Agenda Item 1

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 4 December 2025.

PRESENT

Leicestershire County Council

Mr. M. Squires CC (in the Chair)
Mr. C. Abbott CC
Mike Sandys
Jon Wilson
Nicci Collins

District Councils

Cllr. J. Kaufman
Cllr. C. Cashmore
Edd de Coverly

Integrated Care Board

Rachel Dewar
Yasmin Sidyot

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

Fiona Grant, Public Health, Leicestershire County Council
Victoria Charlton, Public Health, Leicestershire County Council
Anuj Patel, Public Health, Leicestershire County Council
Amina Begum, Adults and Communities, Leicestershire County Council
Amita Chudasama, Integrated Care Board
Fay Bayliss, Director, LLR SEND & Inclusion Alliance
Mark Roberts, Director LLR SEND & Inclusion Alliance
Euan Walters – Leicestershire County Council

Apologies

Mr. C. Pugsley CC, Jane Moore, Matt Gaunt

32. Minutes of the previous meeting.

The minutes of the meeting held on 25 September 2025 were taken as read, confirmed and signed.

33. Urgent items.

There were no urgent items for consideration.

34. Declarations of interest.

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

Cllr. J. Kaufman declared a non-registerable interest in all substantive agenda items as he had a close relative that worked for NHS England.

35. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

(i) vaccinations and immunisations;
(ii) adult social care;
(iii) pressures on urgent and emergency care;
(iv) Chair's engagement activity
(v) Local Area Co-ordination
(vi) Health and Wellbeing Board membership.

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

36. Mental Health Place-based Sub-group progress update.

The Board considered a report of the Director of Public Health which gave an update on progress in delivering against the Joint Local Health and Wellbeing Strategy priorities in relation to mental health. A copy of the report, marked 'Agenda Item 5', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Within Leicestershire breast cancer screening coverage for all those eligible was around 70%, yet for those with Serious Mental Illness (SMI) it was 31%. Therefore, work was taking place to improve breast cancer screening uptake in people with SMI and understand what the barriers were to more people with SMI being screened. Outreach team colleagues were being consulted to see what insights they could provide. The work was currently at the stage of refining interventions. An evaluation stage was expected to begin in March 2026. The following outcomes were aimed for as part of the work:

- Mental health facilitators report no disengagement from individuals with SMI;
- People undertaking breast cancer screening feeling supported through the process including the waiting phase;
- Reducing the number of patients that do not attend appointments.

(ii) Data sharing between partners was a challenge. Sometimes it was even difficult for information to be shared between different departments of the NHS. The process of obtaining information from partners was slow but had improved recently. Partners were asked to help prioritise and escalate requests for information from other partners.

(iii) Concerns were raised that Talking Therapies were not able to access NHS records and as a result therapists did not always have the full picture of a patient's background and therefore it was more difficult to safeguard a patient. The Integrated Care Board agreed to look into this issue and report back after the meeting.

(iv) The mental health priorities set out in the Joint Local Health and Wellbeing Strategy were monitored using indicators and a dashboard, for example the amount of SMI healthchecks being carried out was one of the metrics. In addition, individual projects were monitored and evaluated. Case studies were also carried out to monitor the impact of interventions. However, it was sometimes challenging to obtain enough data to demonstrate that a difference had been made.

(v) It was suggested that leaflets could be placed in Mental Health cafes to raise awareness as it had worked for other campaigns.

(vi) The work of the Mental Health Place-based subgroup linked in with the Mental Health Collaborative and wider health system work. Key stakeholders from the wider system were represented on the subgroup. The subgroup doubled up as the Place-based group for the Mental Health Collaborative.

(vii) The Tomorrow Project provided bereavement support for those affected by suicide. An initial 6 sessions were offered and then a review took place and more sessions could be provided depending on need.

RESOLVED:

(a) That the progress that has been made over the past 12 months be noted;

(b) That the work of the group and priority actions be supported.

37. Leicester, Leicestershire and Rutland Joint Living Well Dementia Strategy.

The Board considered a report of the Director of Adults and Communities which provided an update on delivery of the Leicestershire, Leicester and Rutland (LLR) Joint Living Well Dementia Strategy 2024-28. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Arising from discussions the following points were noted:

(i) It was estimated that around 10,500 people in Leicestershire were living with dementia. However, only about 6,400 had a formal diagnosis. A lot of awareness raising was required. Not everyone was digitally enabled therefore all methods of communication needed to be used.

(ii) Work was taking place to understand the barriers to dementia diagnosis in Leicestershire. Cultural issues were believed to be a factor, and people living in rural areas were thought less likely to be diagnosed, however the full picture needed to be understood.

(iii) The Dementia Support Service helped people before and after diagnosis. It was important to make the public aware that they could access dementia services without having a formal diagnosis. The Service was being re-procured in 2026. Partners were invited to feed in any comments on the service before the re-procurement took place.

(iv) Voluntary Action Leicestershire (VAL) offered to help spread information about Dementia services via their newsletters. The offer was welcomed.

(v) A one-stop memory assessment clinic trial was being piloted across Leicestershire and Leicester which was designed to deliver all key diagnostic steps in a single visit, rather than across multiple appointments. The contract was being delivered by Age UK and the clinics were run by volunteers. All the clinics were now in place and it was intended that they would operate for a further 12 months and then be evaluated to see if they had an impact on waiting lists.

(vi) In the past there had been concerns that most of the memory assessment clinics were in Leicester City. This was being addressed with the integrated service.

(vii) At paragraph 16 of the report there was a chart showing comparison of dementia diagnosis rates across Leicester City, East Leicestershire and Rutland, West Leicestershire. This data was based on the old Clinical Commissioning Group footprints. A request was made for the data to be broken down into smaller geographical areas, so that resources could be targeted towards the geographical areas with most need. In response it was explained that this was being worked on with the Integrated Care Board but if the data was broken down to Primary Care Network level there could be issues with anonymity and identifying individual patients from the data at that small a level.

(viii) The appendix to the report was a pathway map for the Dementia Support Service. Partners were welcome to share and disseminate the map amongst their own organisations.

(ix) Work was also taking place to investigate the wider determinants of dementia for example lifestyle and environmental factors that could contribute to someone being diagnosed with dementia later in life.

RESOLVED:

That the Board acknowledges progress made since February 2025, endorses continued collaboration to improve diagnosis rates and reduce inequalities, and supports commissioning plans that embed co-production, cultural competence, and carer support, with annual updates.

38. Neighbourhood Models of Care.

The Board considered a report of the Integrated Care Board which provided an update on the Neighbourhood actions taking place across Leicestershire, the work of the National Neighbourhood Health Implementation Programme and the Leicestershire respiratory Story. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from the report the following points were noted:

(i) The concept of neighbourhood working was not new, and NHS and partners in Leicestershire had done this in part for some time. Integrated Neighbourhood Teams (INTs) were already well established in Leicestershire. However, there was not consistency in approach to neighbourhood working across Leicestershire and an understanding of how much variation in approach was acceptable.

(ii) In July 2025 NHS England invited Integrated Care Boards to take part in the National Neighbourhood Health Implementation Programme (NNHIP). The aim of the NNHIP was to accelerate the work already being carried out in neighbourhoods. It was agreed with NHS England that West Leicestershire would be an implementer site and the work in that area would focus on respiratory illness. The reason for this was that respiratory illness was one of the leading causes of emergency admissions in England and 2% of people living in West Leicestershire had Chronic Obstructive Pulmonary Disease, whilst 13.7% had asthma. It was hoped that this work would reduce a significant amount of emergency admissions and ease winter pressures on health services.

(iii) Multidisciplinary Teams (MDTs) were now being created involving partners from University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership NHS Trust (LPT), Leicestershire County Council and the out of hours provider Derbyshire Health United. It was hoped that the INTs and MDTs would work closely together with a view to coming together as one team in the future. District Nurses and Senior Nurse for Complex Care were part of the MDTs. Consideration was still being given to what other roles would be required within the MDTs.

(iv) The NNHIP work looked to increase the number of patients undertaking Chronic Obstructive Pulmonary Disease (COPD) reviews, improve flu vaccine update, and improve inhaler technique.

(v) The work would also tackle air quality, damp homes and flooding in west Leicestershire. District Council housing services were part of the INTs so could help with this work.

(vi) The NNHIP work in Leicestershire did not currently cover children and young people because it was difficult to identify the children with the relevant conditions, but risk stratification work was taking place in this regard and it was expected that in future children would become part of the Programme.

(vii) The learning and resources from the West Leicestershire implementer programme would be shared with the rest of Leicestershire.

(viii) Board members welcomed the neighbourhood working and collaborative approach being used and recognised the impact that the respiratory work could have. It was understood why respiratory conditions were the focus of the NNHIP given the criteria set by NHS England and the short timescale for that particular programme. It was noted that there had been an early respiratory spike in Leicestershire for the winter 2025/26 which meant that there was likely to be a second spike and therefore urgent action needed to be taken. However, members suggested that partners might wish to focus on other health issues for the wider neighbourhood work being carried out across Leicestershire and particular localities might have their own priorities. In response it was clarified that the neighbourhood work was part of a 10 year programme which could evolve over the long term. It was unlikely that all the neighbourhoods in Leicestershire would focus on respiratory illnesses. Data packs would be issued to help identify what the focus should be for specific localities.

(ix) Concerns were raised by a Board member that with partners having different strategies there could be duplication or contradictory work. It was suggested that there needed to be a more long-term strategic approach and link up between strategies. In response reference was made to the Model Neighbourhood Plan which was due to be published shortly. Reassurance was also given that the refresh of the Joint Local Health and Wellbeing Strategy had taken into account the neighbourhood work and attempted to align the work from different strategies.

RESOLVED:

That the Board supports the work of the implementer neighbourhood site in West Leicestershire and the focus on respiratory illness, recognises the commitment to roll this out across the whole County, whilst also recognising there may be priority changes and a need to focus on different health issues in the future.

39. Office of the Police and Crime Commissioner.

The Board considered a report of the Office of the Police and Crime Commissioner (OPCC) which provided an overview of health-related activities commissioned, grant-funded or provided as part of the responsibilities of the OPCC. A copy of the report, marked ‘Agenda Item 8’, is filed with these minutes.

As part of discussions the following points were made:

(i) Government had announced that they intended to abolish the role of Police and Crime Commissioners when the Commissioners’ current term ended in 2028. It was not clear what would happen after 2028 to services commissioned by PCCs. Legal advice was being sought on this.

(ii) Consideration needed to be given to how the OPCC and the Police could work even more closely with health partners, make every contact count and maximise the

number of referrals from the Police into health services. Neighbourhood police officers were part of Integrated Neighbourhood Teams and this partnership working could be built upon.

(iii) The Police Neighbourhood Teams held 'one stop shops' in neighbourhoods which was an opportunity for health colleagues to be involved and engage with the public. One example of where the one stop shop approach was beneficial was Domestic Abuse which was underreported, particularly in some communities, and help could be given to overcome the cultural barriers to reporting.

(iv) The Staying Healthy Partnership membership included a representative from the OPCC.

(v) Whitwick & Ibstock were amongst the areas with the highest reports of violence against the person and Rape and Serious Sexual Offences (RASSO). It was suggested that these areas would benefit from a community intervention and prevention approach, and some of the organisations managed by Voluntary Action Leicestershire (VAL) could play a role in those areas.

(vi) The OPCC's Community Action Fund was currently open to bid into. This Fund focused on prevention and was intended to be used by small grassroots organisations who knew their neighbourhoods best to tackle the root causes of crime and vulnerability. VAL had been linked in with the Fund.

(vii) The Braunstone Blues project was an example of a multi-agency early intervention project which played a role in reducing emergency calls.

(viii) The OPCC funded the Community Safety Partnerships (CSPs) and was able to have some influence over the work the CSPs carried out. The OPCC would be providing CSPs with 'Problem Profiles' which would identify the top 3 crimes in each CSP area and enable CSPs to tackle priority issues.

(ix) Leicestershire Police, the Integrated Care Board, Integrated Neighbourhood Teams and local authorities all covered different footprints which made neighbourhood working more difficult. There was currently a lot of flux in the system, for example local authorities and Integrated Care Boards were restructuring, and this was an opportunity to align the footprints and improve neighbourhood working.

(x) Partners in Leicestershire had different strategies and it was important that the strategies complemented each other. The overall aim for all partner organisations in Leicestershire was to build prosperous and resilient communities. Further discussions needed to take place after the meeting about how the OPCC and Leicestershire Police could contribute to partnership working in the health arena.

RESOLVED:

(a) That the contents of the report including the areas where OPCC delivery links into the wider of partnership of the Health & Wellbeing Board priorities be noted, and where joint working could provide greater benefits;

(b) That the Board notes that the OPCC commissioning priority for 2026/27 is the re-commissioning of Domestic Abuse and Sexual Violence services for commencement in April 2027.

40. Better Care Fund - Quarter 2 2025/26.

The Board considered a report of the Director of Adults and Communities which provided the quarter 2, 2025/26 template report of the Better Care Fund (BCF). A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from the report the following points were noted:

(i) Leicestershire was not meeting its discharge targets by a small amount and was below the national average for those, though equal to or better than the regional average. Partnership working was taking place with the Strategic Discharge Group to improve discharge rates. There was confidence that discharge would be on target by the end of the year.

(ii) Expenditure for Quarter 2 had been inputted and at month 6 was in line with the published plan and equated to 48% of the overall income.

(iii) Guidance was awaited from the BCF national team about the future of the BCF. There was still a lot of uncertainty. However, the Finance Uplifts for 2026/27 and 2027/28 had been announced. It was expected that the Plan would be on a yearly basis and there would be a move away from acute care towards community care and a neighbourhood model of delivery.

(iv) A provisional date of 27 January 2026 has been added to the calendar for a Better Care Fund (BCF) 2026/27 development session. This would be for members of the Board, the Integration Executive and the Integration Delivery and Commissioning Group to look at required changes to the current BCF to meet emerging national guidance and policy objectives. It was a provisional slot as national decision making had been delayed and the timing of the session could have to be amended to align with guidance from central government.

RESOLVED:

That the performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways up to quarter 2 be noted.

41. LLR SEND and Inclusion Alliance.

The Board considered a report of the Leicester, Leicestershire and Rutland SEND and Inclusion Alliance which provided a progress update of Phase 2 of the work of the Alliance. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

(i) The SEND and Inclusion Alliance had been set up using funding from the Department for Education. The funding was for two years and the Alliance was four months into its work. The Alliance comprised of the 3 upper-tier local authorities in Leicester, Leicestershire and Rutland, the three parent carer forums, Leicestershire Partnership NHS Trust, the Integrated Care Board and the Schools Development Support Agency (SDSA) which was an LLR based organisation that supported regional development and schools in relation to SEND. University Hospitals of Leicester NHS Trust (UHL) was not currently a member of the SEND and Inclusion

Alliance and was welcome to engage with the Alliance, however the main thrust of the work was to enable people with SEND to thrive in the community. Consideration was being given to how the partnership could be developed further.

(ii) The SEND and Inclusion Alliance did not hold a commissioning budget but hoped to be able to influence those organisations that did commission services. The idea was that the Alliance worked in the gaps between partner organisations.

(iii) The strategy of the Alliance was to support people with SEND based on their level of need rather than on their specific diagnosis. People would be supported even if they did not have a diagnosis. Board members welcomed this approach and emphasised that the actual diagnosis was less important than the needs they presented with.

(iv) One of the priorities of the SEND Alliance was mental health. The work of the Alliance included tackling exam stress in people with SEND. Young people with SEND were also being linked in with Social Prescribers to improve their social life and address loneliness. In the future it was hoped to place social prescribers in schools.

(v) Another priority of the Alliance was preparing young people with SEND for adulthood and life post 16. There had been some success getting people with SEND into employment particularly apprenticeships. Kevin Allen-Khimani (VAL) chaired the Business and Skills Partnership and offered to link the SEND Alliance in with some of the organisations that were part of the Partnership.

(vi) Adults with SEND were disproportionately represented amongst prison inmates and therefore preventative work needed to take place with SEND children and young people early in their lives to stop them entering the criminal justice system. Some inmates had already had interventions from the Youth Justice Service which had not been fully successful. The SEND and Inclusion Alliance had identified a cohort of people aged 18-25 with learning disabilities and complex needs that needed to be worked with in this regard.

(vii) It would be useful to link the work of the SEND Alliance in with Neighbourhood Hubs. The Neighbourhood Board could give consideration to how to achieve this and the Chair of that Board Professor Aruna Garcea was very interested in developing that work.

(viii) Most parents were of the view that children with SEND were best placed in specialist schools. However, the SEND Alliance was of the view that the ideal venue for SEND children to receive their education was mainstream schools that were more adapted to the needs of SEND pupils. Conversations needed to be had with parents to explain to them the benefits of a mainstream education.

(ix) The SEND and Inclusion Alliance requested that the Health and Wellbeing Board scrutinised every report it considered for whether the proposals within the report improved access to services for people with disabilities particularly SEND. Board members welcomed this suggestion.

RESOLVED:

(a) That the progress of Phase 2 of the LLR SEND and Inclusion Alliance be noted along with the approach to Phase 3 and beyond;

(b) That the Board continues to support and work in partnership with the LLR SEND and Inclusion Alliance.

42. Pandemic Planning

The Board considered a report of Leicester, Leicestershire and Rutland (LLR) Integrated Care Board which provided an update on pandemic preparedness across LLR. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

RESOLVED:

(a) That the current status of pandemic planning across LLR, including governance, plans, capabilities and risks be noted;

(b) That the proposed next steps to strengthen multi-agency coordination and preparedness be endorsed.

(c) That the continued integration of pandemic planning with broader health protection, Local Resilience Forum and Emergency Preparedness, Resilience and Response frameworks be supported.

43. Joint Local Health and Wellbeing Strategy review.

The Board considered a report of the Director of Public Health which sought approval of the final version of the Joint Local Health and Wellbeing Strategy 2022-2032 (Reviewed and revised 2025). A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Board thanked Abbe Vaughan, Health and Wellbeing Board Manager, for her work co-ordinating the review of the Strategy.

The Board also noted that Joshna Mavji, Assistant Director – Public Health was leaving Leicestershire County Council and wished her well for the future.

RESOLVED:

That the Board approves the final version of the Joint Local Health and Wellbeing Strategy 2022-2032 (Reviewed and revised 2025).

44. Date of next meeting.

RESOLVED:

That the next meeting of the Board take place on Thursday 26 February 2026 at 2.00pm.

2.00 - 5.20 pm CHAIRMAN
04 December 2025