

# HEALTH AND WELLBEING BOARD: 25 SEPTEMBER 2025 REPORT OF THE DIRECTOR OF PUBLIC HEALTH JOINT LOCAL HEALTH & WELLBEING STRATEGY 2022-2032 REVIEW

#### **Purpose of report**

1. The purpose of this report is to seek approval from the Health & Wellbeing Board (HWB) on recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review and agree the approach to the next phase of activity.

## **Recommendation**

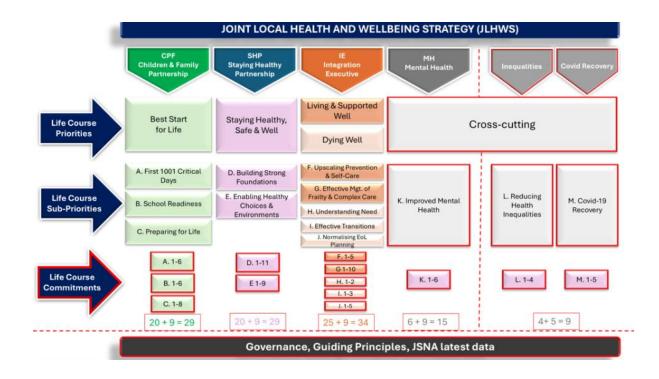
- 2. The HWB is recommended to:
  - Approve the recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review;
  - Approve the approach to the next phase of the review including indicative timescales.

#### **Policy Framework and Previous Decision**

- 3. 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.
- 4. The 10-year JLHWS for Leicestershire was approved by the Health and Wellbeing Board in February 2022.
- 5. 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**

- 6. 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 comprises of four strategic priorities (that take a life course approach), three cross-cutting priorities, ten sub-priorities and eighty commitments.
- 7. 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).
  - 8. 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.



- 9. 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.
- 10. 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.
- 11. 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**

12. 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

- 13. The review commenced in February 2025 following approval from the 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).
- 14. 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.

#### **Data Packs**

15. 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**

- 16. 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.
- 17. 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.

#### **Proposals**

- 18. 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
- 19. The sections below provide a high-level summary of the recommended changes.

#### **Children & Family Partnership**

20. 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> <li>Infant Feeding</li> <li>Access &amp; support to the right services for early development, health &amp; wellbeing &amp; maternal health and wellbeing</li> </ul>
School Readiness	<ul> <li>Building the foundations for school readiness, speech &amp; language, emotional wellbeing and good health</li> <li>Helping families to access &amp; understand the most appropriate services and entitlements</li> </ul>
Preparing for Life	<ul> <li>Uptake of vaccinations, boosters and screening</li> <li>Supporting health and independence, transitions &amp; future wellbeing</li> </ul>

#### **Staying Healthy Partnership**

21. 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> <li>Health &amp; equity in all policies</li> <li>Healthy environments (placemaking)</li> <li>Healthy workplaces &amp; local economy</li> <li>Healthy homes</li> <li>Healthy &amp; safe communities</li> </ul>
Enabling Healthy Choices & Environments	<ul> <li>Enabling healthy choices &amp; behaviours</li> <li>Healthy weight, food &amp; nutrition</li> </ul>

## **Integration Executive**

22. 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> <li>Empowering self-care</li> <li>Falls prevention &amp; management</li> <li>Access to housing, care &amp; tools to support independence</li> <li>Access to care services</li> <li>Support for carers</li> </ul>
Effective management of Frailty & Complex Care	<ul> <li>Early identification of need</li> <li>Joined up services to support independent living</li> <li>Care in the community / care closer to home</li> </ul>

# **Dying Well:**

Sub- Priorities	Agreed Areas of Focus
Understanding the Need  Normalising end of Life Planning	<ul> <li>Understanding the need</li> <li>Support with planning</li> <li>Coordinated &amp; streamlined services</li> </ul>
Effective Transitions	Access to information     Bereavement support for carers

#### **Mental Health Place Based Group:**

23. 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> <li>Prioritising mental &amp; physical health equally</li> <li>Preventing suicide</li> <li>Dementia support</li> <li>Access to mental health services including effective transitions</li> <li>Mental health promotion &amp; prevention</li> </ul>

#### **Health Inequalities - Cross Cutting Priority:**

24. 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:**

25. 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/Patient and Public Involvement**

26. A comprehensive public consultation was carried out when the strategy was first developed three years ago, therefore it was approved by HWB at its meeting on 5 December 2024 that it was not considered necessary to repeat the process as the current programme of work was a review rather than a full refresh. Instead, the review drew on existing insights from a co-ordinated

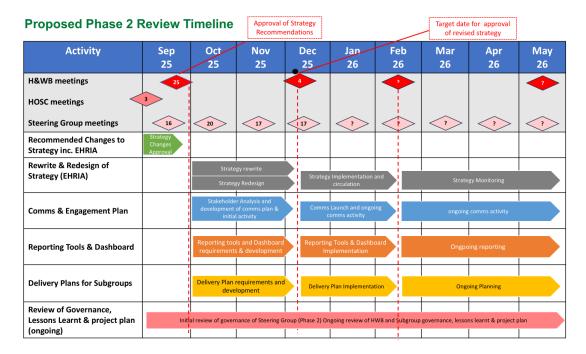
- approach between Healthwatch Leicestershire and Voluntary Action Leicestershire.
- 27. The Health Overview and Scrutiny Committee reviewed proposed changes to the Joint Local Health and Wellbeing Strategy (JLHWS) at a meeting on 3 September 2025 and raised the following points:
  - Loss of focus on key health issues: Concerns were expressed about tracking progress if specific health issues were removed. It was clarified that issues are not being removed but streamlined in the commitments, with detail retained in accompanying delivery plans that will follow on from the review. This allows flexibility to address emerging issues. It was also clarified that the proposal to remove some commitments is because they are already being effectively managed through an alternative Board and/or governance structure. This avoids duplication of accountability and ensures clearer oversight.
  - Lack of focus on health and wellbeing post-retirement: Reassurance was provided that the strategy takes a life-course approach and therefore spans all ages. However, it was acknowledged that there was a need to make this clearer when the strategy is updated.
  - Lack of focus on the impact of sedentary lifestyles on health and wellbeing: Reassurance was provided that the strategy does have a focus on the physical and mental health impacts of sedentary behaviour and this will be strengthened further through development of the delivery plans.

#### **Resource Implications**

- 28. The refinement of commitments will have several important implications for the next phase of work. These include:
  - Time and resource across the partnership to update and redesign the strategy in a clear, coherent and accessible format.
  - Effective communication of the updated strategy to ensure a shared understanding and ownership across partners.
  - Development of a delivery plan to ensure the revised commitments are translated into measurable outcomes.
  - A review of existing governance arrangements to ensure they remain fit for purpose and are capable of supporting effective delivery and oversight of strategy.
  - Development of reporting templates and performance dashboards across all governance levels that provide timely information and demonstrate impact of initiatives.

#### **Timetable for Decisions**

- 29. The next phase of the review will require the initiation of a number of workstreams indicated below:
  - Strategy rewrite & redesign;
  - Governance review;
  - Communication & engagement strategy;
  - Delivery plan development;
  - Reporting templates and dashboard development.
- 30. The indicative timeline for the next phase of activity is illustrated below:



31. Final changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 including strategy redesign will be presented to the Health and Wellbeing Board on 4 December 2025.

#### **Conclusion**

32. The purpose of this report is to seek approval from the Health & Wellbeing Board (HWB) on recommended changes to the current Joint Local Health and Wellbeing Strategy (JLHWS) 2022-2032 as part of the current review and agree approach to the next phase of activity.

#### **Background papers**

Joint Health and Wellbeing Strategy 2022-2032:

https://www.leicestershire.gov.uk/sites/default/files/2024-04/Joint HealthandWellbeing-Strategy-2022-2032.pdf

#### **Circulation under the Local Issues Alert Procedure**

N/A

#### **Appendices**

**Appendix 1 -** Full details of original strategic commitments

**Appendix 2 -** EHRIA

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## **Relevant Impact Assessments**

#### **Equality Implications**

33. 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

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

## Partnership Working and associated issues

35. 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

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

