each other but did not duplicate work. It was explained that Families First was different to Family Hubs because it was more targeted whereas Family Hubs were universally available. Family Hubs enabled multi-agency working as at the one venue a family could engage with several different partners. As the Neighbourhood Health Programme was implemented an assessment needed to be made of whether all the services aligned with each other.
- (iv) The implementation of the Neighbourhood Health Programme was an opportunity to ensure that not only the Families First Programme linked in with the Neighbourhood work, but all the other work with families was aligned as well.

RESOLVED:

That the Board:

- (a) Notes the content of the report and shares within agencies;
- (b) Participates in partnership briefings and engagement events to support partnership collaboration;
- (c) Notes the implications for practice, process and future commissioning.

23. Pharmaceutical Needs Assessment 2025.

The Board considered a report of the Director of Public Health regarding the outcome of the statutory consultation on the draft Pharmaceutical Needs Assessment (PNA) 2025. A copy of the report, marked 'agenda item 7', is filed with these minutes.

Arising from discussions the following points were made and noted:

- (i) It was stressed that the PNA needed to take into account of the amount of housing development taking place in Leicestershire and the locations of the extra housing. Local Plans were a useful guide in this regard. In response reassurance was given that housing figures had been received (albeit late in the process) and fed into the assessment.
- (ii) A member emphasised the importance of pharmacies being accessible by public transport.
- (iii) Community Pharmacies were now playing a much broader role and were able to advise patients on more issues without the patient needing an appointment at the

GP Practice. More work could be carried out to raise public awareness of the services offered by pharmacies.

- (iv) A letter had been received from the Integrated Care Board dated 4 August 2025 in response to the consultation, which was broadly supportive of the conclusions and recommendations, and suggested priorities for the work going forward.

RESOLVED:

That the Board:

- (a) Notes the report, outcome of the statutory consultation and amendments made to the draft Pharmaceutical Needs Assessment as a result; and
- (b) Approves the final Leicestershire Pharmaceutical Needs Assessment to be submitted and published.

24. Joint Local Health and Wellbeing Strategy Review 2022-32

The Board considered a report of the Director of Public Health regarding proposed changes to the Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The proposed changes had been considered by the Health Overview and Scrutiny Committee on 3 September 2025. The Committee had gained assurances that issues were not being removed from the Strategy altogether but streamlined in the commitments, with detail retained in accompanying delivery plans that would follow on from the review. Reassurance was also given that the Strategy would address the health and wellbeing of people post-retirement.
- (ii) Simplifying the commitments in the JLHWS made the document more accessible and easy to read. Phase 2 of the project work would cover the delivery plans and how progress with the commitments could be measured.
- (iii) Whilst the review had originally been intended to be 'light-touch', it became a more in-depth piece of work. Officers were thanked for the thorough and comprehensive nature of their work.
- (iv) It was emphasised that to make the Strategy worthwhile it needed to be effectively communicated to wider partners and the public. In response reassurance was given that comms and engagement workstreams were being put in place. Feedback had already been received from the public regarding how the previous Strategy had been perceived by the public.

RESOLVED:

That the Board:

- (a) Approves the recommended changes to the current Joint Local Health and Wellbeing Strategy 2022-2032 as part of the current review;

- (b) Approves the approach to the next phase of the review including indicative timescales.

25. Healthwatch Leicestershire Annual Report.

The Board considered a report of Healthwatch Leicestershire which presented the organisation's Annual Report for 2024/25. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) University Hospitals of Leicester NHS Trust welcomed the work Healthwatch carried out and thanked them for the insight into services that they provided. Likewise, Leicestershire Partnership NHS Trust valued the work of Healthwatch. It was agreed that where NHS Trusts required further detail on surveys carried out by Healthwatch, that detail could be provided on request.
- (ii) Government was proposing that Healthwatch functions related to healthcare be combined with Integrated Care Boards, and Healthwatch functions related to social care transfer to local authorities. However, these proposals required legislation to implement them and therefore in the meantime Healthwatch was taking a 'business as usual' approach. Board members welcomed this approach from Healthwatch.
- (iii) The Director of Adults and Communities at Leicestershire County Council invited closer working between Healthwatch and the local authority with regards to adult social care, as the future proposals for Healthwatch became closer to being implemented.
- (iv) Voluntary Action Leicestershire (VAL), who held the Healthwatch contract, asked that partner organisations not make any public announcements about the future of Healthwatch without checking with VAL first so as not to upset Healthwatch staff.
- (v) One of the reasons why the public felt comfortable engaging with Healthwatch was that they were independent from the service providers. The future proposals for Healthwatch had the potential to curtail this independence but further clarity was required before the full implications could be understood.
- (vi) Healthwatch Leicestershire was calling on women and girls of all ages, backgrounds and communities to take part in a new survey about their experiences of health and care services. Partners were asked to help publicise this survey.

RESOLVED:

That the contents of the report be noted.

26. Leicestershire and Rutland Safeguarding Adults Board Annual Report 2024-25 and Business Plan 2025-27.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Safeguarding Adults Board regarding the Safeguarding Adults Board Annual Report 2024/25, Strategic Plan 2025-2031 and Business Plan for 2025-2027. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from the report the following discussions took place:

- (i) Whilst self-neglect was no longer a business plan priority for 2025 reassurance was given that this did not mean that it was not considered to be important. This issue had already received a lot of focus between 2023 and 2025. Mental Capacity however would continue as a priority despite the extensive work that had already been undertaken around this theme.
- (ii) Government had placed a duty on Safeguarding Adults Boards to support individuals that were rough sleeping. It was clarified that this referred to those people sleeping on the streets rather than those that did not have a permanent bed and slept in other people's homes.
- (iii) A significant proportion of the safeguarding concerns related to the same individuals therefore it was queried what work took place to tackle the root causes. In response it was explained that some individuals were at risk from various different sources and therefore multiple referrals were required. Safeguarding plans were put in place to protect people.
- (iv) Durham University, supported by the Leicestershire Safeguarding Boards, had carried out some research relating to Domestic Abuse against older adults. It was suggested that Leicestershire Police should be linked in with this work and the Director of Adults and Communities agreed to ensure that they were.
- (v) The Reserve Fund had been used to manage foreseen costs, however as this fund was limited partner contributions could have to be increased going forward.

RESOLVED:

That the Board notes the Leicestershire and Rutland Safeguarding Adults Board's Annual Report for 2024-2025, the Leicester, Leicestershire and Rutland Safeguarding Adults Boards' Strategic Plan 2025-2031 and Business Plan for 2025-2027, and takes into account the key points of relevance relating to health and wellbeing.

27. Leicestershire and Rutland Safeguarding Children's Board Annual Report 2024-25 and Business Plan 2025-27.

The Board considered a report of the Leicestershire and Rutland Safeguarding Children Partnership which presented its yearly report for 2024-25 and its Business Plan for 2025-27. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

As nobody from the Partnership was available to present the report, the Chairman informed that any questions would be taken away and answered after the meeting. No questions were submitted.

RESOLVED:

That the Board notes the Leicestershire and Rutland Safeguarding Children Partnership Yearly Report for 2024-25, the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships' Business Plan for 2025-27, and the key points of relevance relating to health and wellbeing.

28. Better Care Fund Quarter 1.

The Board considered a report of the Director of Adults and Communities which presented the quarter 1 2025/26 template report of the Better Care Fund (BCF). A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The full data for quarter 1 2025/26 was not yet available due to a delay in national reporting therefore data from quarter 4 2024/25 had been used instead to enable comparisons with the previous year to be made. However, some data from July 2025 was currently available. These delays were expected to continue into the future due to the standard NHS England reporting timescales.
- (ii) The proportion of adult patients discharged from acute hospitals on their discharge ready date was 84.9% for quarter 4. The Chairman emphasised the importance of increasing domiciliary care capacity in order to help improve discharge rates. He stressed that this was particularly important during the winter months where hospitals faced extreme pressures. In response it was explained that only a relative small proportion of patients discharged from hospital went into domiciliary care therefore increasing domiciliary care capacity would not have a big impact. Furthermore, the current wait times for domiciliary care were almost non-existent and care could usually be provided as soon as it was requested by the hospital. Work was taking place to improve reablement care capacity as this was the best way of getting patients active again. Reassurance was given that the NHS and the County Council were working well together with regards to discharge and improving flow out of the hospital. Work was taking place with the business management consultants Newton Europe to improve the step up and step down processes.
- (iii) In response to a question from the Chairman about whether pooling funds was better than spending the money separately, it was explained that pooled funding produced better outcomes. Constant efforts were made to drive value from the Better Care Fund. In-house services were better value for money. Enabling staff from different organisations to share roles was more effective than requiring the patient to wait for a professional from a different organisation to arrive. One of the benefits of pooled funding was that the money was protected for specific purposes and would not be used by organisations for other urgent pressures which arose. In any case pooled funding for Adult Social Care was a statutory requirement under the NHS Act 2006.

RESOLVED:

That the Board notes:

- (a) The performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways up to quarter 1;
- (b) The action taken by the Chief Executive of Leicestershire County Council, to approve the Better Care Fund Quarter 1 report and use of powers of delegation to approve this for the NHS England submission deadline of 15th August 2025.

29. Section 75 Agreement.

The Board considered a report of the Director of Adults and Communities which presented the Section 75 agreement for 2025/26 and sought approval to continue with the pooled budget arrangements. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) In response to a question from the Chair it was confirmed that there was flexibility within the Section 75 Agreement for funding to be moved and reallocated mid-year for emerging priorities. However, the minimum percentage of allocations to each area was set by government and could not be changed.
- (ii) Quarterly updates were brought to the Board regarding spending therefore the Board was regularly kept apprised of any significant changes. Reports were also taken to the Integration Executive regarding variances. In all the time the Better Care Fund had been in operation there had been no significant overspends. Any underspends would be reallocated.
- (iii) Whilst Integrated Care Board structures were covering a larger geographical footprint going forward due to the clustering process, there was also an increased focus on neighbourhood health and it was important that shared funding arrangements related specifically to those neighbourhood areas, rather than funding being drawn up to the much larger ICB areas. In doing this the risks and joint benefits needed to be taken into account. The Better Care Fund was already broken down into community services and aligned with the neighbourhood plan and Joint Local Health and Wellbeing Strategy and this approach would be continued.

RESOLVED:

- (a) That the Board notes the work undertaken to refresh the Section 75 pooled budget agreement for the Better Care Fund.
- (b) That the continuation of Section 75 pooled budget arrangements between Leicestershire County Council and the Leicester, Leicestershire and Rutland Integrated Care Board be approved.

30. Annual Health Protection report.

The Board considered a report of the Director of Public Health which provided an overview of health protection activities in Leicestershire from January to December 2024. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

The Director of Public Health stated that he was as assured as he could be regarding the Health Protection arrangements in Leicestershire, without being able to predict everything that would happen in the future.

The importance of County Council staff getting vaccinated against flu and Covid-19 was emphasised. To make it easier for staff, and help overcome resistance to vaccines, vaccinations were taking place on Council premises.

RESOLVED:

That the Board:

- (a) Notes the annual Health Protection Report 2024;
- (b) recognises the specific health protection issues that have arisen locally, the steps taken to deal with them and the areas of focus for the coming year.

31. Dates of future meetings.

RESOLVED:

That future meetings of the Board take place on the following dates all at 2.00pm:

Thursday 4 December 2025;
Thursday 26 February 2026;
Monday 15 June 2026;
Thursday 17 September 2026;
Thursday 10 December 2026.

2.00 - 4.45 pm
25 September 2025

CHAIRMAN