



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).

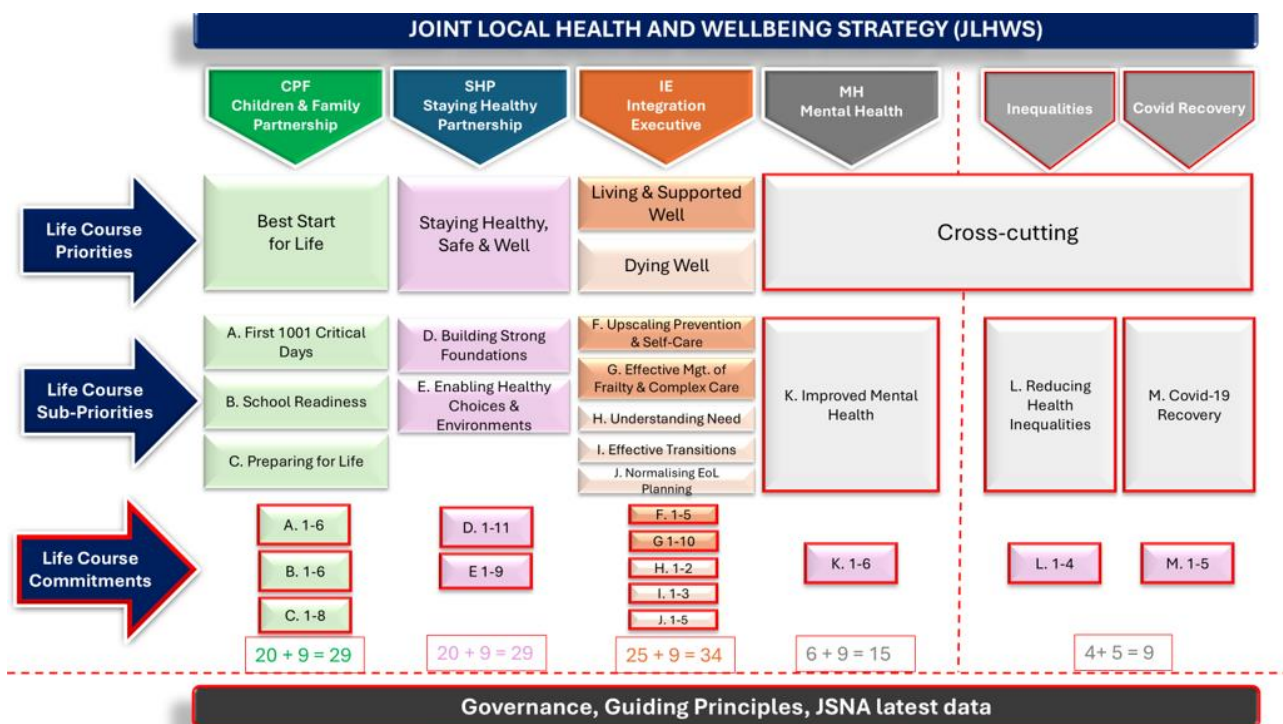
Background

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.



- 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.
- 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.
- 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	<ul style="list-style-type: none"> • Infant Feeding • Access & support to the right services for early development, health & wellbeing & maternal health and wellbeing
School Readiness	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Health & equity in all policies • Healthy environments (placemaking) • Healthy workplaces & local economy • Healthy homes • Healthy & safe communities
Enabling Healthy Choices & Environments	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Understanding the need • Support with planning • Coordinated & streamlined services
Normalising end of Life Planning	

Sub- Priorities	Agreed Areas of Focus
Effective Transitions	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

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