Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 3 September 2025 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mr. E. Walters (0116 3052583)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Dr. S. Hill CC (Chairman)

Mr. M. Bools CC	Mr. J. McDonald CC
Mr. N. Chapman CC	Mr. J. Miah CC
Mrs. L. Danks CC	Mr. B. Piper CC
Mr. M. Durrani CC	Mr J. Poland CC
Mr. P. King CC	Mr. K. Robinson CC
Mrs. K. Knight CC	

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 4 June 2025.		(Pages 3 - 10)
2.	Question Time.		
3.	Questions asked by members under Standing Order 7(3) and 7(5).		
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
5.	Declarations of interest in respect of items on the agenda.		
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.		
7.	Presentation of Petitions under Standing Order 36.		

8.	NHS 10 Year Health Plan.	Integrated Care Board	(Pages 11 - 30)
9.	NHS Transformation.	Integrated Care Board	(Pages 31 - 42)
10.	Winter Plan 2025/26	Integrated Care Board	(Pages 43 - 66)
11.	Mental Health and Early Intervention.	Leicestershire Partnership NHS Trust	(Pages 67 - 78)
12.	Joint Local Health and Wellbeing Strategy Review.	Director of Public Health	(Pages 79 - 126)

13. Any other items which the Chairman has decided to take as urgent.

14. Date of next meeting.

The next meeting of the Committee is scheduled to take place on Wednesday 5 November 2025 at 2.00pm.

Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 4 June 2025.

PRESENT

Mr. M. Bools CC	Mrs. K. Knight CC
Mr. N. Chapman CC	Mr. J. McDonald CC
Mr. K. Crook CC	Mr. D. Page CC
Mrs. L. Danks CC	Mr. B. Piper CC
Mr. M. Durrani CC	Mr J. Poland CC
Dr. S. Hill CC	Mr. K. Robinson CC

In attendance

Fiona Barber – Healthwatch Leicester and Leicestershire
Rachel Dewar, Assistant Director of Urgent and Emergency Care, NHS Leicester, Leicestershire and Rutland (minute 11 refers).
Yasmin Sidyot, Deputy Director Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board (minute 11 refers).

1. Appointment of Chairman.

RESOLVED:

That Dr. S. Hill CC be appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2026.

Dr. S. Hill CC in the Chair

2. Election of Deputy Chairman.

RESOLVED:

That Mr. K. Robinson CC be appointed Vice-Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2026.

3. Minutes of the previous meeting.

The minutes of the meeting held on 5 March 2025 were taken as read, confirmed and signed.

4. Question Time.

The Chief Executive reported that two questions had been received under Standing Order 35.

1. Question asked by Rachel Moore:

What is the Integrated Care Board doing to improve access to GP appointments and end the 8am scramble?

Reply by the Chairman:

I have sought information from the Integrated Care Board in relation to the question and they have provided the following statement:

> "Our GP providers in Leicester, Leicestershire and Rutland (LLR) provided 7,881,384 appointments in 2425, against a plan of 7,488,914. This is 33,679 more than 2324. Our plans for 2526 are to provide 7,960,199 appointments for our patients to access.
>
> Our GP's have recognised the difficulty our patients face with the '8am scramble' and have been working with us to resolve. A few of the schemes we have currently in place:
>
> 1. 100% of practices have now moved to cloud based telephony. This provides significant benefit to patients as it facilitates an enhanced digital telephony experience which includes:
>   a. Queuing: enables practices to manage multiple calls, patients are notified of queue position and wait time, and never get an engaged tone.
>   b. Call-back functionality: patients have the option to be called back when they are higher in the queue and this enables less frustration and cost to patients.
>   c. The telephone messaging options available for patients enable them to access the right care, this includes multiple options to make an appointment, order prescriptions, etc.
>   d. Through the cloud-based system, telephone data analysis and review, practices are able to make improvements in their workflow and align staffing to manage demand.
>
> 2. 100% of practices now offer online booking, for appointments either on the same day or in the future.
>
> 3. Many of our practices now offer online triage - our patients complete an online form for non-urgent issues, the practice triages and assesses the information and the patient is streamed into the appropriate patient stream.
>
> 4. A cohort of our practices are trialling various AI platforms, with exciting initial results. One of our practices, sited in an area of deprivation, has seen the '8am scramble' practically negated by the use of this system. This practice is sharing its results with all other practices and many more have expressed an interest in trialling the platform. We expect to formally evaluate this through July 2025.
>
> 5. We have opened 'pharmacy first' across LLR, providing an additional 108,915 consultations in 2425 for patients with less serious needs. This is hugely popular and current estimates suggest that from July 2024 until April 25 the number of referrals sent equates to a saving of approximately 2014.6 GP sessions (based on the national guideline). LLR pharmacies had the highest number of referrals in the region.

6. Our GP and practice workforce continues to grow, with 31 newly qualified GP roles recruited to in 2425 since October 2024. Our plans are to further invest in GP services in 2526, but we recognise that there are areas of LLR with a lower GP workforce when compared nationally. Our local training hub and workforce team continue to support practices and work with national teams to retain and grow the workforce.

We recognise that not all our patients are comfortable using technology-based solutions and our aim therefore has been to augment all access routes but promote the technology-based solutions to those comfortable. This in turn creates capacity for those needing other routes. We also have a programme for supporting people to become more comfortable using the NHS app, with 'training and help sessions' run in practices across LLR.

The ICB remains committed to improving access to GP's and we value any support from local government in this endeavour. Where patients are reporting a negative experience, we have always welcomed this direct feedback and subsequently used this to engage with our GP providers. Should any newly elected councillors wish to experience first hand how our practices work, we would be happy to facilitate a conversation / shadowing opportunity to support an in-depth understanding of how our practices are seeking to support their patient cohorts."

I am aware that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee regularly discusses this issue at its meetings and you may find it useful to read the reports and minutes of those meetings. I have provided links to recent reports below:
https://democracy.leics.gov.uk/documents/s184224/GP%20Practices.pdf
https://democracy.leics.gov.uk/documents/s178557/HOSC%20Paper%20-%20Primary%20Care%20Sept.pdf

2. Questions asked by Rachel Moore:

What is the Council doing about suicide prevention?

Reply by the Chairman:

The County Council plays a key leadership role in suicide prevention, working in close collaboration with partners, to develop and implement a suicide prevention strategy under the umbrella of the LLR Suicide Audit Prevention Group (SAPG). The SAPG is hosted by the council and is co-chaired by Public Health council officers.

The LLR Suicide Prevention strategy has recently been refreshed through engagement and involvement with a broad range of partners and key stakeholders, including people with lived experience of suicide. This process was led by Leicestershire County Council Public Health officers.

The priorities and focus on the strategy and resulting action plan have been informed by local and national data related to suicide prevention data, and are based on evidence-based practice in suicide prevention.

The work around delivering against the priorities is ongoing and will continue to be delivered under the umbrella of the LLR Suicide Audit Prevention group.

The County Council is involved in a number of specific delivery aspects of the strategy, for example, hosting of the 'Start a Conversation' suicide prevention website providing on-line access to resources and services, and commissioning of the suicide bereavement service for LLR.

The Health Overview and Scrutiny Committee had an agenda item relating to the Draft Suicide Prevention Strategy at its meeting 13 November 2024 and fed into the consultation on the Strategy. Links to the report considered at the meeting, draft strategy summary, minutes from that meeting and the webcast of the meeting are set out below:

https://democracy.leics.gov.uk/documents/s186325/Draft%20LLR%20Suicide%20Prevention%20Strategy%20HOSC%20Nov%202024.pdf
https://www.leicestershire.gov.uk/sites/default/files/2024-10/Draft-LLR-Suicide-Prevention-Strategy-2024-2029.pdf

https://democracy.leics.gov.uk/documents/g7436/Printed%20minutes%20Wednesday%2013-Nov-2024%2014.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=1

Health Overview and Scrutiny Committee - 13 November 2024

5. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

6. Urgent items.

There were no urgent items for consideration.

7. 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.

Mr. B. Piper CC declared an Other Registerable interest in all agenda items as he was a member of the Mary Guppy Group which was campaigning regarding health services in Lutterworth.

Mr. J. Poland CC declared an Other Registerable interest in agenda item 11: Health Performance update as he was a trustee of the Loughborough Wellbeing Centre, a mental health charity.

8. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

9. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 35.

10. Public Health Overview and Annual Review.

The Committee considered a report of the Director of Public Health which provided an overview and update on the work of the Public Health department in fulfilling the statutory duty to take steps to improve health and wellbeing. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Funding for Public Health activities came from a ring-fenced grant from the Department of Health and Social Care (DHSC) to be used exclusively for public health activity. The 2024/25 Public Health settlement for Leicestershire was £28.312m. On a per capita basis this was the 147th lowest per head funding of the 153 authorities that receive the Public Health Grant. Leicester City Council received more overall Public Health funding than Leicestershire County Council despite having a smaller population; £87.50 per head of population for Leicester City compared with £40.65 for Leicestershire County Council.

(ii) In response to concerns raised that population and housing growth in Leicestershire could cause funding problems for the Public Health Department the Director was able to provide some reassurance that DHSC took into account census data and population figures. However, it was acknowledged that given the gap in time between censuses behind conducted and the rapid housing growth taking place, the information the DHSC had could become out of date.

(iii) Members raised concerns that tooth decay was the leading cause of hospital admissions amongst children. It was noted that within the Public Health Department there was an Oral Health Team which provided supervised toothbrushing for children. A Joint Strategic Needs Assessment for all age oral health had been conducted in 2023 which enabled a better understanding of oral health in Leicestershire. Arising from this a lot of work had taken place to improve oral health. In response to a question as to how the impact of this work was measured it was explained that the DMFT index (Decayed, Missing, Filled Teeth) was a measure of the prevalence of dental decay in a population and the DMFT score for Leicestershire had recently improved. There was also a metric for 'Percentage of 5 year olds with experience of visually obvious dental decay' which had also shown an improvement.

(iv) Healthwatch Leicestershire reported that one of the main issues they picked up from the public was a lack of access to NHS dental services.

(v) It was suggested that the general public were not sufficiently aware of the role and work of Public Health and more publicity and explanation was required. In response, whilst it was acknowledged that more could be done to raise awareness, the Director explained that Public Health work was very broad and therefore it was difficult to convey the whole remit to the public. It was perhaps better to ensure the public was aware of the specific services that related to their needs i.e. smoking cessation, Local Area Co-ordinators etc.

(vi) It was also suggested that the NHS needed greater awareness of the services that Public Health offered so that signposting could take place and duplication could be avoided.

RESOLVED:

That the update on the work of the Public Health department be noted.

11. Health Performance update.

The Committee considered a joint report of the Chief Executive and ICS Performance Service which provided an update on public health and health system performance in Leicestershire based on the available data in April 2025. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Rachel Dewar, Assistant Director of Urgent and Emergency Care, and Yasmin Sidyot, Deputy Director Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board.

Arising from the report the following discussions took place:

(i) Members raised concerns with regards to East Midlands Ambulance Service (EMAS) response times and it was questioned whether anything could be done locally to improve the situation. In response it was explained that a lot of work was taking place to improve handover times at the Emergency Department which would then free up ambulances to go back out into the community. A national programme was working on this and positive results were starting to be seen. Work was also taking place to reduce the number of lower acuity calls being referred onto EMAS. It was noted that EMAS were due to provide a report and presentation for the November 2025 Committee meeting.

(ii) Talking Therapies reliable improvement for February 2025 was 66%, marginally under the target of 67% and Talking Therapies reliable recovery performance was 49% against a target of 48%. A member suggested that the issue was throughput rather than outputs. The member also raised concerns about services being delivered through a computer screen rather than face to face, and whilst acknowledging that delivering services online could be more cost effective, questioned whether this was the best approach for patients. In response, reassurance was given that work was taking place with the Talking Therapies provider around the range of services they provided to ensure there were both face to face and online services. The provider was also being liaised with to ensure patients were triaged into the appropriate service for their needs. It was suggested that there could be an agenda item at a future Committee meeting regarding early intervention for patients with mental health issues and access to Psychological Therapies, with officers from the field of mental health present to answer questions.

(iii) The mental health Central Access Point was available by calling NHS 111 and selecting the mental health option. A caller would be connected to a trained professional who could provide support or signposting. In response to a question, it was confirmed that there was evidence that the service worked well. Further work was taking place regarding a single point of access for the whole of mental health services in LLR to streamline and further integrate mental health services.

(iv) The Committee welcomed that a significant amount of additional Primary Care appointments had been delivered over the winter period 2024/25. It was explained that this was a complex issue to address given that there were 150 GP Practices

across LLR of varying sizes, and the patients were of differing demographics. One positive was that all GP Practices were now using the cloud-based telephony system which meant that the experience of patients when they called the practice was improved and less time was spent on hold. A member suggested that if patients were not satisfied with their GP Practice they should transfer to a different practice. GP Practices did advertise when they had room on their patient list so it was possible for patients to move.

(v) The NHS app was being further developed so that patients could access a greater range of information through it, though it was acknowledged that not all patients were able to access technology easily.

(vi) The metric for 'HIV late diagnosis in people first diagnosed with HIV in the UK' was rag rated red as for the period 2021-23, Leicestershire was ranked 15th out of 16. Members queried the reasons behind the data and requested to consider this issue in more detail at a future meeting.

(vii) Year 6 prevalence of overweight (including obesity) had shown a significant increasing (worsening) performance. It was suggested this could be connected to the Covid-19 pandemic.

(viii) Some data had changed since the Committee report had been published:

- Inequality and life expectancy for females had moved from the best quintile nationally to the second-best quintile nationally.
- Overweight adult performance had changed from significantly worse than the national average to similar to the national average.
- For active adults Leicestershire had moved from significantly better than the national average to similar to the national average.
- Inactive adults had changed from significantly better than the national average to similar to the national average.

(ix) Public Health carried out work in relation to the healthiness of the food people consumed in Leicestershire and also encouraged people to become more active.

RESOLVED:

(a) That the update on public health and health system performance in Leicestershire be noted;

(b) That officers be requested to provide reports for future meetings on HIV prevalence in Leicestershire, mental health early intervention and Integrated Access to Psychological Therapies.

12. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 3 September 2025 at 2.00 pm.

2.00 - 3.12 pm
04 June 2025

CHAIRMAN

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Agenda Item 8

Leicester, Leicestershire and Rutland Integrated Care Board

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 SEPTEMBER 2025

NHS 10 YEAR HEALTH PLAN FOR ENGLAND

REPORT OF THE CHIEF STRATEGY OFFICER, NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD

Purpose of report

1. The purpose of this report is to inform the Committee of the contents of the recently published NHS 10 Year Health Plan for England.

Policy Framework and Previous Decisions

2. An NHS Long Term Plan was published in January 2019 under the previous Conservative government. The Health Overview and Scrutiny Committee considered a report relating to that Plan at its meeting on 13 March 2019.

   https://democracy.leics.gov.uk/documents/s144847/NHS%20Long%20Term%20Plan.pdf

3. In September 2024 Lord Darzi published a report which raised serious concerns about the performance of the NHS in England and concluded that the NHS was in 'critical condition'.
   https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

Background

4. On 3 July 2025 the 'NHS 10 Year Health Plan for England: fit for the future' was published. The Plan set out how the government would reinvent the NHS through 3 radical shifts:
   - hospital to community;
   - analogue to digital;
   - sickness to prevention.

5. Further details regarding the 10 Year Plan can be found in the presentation slides appended to this report.

Background papers

6. The NHS 10 Year Health Plan for England: fit for the future can be found via the following link:

https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

Appendices

Appendix - presentation slides

Officer(s) to Contact

Pete Burnett
Chief Strategy Officer LLR ICB
E-mail: peter.burnett4@nhs.net
Phone: 07841 515 180

APPENDIX

FIT FOR THE FUTURE
10 Year Health Plan for England

Pete Burnett, Chief Strategy Officer, LLR ICB

Health Overview And Scrutiny Committee

3 September 2025

Context

- Released Thurs 3rd July 2025
- Follows on from Lord Darzi's independent investigation into the NHS (Sep 2024)
- Foundations built on Change NHS

10 Year Plan Structure

01 Change or Bust

02 Hospital to Community

03 Analogue to Digital

04 Sickness to Prevention

05 New Operating Model

06 Quality

07 Workforce

08 Transformation

09 Productivity and Finance

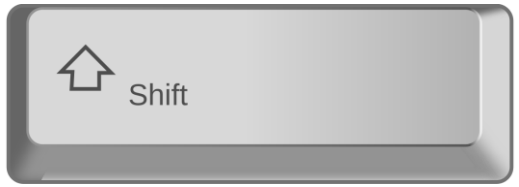
01 Why Change is Needed

- NHS Satisfaction
- Primary Care Access
- Ageing population with LTC
- Planned and unplanned care
- Financial sustainability
- Outcomes

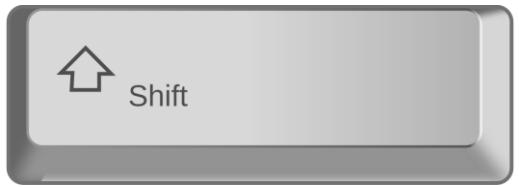
"There is a need, a real dire need to make it better now. And it is very clear that if something radical doesn't change, then the NHS as we know it will not be able to continue to exist"

Jess
Public deliberative event participant in Leicester
November 2024

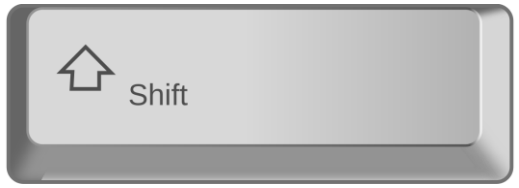
The Three Fundamental Shifts



Hospital to Community



Analogue to Digital



Sickness to Prevention

02 From Hospital to Community

- Establish a Neighbourhood Health Service: **New Neighbourhood Health Centres** (NHCs) in every community. These will act as local one-stop hubs, co-locating GPs, community services, diagnostics, and mental health support, open 12 hours a day, 6 days a week to improve access and ease hospital pressure.
- 250 to 300 new neighbourhood health centres by the end of this plan and 40 to 50 over the course of this Parliament.
- Resource has been concentrated into hospitals; over the course of this Plan, the share of expenditure on hospital care will fall, with proportionally greater investment in out of-hospital care.
- Strong evidence base that demonstrates investment into integrated community care can reduce unplanned admission rates, A&E attendances, reductions in cost and improved patient outcomes.
- ICBs to commission neighbourhood health, delivery a provider function (GP-led / NHS Trusts)

Hospital to community

Bring the NHS to you In your community, including homes and high streets

Modernise hospitals
Long waits reduced and a renewed focus on world-class, life-saving care

A neighbourhood health centre
In every community, with multi-disciplinary teams working together, under one roof

Create teams that work around you
Different professions, social care and voluntary sector

A new era for general practice
End the 8am scramble and bring back the family doctor

03 Analogue to Digital

- From Bricks to Clicks
- Harnessing **digital revolution** to ensure rapid access for those in generally good health and free up physical access for those with the most complex needs
- NHS App – "**front door**": shifting power to patient via AI-powered advice, appointment booking, self-referral, manage medicines and LTCs, care plans. Doctor in your pocket.
- **Health Store** - a marketplace for approved digital health apps for patients
- **Single Patient Record** will underpin Integrated Care
- **AI Scribes** to curb burden of bureaucracy and administration, freeing up time to care and to focus on the patient

Analogue to digital

for staff

Liberating staff from bureaucracy - Using AI to automate tasks. Building care plans and recording clinical information, which can save clinician time

Embrace AI to support clinicians - Using AI as part of treatment to improve clinical outcomes

for patients

A Single Patient Record - Giving you control over your data, accessible by all healthcare professionals, with your consent

Manage your care digitally - Book and change appointments and discuss your care all through the NHS App

Your NHS companion - By 2035, you'll have a virtual assistant - a doctor in your pocket

04 Sickness to Prevention

- **Tobacco**: Children turning 16 this year will never legally be sold tobacco
- **Alcohol**: mandatory requirement for health warning labels for alcohol
- **Obesity**: Expand Healthy Start scheme, increase soft drinks levy. Collaborations with industry to test weight loss service delivery models, like GLP-1.
- **Mental health**: mental health support teams in schools and colleges by 2029/30
- **Genomics Population Health Service**: for predictive and personalised medicine.
- **Vaccinations and screenings** : increasing uptake via Neighbourhood Health Service.

Sickness to prevention

Ensure people have the information they need to **make healthier choices** on alcohol

Tackle childhood obesity through **new junk food advertising restrictions** and improving food in schools

Refresh the government ambition on air quality to protect everyone from the health impacts of air pollution

Create the first smoke-free generation and crackdown on vaping amongst children

Millions more people will be encouraged to move and exercise regularly through a new national campaign

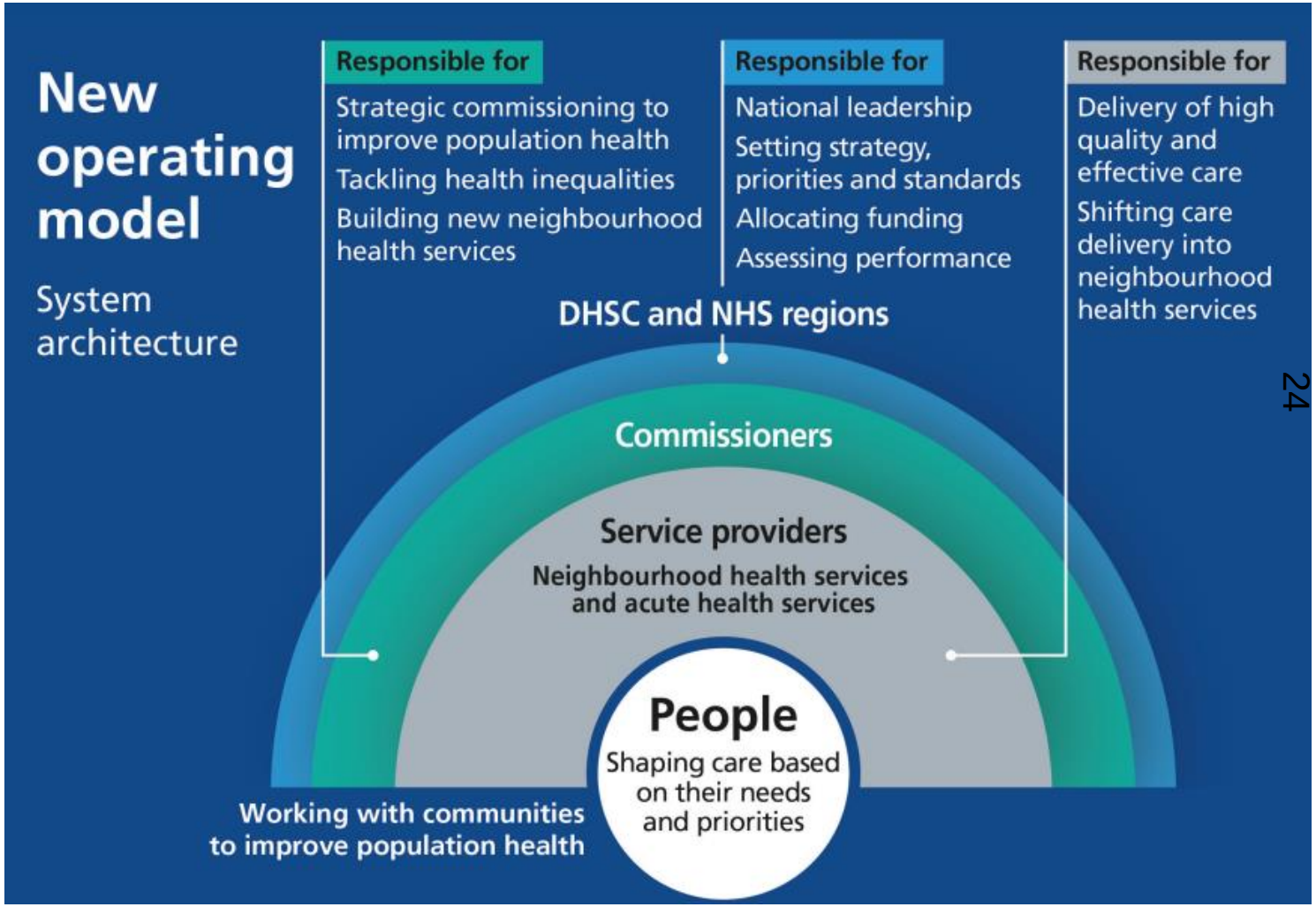
Work with businesses to help children and families make the healthy choice

05 New Operating Model

- Merge NHSE and DHSC by 2027
- ICBs: Strategic Commissioners
- ICPs: To Cease
- CSUs: To Cease
- Healthwatch : To Cease 2027

- Every NHS Trust – FT status by 2035
- Earned Autonomy – greater freedoms
- Integrated Health Organisations (IHOs) – the best NHS FTs to hold the whole health budget for a defined local population
- Continue to make use of IS capacity
- Patient power payments

- No providers on ICB boards
- Strategic authority mayors on ICB boards



Every ICB will need:

- Excellent analytical capability, to be guided by **population health data**
- A strong strategy function including staff with good **problem solving and analytical skills**
- Capability in **partnership working** and an understanding of **value-based healthcare**
- Intelligent healthcare payer understanding, to support a focus on **value for money**, the development of novel payment mechanisms and **oversight of strategic resource allocation**
- User involvement functions, to ensure services **meet the needs of communities.**
- To commission **Neighbourhood Providers** (can be both within and beyond the NHS)

06 Quality

- **League tables** that rank providers against key quality indicators (from Summer 2025)
- **NHS App** will allow patients to search and choose providers based on length of wait, patient ratings and clinical outcomes.
- **National independent investigation** into maternity and neonatal services
- Reform the **National Quality Board** (NQB) who will produce a new quality strategy
- New flexibilities to make additional financial payments to clinical teams that have consistently **high clinical outcomes and excellent patient feedback**
- Reform CQC towards a more **data-led regulatory model**
- Ensure persistent poor-quality care results in the **decommissioning or contract termination** of services or provider

07 Workforce Technology

- By 2035, there will be **fewer staff** than projected in the 2023 Long Term Workforce Plan but **better treated, more motivated, have better training** and more scope to develop their careers.
- Every member of NHS staff has their own **personalised career coaching and development plan**
- **AI** will become every nurse's & doctor's trusted assistant, saving them time and supporting them in decision making.
- Reduce the NHS's **sickness rates** from its current rate of 5.1%
- Increase the number of nurse consultants, create 1,000 new specialty training posts with a focus on **specialties where there is greatest need** and create 2,000 more **nursing apprenticeships**
- Accelerate delivery of the recommendations in General Sir Gordon **Messenger's review** of health and care leadership
- Ambition to reduce international recruitment to less than 10% by 2035

08 Transformation

- The Five Big bets
- **Data** - New Health Data Research Service (HDRS) in partnership with the Wellcome Trust
- **AI -** Make the NHS the most AI-enabled health system in the world
- **Genomics** - Generation Study to sequences the genomes of 100,000 newborn babies and launch a study to sequence the genomes of 150,000 adults to assess how genomics can be used in routine preventative care
- **Wearables** - Standard practice in preventative, chronic and post-acute NHS treatment by 2035
- **Robotics** - expand surgical robot adoption in line with NICE guidelines

09 Productivity and Finance

- NHS accounts for 38% of day-to-day **government spending**
- For the next 3 years there is a target to deliver a **2% year-on-year productivity gain** and end **additional funding to cover deficits**
- Break the **short-term financial cycle** by requiring all organisations to develop robust 5-year plans that ensure medium-term sustainability
- **Deconstruct block contracts** - Payment for poor-quality care will be withheld, and high-quality care will attract a bonus and move away from **national tariffs** based on average costs to tariffs based on best clinical practice that maximises productivity and outcome
- Distribute NHS funding more equally locally, so it is **better aligned with health need**
- Develop business case for the use of **public private partnerships (PPPs)** for neighbourhood health centres and **Patient Power Payments**: patient satisfaction to influence provider payments

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Agenda Item 9

Leicester, Leicestershire and Rutland
Integrated Care Board

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 SEPTEMBER 2025

NHS TRANSFORMATION UPDATE

REPORT OF THE CHIEF STRATEGY OFFICER, NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD

Purpose of report

1. The purpose of this report is to provide an update on the national reform of the NHS operating model across England which will involve the integration of the Department of Health and Social Care and NHS England, and a changed role for Integrated Care Boards (ICBs).

Policy Framework and Previous Decisions

2. Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. ICBs replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022. There are 42 ICBs in England.

3. The Leicester, Leicestershire and Rutland ICB replaced the Leicester City, East Leicestershire and Rutland and West Leicestershire clinical commissioning groups. The ICB manages the budget for the provision of NHS services in LLR.

4. The ICB is part of the integrated care system (ICS) with partners in LLR

Background

5. Proposed changes to Integrated Care Board (ICB) functions and geography are being discussed as part of a wider NHS reform programme, to reduce management costs and focus more money on the front line.

6. All ICBs in England are being asked to significantly reduce running costs and shift to a more strategic role with different responsibilities for them and other parts of the health and care system.

7. This involves some ICBs working more closely with other ICBs in a 'cluster.' 'Clustering' means that, although individual ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure.

8. NHS England and government ministers approved a new 'cluster' for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB. This would be one of 26 clusters across England.
https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/more-about-each-integrated-care-system/

9. Further details regarding the cluster are set out in the appendix to this report.

Background papers

10. The NHS has set out the changes in the 10 Year Health Plan for England: fit for the future - GOV.UK and specifically for ICBs in the 'model ICB' paper.

    https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

    https://www.england.nhs.uk/long-read/update-on-the-draft-model-icb-blueprint-and-progress-on-the-future-nhs-operating-model/

Appendices

Appendix - presentation slides

Officer(s) to Contact

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APPENDIX

Leicester, Leicestershire and Rutland

NHS Transformation – Leicester, Leicestershire & Rutland and Northamptonshire Clustering 2025/26

Leicestershire County HOSC 03/09/2025 / Leicester City HOSC 09/09/2025 / Rutland HOSC TBC

Draft v1.2 / 15 Aug 2025

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Background

Changes to the NHS nationally announced earlier this year involve the integration of NHS England and the Department for Health and Social Care.

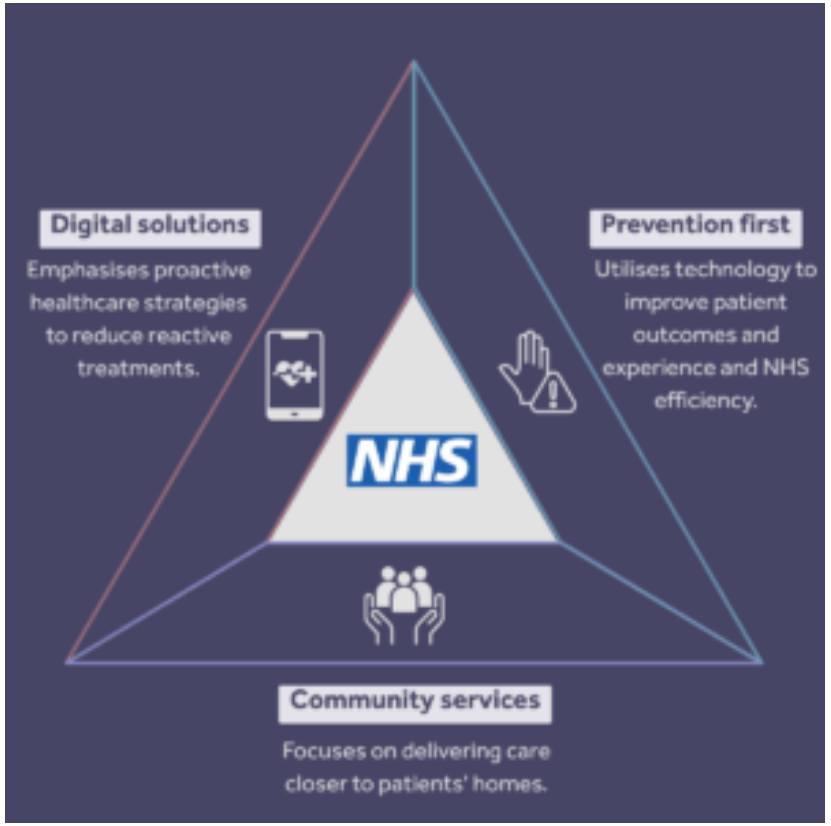
The aim is for a leaner, simpler NHS with clear roles, accountability and focus on prevention.

The plan sets out a vision to guarantee the NHS will be there for all who need it for generations to come – shaped by public, patients and partners and health and care workforce.

As part of these plans Integrated Care Boards (ICB) functions and geography are to change with the aims of:

- reducing management costs
- focussing more money on the front-line

All ICBs are being asked to significantly reduce running costs, assume different responsibilities and focus more on their role as a 'strategic commissioner'



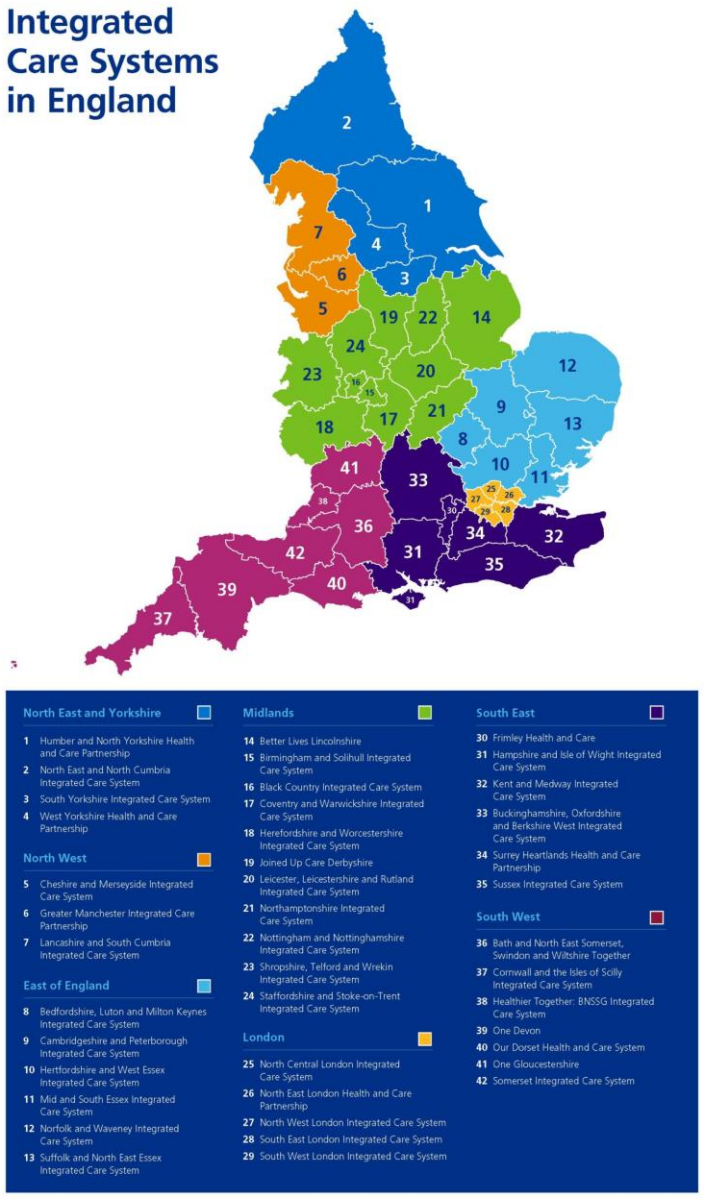
National context

NHS Clustering Across England

- As part of a national plan a number of ICBs will working together as clusters. There will be 26 of these across the country.

- NHS England and government ministers have approved our new cluster which covers Leicester, Leicestershire and Rutland (LLR) and Northamptonshire

- National confirmation of clusters



What clustering means

LLR and Northamptonshire ICBs remain separate statutory bodies

Working in partnership

However over time they we will work as one cluster with

- Single Board Governance
- Unified Leadership Team
- Shared staffing structure

NHS
Leicester, Leicestershire and Rutland

NHS
Northamptonshire
Integrated Care Board

Building a transformational cluster between NICB and LLR ICBs provides us the opportunity to drive forward the Ten-year-Plan within our communities and neighbourhoods, continue to improve health outcomes, while at the same time rise to the very real financial challenges we face.

We are still at the early stages of building this cluster and there are still many details yet to be finalised including how individual functions - such as CHC, Safeguarding and SEND to name but a few - will operate within it.

Leadership and Transition

Toby Sanders – Interim Chief Executive for LLR ICB and permanent Chief Executive for Northamptonshire ICB

Paula Clark– Interim Chair across both ICBs from 1 July

Permanent leadership roles are pending national approval

These roles are central to shaping our future operating model, providing continuity and stability during this period of change. We are now developing our structure and implementation plan, aligned with the national Model ICB Blueprint that was published in May.

Model ICB Blueprint

- The Blueprint outlines the core roles and functions that ICBs will be responsible for with a significantly reduced running costs budget – a 33% reduction for NHS LLR and 29% for NHS Northamptonshire.
- National work is also underway to clarify how the new NHS operating model will function, and more details are expected to follow.

Implications for patients and partners

PATIENTS

- Our focus remains on the health and wellbeing of our population
- Our priority is to continue to provide high quality care and reducing waits whether that is waits for:
  - Surgery
  - An ambulance
  - In an emergency department
  - Being discharged from hospital

PARTNERS

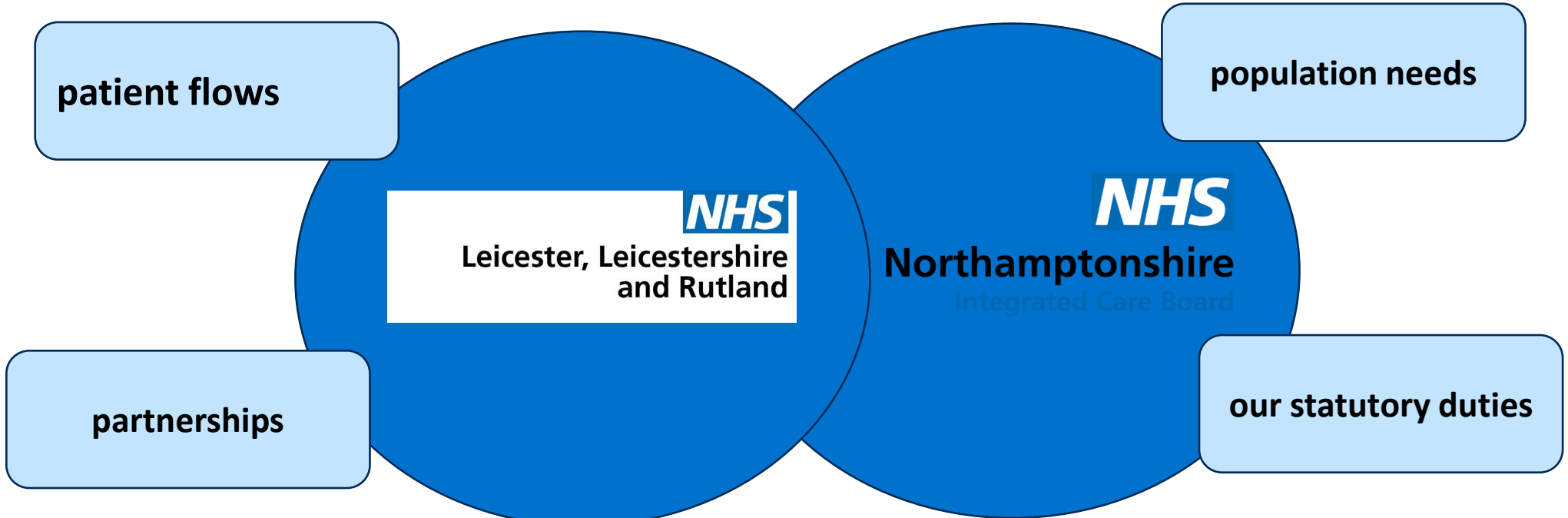
We will continue to work with:

- Local Authorities
- Voluntary Organisations
- Community leaders

This work will continue to make sure that services are designed and delivered around the needs of our communities – especially those who are most vulnerable or face health inequalities

Cluster design

- Designing a new cluster for LLR and Northamptonshire will need to meet population needs while reducing running costs
- Functions of the ICB are under review – what to keep, grow, reduce, transfer or stop
- Underlying all of the decisions are:



Next steps

- Cluster design work will continue and we will work with partners and share updates

Our overall priority is to service the populations in Leicester, Leicestershire and Rutland and Northamptonshire in the best possible way, working closely with and remaining accountable to all local health and care partners.

Useful links to find out more about the changes

10 year plan

Easy Read version of the plan

Video explaining the **vision**

Kings Fund **– CEO comment**

QUESTIONS

NHS
Leicester, Leicestershire and Rutland

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 SEPTEMBER 2025

REPORT OF INTEGRATED CARE BOARD

WINTER PLANNING UPDATE

Purpose of the report

1. The purpose of this report is to provide assurance regarding the plans in place to manage health system pressures across Leicester, Leicestershire and Rutland (LLR) over winter 2025/26.

Background

2. Winter planning is an annual responsibility of health and social care organisations, to manage safe delivery of care with the anticipated increase in demand because of weather conditions and seasonal illnesses.

3. Across the health and social care system, winter planning is co-ordinated to ensure that there are robust arrangements to cope with demand and surges in activity, and that agencies are working together to manage pressures to ensure that residents continue to receive safe and appropriate care.

4. As part of the annual winter assurance planning process, each Integrated Care Board is asked by NHS England to submit a Winter Plan to ensure the health and care system is fully prepared to manage the increased pressures that typically arise during the winter months (October to March).

5. The Health Overview and Scrutiny Committee traditionally receives a report regarding the Winter Plan in the early autumn of every year so that it can be assured about the winter ahead. The previous report was considered at the Committee meeting on 11 September 2024: https://democracy.leics.gov.uk/documents/s184975/Winter%20pressures.pdf

6. The Integrated Care Board considered the 2025/26 Winter Plan at its Board meeting on 14 August 2025. The full Winter Plan consists of a significant number of detailed documents. The appendix to this report provides a summary of the contents.

Appendices

Appendix – Winter Plan presentation slides.

Officer(s) to contact

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APPENDIX

Leicester, Leicestershire and Rutland

LLR System Winter Plan 2025/26

Leicestershire County HOSC 03/09/2025

FINAL/ 22 Aug 2025

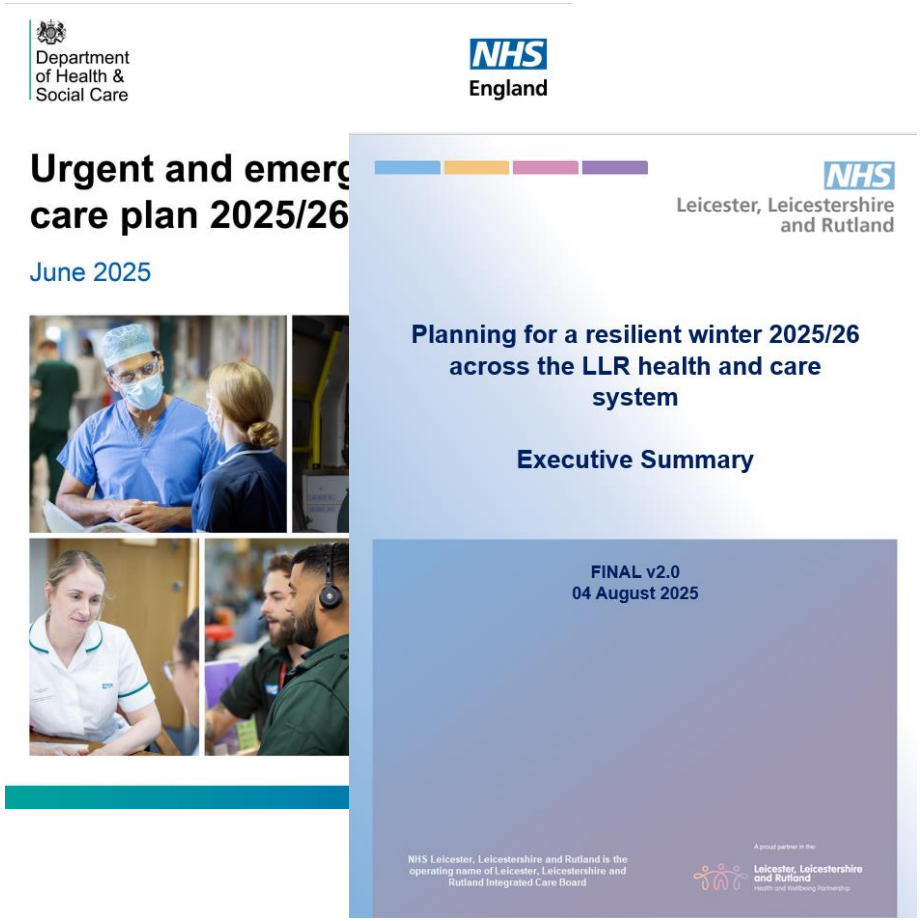
NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Overview

- The Winter Plan for 25/26 has been **developed collaboratively** and influenced by NHS England guidance and learning from previous winters.
- Sustained level of demand during the summer of 2025.
- The Winter plan sets out our planned response to manage the urgent care and patient flow pressures.
- Partnership working across the health and care system is the only way services can respond to increases in demand and ensure **our population can access safe services and have good outcomes with a positive experience.**
- The plan builds on improvements and developments in urgent care, in line with the National Urgent and Emergency Care Recovery Plan, for physical and mental health care.
- Key Lines of Enquiry (KLOEs): avoidance of patient harm by adopting an approach that focuses on clinical risk.



Content

Winter Planning Key Performance Indicators

National Metrics LLR is working towards:

- 🚑 Ambulance Response – reaching urgent patients (like chest pain or stroke) within 30 minutes.
- 🏥 Quicker Handovers – no one should wait in an ambulance outside hospital for more than 45 minutes.
- ⏱️ Shorter A&E Waits – most people will be seen, treated, admitted, or discharged within 4 hours.
- 👧 Better Care for Children – aiming for 90% of children and young people to be treated in A&E within 4 hours.
- ⏳ Cutting Very Long Waits – fewer people waiting over 12 hours in A&E, or 24 hours for a mental health bed.
- 🏡 Supporting Safe Discharge – helping patients return home as soon as they are ready, so fewer stay in hospital for over 3 weeks unnecessarily.
- 💉 Protecting Staff and Patients – increasing flu vaccination rates for NHS staff to help keep services safe

Lessons Learnt last winter

What went well

- More support for 999 calls: Extra help was given for less urgent emergencies so ambulances could reach the most serious cases faster.
- Extra x-ray services: Loughborough Community Hospital offered more x-ray slots, so people didn't always need to travel to the main hospitals.
- More GP appointments: Extra primary care services helped more people get care without going to A&E.
- Quicker help for frail patients: New same-day care services were tested to support older people and those with frailty.
- Better discharge lounges: These helped patients get home sooner once they were ready to leave hospital.
- We continue to improve our system response to surge planning. Surge refers to a sudden, significant increase in the need for healthcare services that exceeds normal operational capacity.

What we need to do better

- Plan ahead more: We used data better this year, but still reacted to problems rather than getting ahead of them.
- Stronger infection control: Our measures were good, but we can still do more to protect patients and staff.
- Boost vaccination uptake: Flu and COVID vaccines protect the most vulnerable, so we need to continue to work on clear messages and easy access.
- Improve discharges across all services: Making sure patients leave hospital safely and on time frees up beds for those who need them most.

How we developed our Winter Plan 2025/26

- Our winter plan has been developed by closely working with a wide range of partners, including:
  - GPs and Primary Care Teams
  - Hospitals and urgent care services
  - Community health and care providers
  - Mental health teams
  - Local council teams
  - Children and young people services
  - Workforce and staff representatives
- We also involved experts in areas such as vaccinations and prevention and control, so the plan is safe, joined-up and focussed on keeping people well.

Immunisation & Vaccination

Improve flu vaccine uptake

- **Pregnant women**: Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas.
- **Children (2-3 years**): Actively working with GP practices with <20% uptake.
- **Children (school age):** introduce a new, simpler, more accessible on-line consent process for parents.
- **Patients in a clinical risk group e.g. Immunosuppressed, COPD, diabetes, learning disabilities (LD)**: Dedicated team to monitor care home delivery, awareness raising via charities and representative groups, tailored LD clinics with drive through option, UHL to vaccinate patients being discharged to care homes.
- **Health and social care staff**: Bookable and walk-in offer, peer vaccination and clinics, promotion and awareness raising, targeting staff groups with lowest uptake

Improve RSV vaccine uptake

- **Pregnant women:** Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas, new Community Pharmacy pilot.
- **Older adults:** New community pharmacy pilot (11 sites) in low uptake areas in City, winter awareness campaign, active engagement with GP practices with low uptake rates.

Improve Covid-19 vaccine uptake

- **Large network of providers**.
- **Targeted work** with patients whose GPs don't offer the vaccine.
- **Patients with a learning disability**: Tailored clinics with drive through option.

Improvement initiatives across all vaccines

Resources are commissioned at an LLR level, distribution is managed using population health data to target key communities and co design interventions, this involves:

- Taking a proportionate universalism approach
- Gaining insights and understanding by listening to communities and working with VCSE organisations
- Taking a system wide approach in collaboration with public health teams and providers
- Monitoring and evaluating uptake and impact of interventions

Roving Healthcare Unit

Target: low uptake, high deprivation, diverse communities

Vaccination offer: COVID-19, flu, MMR, pertussis and RSV

Plus: Blood pressure checks and MECC

Collaboration with other services i.e. AAA, fibro scanning, cancer

Super Vaccinators

Team of healthcare professionals can offer all vaccines

Flexible resource, targeted at low uptake practices

Provides workforce resilience

Communications and Engagement Resources

LLR Vaccine Hub website, materials tailored to local communities, culturally appropriate

Central Booking Team

Inbound patient phone-line

GP Lists - call and text priority groups

Immunosuppressed, Care home and housebound patients

Educational Engagement

Webinars for healthcare professionals and the public

Training and Development

Culture & Faith in LLR training

Meetings with local cultural and faith leaders

Visits to community settings and faith centres

Vax Chat training

Working with Voluntary and Community Sector Enterprises

To gain insights and understand barriers

Collaborative projects commissioned through VCSE to improve uptake i.e. Local Immunisation Street Team

Health & wellbeing fairs and events

Primary Care

- Introduction of **same day access** additionality in Leicester City from October 2025. Note: County and Rutland's timeline is anticipated to be April 2026.
- General Practice support includes **enhanced access** (evenings and weekends), enhanced health in care homes, proactive care planning and engagement to reduce the numbers of wasted appointments ("Did Not Attends") by 15% by March 2026.
- An additional 13,968 **urgent dental care** appointments in the community.

Community Care

Supporting people with long-term conditions

- More personalised care plans so people feel in control of their health.
- Extra community support for people with breathing problems.
- Better checks and support for people with diabetes.
- Specialist kidney care teams working together to support patients.
- A new community weight management service to help reduce the risk of heart disease and stroke.

Community care improvements

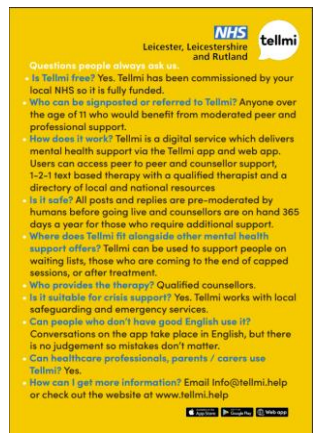
- More use of virtual wards, so more people can be safely cared for at home instead of in hospital.
- Strengthening the “call before convey” service, so ambulance staff can link patients to community care where it’s safe and right for them.
- Making full use of the Clinical Navigation Hub, which helps direct patients to the right care outside hospital.
- Offering community-based antibiotics so people with moderate infections can be treated at home.
- Rolling out a delirium pathway to better support patients with sudden confusion.
- Making the best use of community hospital beds for people who need short-term care or rehabilitation, but not a full hospital stay.

Urgent & Emergency Care

- Improve ambulance handovers: Quicker transfers at hospital so ambulances can get back on the road to respond to new 999 calls.
- More care closer to home: Some patients will be re-directed away from A&E to community-based urgent care (including pharmacies) when it's the safer and more appropriate option.
- Protecting staff and patients: Encouraging more NHS staff to have their flu and COVID vaccinations, helping keep services safe through winter.
- Better access to advice and appointments: Expanding online booking and symptom-checker tools so patients can get guidance and the right care more easily.
- Using technology: Offering virtual consultations where appropriate, making it quicker and more convenient for patients to get care.

Mental Health

- **25 Neighbourhood Mental Health Cafes.** 35 weekly sessions being delivered by 16 different VCS partners approx. 1,000 contacts.
- **45 Getting Help in Neighbourhoods** partners delivering mental health support projects to 136,439 contacts each year
- **Primary care promotion & upgrade of Joy** to provide improved, earlier signposting and navigation to patients. (Aug onwards)
- **Printing & distribution** to partners across the integrated care system, including primary care, LPT, ED and VCS colleagues (Sept)
- **Integration with local winter pressures campaign**, including Right Care, Right Place. Production of comms toolkits as part of this campaign for all ICS partners. (Sept – March)
- **Tellmi** promotional assets developed for winter distribution.



Communications

- Work to raise awareness about using services, when it isn't life-threatening, including community engagement.
  - Right care, right place
  - **Self care:** including support from pharmacies, NHS 111 online and NHS App.
  - **GP practice, or NHS 111** (when practice is closed). Through these routes patients will be able to receive booked appointments in a range of settings, including Pharmacy First, urgent treatment centres.
- System-wide communications plan covering immunisations and other winter health messages from all partners, with shared promotional toolkits.
- Focus on audiences who are highest users of services: families, young adults and those experiencing health inequalities.
- Refresh of guide for parents of children aged 0-9. alongside two online winter hubs on Health for Under 5s and Health for Kids.
- Supporting families when patients are discharged from hospital.

Winter Planning Governance

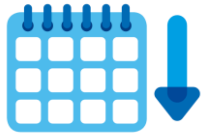
Governance – ongoing monitoring

- LLR UEC Working Groups monthly as a minimum.
- LLR UEC Operational Group updates fortnightly.
- LLR UEC Collaborative Transformation Group progress summary at working group level monthly.
- LLR Neighbourhood Programme Board monthly.
- LLR UEC System performance oversight via the UEC Huddles weekly.
- LLR UEC performance reporting at individual scheme level via a digital platform – MS Teams or NHS Futures – informed by the timeline for UHL migration to NHS.net email accounts.

Appendix 1: 2025/26 Urgent and Emergency Care at a glance, including winter period

Leicester, Leicestershire and Rutland

Urgent & Emergency Care Plan for Adults 2025/26

Flow in	Flow through	Flow out
Processes & Productivity		
 • Optimise our clinical bed bureau pathways, moving towards a single point of access • Optimise clinical pathways to reduce ED admissions	 • Reduce length of stay by developing medical day-case services and focusing on diagnostics • Review bed bases across all hospital sites to ensure patients are treated in the best place for their needs	 • Improve the timely discharge of acute, non-complex patients • Move to a 7-day supported discharge model for all pathways
Capacity		
 • Improve urgent treatment demand flow and develop a co-located Urgent Treatment Centre at the LRI • Further develop Same Day Emergency Care (SDEC) pathways	 • Open additional intermediate care capacity, including Preston Lodge • Review winter capacity to address seasonal variation	 • Implement an intermediate care programme • Improve timely transfer to community hospital beds and care homes • Increase discharge rates through Criteria-Led Discharge
Partnerships		
 • Develop neighbourhood models of care and same day access in primary care • Develop direct admission pathways with EMAS • Work with the voluntary sector to reduce attendances among high frequency users	 • Implement a frailty SDEC and enhance frailty pathways • Launch new interprofessional standards	 • Optimise care planning • Improve use of virtual wards, procuring a digital platform • Enhance transport provision

Leicester, Leicestershire and Rutland

Urgent & Emergency Care Plan for Children and Young People 2025/26

	Flow in	Flow through	Flow out
Processes & Productivity	 • Develop new ways of working, including a Single Front Door model	 • Introduce e-beds for paediatrics • Reduce the wait for imaging investigations on inpatient wards	 • Maximise capacity in virtual wards • Improve discharge of acute non-complex patients
Capacity	 • Improve paediatric urgent treatment flow and develop a co-located Urgent Treatment Centre at the LRI	 • Implement year 2 of bed expansion • Explore seasonal adjustments of activity to support elective and emergency demand	 • Develop a winter plan to support peaks in demand • Increase discharge rates through Criteria-Led Discharge
Partnerships	 • Develop Rapid Access Clinics • Develop neighbourhood models of care and same day access in primary care	 • Review the interface between primary and secondary paediatric care, improving integration	 • Maximise Outpatient Parenteral Antibiotic Therapy (OPAT) at home

Appendix 2: Immunisation and Vaccination

Immunisation & Vaccination

Vaccination is a national priority for winter 2025/26. The **national flu letter** requires that ICBs plan to:

- Have 100% offer to all eligible groups.
- Maintain flu uptake rates for citizens aged over 65 years and school-age children.
- Improve flu uptake for citizens in a clinical risk group, 2 to 3-year-olds and pregnant women.
- Improve flu uptake for frontline health and social care workers by at least 5% with an ambition for uptake to recover to pre-COVID-19 pandemic rates.
- Maintain COVID-19 vaccination uptake for eligible cohorts.
- Have robust plans in place to identify and address health inequalities for all underserved groups, and progress will be made on reducing unwarranted variation and improving uptake.

Improving Flu Vaccine Uptake

Cohorts	City	County	Rutland	LLR	East Mids	National
Aged 65+	64.5%	78.5%	81.8%	75.4%	77.3%	74.6%
Care home resident	71.2%	80.2%	85.9%	77.9%	80.6%	78.6%
Aged 2 & 3 years	31.9%	46.9%	60.0%	41.6%	42.7%	41.8%
At risk	37.9%	46.1%	49.0%	43.3%	45.4%	44.4%
Healthcare – ESR	29.4%	43.6%	48.6%	37.6%	42.1%	40.5%
Healthcare – self ID	70.6%	73.5%	65.6%	66.8%	68.3%	67.0%
Frontline social care	22.9%	27.4%	30.0%	26.3%	28.2%	26.7%
IS contacts	21.7%	32.9%	47.8%	29.5%	35.4%	29.9%
Immunosuppressed (IS)	31.7%	43.3%	47.5%	39.7%	42.3%	41.6%
Pregnant women*	13.8%	7.2%	4.4%	8.9%	4.6%	8.6%
Primary school	27.8%	49.5%	52.5%	41.4%	49.2%	50.0%
Secondary school	19.0%	40.7%	62.4%	33.4%	41.6%	40.6%

*Data lag discrepancy.
Red = <3% Nat/Mids %. **Green** = >3% Nat/Mids %
(Source: NHSE FDP 02/07/2025)

Priorities and approach to improve uptake

- Pregnant women
  - Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas.
- Children's flu (2-3 years)
  - Actively working with GP practices with <20% uptake.
- Children's flu (school age)
  - Introduction of a new, simpler, more accessible on-line consent process for parents.
- Patients in a clinical risk group i.e. IS, COPD, diabetes, LD etc.
  - Dedicated team to monitor care home delivery, awareness raising via charities and representative groups, tailored LD clinics with drive through option, UHL to vaccinate patients being discharged to care homes.
- Health and social care staff
  - Bookable and walk-in offer, peer vaccination and clinics, promotion and awareness raising, targeting staff groups with lowest uptake.

Improving RSV Vaccine Uptake

Priorities and approach to improve uptake

- Pregnant women
  - Consistent offer via UHL each weekday, community-based clinics and roving unit in low uptake areas, new Community Pharmacy pilot.
- Older adults
  - New community pharmacy pilot (11 sites) in low uptake areas in City, winter awareness campaign, active engagement with GP practices with low uptake rates.

Area	Pregnant women Target 60%	75-79 yrs (catch-up) Target is 70%	75 yrs (routine) Target is 60%
LLR	33.9%	62.2%	**32.1%**
City	27.8%	48.3%	21.0%
County	39.4%	65.4%	35.3%
Rutland	60.0%	68.9%	37.0%

Improving COVID-19 Vaccine Uptake

Priorities and approach to improve uptake

- Large network of providers.
- Tailored LD clinics with drive through option.
- Targeted work with patients whose GPs don't offer the vaccine.

Cohorts**	City	County	Rutland	LLR*	Midlands*	National*
Care home resident	66.0%	77.1%	82.2%	70.9%	70.2%	71.9%
Aged 65+	38.4%	67.4%	74.3%	58.8%	60.1%	60.3%
Aged 5+ at risk**	15.3%	33.9%	39.8%	21.4%	21.8%	22.5%
Frontline healthcare worker***	23.5%	37.3%	50.8%	29.9%	29.7%	33.2%
Social care worker***	40.8%	66.9%	90.4%	39.8%	39.4%	40.1%

Red = <3% Nat/Mids %. **Green** = >3% Nat/Mids %

*Sources: *NHSE Midlands A/W 2024 Performance Report10/02/2025. NHSE FDP 02/07/2025*

*** only immunosuppressed people eligible in 2025/6*

**** not eligible in 2025/6*

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 SEPTEMBER 2025

MENTAL HEALTH AND EARLY INTERVENTION

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD, LEICESTERSHIRE PARTNERSHIP NHS TRUST AND VITA HEALTH

Purpose of report

1. The purpose of this report is to update the Committee on the overarching provision of mental health and early intervention services available locally.

Background

2. The importance of championing good mental health and well-being is well-known.

3. Access to Mental Health support and early intervention has a positive impact in supporting people to achieve good mental health and well-being, preventing further deterioration or placing additional demands on services.

4. This cannot be achieved by any one organisation working alone, but requires a wider partnership approach to ensure services are timely, responsive and joined up. Continued partnership working between local Councils, services for adults and children, education, local communities, GPs and Primary Care, Voluntary, Community, and Social Enterprise sector (VCSE) groups and the NHS all have key roles to play. Public open spaces, housing, employment and public safety also make significant contributions.

5. Currently, local early intervention mental health services include:

Talking therapies

6. NHS Talking therapies, previously known as IAPT, (Improving Access to Psychological Therapies), support people with common mental health problems such as stress, anxiety and depression. They provide a safe space to talk, learn coping strategies and build wellbeing through one-to-one, group, online or phone sessions. Locally Talking Therapies is provided by Vita Health Group.

Support

7. **Step 1** initial support is provided by GPs and includes use of self-help tools, lifestyle advice, or online resources.

8. Where this is insufficient, people can access Talking Therapies mainly at one of two levels.

9. **Step 2** provides early, lower-intensity support such as guided self-help, online Cognitive Behavioural Therapy (CBT) and short courses, helping people learn practical tools and prevent problems worsening.

10. **Step 3** offers higher-intensity, specialist therapy, usually one-to-one and over a longer course, for people with more complex or severe difficulties, or where Step 2 has not been enough.

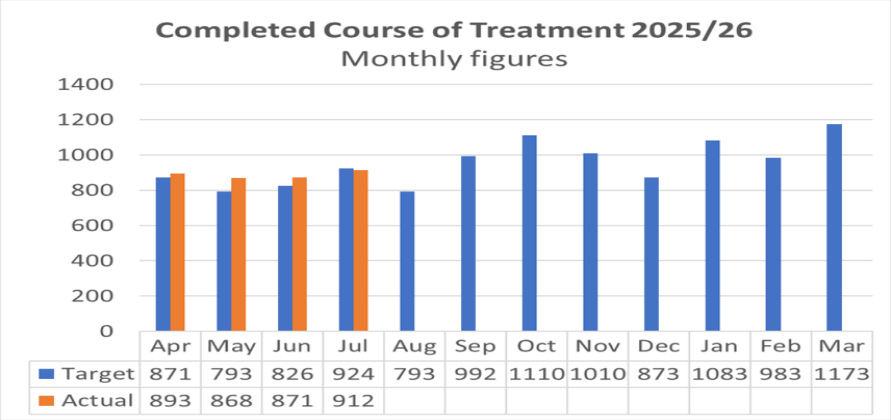
11. Most people can start Step 2 support in around 9 days, so help is available quickly when problems first arise.

12. **Step 3**, provides more specialist therapy, this can take longer because of higher demand and the need for more trained staff.

Completed treatments

13. The service continues to deliver strong outcomes overall, with referrals remaining at high levels. Recovery targets are usually being achieved. Waiting list reduction work is progressing, with the number of patients waiting over 90 days continuing to fall.

14. In July, slightly fewer people completed treatment than planned at 912, (12 below target). A recovery plan is automatically triggered if targets are not reached, with weekly checks on caseloads and closer monitoring of staff time with patients.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	871	793	826	924	793	992	1110	1010	873	1083	983	1173
Actual	893	868	871	912								

15. Performance for the year to date remains on track:
    - 52% of people recovered;
    - 48% achieved reliable recovery;
    - 69% showed reliable improvement;

Tackling inequalities

16. National reports show that people living in the most deprived areas often have poorer outcomes in Talking Therapies. Locally, this can be seen in Leicester City, where recovery rates are below the wider system average despite strong engagement. Reducing these inequalities is a key priority.

Recovery: Impact of Deprivation

Metric	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Recovery - Service	54%	54%	52%	52%	50%	51%
Leicester City	44%	50%	48%	48%	46%	47%
Leicestershire/Rutland	58%	55%	53%	54%	55%	57%
West Leicestershire	61%	58%	56%	55%	51%	50%
Rel Recovery - Service	50%	51%	48%	49%	46%	48%
Leicester City	43%	48%	45%	44%	40%	44%
Leicestershire/Rutland	53%	54%	49%	51%	51%	53%
West Leicestershire	55%	52%	54%	52%	48%	49%
Rel Improvement - Service	67%	71%	70%	67%	68%	70%
Leicester City	65%	70%	66%	62%	61%	66%
Leicestershire/Rutland	68%	74%	73%	69%	75%	74%
West Leicestershire	68%	69%	70%	68%	69%	69%

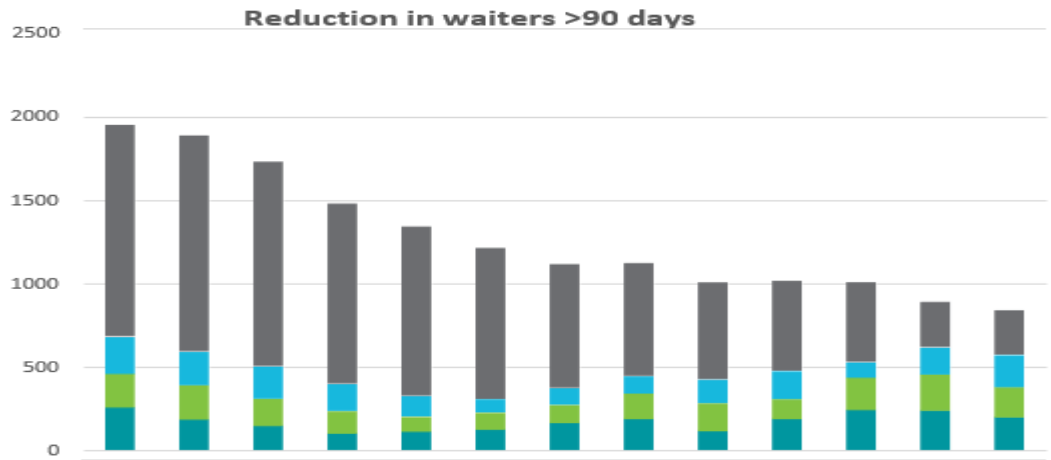
17. Actions to address this include:
    - Offering culturally responsive therapy options and breaking down the barriers by doing things differently such as ‘discussion percussion’ drumming sessions at the African Caribbean Centre.
    - Expanding outreach into community and neighbourhood settings.
    - Focusing on early intervention before problems escalate.

Waiting times

18. To reduce waiting times for Step 3, Vita Health:
    - Checks caseloads weekly to make sure people who need more specialist support are moved up quickly;
    - Monitors staff time spent with people on their caseload, stepping in quickly if things slip;
    - Is training more staff, with more trainees starting in September;
    - Offers different ways to get help, more group sessions and a mix of face-to-face and online support etc;
    - Offers digital tools, online Cognitive Behavioural Therapy (CBT) and guided self-help options immediately;
    - Is working more in the community, making sure that people can access the service;
    - Increasing work with GPs and community groups so people can get earlier support where possible which helps stop problems getting worse and reduces longer waits.

19. Progress so far is significant, but we still need to do more.
    - People waiting over 180 days has reduced by 79% (down to 267) and is expected to be cleared by March 2026
    - People waiting over 90 days has reduced from 1,951 in Aug 2024 to 839 in Jul 2025

20. Once no-one is waiting over 180 days, the service will focus on those waiting over 150 days, then on those over 120 days. The aim is no-one will have to wait over 90 days for higher intensity, Step 3 treatment.



	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
180 days+	1269	1296	1227	1081	1015	907	742	677	581	539	478	271	267
150-180 days	223	201	195	163	124	80	100	105	143	169	93	163	194
120-150 days	202	205	162	133	88	101	107	151	165	118	194	217	180
90-120 days	257	186	147	102	114	125	166	189	117	189	242	238	198

21. The Talking Therapies contract with Vita Health Group has been extended to March 2028. A procurement exercise will select a service provider from April 2028.

22. Several improvement projects are underway:
    - ADHD: People with Attention Deficit Hyperactivity Disorder ADHD often experience poorer outcomes and higher dropout rates. A new ADHD-specific Talking Therapies offer will be co-produced with local VCSE groups and experts with experience. This will be built into the contract from 2026, (see Appendix A)
    - Deaf community: Following the end of the national British Sign Language BSL therapy service, local ICBs now commission this support. A new Deaf-led Talking Therapies offer is being co-produced, informed by the recent Healthwatch consultation, to tackle the significant barriers Deaf people face in accessing talking therapies support.

Mental Health Central Access Point (LPT & Turning Point)

23. The Mental Health Central Access Point (MHCAP) for Leicester, Leicestershire and Rutland (LLR) receives GP and other referrals into Mental Health Services provided by Leicestershire Partnership NHS Trust (LPT). The MHCAP aims to:
    - Improve access to mental health services;
    - Provide mental health support and advice;
    - Reduce attendance at A&E and reliance on other emergency services.

24. The MHCAP is a 24/7, 365-day-a-year service for urgent mental health support, accessible by calling NHS111 #2. It offers a free and confidential phone line, open to all ages, that:
    - Assesses needs;
    - Signposts to other services;
    - Refers to appropriate help, including crisis teams and community mental health services.

25. The MHCAP is provided by LPT and Turning Point (a national third sector organisation), working in partnership to improve accessibility of resources, service delivery and user experience. The MHCAP has a range of staff from Turning Point and LPT who work together to best meet the needs of service users, carers and professional through coordinated delivery. This co-delivered approach draws on the respective strengths of each organisation to support a much wider range of service user needs.

Team Structure

26. The MHCAP team is led by a Service Manager who oversees overall operations. The Deputy Head of Nursing provides clinical oversight. They are supported by an Urgent & Emergency Mental Health Services Matron, Team Manager, Team Leaders, clinical and admin staff who are responsible for day-to-day delivery.

Referrals

27. Referrals can be made by the following, (the list is not exhaustive):
    - Self-referrals via NHS 111 Mental Health Option;
    - GPs / referrals from other professionals, including VCSEs;
    - Family / Carer;

28. GP referrals are sent via PRISM, a secure web-based system for electronic referrals, or via the MHCAP professional line. Referrals are then categorised. Routine referrals are split into:

    1. 5 working day Community Psychiatric Nurse (CPN) referrals (5-day target);
    2. General routine referrals (6-week target)

29. The Co-Ordinator screens all routine referrals each day virtually. This helps identify any increased risk or concern. If appropriate the referral may be escalated to the urgent or emergency waiting list, which regularly happens.

30. It is evident that the current system is effective and understood by GP referrers given the ongoing increase in referral. The number of referrals can be found as **Appendix B.**

Triage and Assessment

31. The service engages with the individual referred and undertakes triage to determine the outcome and support required. Once clinical triage has been completed, signposting information is given for support. Any clinical risks are escalated to the relevant team. If required, onward referral is made to the Neighbourhood team.

32. If there are significant concerns at the point of initial triage requiring an emergency face to face review, it may be appropriate to refer for a face-to-face appointment at the Mental Health Urgent Care Hub (MHUCH) and bypass the clinician triage.

33. The outcome of the clinical triage results in one of the following:
    - Did Not Attend (DNA) / Refusal to engage
    - Onward referral to:
        - the Pharmacist / Medic

    - Crisis Resolution Home Treatment Team / Mental Health Urgent Care Hub
    - other internal LPT services
- No further intervention

34. Timescales for referrals for clinical triage to be completed are:-

- **Emergency** – where there is an imminent risk of harm to the individual or another person and referrals from primary care for crisis intervention – these take precedence over immediate triage **within four hours**;
- **Urgent** - where there is no imminent risk to self or others – triaged **within 24 hours**;
- **Non-urgent** referrals including those to Community Mental Health Teams (CMHT) are defined as routine referrals and triaged up to **5 working days** for a CPN referral **or 6 weeks** for a general routine referral (if the CMHT is accepting direct referrals, then these will be sent to the relevant CMHT for triage);
- All NHS 111 referrals received via email are contacted within **1 hour** of receiving the referral.
- Referrals for further assessment within LPT mental health services are sent to the relevant service following the SystmOne CAP Clinical Process and Pathways for MHCAP (SystmOne is LPT's clinical patient record).

The Role of the Voluntary, Community and Social Enterprise (VCSE) sector

35. The role of VCSEs in supporting Mental Health needs is significant. The voluntary sector is a key partner in local mental health provision.

36. In addition to the long-standing partnership between LPT and Turning Point to deliver the MHCAP the Leicester, Leicestershire and Rutland Integrated Care Board (ICB) and partners have worked closely with the VCSE sector to establish new ways of working, directly involving people in decisions about designing and providing services.

37. This led to the creation of the VCSE Alliance, a network of VCSE partners that currently has 240 member organisations. The Alliance has a Better Mental Health for All (BMH4 ALL) subgroup, with about 100 partners ensuring their involvement at all levels. This works with partners to plan and improve services, for example looking at how to improve talking therapies.

38. Referrals into VCSE services can be made direct to individual services. This includes referrals from neighbourhood leads, mental health cafes and social prescribers. The Joy app, in use locally, has a digital marketplace called the Joy Marketplace. This online platform connects people with local support services and activities, such as community groups, exercise classes, and mental health support. It serves as a directory for individuals, health professionals, and organisations to find and refer people to non-clinical services that improve well-being.

Conclusions

39. This report has been submitted following the request for an update on the current provision of Mental Health early intervention support.

40. The Committee is requested to:

(a) Note the information provided;
(b) Recognise and promote the range of providers able to provide early intervention Mental Health support to people across LLR.

Background papers

41. Not applicable

Circulation under the Local Issues Alert Procedure

42. Not applicable

Equality Implications

43. Not applicable

Human Rights Implications

44. Not applicable

Appendices

Appendix A - ADHD Talking Therapies
Appendix B MHCAP - All Referrals Received from GPs

Officer(s) to Contact

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Systems Transformation Lead
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Appendix A – ADHD Talking Therapies

ADHD affects around **2.5–3.4% of over 16 years**

This means over **40,000 people in Leicester, Leicestershire and Rutland** are likely to be living with ADHD or traits of it.

Many are unaware, undiagnosed, or waiting for assessment (a long Wait List for Assessment (approx. 8000, and increasing pressure via Right to Choose).

Some have a diagnosis but no ongoing support.

The majority will experience **common mental health problems**—especially anxiety, low mood, or emotional dysregulation - over **80% of adults with ADHD** have at least one co-occurring condition.

Many of these difficulties fall within the scope of Talking Therapies

However, current models aren't yet designed for how neurodivergent people engage, think, or function.

Talking Therapies is often the right place to offer support for this cohort…

…but **the way we deliver them needs to change**. Traditional CBT can be hard to access for people with executive dysfunction, sensory overload, or fluctuating motivation.

Objective

To establish a neurodiversity-adapted, multi-modal Talking Therapies pathway that delivers early and effective psychological support for adults with ADHD traits and their families—improving access, engagement, and outcomes within the existing Talking Therapies framework.

ADH-ME adapts the model to fit the person. It offers:

Digital CBT approach to managing ADHD via SilverCloud—self-paced or guided

Skills-focused webinars and peer mentoring

Immersive Virtual Reality CBT—building confidence and reducing avoidance

Neurodiversity-aware clinicians

ADH-ME supports people with both Higher and Lower levels of psychosocial impact.

Whether they're waiting for diagnosis, living with ADHD traits, or simply finding daily life harder than it should be.

It also extends support to parents, carers and family members, who are often impacted too.

It's early help, built with compassion and lived experience.

Ongoing co-design with people who've lived it

ADH-ME is about seeing the person, not just the diagnosis.

It removes the 'D' for Disorder and replaces it with 'ME'—because this is about what people need to function and recover, not what they're missing.

Purpose

To recognise that anxiety, low mood, emotional dysregulation, and burnout are common in adults with ADHD, and fall within the scope of Talking Therapies

To ensure those awaiting diagnosis—or living with ADHD traits—can access timely, appropriate support, regardless of diagnostic status

To adapt delivery of the service via a multi-modal approach

To prevent deterioration, reduce reliance on crisis services, preserve employment, and improve wellbeing—through care that is early, accessible, flexible, and affirming

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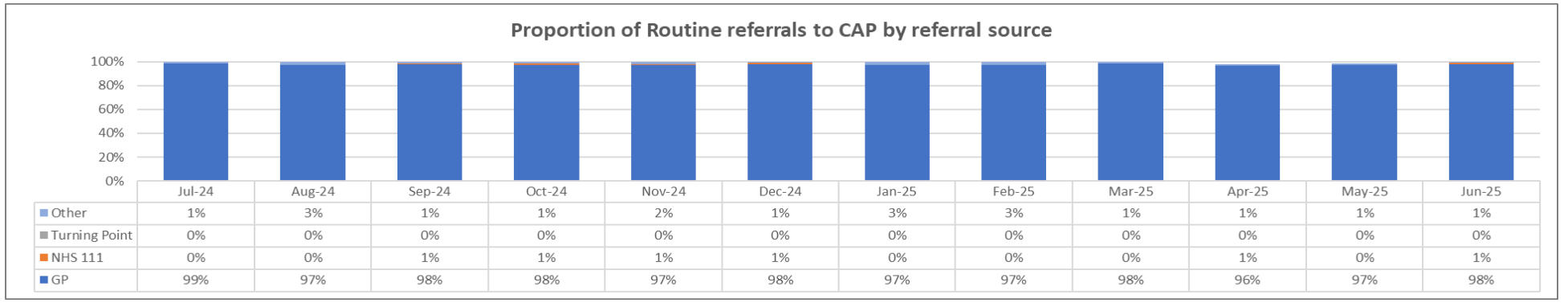
Appendix B - MHCAP: Referrals

MHCAP Referrals – Routine

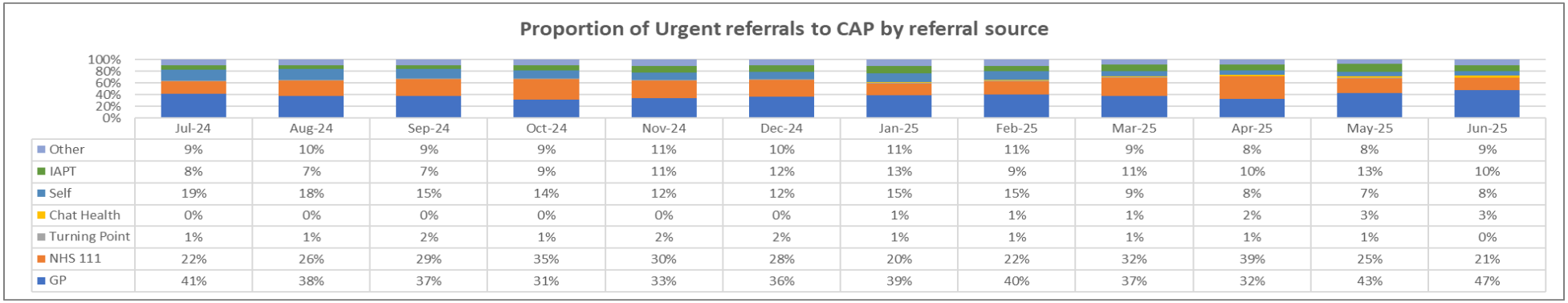
Routine	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
Referral Accepted	242	235	280	408	406	312	350	379	457	321	347	383	**4120**



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Other	1%	3%	1%	1%	2%	1%	3%	3%	1%	1%	1%	1%
Turning Point	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
NHS 111	0%	0%	1%	1%	1%	1%	0%	0%	0%	1%	0%	1%
GP	99%	97%	98%	98%	97%	98%	97%	97%	98%	96%	97%	98%

MHCAP Referrals – Urgent

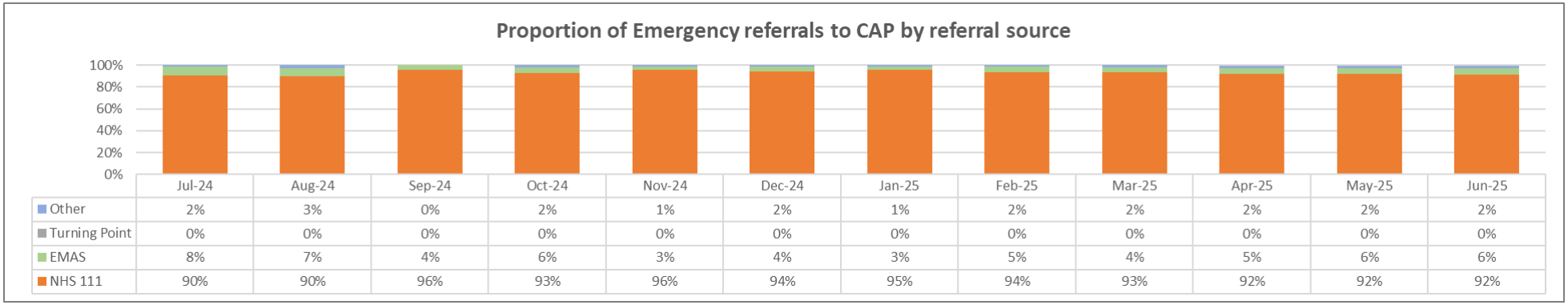
Urgent	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
Referral Accepted	1066	1207	1148	1182	1017	964	874	923	1032	1013	834	868	**12128**



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Other	9%	10%	9%	9%	11%	10%	11%	11%	9%	8%	8%	9%
IAPT	8%	7%	7%	9%	11%	12%	13%	9%	11%	10%	13%	10%
Self	19%	18%	15%	14%	12%	12%	15%	15%	9%	8%	7%	8%
Chat Health	0%	0%	0%	0%	0%	0%	1%	1%	1%	2%	3%	3%
Turning Point	1%	1%	2%	1%	2%	2%	1%	1%	1%	1%	1%	0%
NHS 111	22%	26%	29%	35%	30%	28%	20%	22%	32%	39%	25%	21%
GP	41%	38%	37%	31%	33%	36%	39%	40%	37%	32%	43%	47%

MHCAP Referrals – Emergency

Emergency	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
Referral Accepted	299	271	364	299	412	337	415	434	447	518	596	836	**5228**



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Other	2%	3%	0%	2%	1%	2%	1%	2%	2%	2%	2%	2%
Turning Point	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
EMAS	8%	7%	4%	6%	3%	4%	3%	5%	4%	5%	6%	6%
NHS 111	90%	90%	96%	93%	96%	94%	95%	94%	93%	92%	92%	92%

The increase in the number of referrals received from GPs suggests confidence in the process and how the service is operating . Electronic referral is convenient and efficient for GPs. We are not aware of any GP concerns or complaints about the routine referral process.

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 SEPTEMBER 2025

JOINT LOCAL HEALTH & WELLBEING STRATEGY 2022-2032 REVIEW

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to seek the views of the Committee on recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review.

Policy Framework and Previous Decisions

2. Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act (2012) and were operational within each local authority from 1st April 2013. HWBs are responsible for a number of statutory duties, which includes the development and publication of a JLHWS.

3. The 10-year JLHWS for Leicestershire was approved by the Health and Wellbeing Board in February 2022

4. It is worth highlighting that at the same time the Health and Care Act 2022 amended section 116A of the Local Government and Public Involvement in Health Act 2007, to replace references to 'clinical commissioning groups' with 'integrated care boards' (ICBs), it also renames 'joint health and wellbeing strategies' (JHWS) to 'joint local health and wellbeing strategies' (JLHWS).

Background

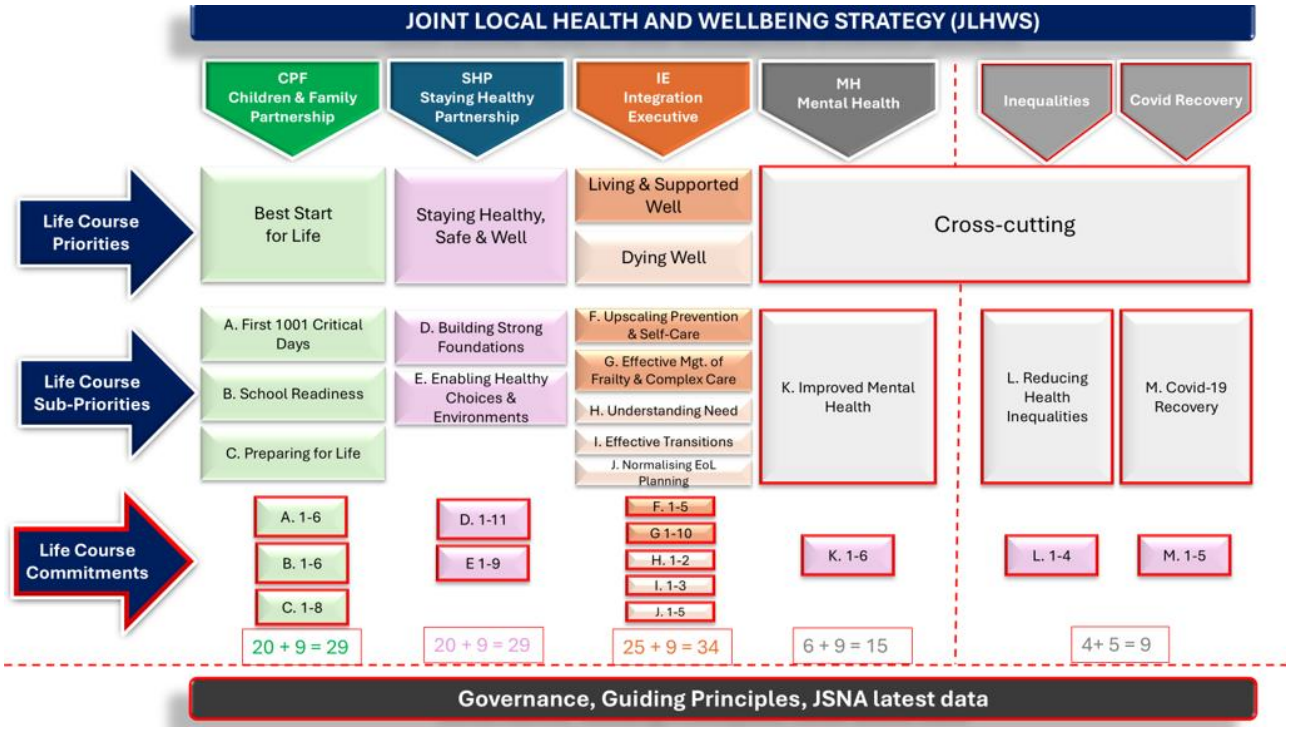
5. The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the Joint Strategic Needs Assessment (JSNA) to improve the health, care and wellbeing of local communities and reduce health inequalities. The strategy approved in February 2022 comprises of four strategic priorities (that take a life course approach), three cross-cutting priorities, ten sub-priorities and eighty commitments.

6. Four Health and Wellbeing Board subgroups are responsible for delivering against each strategic priority cited below, as well as two crosscutting priorities (Health Inequalities and Covid-19 recovery). The sub-groups are also responsible for providing regular progress updates to the HWB:

   - **The Children and Family Partnership Board** – Best Start for Life.

- **The Staying Healthy Partnership Board** – Staying Healthy, Safe and Well.
- **The Integration Executive** - Living and Supported Well and Dying Well.
- **The place-based Mental Health Group** – Improving Mental Health (as a crosscutting theme).

Illustrated below is a diagram showing the subgroups and the life course priorities and cross cutting priorities they are currently responsible for. It outlines the four-life course strategic priorities, the 10 sub-priorities and associated commitments (80 in total). Additionally, the diagram demonstrates the three cross-cutting priorities, underpinning governance, guiding principles, and the supporting JSNA data that inform and guide the work being undertaken. Those areas highlighted in red are in scope of the review.



7. The 10-year JLHWS was approved by the HWB in February 2022 with the view that a review will take place every 3 years to ensure that the priorities and commitments remain relevant.

8. It was agreed by HWB members at a development session in July 2023 that the life course approach was the right approach. This approach also aligns with the priorities within the LLR Integrated Care Strategy therefore the aim of the review is to focus on the JLHWS commitments within each strategic life course priority as opposed to the life course priorities and sub-priorities themselves.

9. It was agreed at the meeting of the HWB on 5 December 2024 that the review will commence in February 2025 and conclude by September 2025 and the sub-groups will analyse the commitments and advise the HWB of any proposed deletions, alterations and/or additions with a rationale. These will be considered by the HWB at its meeting on 25 September 2025.

Purpose of the Review

10. The purpose of the review is to ensure the strategy remains relevant and effective in addressing current and emerging health and wellbeing priorities. By evaluating commitments against the latest data and other key evidence, the review will identify whether the commitments remain appropriate. It will also assess cross-cutting priorities to assess their relevance whilst providing an opportunity to incorporate new priorities and associated commitments. The review will also provide valuable insights to guide both ongoing activities and the development of future work.

Approach to the Review

11. The review commenced in February following approval from Health and Wellbeing Board (HWB). Governance for the review has been designed to be agile, with HWB providing strategic oversight and retaining responsibility for approving and signing off the final strategy. The process has been led by a Steering Group made up of diverse representation across system, place and neighbourhood and the voluntary sector. This broad and inclusive approach ensured the right stakeholders were engaged at the right time, supporting a flexible and responsive process. The steering group has been co-chaired by representatives from Leicestershire County Council (LCC) and the Integrated Care Board (ICB).

12. A review of commitments was undertaken by each subgroup during May and June 2025, with all subgroup members invited to participate in dedicated review workshops. To support meaningful engagement and inform proposed changes, additional stakeholders with responsibility for, or a significant interest in the strategy were also invited. Ample notice and flexibility were provided to encourage attendance, with workshops delivered in a hybrid format (online, in person and mixed) to ensure broad accessibility. Stakeholders represented a wide cross-section of system, place and neighbourhood and encompassed voices from the voluntary sector.

13. The guiding principles for the strategy review are illustrated below:

- **Co-production & Stakeholder engagement** – Involvement of key stakeholders at all levels and conduct meaningful engagement activities.

- **Outcome focused** – Ensure outcomes are clear and measurable and align with improving the health and wellbeing of Leicestershire's population. The strategy review will not just define the commitments but the impacts of achieving them.

- **Evidence-driven** – review of decisions will be based on the latest health research, local data and insights. Most recent data will be incorporated to track trends and inform priorities.

- **Integration across place and system & place and neighbourhood** – Align efforts to ensure a joined-up approach across health, public health, social care and other sectors. Reduce silos by fostering collaborations and shared accountability across organisations.

- **Flexibility & Adaptability** – designed to adapt to emerging challenges, such as technological advances, societal changes or shifts in health priorities and build in mechanisms for regular review and iteration.

- **Whole population & targeted approaches** – address health and wellbeing of entire population while targeting interventions for those with the greatest need. Consider both universal and targeted measures to achieve equity.

- **Life Course Perspective** – structure the strategy around the key life stages, ensuring interventions support health and wellbeing throughout the life-course.

- **Focus on prevention** - prioritise preventative measures to reduce health risks over time building at individual, community and systems levels to prepare for future challenges.

- **Sustainability & long-term thinking** – strategy is sustainable and designed with a long-term vision whilst considering changing needs.

- **Transparency & Accountability** – clear governance structures with defined roles and responsibilities with regular updates on performance against objectives/targets.

- **Inclusivity** – reflect diverse voices in the strategy review.

- **Leverage Opportunities and Innovations** – capitalise on new opportunities and foster innovations to keep the strategy agile and forward thinking

Data Packs

14. Data packs were produced for each subgroup, containing the latest Joint Strategic Needs Assessment (JSNA) indicators for Leicestershire. These packs showed whether indicators had remained stable, improved, or worsened over time and included relevant recommendations from recent JSNAs. As all proposed changes to commitments required a clear and evidence-based rationale, the data provided a valuable foundation to support informed decision-making within each subgroup.

Key Themes Identified

15. During the review of the current commitments, each subgroup used the latest data and insights to assess relevance and clarity. A number of key themes emerged across the subgroups and are described below:

    - Commitments contained a mix of actions, success measures, or high-level visions, rather than clear and consistent statements.

    - Some commitments were outdated and referenced strategies or documents that were no longer in use.

    - Duplication existed across several commitments reducing clarity and focus. This made them difficult to manage and track progress effectively.

- Some commitments overlapped with or were more appropriately aligned to broader cross cutting priorities.

- Data and insights highlighted emerging needs demonstrating that new commitments needed adding or existing ones refining to reflect current challenges and opportunities.

- Some commitments were too broad or high level making it challenging to define concrete actions and align them with success measures capable of demonstrating meaningful impact on health and wellbeing.

16. In conclusion, aligned with the evidence and identified need, the majority of the strategy remains relevant and fit for purpose. However, refinement was required to enhance clarity and effectiveness. Certain components are better framed as commitments, reflecting core values and long-term priorities, while others align more naturally with the action plans to guide implementation. Additionally, some elements are more appropriately defined as success measures to support monitoring and evaluation. This realignment will ensure that the strategy remains focused, actionable, and responsive to the evidence and evolving context.

Proposal

17. The following section of the report outlines the key recommendations made by each subgroup as part of the review process. These recommendations reflect the insights gained from data analysis, stakeholder engagement and the evaluation of existing commitments. Full details of original strategic commitments and subgroup recommended changes can be found in **Appendix 1**

    The sections below provide a high-level summary of the recommended changes.

Children & Family Partnership

18. The Children and Family Partnership is responsible for delivering on the 'Best Start for Life' strategic priority and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Best Start for Life:

Sub- Priorities	Agreed Areas of Focus/Themes
1001 critical Days	• Infant Feeding • Access & support to the right services for early development, health & wellbeing & maternal health and wellbeing
School Readiness	• Building the foundations for school readiness, speech & language, emotional wellbeing and good health • Helping families to access & understand the most appropriate services and entitlements
Preparing for Life	• Uptake of vaccinations, boosters and screening • Supporting health and independence, transitions & future wellbeing

Staying Healthy Partnership

19. The Staying Healthy Partnership is responsible for delivering on the 'Staying Healthy, Safe and well' strategic priority and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Staying Healthy Safe & Well:

Sub- Priorities	Agreed Areas of Focus
Building Strong Foundations	• Health & equity in all policies • Healthy environments (placemaking) • Healthy workplaces & local economy • Healthy homes • Healthy & safe communities
Enabling Healthy Choices & Environments	• Enabling healthy choices & behaviours • Healthy weight, food & nutrition

Integration Executive

20. The Integration Executive is responsible for delivering on the 'Living & Supported Well' and 'Dying Well' strategic priorities and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Living & Supported Well:

Sub- Priorities	Agreed Areas of Focus
Up Scaling Prevention & Self Care	• Empowering self-care • Falls prevention & management • Access to housing, care & tools to support independence • Access to care services • Support for carers
Effective management of Frailty & Complex Care	• Early identification of need • Joined up services to support independent living • Care in the community / care closer to home

Dying Well:

Sub- Priorities	Agreed Areas of Focus
Understanding the Need	• Understanding the need • Support with planning • Coordinated & streamlined services
Normalising end of Life Planning	

Sub- Priorities	Agreed Areas of Focus
Effective Transitions	• Access to information • Bereavement support for carers

Mental Health Place Based Group:

21. The Mental health Place-based Group is responsible for delivering on the 'Improving mental health' cross cutting priority and detailed below are the proposed themes of focus (see appendix 1 for existing commitments):

Improving Mental Health:

Sub- Priorities	Agreed Areas of Focus
Improving mental Health	• Prioritising mental & physical health equally • Preventing suicide • Dementia Support • Access to mental health services including effective transitions • Mental health promotion & prevention

Health Inequalities - Cross Cutting Priority:

22. All subgroups reviewed the cross-cutting priority of health inequalities as part of the strategy review. There was a strong consensus that this priority should be strengthened through inclusion of an overarching strategic commitment. In addition, each subgroup agreed to develop its own tailored plan to address health inequalities within their specific population or area of focus. This approach ensures both collective accountability and targeted action, supporting more effective and equitable outcomes across the system.

COVID-19 Recovery - Cross Cutting Priority:

23. All subgroups also reviewed the existing cross cutting priority on COVID-19 Recovery. There was collective agreement that this should no longer remain a standalone priority, as the context has evolved significantly since the height of the pandemic. Instead, the subgroups supported replacing this with a broader more future focused strategic commitment to health protection. This shift reflects a more comprehensive approach to managing ongoing and emerging risks to the health of the public, ensuring resilience and preparedness across the system.

Consultation

24. A formal public consultation was not undertaken as part of the strategy review, as this was a review rather than a full refresh. A comprehensive public consultation was carried out when the strategy was first developed three years ago, and it was approved by HWB at its meeting on 5 December 2024 that it was not considered necessary to repeat the process. Instead, the review drew on existing insights from a co-ordinated approach between Healthwatch Leicestershire and Voluntary Action Leicestershire.

Resource Implications

25. Health & Wellbeing Board Activity is within existing budgets

Timetable for Decisions

26. Recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 will be presented to the Health and Wellbeing Board on 25 September 2025.

Conclusions

27. The purpose of this report is to seek the views of the Committee on the proposed changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review.

Background papers

28. Joint Health and Wellbeing Strategy 2022-2032: https://www.leicestershire.gov.uk/sites/default/files/2024-04/JointHealthandWellbeing-Strategy-2022-2032.pdf

Circulation under the Local Issues Alert Procedure

29. N/A

Equality Implications

30. An Equality Impact Assessment was undertaken in 2022 at the time the Strategy was developed and remains valid (Current EHRIA can be viewed in **Appendix 2**). At this stage, only a light touch update is considered necessary to ensure alignment with the current strategic context. Over time, as individual initiatives are designed and implemented through the associated action plans, each will be subject to its own comprehensive EHRIA to assess and mitigate any potential impacts.

Human Rights Implications

31. There are no human rights implications arising from the recommendations in this report.

Other Relevant Impact Assessments

32. The JLHWS review focuses on the commitment from partners in delivering the strategic objectives to improve the health and wellbeing of Leicestershire residents

Risk Assessment

33. A full risk assessment has been managed as part of the project

Appendices

34. **Appendix 1 -** Full details of original strategic commitments
35. **Appendix 2 –** EHRIA

Officer(s) to Contact

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Life Course Priority - Best Start for Life

	STRATEGIC SUB-PRORITY - 1001 Critical Days		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will embed the Governments vision for 'The best start for life. A vision for the 1,001 critical days' through a local 1001 Critical Days Children's Manifesto and communication campaign.	**REMOVE**	N/A
2	We will have joined up, accessible pre -school services, family hubs, an empowered workforce and clear local and national direction, vision and service improvement. This will include an integrated Early Years Pathway to identify and support vulnerable children.	**CHANGE**	We will have joined up, accessible pre -school services, an empowered workforce, clear direction, vision and continuous improvement of services.
3	Embed the additional 3-4 month and 3.5 year checks into our public health nursing service.	**REMOVE**	N/A
4	We will invest in evidenced based breastfeeding support for mothers across Leicestershire. Supporting them to initiate and continue breastfeeding for as long as they choose. Support will be prioritised for those in white other ethnic groups and younger mothers.	**CHANGE**	We will invest in evidence-based breastfeeding support to enable parents to initiate and continue breastfeeding for as long as they choose, promoting healthy infant development and maternal wellbeing
5	We will work to further increase uptake of childhood immunisations programmes especially boosters due at age 1 and 2 years.	**REMOVE**	N/A
6	We will empower families to feel confident and supported to develop and grow . This will include support to access the most appropriate services for emotional health and wellbeing, minor aliments (including gastro, respiratory/ bronchitis and head injuries) and home safety.	**CHANGE & NEW**	We will empower families to feel confident and supported to develop and grow. This will include support to improve health literacy and access to the most appropriate health and wellbeing services We will ensure services are provided to support perinatal maternal mental health to support the best outcomes for the first 1001 critical days.

	STRATEGIC SUB-PRORITY - School Readiness		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)

1	We will take a proportionate universalism approach and focus on narrowing the development gaps that affect children and families who are at the greatest disadvantage (e.g. those who access FSM, live in poverty or have a poor home environment, have SENDs and/or are in our care).	**REMOVE**	N/A
2	We will support parents and families to build on their understanding of children's needs so that they are able to understand what good looks like and get their children off to a good development start.	**CHANGE**	We will encourage parents to promote positive home learning environments that will support readiness for school, emotional wellbeing and good health and contribute to positive health outcomes for children.
3	We will provide support to embed physical activity into young children's lives through interventions that improve fine and gross motor skills.	**REMOVE**	N/A
4	We will ensure access to support early development of speech, language and communication.	**CHANGE**	We will develop a speech, language and communication pathway
5	We want to help families access free high-quality childcare and early education that is fully inclusive and accessible.	**CHANGE**	To promote the benefits of funded high quality childcare and early education to increase take up of FEEE
6	We will support improving maternal mental health and physical activity to allow parents and carers to be in the best position they can be to support their children.	**CHANGE**	We will enable families to access services that promote maternal physical & emotional wellbeing and improve understanding of health & development

	STRATEGIC SUB-PRORITY - Preparing for Life		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** **(Steering Group agreed to be refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will work with young people, partners, parents and schools to increase HPV and Covid-19 Vaccination uptake.	**CHANGE**	We will work with young people, families and professionals to improve uptake of immunisations and boosters, supporting life-long health & resilience
2	We will investigate the causes of the increasing levels of children in care and work with families to prevent this whenever possible.	**REMOVE**	N/A
3	We will ensure there are opportunities for all 16-17 year olds to gain education, employment and training.	**REMOVE**	N/A

4	We will develop the Healthy Schools and secondary school children's public health service to help build informed, healthy, resilient young people that have skills to stay safe from harm and are ready to enter the adult world.	**REMOVE**	N/A
5	We will ensure there is appropriate emotional and mental health support for children and young people as part of the Covid recovery.	**CHANGE**	We will ensure there is appropriate emotional and mental health support for children and young people and continue to have a good understanding of the key issues that impact their emotional and mental health
6	We will ensure that children and young people have access to the services they need to gain and maintain an active lifestyle and healthy weight.	**CHANGE**	We will ensure that children and young people grow up in the environment they need to achieve and maintain a life long active lifestyle and healthy weight.
7	We will support the workforce to embed a Trauma Informed Approach to reduce the impact of Adverse Childhood Experiences on later life.	**REMOVE**	N/A
8	We will ensure that children with SEND and learning disabilities have access to the support they need and a seamless transition into adult services.	**CHANGE & NEW**	We will provide timely and effective health and wellbeing support to enable children and young people with SEND and complex needs to thrive and belong in their communities and to transition well into adulthood. We will raise awareness of the effect of screen time on the health, wellbeing and safeguarding of young children

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Life Course Priority - Staying Healthy, Safe & Well

	STRATEGIC SUB-PRIORITY - Building Strong Foundations		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will work with partners to deliver the Leicestershire wider determinants action plan, this will include a Health and Equity in all Policies approach to all we do	**CHANGE & NEW**	We will prioritise a health & equity in all policies approach to all we do We will work together to shape healthy places and create strong, connected and resilient communities where everyone can thrive
2	We will further grow Leicestershire's economy and support recovery from the Covid pandemic including work with the Leicester and Leicestershire Enterprise Partnership, Levelling Up and having economic growth for all. We will support those in poverty to access the support to gain employment and eligible benefits and hardship.	**CHANGE**	We will work with partners & employers to create healthier, fairer and inclusive workplaces that enable more people to access, stay-in and thrive in work
3	We will work to ensure everyone has 'good work' for them. Supporting people to enter and maintain good employment/skills and support those with health and care needs to keep their jobs, with particular attention to sickness absence (due to musculoskeletal and mental health conditions) and an aging workforce. We will also consider the role of workplaces in supporting health and wellbeing	**CHANGE**	As Above
4	We want everyone to have access to a good home. We will work with partners to ensure high quality new and current housing that has access to green space and supports good health and wellbeing. We will also work to collaboratively prevent homelessness whenever possible.	**CHANGE**	We will work together to improve the quality of and access to homes which are safe, warm and support good health
5	We will work with system partners to support adults with mental health challenges to live independently.	**TRANSFER**	N/A
6	We will effectively and equitably plan for our growing and older population to ensure everyone has access to the services, transport and infrastructure they need.	**REMOVE**	N/A
7	We will work with Community Safety Partnerships to maintain low levels of crime and support community cohesion including work to reduce domestic violence and implement the Domestic Abuse Act 2021.	**CHANGE**	We will work together to create healthy, safe, inclusive and resilient communities
8	We will implement the Air Quality and Health Action Plan.	**REMOVE**	N/A

9	We will collaborate with the Leicestershire planning system and developers to explore a new approach to the design of our residential, employment and town centre environments to increases active travel, green infrastructure and reduction in motorised transport	**REMOVE**	N/A
10	We will support families out of fuel poverty and into affordable warmth	**REMOVE**	N/A
11	We will review the health impacts of climate change to support wider environmental workstreams to embed a health lens into their approach	**REMOVE**	N/A

	STRATEGIC SUB-RIORITY - Enabling Healthy Choices & Environments		
	Original Commitments in Leicestershire 2022 Strategy		**Suggested Wording** **(Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will increase knowledge and access to prevention services through embedding Making Every Contact Count training and a social prescribing approach across our collective workforce.	**CHANGE**	We will Create an environment to support & empower healthy choices and reduce unhealthy and risk taking behaviours
2	We will deliver targeted, effective and consistent health and wellbeing communications to empower Leicestershire to make healthy choices, including how to access services.	**REMOVE**	N/A
3	We will work with partners to deliver the Leicestershire Healthy Weight strategy, Food Plan and Active Together Partnership Physical Activity Framework	**CHANGE**	We will take a whole systems approach to creating healthier food environments, promoting good nutrition and supporting active lifestyles
4	Through the Leicestershire Sexual Health Strategy, we will improve sexual health outcomes including chlamydia detection, HIV testing and combatting the increasing levels of abortion.	**REMOVE**	N/A
5	We will further develop the ABCD, strengths-based approach to build social capital and strong, connected and resilient communities.	**REMOVE**	N/A
6	We will work with businesses to support enabling healthy choices through their shop/ supermarket.	**REMOVE**	N/A
7	We will work to further develop active travel across Leicestershire including a review of connected and walkable neighbourhoods and rural connectivity to understand how these impacts on healthy behaviour and environments.	**REMOVE**	N/A

8	We will work with planners and licensing officers to further build a healthy environment across Leicestershire reviewing fast food outlet and alcohol premise density.	**REMOVE**	N/A
9	We will invest in improving vaccination and screening rates (including cancer and health check coverage). This will include understanding the reasons for the decline in cancer screening rates and a targeted approach for those populations most at risk of premature mortality from cancers.	**REMOVE**	N/A

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Life Course Priority - Living & Supported Well

	STRATEGIC SUB-PRIORITY - Up Scaling Prevention & Self Care		
	Original commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** **(Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will empower patients to self-manage their long-term condition(s) through a variety of routes for different needs, including the use of expert patient programmes, social prescribing, digital approaches, assistive technology, accessible diagnostics and support.	**CHANGE**	We will empower patients to self-manage their long-term condition(s)through a variety of routes for different needs, in partnership with health proactive care.D5:D9
2	We will deliver the Adults and Communities strategy including building asset-based approaches and social prescribing to work with and for people and communities.	**REMOVE**	N/A
3	We will reduce the number of falls that people over 65 experience, including people in residential and nursing care homes.	**CHANGE**	We will strengthen services to reduce the risk and impact of falls
4	We will support the Adults and Communities Accommodation Strategies and Investment Prospectus to ensure people living with disability and long term conditions have access to the right housing, care and support.	**CHANGE**	We will support people with disabilities and long-term conditions to live independently through access to suitable housing, care, equipment, adaptations, technology and personalised support.
5	We will work to improve access to health and care services including primary care and appropriate funding support.	**CHANGE** **NEW**	We will make the best use of available resources to improve access to health & care services We will support carers to improve their quality of life, be included in decisions about the person they care for, and easily access information they need

	STRATEGIC SUB-PRIORITY - Effective Management of Frailty & Complex Care		
	Original commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** **(Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)**
1	We will build on the LLR Population Health Management framework and development programme, translating implications to Leicestershire to identify those at greatest risk of poor health outcomes including multiple hospital admissions.	**CHANGE**	We will build on the LLR Population Health Management framework to create a proactive care model, identifying needs earlier in order to avoid crisis
2	We will provide joined up services that support people and carers to live independently for as long as possible, including those with dementia. Supported by integrated health and social care workforce this will ensure that the patient sees the right person for your problem at the right time.	**CHANGE**	We will provide joined up services that support people and carers to live Independently for as long as possible in the place people call home. This will be supported by a joined up and coordinated workforce to ensure that the person sees the right services at the right time.

3	We will deliver an effective health and care integration programme that will deliver the Home First step up and step down approach for Leicestershire.	**REMOVE**	N/A
4	We will seek to develop a more qualitative, holistic approach to care planning and risk management, exploring ways in which this could be delivered by a wider range of professionals across Leicestershire through Integrated Neighbourhood Teams.	**CHANGE**	We will develop care in the community models which include proactive management of conditions including asset-based approaches; working closely with voluntary sector support where possible
5	We will improve the quality and coverage of joined up care planning for the most vulnerable including strengthening care planning links across primary and secondary care to achieve 95% of the vulnerable population having a care plan in place.	**REMOVE**	N/A
6	We will continue to implement the LLR Carers strategy for Leicestershire and strengthen links with the LLR Carers Board.	**REMOVE**	N/A
7	We will work to measure and reduce the number of emergency bed days people with Long Term Conditions experience.	**REMOVE**	N/A
8	We will offer a two hour crisis response for people that may otherwise need to attend hospital (target 80% by April 2022).	**REMOVE**	N/A
9	We will reduce the number of permanent admissions to residential and nursing homes.	**REMOVE**	N/A
10	We will ensure eligible people receive reablement within 2 days of discharge.	**REMOVE**	N/A

Life Course Priority - Dying Well

	STRATEGIC SUB-PRIORITY - Understaning the Need		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will carry out a Joint Strategic Needs Assessment chapter looking at end of life specifically.	**REMOVE**	N/A
2	We will seek to gather views from people to understand what dying well means to them and how this could be achieved.	**REMOVE**	N/A

	STRATEGIC SUB-PRIORITY - Effective Transitions		
	Original Commitments in Leicestershire 2022 Strategy		**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will seek your views on what planning and services for late and end of life should look like and how you should be informed about your choices.	**REMOVE**	N/A
2	We will ensure there is a clear transition in care planning from living with long term conditions into the later and end of life.	**CHANGE**	We will ensure people, families and professionals have access to the right information and support to enable clear, confident decision making and smoother transitions at end of life
3	We will ensure there is appropriate support for carers following the bereavement of a loved one so they can have a supportive transition into the next stage of their lives.	**CHANGE**	We will ensure that carers are supported through bereavement with appropriate, timely & compassionate support that acknowledges the transition from a caring role

	STRATEGIC SUB-PRIORITY - Normalising End of Life Planning		
	Original Commitments in Leicestershire 2022 Strategy		**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will offer care plans and ReSPECT plans to all vulnerable people, with a take up target of 95%.	**CHANGE**	We will prioritise end of life planning as a core part of personalised care, ensuring partners are informed, confident, educated and equipped to support open, compassionate conversations that help make planning a normal part of life.
2	We will use our better understanding of needs through the JSNA chapter to consider other aspects of end-of-life planning.	**CHANGE**	We will use evolving data and insights to continuously improve our understanding of what it means to die well, ensuring this shapes how needs are recognised and responded to
3	We will develop a social marketing campaign based on insight to normalise end of life planning.	**REMOVE**	N/A

4	We will educate our workforce so that everyone understands how to support people at end of life.	**REMOVE**	N/A
5	We will improve co-ordination of care at end of life, as measured through patient feedback	**CHANGE**	We will improve co-ordination of care at end of life, between health and care partners to offer more streamlined support

Cross-Cutting Priority - Mental Health

	CROSS CUTTING SUB-PRIORITY - Improved Mental Health		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will prioritise Mental Health on an equal basis to physical health in plans, investment and focus, considering the links between physical activity and good mental health and how mental health is linked to other conditions.	**CHANGE**	We are committed to advocating for the equal prioritisation of mental health alongside physical health in system planning, investment and service delivery, recognising that mental health as a key driver of overall health outcomes.
2	We will seek to co-produce a Prevention Concordat for Better Mental Health for Leicestershire to align organisations to further support mental health and wellbeing and prevent poor mental health.	**REMOVE**	N/A
3	We will continue to focus on maintaining low rates of suicide and impact of suicide, supporting work of the LLR Suicide Strategy.	**CHANGE**	We are committed to reducing suicide and save lives through sustained mental health action, early intervention and partnership working aligned with local and nationalprevention strategies.
4	We will continue to support the system work on children and young people's emotional health and well being.	**CHANGE NEW**	We will continue to work as a system to improve access to mental health and emotional wellbeing support for children and young people across LLR, whilst working to improve pathways between services to ensure a more seamless journey and experience. We will ensure seamless, person-centred transitions for young people moving from child to adult mental care services
5	We will listen and respond to the Leicestershire population in the 'Step up to Great Mental Health' consultation and propose to deliver a variety of changes for our population through the LLR and Leicestershire specific Step up to Great Mental Health programme and associated Mental Health investment.	**REMOVE**	N/A
6	We would support key recommendations of the Dementia JSNA Chapter and LLR Dementia Strategy (due to be reviewed in 2023). This will include improving dementia diagnosis rates and ensuring clear links between healthy lifestyle and risk of dementia through MECC Plus and Health Checks	**CHANGE**	We are committed to supporting the mental health & wellbeing of people living with or affected by dementia, through prevention, early intervention & integrated support

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Cross-Cutting Priority - Health Inequalities

	CROSS CUTTING SUB-PRIORITY- Health Inequalities		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We want equitable access, excellent experiences and optimal outcomes for all those using health and care services across Leicestershire. To do this we will embrace a proportionate universalism' approach where interventions are targeted to enable a 'levelling up' of the gradient in health outcomes. This means that although there will be a universal offer of services to all, there will be justifiable variation in services in response to differences in need within and between groups of people, that will aim to bring those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes. (I.e. developing the national CORE20PLUS5 initiative.)	**CHANGE**	We want equitable access, excellent experiences and optimal outcomes for those using mental & physical health and care services across Leicestershire
2	We will embed a Health Equity in all policies approach, utilising anchor institutions, training our leaders on health inequalities and ensuring we are collating data to analyse health inequalities effectively.	**REMOVE**	N/A
3	Within the NHS we will also prioritise the five key clinical areas of health inequalities including early cancer diagnosis (screening & early referral), hypertension case finding, chronic respiratory disease (driving Covid & Flu vaccination uptake), annual health checks for people with serious mental illness and continuity of maternity care plansxii.	**REMOVE**	N/A
4	We will review the health inequalities across Leicestershire in particular understanding the impact of Covid-19 on our most disadvantaged populations including those living in the most deprived areas or groups (including military and veterans, carers, those with a disability and LGBTQ+).	**REMOVE**	N/A

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Cross-Cutting Priority - COVID-19

	CROSS CUTTING SUB-PRIORITY - Covid-19 Recovery		
	Original Commitments in Leicestershire 2022 Strategy	**Keep, Change, Transfer or Remove**	**Suggested Wording** (Steering Group agreed to review & refine wording of commitments during phase 2 & develop action plans/success measures)
1	We will support our population to get timely access to the Covid-19 vaccinations that are appropriate to them.	**REMOVE**	N/A
2	We will ensure our health and care services are equipped to manage the impact of Covid-19 directly and indirectly for the longer term.	**REMOVE**	N/A
3	We will use the results from the Covid-19 Impact Assessment to target specific interventions and vulnerable groups throughout the wider strategy implementation.	**REMOVE**	N/A
4	We will support Leicestershire to live with Covid-19 circulating within our population in the longer term.	**REMOVE**	N/A
5	We will ensure we maintain a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.	**CHANGE**	We will ensure we maintain a collaborative health protection approach and response ready for future as part of crisis management plans

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APPENDIX 2

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that, as an Authority, we do not discriminate and we are able to promote equality, diversity and human rights.

Please refer to the EHRIA guidance before completing this form. If you need any further information about undertaking and completing the assessment, contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Leicestershire Joint Health and Wellbeing Strategy
Department and section:	Public Health – Partnership Strategy led by Health and Wellbeing Board
Name of lead officer/ job title and others completing this assessment:	Vivienne Robbins – Public Health Consultant Sally Vallance – Senior Planning Manager Leicester, Leicestershire and Rutland CCG's Jo Hewitt – Health and Wellbeing Board Manager
Contact telephone numbers:	0116 3055384
Name of officer/s responsible for implementing this policy:	Leicestershire Health and Wellbeing Board Members and partner organisations
Date EHRIA assessment started:	December 2021

Date EHRIA assessment completed:	

Section 1: Defining the policy

Section 1: Defining the policy
You should begin this assessment by defining and outlining the scope of the policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

1	*What is new or changed in the policy? What has changed and why?* The Leicestershire Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the local authority and clinical commissioning group as part of the work of the Health and Wellbeing Board (HWB). The current strategy is due to expire in 2022 and as a result work to prepare the new strategy is underway. The timeframe has been brought forward align with the Integrated Care Systems (ICS) responsibilities for a 'Place Led Plan' which examines the health needs of the County population and allows development of one clear vision for Leicestershire. The strategy is being developed through a review of need, using quantitative data, engagement findings and service feedback to identify where the greatest need, weaker performance and health inequalities exist. It also takes account of the policy framework and priorities locally and nationally as part of the ICS. These will all help to inform the priorities selected in the strategy. As a 10 year strategy, it goes on to propose a set of strategic commitments to address these priorities. It is likely that the strategy will influence changes to a range of health and care services, resource allocation and policy over the next 10years. As these are planned for, an EHRIA will be completed by the lead agency for the specific change as necessary.
2	*Does this relate to any other policy within your department, the Council or with other partner organisations? If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* The JHWS is an umbrella strategy that makes reference to and draws from other strategies within the Council and partner organisations. No changes to these are occurring at this time but changes are expected in the future, influenced by the JHWS. As these changes occur, an EHRIA will be completed if necessary.
3	*Who are the people/ groups (target groups) affected and what is the intended*

	change or outcome for them? The new strategy will have a potential impact on all people living in Leicestershire as it looks at need during all life stages (from pre-birth through to death). This will include people from all the protected characteristics and geographical areas across Leicestershire. The intention of the strategy is to 'give everyone in Leicestershire the opportunity to thrive and live happy, health lives.' Some of the actions to achieve this will be applicable to all residents of Leicestershire whilst others will be targeted at specific cohorts where they have poorer outcomes. The intention will be to reduce health inequalities and to improve the quality of health for all Leicestershire residents. A proportionate universalism approach is proposed as part of the cross cutting theme to reduce health inequalities across Leicestershire. Due to the finite resources across the health and care system, it is possible that the strategy will lead to other changes (commissioning/decommissioning decisions, changes in policy or practice and re-allocation of resources). It is possible that these changes could draw focus, service or funds away from existing causes and towards the new priorities depending on the evidence base and local need. Where this is the case, an EHRIA would be undertaken to inform the decision at the time. Collaboration and engagement with the local population will also be a key element of the strategy delivery and work of the evolving HWB.
4	Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

	Yes	**No**	**How?**
Eliminate unlawful discrimination, harassment and victimisation	Yes		It is possible that health inequalities are arising as a result of unlawful discrimination, harassment and victimisation. If this is identified as part of the work to develop or implement the strategy, then this will be highlighted, and action taken as necessary.
Advance equality of opportunity between different groups	Yes		The strategy has a clear cross cutting theme to improve healthy life expectancy and reduce health inequalities between different groups across Leicestershire. Through identifying where inequality is occurring, the strategy will then focus key partners on addressing this through specific actions in the delivery plan. The partnership approach allows for the sharing of knowledge, information and successes and provides a focused approach to tackling some of the harder issues to address. The delivery plan will also be regularly reviewed and evaluated throughout the life span of the strategy.
Foster good relations	Yes		Much of the work identified in the strategy involves communities, neighbourhoods,

	between different groups			existing services and volunteers. These are all vital in fostering good relationships between different groups and the collective focus on addressing health inequalities should be embedded in the promotion of good relationships and community support for all, with a proportionate universalism approach ensuring additional support is provided for those most in need. There are also clear commitments within the strategy regarding building strong communities, resilience and social capital amongst communities.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for a policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 **A: Research and Consultation**			
5.	Have the target groups been consulted about the following?	**Yes**	**No ***
	a) their current needs and aspirations and what is important to them;	**Yes**	
	b) any potential impact of this change on them (positive and negative, intended and unintended);		**No**
	c) potential barriers they may face		**No**
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? Eg carers equalities meeting	**Yes**	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	**Yes**	
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		

	The draft JHWS was approved for formal consultation at the HWB in November 2021. This consultation will remain open until the 23rd January 2022 is available at the link below. https://www.leicestershire.gov.uk/have-your-say/current-engagement/joint-health-and-wellbeing-strategy As part of this consultation demographic data on the person's characteristics are reported and used to review the communication approach for the consultation. (For example, targeting more males and younger people or those from specific ethnic minorities to reply.) Further support is also available for in terms of an easy read version, video introduction and access to a paper copy of the survey. The survey has been shared with over 150 partners for further discussion with the staff and wider organisations. To reach our local communities the survey has been published on social media and the Local Area Coordinators across Leicestershire are also proactively taking the consultation out to local seldom heard communities. The strategy will also be presented at some wider stakeholder meetings such as the LLR Carers Group and Leicestershire Equalities Challenge Group.

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to:	**Yes**	**No**
	a) monitor impact (positive and negative, intended and unintended) for different groups;	**Yes**	
	b) enable open feedback and suggestions from different communities	**Yes**	
Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.			

Section 2 **C: Potential Impact**				
10.	Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may ***potentially*** be affected by the policy and describe any positive and negative impacts, including any barriers.			
		Yes	**No**	**Comments**
	Age	**Yes**		The strategy talks about different life stages which often (not always) reflects different age groups. It also uses some indicators which are reflective of certain ages e.g. hip fractures in over 65's. The commitments differ according to these life stages and therefore the impact will be different according to which life stage you are at. However, the overall outcome of the strategy is to improve health life expectancy and reduce health inequalities for all people of all ages in Leicestershire.

	Disability	**Yes**		The strategy makes reference to people with long term conditions (LTC's), some of which will be the cause of a disability. The strategy makes commitments to people with LTC's to improve the way we prevent deterioration, support and treatment throughout our system. The strategy also makes reference to CYP with a learning disability where we understand there is a need to provide additional support as they transition into adulthood. Evidence has also shown that people with learning disabilities have worse outcomes than the general population with regards to life expectancy and Covid related hospitalisations and deaths and that targeted work is therefore required to address this inequality.
	Gender Reassignment	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but further detail may be found through specific service EHRIA throughout the strategy.
	Marriage and Civil Partnership	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	Pregnancy and Maternity	**Yes**		The strategy makes specific reference to pregnancy and maternity in the 'Best Start for Life' priority 1,001 critical days. It will therefore be examining areas for improvement in health outcomes and making commitments to this group to take the priorities forward for example supporting maternal mental health, breastfeeding support etc.
	Race	**Yes**		Although the strategy does not directly refer to specific racial groups, we do know that some inequalities and health issues are more prevalent in certain racial groups. There is also evidence that some of these inequalities have been exasperated through the Covid-19 pandemic, for example poorer health outcomes have been seen in the Black and Asian ethnic groups. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service delivery that will impact on racial groups differently. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved and mitigate any negative impacts where possible.
	Religion or Belief	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	Sex	**Yes**		Although the strategy does not directly refer to sex (other than when linked to pregnancy and maternity), we do know that some inequalities and health issues are more prevalent in one sex than another. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-

				focus of service that will impact on sexes differently. A proportionate universalism approach will be applied as needed, for example to increase access to males for primary care or screening programmes. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved.
	Sexual Orientation	**Yes**		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but it will be reviewed through future EHRIAs
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**Yes**		Evidence shows us that that many of the inequalities experienced and identified are more prevalent within deprived or disadvantaged communities. This strategy identifies reducing health inequalities as a key cross cutting theme. These may be geographical inequalities relating to deprivation or the rural nature of Leicestershire or specific vulnerable groups. A proportionate universalism approach will be embedded across the strategy to ensure an equitable approach to service delivery and actions. Within the strategy specific reference and priority actions are also made to looked after children, those with free school meals, learning disabilities, long term conditions and carers. This strategy should therefore have a positive impact for many of these groups.
	Community Cohesion	**Yes**		Much of the work identified in the strategy involves developing cohesive and resilient communities, asset based approaches, neighbourhoods, existing services and volunteers. The strategy will also use the 'Our communities approach 2022-2025' as an enabler to ensure true local engagement and collaboration with our communities. These elements of the strategy should bring about a positive impact across our local communities.

11.

Are the human rights of individuals ***potentially*** affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]

	Yes	**No**	**Comments**
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	**Yes**		Whilst the strategy does not directly address this issue, it does

				examine health inequalities which can ultimately affect life expectancy. There are also services relating to termination of pregnancy that would be included within the scope of the strategy.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way		**No**	
	Article 4: Right not to be subjected to slavery/ forced labour	**Yes**		The strategy does support a priority area about support Leicestershire residents to have 'good work' that supports their health and wellbeing**.**
	Article 5: Right to liberty and security		**No**	
	Article 6: Right to a fair trial		**No**	
	Article 7: No punishment without law		**No**	
	Article 8: Right to respect for private and family life	**Yes**		The strategy will aim to give every child the best start for life This will include further developing strong, informed and supportive families**.**
	Article 9: Right to freedom of thought, conscience and religion		**No**	
	Article 10: Right to freedom of expression	**Yes**		As part of the wider HWB evolution we will aim to engage with the local population more proactively to ensure we accurately hear their views on their health and wellbeing.
	Article 11: Right to freedom of assembly and association		**No**	
	Article 12: Right to marry		**No**	
	Article 14: Right not to be discriminated against	**Yes**		Whilst the strategy does not directly examine whether people are being discriminated against, it is possible that some health inequality is caused by discrimination and that this would be uncovered and addressed through the strategy.
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		**No**	

	Article 2: Right to education	**Yes**		The strategy will support a best start for life for children and good work which will include ensuring they have access to education, employment and training as appropriate to the person's age.
	Article 3: Right to free elections		**No**	

Section 2
D: Decision

13.	Is there evidence or any other reason to suggest that: a) the policy could have a different affect or adverse impact on any section of the community; b) any section of the community may face barriers in benefiting from the proposal	**Yes**	**No**	**Unknown**
				Yes
				Yes

13.	Based on the answers to the questions above, what is the likely impact of the policy			
	No Impact ☐	**Positive Impact** ☐	Neutral Impact ☐	☒ **Negative Impact or Impact Unknown**

Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.

14.	Is an EHRIA report required?	**Yes** ☒	No ☐

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report ***is required***, continue to Section 3 on Page 7 of this document.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report ***is not required***, continue to Section 4 on Page 14 of this document.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think ***thoroughly*** about the impact of the policy and to critically examine whether it is ***likely*** to have a positive or negative impact on different groups within our diverse communities. It should also identify any barriers that may adversely affect under-represented communities or groups that may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3
A: Research and Consultation

When considering the target groups, it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, ***how*** have you now explored the following and ***what*** does this information/ data tell you about each of the diverse groups? a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)

A) In order to develop the strategy, a range of stakeholder engagement over the previous 3 years was gathered and reviewed. This contributed to the development of the proposals. In addition, consultation on the vision and priorities was carried out during winter 2021/22. Consultation responses will be collated and interpreted to understand the views of specific community and vulnerable groups

B) No direct negative impacts have been assessed as a result of this strategy. However, it is possible that by setting priorities, the strategy will begin to drive changes in services commissioned, resource allocation and partner focus. This would inevitably need to be balanced by decommissioning and resource disinvestment in non-priority areas. There is the potential for loss of provision or funds in the non-priority areas and therefore a negative impact on the populations currently accessing those services. It is not possible to know at this stage what these negative impacts would be but an EHRIA should be undertaken on future decisions of this nature. The strategy also takes a proportionate universalism approach to minimise the impact on vulnerable groups and ensure services and resource are allocated according to local need.

C) As the strategy is so wide ranging, there are numerous barriers that could be faced by different communities and individuals as we try to implement it. It will be important for the agencies and partnerships to consider these potential barriers as they plan for the work, using a co-production approach whenever possible. Again, the EHRIA process should help to guide as we begin to translate these priorities into action and we start to initiate service changes or take funding decisions.	
16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?
It will be important for the delivery plan leads to consider this question as they start to plan for and implement actions. This will be reported to the Health and Wellbeing board on a quarterly basis, which a more thorough review on an annual and three yearly term. There are some aspects of the strategy where we have identified a need to better understand something through a JSNA chapter or needs assessment e.g. dying well and what people may want from this. This better understanding will include the perspective of different groups. The HWB is also developing a communication and engagement strategy that will support an ongoing conversation and evaluation of the strategy with our local population and specific vulnerable groups. For other priorities, we already have a good understanding of prevalence within or impact on different groups. In these instances, we will need to consider how to use this knowledge to inform our actions. As before, we will continue to review our knowledge base and impacts of any changes through the EHRIA process as required.	
When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.	
17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, ***how*** have you further consulted with those affected on the likely impact and ***what*** does this consultation tell you about each of the diverse groups?
The strategy covers all residents of Leicestershire and therefore has the potential to impact on all protected characteristics. A formal consultation exercise is currently underway, and the strategy will be amended as needed following these responses. The HWB is also developing a communication and engagement strategy that will support an ongoing conversation and evaluation of the strategy with our local population and specific vulnerable groups.	
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	Yes. Some of these groups are already identified in the strategy e.g. people's views on what dying well means to them. For other groups, we may not have identified a gap yet but may uncover this as we do more work e.g. investigations into hip fractures may uncover a need to understand how this varies across

	genders etc. Due to the nature of the 10 year strategy it is anticipated that priorities and actions will evolve over time. As this occurs the strategy will be reviewed in line with the latest evidence and JSNA chapters which include qualitative feedback from our local communities.

Section 3 **B: Recognised Impact**		
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are ***likely*** to be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.	
		Comments
	Age	The strategy talks about different life stages which often (not always) reflects different age groups. It also uses some indicators which are reflective of certain ages e.g. hip fractures in over 65's. The commitments differ according to these life stages and therefore the impact will be different according to which priority or commitment detailed and which life stage you are at. However the overall outcome of the strategy is to improve health life expectancy and reduce health inequalities for all in Leicestershire.
	Disability	The strategy makes reference to people with long term conditions (LTC's), some of which will be the cause of a disability. The strategy makes some commitments to people with LTC's to improve the way we prevent deterioration, support and treatment throughout our system. The strategy also makes reference to CYP with a learning disability where we understand there is a need to provide additional support as they transition into adulthood. Evidence has also shown that people with learning disabilities have worse outcomes than the general population with regards to life expectancy and Covid related hospitalisations and deaths.
	Gender Reassignment	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but further detail may be found through specific service EHRIA throughout the strategy
	Marriage and Civil Partnership	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	Pregnancy and Maternity	The strategy makes specific reference to pregnancy and maternity in the 'Best Start for Life' priority 1,001 critical days. It will therefore be examining areas for improvement in health outcomes and making commitments to this group to take the priorities forward for example supporting maternal mental health, breastfeeding support etc.

	Race	Although the strategy does not directly refer to specific racial groups, we do know that some inequalities and health issues are more prevalent in certain racial/ ethnic groups. There is also evidence that some of these inequalities have been exasperated through the Covid-19 pandemic, for example poorer health outcomes have been seen in the Black and Asian ethnic groups. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service delivery that will impact on racial groups differently. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved and mitigate any negative impacts. The strategy takes a proportionate universalism approach to ensure all action and service provision is based on local need.
	Religion or Belief	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but individual service EHRIAs may identify issues which will be mitigated wherever possible.
	Sex	Although the strategy does not directly refer to sex (other than when linked to pregnancy and maternity), we do know that some inequalities and health issues are more prevalent in one sex or gender than another. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service that will impact on sexes differently. A proportionate universalism approach will be applied as needed, for example to increase access to males for primary care or screening programmes. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved.
	Sexual Orientation	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but it will be reviewed through future EHRIAs
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or	Evidence shows us that that many of the inequalities experienced and identified are more prevalent within deprived or disadvantaged communities. This strategy identifies reducing health inequalities as a key cross cutting theme. These may be geographical inequalities relating to deprivation or the rural nature of Leicestershire or specific vulnerable groups. A proportionate universalism approach will be embedded across the strategy to ensure an equitable approach to service delivery and actions. Within the strategy specific reference and priority actions are also made to looked after children, those with free school meals, learning disabilities, long term conditions and carers. This strategy should therefore have a positive impact for many of these groups.

	disadvantaged communities	
	Community Cohesion	Much of the work identified in the strategy involves developing cohesive and resilient communities, asset based approaches, neighbourhoods, existing services and volunteers. The strategy will also use the 'Our communities approach 2022-2025' as an enabler to ensure true local engagement and collaboration with our communities. These elements of the strategy should bring about a positive impact across our local communities.

20. Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are ***likely*** to apply to the policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?

	Comments
Part 1: The Convention- Rights and Freedoms	
Article 2: Right to life	Whilst the strategy does not directly address this issue, it does examine health inequalities which can ultimately affect life expectancy. There are also services relating to termination of pregnancy that would be included within the scope of the strategy.
Article 3: Right not to be tortured or treated in an inhuman or degrading way	
Article 4: Right not to be subjected to slavery/ forced labour	
Article 5: Right to liberty and security	
Article 6: Right to a fair trial	
Article 7: No punishment without law	
Article 8: Right to respect for private and family life	
Article 9: Right to freedom of thought, conscience and religion	
Article 10: Right to freedom of expression	As part of the wider HWB evolution we will aim to engage with the local population more proactively

		to ensure we accurately hear their views on their health and wellbeing.
	Article 11: Right to freedom of assembly and association	
	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	The strategy will support a best start for life for children and good work which will include ensuring they have access to education, employment and training as appropriate to the person's age.
	Article 3: Right to free elections	

Section 3 **C: Mitigating and Assessing the Impact**	
Taking into account the research, data, consultation and information you have reviewed and/ or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.	
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.
We do not anticipate there will be adverse impact or discrimination of the overall JHWS. However, implementation of the specific commitments and actions in the delivery plans may impact on different parts of the local community differently. We will therefore ensure that all significant service change/ reconfiguration etc completed separate EHRIAs to understanding and mitigate the impacts of the commitment. These will be considered and reviewed in the annual performance report that is submitted to the HWB.	
NB: i) If you have identified adverse impact or discrimination that is ***illegal***, you are required to take action to remedy this immediately. ii) If you have identified adverse impact or discrimination that is ***justifiable or legitimate***, you will need to consider what actions can be taken to mitigate its effect on those groups of people.	
22.	Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. a) include any relevant research and consultation findings which highlight the

	best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why
We do not anticipate there will be potential barriers or negative impacts of the overall JHWS itself. However implementation of the specific commitments and actions in the delivery plans may impact on different parts of the local community differently, that may create barriers or unforeseen negative impacts. We will therefore ensure that all significant service change/ reconfiguration etc completed separate EHRIAs to understanding and mitigate the barriers or negative impacts of the commitment. These will be considered and reviewed in the annual performance report that is submitted to the HWB.	
Section 3 **D: Making a decision**	
23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.
The overall aim of the Leicestershire JHWS is 'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives' This includes aiming to improve healthy life expectancy and reduce health inequalities across Leicestershire. Therefore the overall strategy itself aims to improve outcomes for the whole Leicestershire population. However it is acknowledged that implementation of this high level strategy is likely to result in changes to commissioning of services, service redesign and potentially decommissioning of services. An EHRIA will be completed for each specific service change to ensure any negative impacts are mitigated against.	

Section 3 **E: Monitoring, evaluation & review of the policy**	
24.	*Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?* The EHRIA will be reviewed on an annual basis as part of the annual JHWS performance report. This will be considered and discussed at the HWB. Further EHRIAs will be completed as part of the implementation of the JHWS and these will be picked up through individual organisations and commissioning and project management arrangements. There will also be quarterly performance reports on the progress of the JHWS that will show any specific EHRIA issues as they emerge through the output and outcome data. When the JHWS completed a more thorough evaluation every 3years the overall EHRIA will be reviewed and updated as necessary.

25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems* The recommendations from this EHRIA will be considered as part of the development of the JHWS, delivery plan and programme management approach. The EHRIA recommendations will be reviewed on an annual basis as part of the annual JHWS performance report. This will be considered and discussed at the HWB. Further EHRIAs will be completed as part of the implementation of the JHWS and these will be picked up through individual organisations and commissioning and project management arrangements. When the JHWS completed a more thorough review every 3years the overall EHRIA will be reviewed and updated as necessary.

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure equality and human rights are considered throughout implementation of the JHWS.	Ensure EHRIAs are completed and mitigating actions implemented for all significant service redesigns or changes that are implemented as part of the overall JHWS.	100% EHRIA completed for all significant service redesigns in accordance with the lead agencies responsibilities and policies on this	Senior responsible officer for each priority area/ commitment.	As part of the planning for any significant service redesign or change.
	Ensure the EHRIA and recommendations are reviewed on annual basis as part of the JHWS annual performance report to the HWB.	Annual review of EHRIA and update to HWB.	Vivienne Robbins/ Jo Hewitt	April 2023
	More thorough review of the EHRIAs as part of the three-year evaluation of the JHWS and review of its priorities.	Refresh EHRIA as part of JHWS refresh.	Vivienne Robbins/ Jo Hewitt	April 2025

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via web@leics.gov.uk for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening ☐

Equality and Human Rights Assessment Report ☐

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair): … 
……

Date: 3rd February 2022……