

# Leicestershire Joint Health and Wellbeing Strategy 2022–2032

Reviewed and revised in 2025



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## Glossary

The following abbreviations and expressions have the meanings given below when used in this document:

**LTCs** – Long term conditions

**HWB** – Health and Wellbeing Board

**HLE** – Healthy Life Expectancy

**MMR** – Measles Mumps and Rubella

**RSV** – Respiratory Syncytial Virus

# 1. Introduction

## 1.1 Background

Established under the Health and Social Care Act 2012, the Health and Wellbeing Board is a statutory function that brings together key leaders from across the local health and care system to improve health and wellbeing outcomes of residents and reduce health inequalities. The Health and Wellbeing Board has several statutory responsibilities that form its overall approach in achieving this. One of these requirements is to prepare and publish a Joint Local Health and Wellbeing Strategy so that work carried out to meet the health and care needs of local residents is done in a coordinated and measurable way. Additional requirements relevant to the Joint Local Health and Wellbeing Strategy include:

- Publishing and refreshing the **Leicestershire Joint Strategic Needs Assessment (JSNA)** – an assessment of current and future health and care needs in the local population.
- Approving and monitoring the **Better Care Fund (BCF) Plan** – a programme that supports local systems to successfully deliver the integration of health, housing and social care.



## 1.2 National and local context

In July 2025, the 'Fit for the future: 10 year health plan for England' was published. The plan sets out three big shifts to how health and care will work:

- **From hospital to community** – providing better care closer to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.
- **From analogue to digital** – greater use of digital technology and solutions to improve care.
- **From sickness to prevention** – helping people stay well by making healthy choices the easy choice and supporting people earlier to avoid deterioration in their health.

Since 2015, one of the ways that key agencies work together is through the Better Care Fund (BCF) which provides a pooled budget for delivering health, social care and housing functions through an integrated approach. This budget is spent in accordance with a joint local plan to deliver services that delay or prevent people from needing hospital care, reduce the length of time spent in hospital or that improves outcomes for people being discharged from hospital. These plans and this work continue in Leicestershire but become part of the wider strategy for health and wellbeing.

Leicestershire as a 'place' is the heart of our local health and care system. While system-wide strategies provide direction, and neighbourhood initiatives offer local insight, the place (Leicestershire) level is the key link between system and neighbourhood (figure 1), enabling two-way alignment and coordinated delivery that reflects the priorities and needs of our communities.

Figure 1 Relationship between place & system, and place & neighbourhood



This strategy was originally published in 2022 as a 10-year plan to improve health and wellbeing across Leicestershire. In line with our commitment to review the strategy every three years, a comprehensive review was undertaken in 2025 to ensure that the priorities and commitments remain relevant and responsive to current and emerging needs. As a result, some sections of the strategy have been updated to reflect new evidence and evolving national and local context.

While the overall vision and structure of the strategy remains unchanged, updates to specific content areas have been made to ensure the strategy continues to guide effective action across the life course. In particular, the original strategy was written under the shadow of the COVID-19 pandemic with a strong emphasis on recovery from its wide-ranging impacts. Whilst the impacts have not gone away, this work has now become embedded in our daily work. As such, the section that previously focused on COVID-19 recovery has been broadened to reflect a wider focus on health protection and emergency preparedness. Further detail is provided in Section 4.3. Another change to the strategy is that the revised commitments are intentionally broad to provide flexibility, enabling the strategy to remain relevant and responsive throughout its duration.

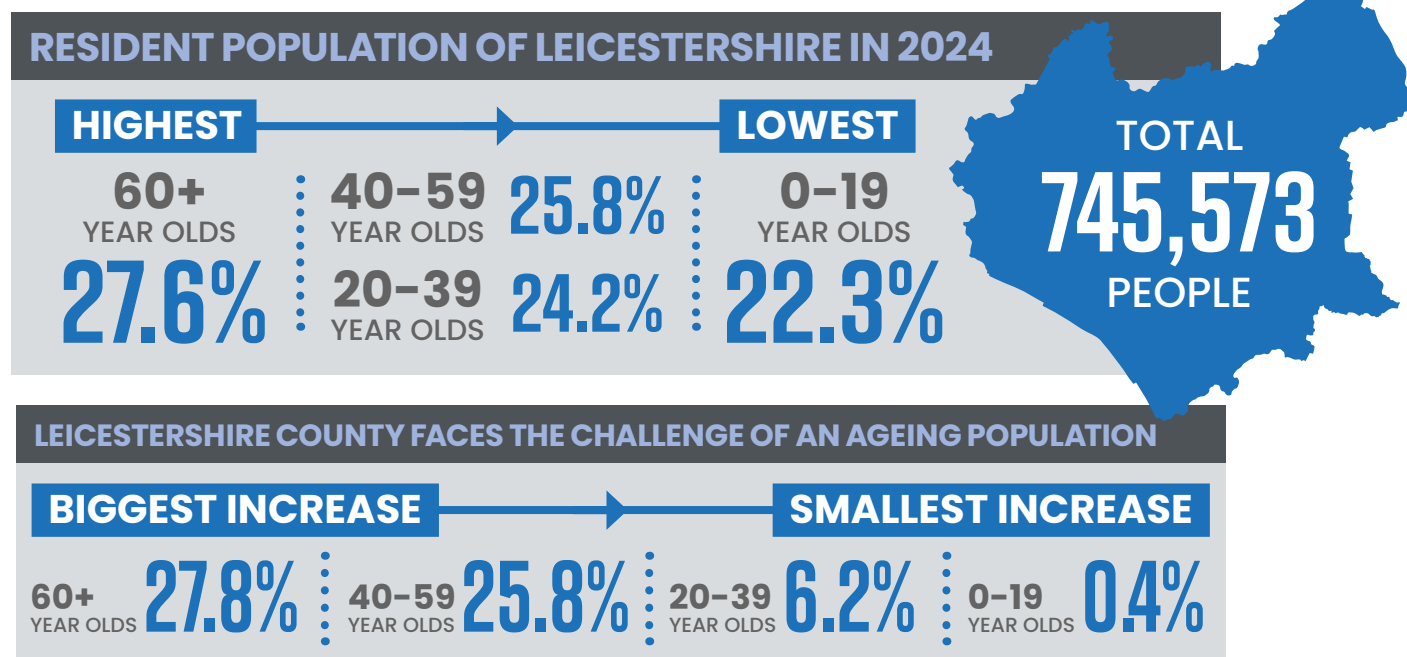
The strategy does not attempt to address every factor that influences health and wellbeing. Instead, it focuses on a set of priorities that will have the greatest impact on improving the health and wellbeing of Leicestershire residents. These priorities have been selected not only for their potential to make the biggest difference, but also because they require a collaborative approach to deliver meaningful and sustainable change. It is therefore important to note that the selection of these priorities does not diminish the value or importance of the work being undertaken by individual Health and Wellbeing Board member organisations. Many other areas of work remain vital to improving the health and wellbeing of Leicestershire residents, and this strategy should be seen as complementary to those efforts.

### 1.3 Leicestershire's current health and wellbeing

Leicestershire is a predominantly rural county and comprises of seven local authority districts. 67.4% of the population of Leicestershire live in areas classed as Urban, while 20.4% live in larger rural areas and the remaining 12.2% live in areas classed as smaller Rural.

Leicestershire faces the challenge of an ageing population. The population is expected to grow by **16.0%** between **2025** and **2047**, figure 2 provides further detail on this.

Figure 2 Resident population of Leicestershire in 2024



As the population ages, it is important to assess and implement plans that address future health and care requirements over time, with attention to preventable health conditions, especially among working-age adults. Health needs are likely to increase with age due to the increased risk of developing multiple chronic conditions. Therefore, without significant preventative interventions, there will be more older people with complex needs who will require input from all parts of the health and social care system.

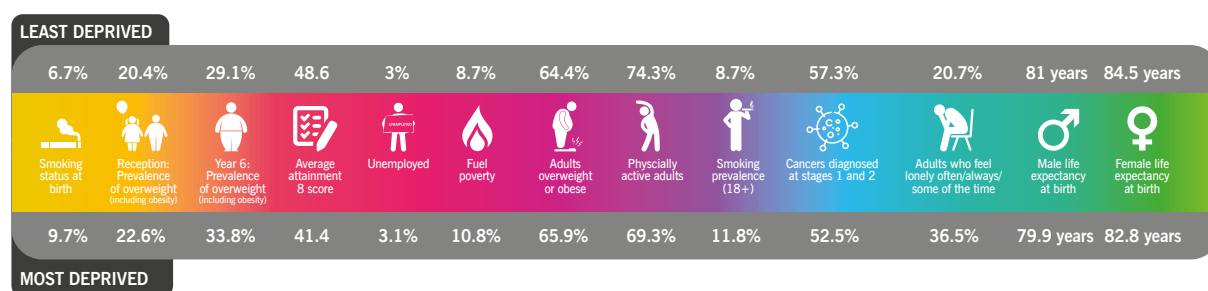
Even though Leicestershire is a relatively affluent county, pockets of significant deprivation exist, with some neighbourhoods in Loughborough and Coalville falling into the 10% most deprived neighbourhoods in England. The Education, Skills and Training deprivation domain and Barriers to Housing and Services deprivation domain for Leicestershire have a higher number of neighbourhoods in the top 10% deprived nationally compared to some of the other deprivation domains.

According to the Leicestershire County Council Community Insight Survey (2017–2021), 82.7% of respondents reported being in good/very good health, whilst 3.5% reported being in bad/very bad health.

Life expectancy at birth in Leicestershire has remained significantly better than the England average since 2001–03. Healthy life expectancy (HLE) at birth in Leicestershire for males (63.5 years) and females (63.6 years) is similar to the national average. For males, HLE has decreased since 2015–17 and for females, HLE has decreased since 2014–16. There is an eight-year difference in life expectancy at birth between males in the most deprived decile and least deprived decile of the population. The equivalent figure for females is 5.4 years.

Figure 3 below shows the difference in health inequalities that exist between the most and least deprived districts within Leicestershire over the life course. In order to reduce this inequality, more focus needs to be toward those in greatest need and working together to reduce any factors that may have a negative influence on their health. Figure 4 presents some health and wellbeing indicators for Leicestershire.

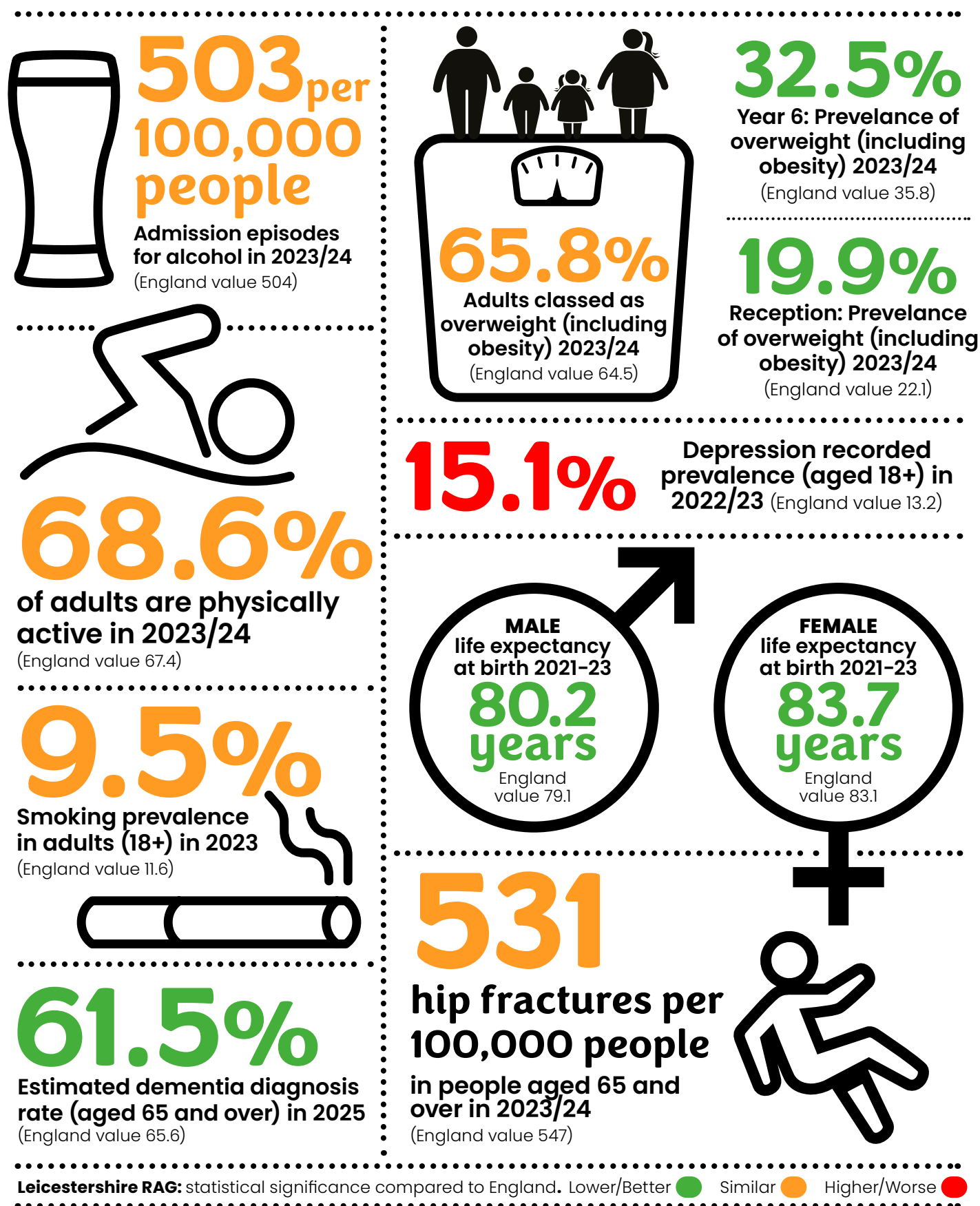
Figure 3: Health Inequalities across Leicestershire



Source: Office for Health Improvement and Disparities, *Fingertips*, 2025.

Note: Please note this data is based on data available at district level and based on Indices of Multiple Deprivation score for most and least deprived districts in Leicestershire. Most deprived area data reflects North West Leicestershire and least deprived area data reflects Harborough.

Figure 4: Overview of health and wellbeing in Leicestershire



For further information and evidence for priorities in the Joint Health and Wellbeing Strategy 2022-2032, view the Joint Strategic Needs Assessment Chapters here:

[www.lsr-online.org/leicestershire-2022-2025-jsna](http://www.lsr-online.org/leicestershire-2022-2025-jsna)

## 2. Vision and approach

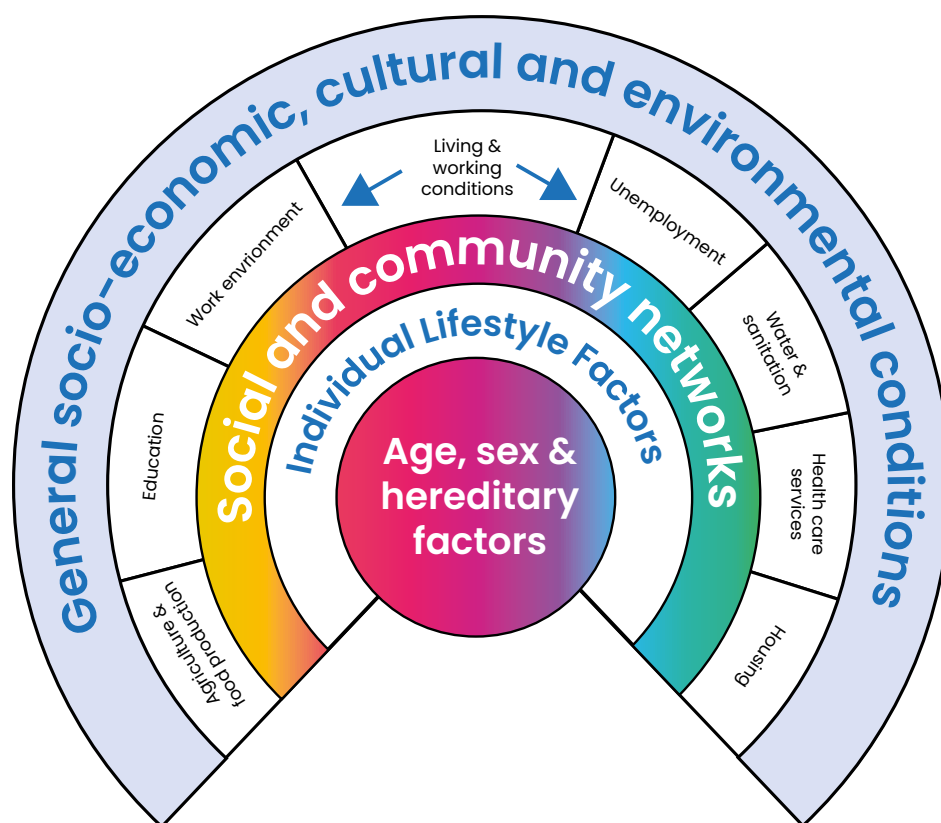
### **‘Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives.’**

Health can be defined as: “a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness” (Marks, 2005).

This recognises the social model of health (as defined by Dahlgren and Whitehead) and identifies all but age, sex and hereditary factors as modifiable to change and therefore lying within the scope of this strategy, particularly in relation to primary prevention.

Figure 5 summarises this model and highlights the wider determinants of health including social, economic and environmental factors which influence people’s mental and physical health. Systematic variation in these factors constitutes social inequality, an important driver of health disparities. Therefore, on a population level, improving the wider determinants of health (the “causes of the causes”) will have a much greater effect on reducing inequities in health compared to healthcare interventions alone. Hence this strategy will embed the social model of health and include priorities across the wider Health and Wellbeing Board partnership which include the wider determinants of health.

Figure 5: A social model of health, Dahlgren & Whitehead (2006)



## 2.1 Life course approach

We want to ensure the communities of Leicestershire have the opportunity to have the best health and wellbeing they can across the life course. We want to embed a strengths-based approach to allow individuals, families and communities to support each other, aim high and thrive.

A life course approach has been used to identify high level strategic, multi-organisational priorities for the next 10 years and provide clear accountability to the Leicestershire Health and Wellbeing Board. These are summarised in figure 6 below. Further detail on the commitments under each priority are discussed in section 3.

Figure 6: Summary of the Joint Health and Wellbeing Strategy



Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives.

## 2.2 Strategic principles

To allow everyone across Leicestershire the best opportunity to live long, good quality, happy lives, we will where possible, embed the following principles across our priorities and actions.

### Person centred and holistic approach

We will take a holistic approach to supporting individuals, recognising the whole person, their strengths, circumstances, and aspirations and recognising that health and wellbeing are shaped by a wide range of factors.

### Embedding prevention in all that we do

We will embed prevention across all aspects of our health and care system, tailoring preventative support to different stages of life and ensuring that prevention is a shared responsibility across organisations, services and communities.

### Strategic alignment

We will work collaboratively to ensure that associated new and existing strategies are strategically aligned with our shared health and wellbeing priorities, avoid duplication, reinforce one another, and that our collective efforts maximise impact, add value and promote coherence across the system.

### Resilience and sustainability

We will work to strengthen the resilience of our individuals, communities and services enabling them to adapt, recover and thrive whilst supporting sustainability of health and wellbeing services.

### Trauma informed approach

We will work to embed a trauma informed approach throughout the life course, recognising that trauma can have long-term impacts on health and wellbeing.

## 2.3 Strategic enablers

There are a number of enablers that will support progressing the work.

### Partnership & collaboration

We will work together across organisations and communities to share knowledge and resources in areas where we can add value, drive innovation and reduce duplication, recognising that improving health and wellbeing is a collective effort.

### A skilled and informed workforce

We will support our collective workforce to be skilled, informed and united in delivering our shared priorities and understanding their vital role in improving health and wellbeing for everyone.

### Leveraging technology

We will harness technology innovatively and responsibly to enhance health and wellbeing, improve access to services, support informed decision making, increase efficiency and empower our workforce to work smarter and more collaboratively.

### Effective communication & engagement

We will foster open communication and meaningful engagement to ensure our strategy is widely understood by organisations and communities, empowering us to work together to shape and drive our shared health and wellbeing priorities.

### Evidence based data and insights

By using a shared understanding of local health and wellbeing needs, we will apply evidence-based data and insights to understand what works, learn from experience and target collective efforts where they can make the greatest difference to people's health and wellbeing.

### 3. Strategic priorities across the life course



#### 3.1 Best start for life

We want to give our children the best start for a happy, healthy, long life.  
We want them to fulfil their potential, allowing them to:

- thrive, meeting key development milestones and positive educational attainment.
- build positive relationships and strong emotional wellbeing and resilience.
- develop life skills.
- contribute to their community and society.

The families, communities, and environments we are born into and grow up in play a crucial role in shaping our health and wellbeing throughout life. This influence is especially profound during the first 1001 critical days (from conception to age two), when rapid neurological development occurs, laying the foundation for a child's life chances and outcomes.

To give our children the best start for life, we will prioritise a range of actions covering the broader children's age range of 0-19 years (or 0-25 years for Special Educational Needs and Disability (SEND)). The key priorities are detailed below.

##### 3.1.1 First 1001 critical days

We know the building blocks for lifelong emotional health and wellbeing are developed in the first 1001 critical days i.e. from conception to the age of two. The human brain is not fully developed at birth and becomes hard wired by early childhood experiences including those in pregnancy, which impact across the life course. Ensuring families understand the first 1001 critical days will support good development.

We know children with secure attachment to their parents and carers develop into resilient adults, build strong relationships at home and work, and are better equipped to raise their own children. This is due to early social and emotional experiences that build a baby's brain.

On the flip side of this, people who lack nurture from one or more caring adults in the first 1001 days of their lives achieve less in education and in the workplace; are more likely to behave anti-socially, and are less healthy, physically and mentally, than individuals who were given a better start. Furthermore, the harm done to them is likely to be perpetuated in an inter-generational cycle when they have children of their own.

We therefore aim to develop Leicestershire as a place where every baby and family is nurtured to fulfil their potential. Developing this foundation for good physical and emotional health not only supports an individual's wellbeing but also results in wider financial implications through better employment opportunities and reduced reliance on the health and care system.

The families, communities and environments we are born into and grow up in play a crucial role in shaping our health and wellbeing throughout life.



## Where are we now?

- A&E attendances for 0–4 yrs has improved, going from significantly worse than the national average in 2018/19 to significantly better in 2022/23.
- Obesity in early pregnancy has worsened going from performing similarly to the national average in 2018/19 and now performing worse than the national in 2023/24.
- The caesarean section rate remains significantly worse than the national average.
- Proportion of new birth visits within 14 days has gone from significantly worse than the national average in 2019/20 to significantly better than the national average in 2023/24.
- Hospital admissions of babies under 14 days has improved, going from similar to the national average in 2018/19 to significantly better than the national average in 2022/23.
- Proportion of mothers initiating breastfeeding has fallen in 2022/23 compared with 2021/22.
- The childhood immunisation schedule includes several vaccines that are given within the first 2 years of age. Leicestershire's vaccination coverage in this age group is showing a worsening trend.
- Percentage of children achieving a good level of development at 2–2½ years is significantly worse than the national average.



## Our commitments

- We will help families feel confident in managing minor health issues, by making it easier to find trusted advice and local support.
- We will support women to find and use local services that will help them understand how to care for their health and wellbeing before and during pregnancy, and after birth.
- We will support families to find and use local services that will help them understand how to care for their baby's health and support their child's early development.
- We will ensure the right health and wellbeing services are available locally and in a joined-up way, so families can get the support they need, when they need it.



## What does success look like?

- Sustained reduction in A&E attendances for 0–4 yrs.
- Reduction in maternal obesity.
- Reduction in the proportion of caesarean section births.
- Sustained improvement in the proportion of new birth visits within 14 days.
- Sustained reduction in hospital admissions of babies under 14 days old.
- Improvement in initiation of breastfeeding.
- Improvement in vaccination coverage at 1 and 2 years.
- Improvement in the percentage of children achieving a good level of development at 2–2½ years.

### 3.1.2 School readiness

Preparing our children for school is an important transition in their lives, to allow them to have a positive start to their formal educational journey. We want the pre-school children of Leicestershire to be equipped with the skills they need so that all children develop well, learn to communicate, build relationships, manage their emotions, and develop their fine and gross motor skills through play. A child's ability to achieve these skills is influenced by their health and wellbeing. By maximising this, we are supporting them to be ready to learn and flourish as they enter their foundation year at school.





## Where are we now?

- The demand for EHCPs (Education, Health and Care Plans) is continuing to rise.
- The percentage of children achieving a good level of development at the end of reception has gone from similar to the national average in 2018/19 to significantly better than the national average in 2023/24.
- The percentage of physically active children and young people has reduced in 2023/24 compared with 2022/23.
- The prevalence of underweight reception children has gone from significantly worse than the national average in 2019/20 to significantly better than the national average in 2023/24.
- While the prevalence of overweight reception and Year 6 children is significantly better than the national average, the prevalence has increased in 2023/24 compared with the previous year.



## Our commitments

- We will help families to build the foundations for school readiness, emotional wellbeing and good health by making it easier to find trusted advice and local support.
- We will support families to find and use local services to support healthy development and wellbeing.
- We will ensure the right health and wellbeing services are available locally and in a joined-up way, so families can get the support they need, when they need it.



## What does success look like?

- Sustained improvement in the percentage of children achieving a good level of development at the end of reception.
- Improvement in the percentage of physically active children and young people.
- Reduction in the prevalence of overweight in reception children.
- Reduction in the prevalence of overweight in Year 6 children.

### 3.1.3 Preparing for life

Children today are our adults of the future. We need to ensure they are equipped to navigate and thrive in society. This may be through good education, employment and training,

understanding how to live independently, stay safe, and maintain good health and emotional wellbeing. The good health and wellbeing of our children and adults are not only outcomes we want to see in their own right but are also vital for underpinning and promoting all the other elements needed for navigating and thriving in society. We therefore want to support our young people to transition seamlessly from children into young and prosperous adults.



### Where are we now?

- HPV (Human papillomavirus) vaccination coverage is better than England for both males and females but not achieving the benchmark of >90%.
- Hospital admissions due to substance use in those aged 15 to 24 is similar to the national average.
- The proportion of females aged 15 to 24 screened for chlamydia has fallen year on year since 2022.
- The percentage of teenage pregnancies has worsened going from significantly better than the national average in 2019/20 to being similar to national average in 2022/23.



### Our commitments

- We will help young people (with support from their families, carers and professionals) to take charge of their own health and wellbeing, by giving them the confidence, knowledge and encouragement to make healthy choices, look after their own health and wellbeing and support life-long health and resilience.
- We will work together with young people, families, schools and other professionals to make sure young people can find and use local health and wellbeing services to meet their needs.
- We will ensure the right health and wellbeing services are available locally and in a joined-up way, so young people can get the support they need, when they need it, particularly as they move into adulthood. These services will support all young people, including those with disabilities, to stay healthy, build resilience, and feel part of their community.



### What does success look like?

- Improvement in the uptake of HPV (Human papillomavirus) vaccination in males and females.
- Sustained reduction in hospital admissions due to substance use.
- Improvement in levels of chlamydia testing.
- Reduction in teenage pregnancies.
- Increased proportion of young people successfully transitioning from children's to adult health and wellbeing services.



### 3.2 Staying healthy, safe and well

Prevention is always better than cure, and good health and wellbeing is an asset to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system.

We want to give everyone in Leicestershire the opportunity to live happy, healthy, long lives and helping people stay well and free from illness or disease for as long as possible thereby promoting healthy aging. However, to achieve this we must consider the social model of health (Figure 5) which confirms the importance of strong communities, health behaviour and the wider determinants of health (including housing, work, education and skills, built and natural environment, income and transport).

Evidence shows us that clinical care only contributes towards 20% of health outcomes (Figure 7), therefore improving the wider determinants of health (the “causes of the causes”) will have a much greater effect on improving health outcomes and reducing inequities in health compared to healthcare interventions alone.

Modifying these risk factors will take time to evolve and improve, however having a 10-year strategy allows Leicestershire to be bold in ambition and make true, sustainable action to improve the ‘causes of the causes’, which will transform the population’s health and help break cycles of intergenerational inequality.

Figure 7: Contributors to health outcomes

Contributors to health outcomes			
Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of Care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

**Source:** Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

Prevention is always better than cure, and good health and wellbeing is an asset to individuals, communities and the wider population.

### 3.2.1 Building strong foundations

We recognise that environmental factors can impact people's health and wellbeing. We want to develop a strengths-based approach by building social capital and community resilience and working with our community on areas that are important to help them flourish. We know this is dependent on having secure building blocks such as good work and economic growth, financial stability, good homes, accessible transport and a safe and healthy environment.



#### Where are we now?

- The Leicestershire population is expected to grow by 16.0% between 2025 and 2047, with the biggest increase expected in the 60+ age group which is expected to increase by 27.8%.
- At least around 48,500 additional homes are expected to be built by 2036.
- Bus services and community transport perform badly against other counties.
- The percentage of adults regularly walking for travel is significantly worse than the national average.
- Air pollution: fine particulate matter has worsened; previously performing in the middle quintile nationally in 2019 and now performing within the 2nd worst quintile nationally in 2023.
- The employment rate is better than the national average with diverse employment industries. The largest sector is Manufacturing (12.0%), followed by Professional, Scientific & Technical (11.4%), Transport and storage (11.1%) and Education (8.5%).
- Percentage of working days lost to sickness absences has improved. Previously performing significantly worse than the national average in 2017-19 to now performing similarly to the national average in 2020-22.
- Fuel poverty has worsened going from the 2nd best quintile nationally in 2018 to the middle quintile nationally in 2022.



#### Our commitments

- **Health and equity in all policies:** We will prioritise a health & equity in all policies approach to all we do.
- **Healthy placemaking:** We will work together to shape healthy places and create strong, connected and resilient communities where everyone can thrive.
- **Healthy workplaces and local economy:** We will work with employers and local organisations to create fair, inclusive and healthy workplaces, helping more people to get into work and thrive in their jobs.
- **Healthy homes:** We will work together to make sure homes are affordable, safe, warm and of suitable quality and type, to support lifelong health and wellbeing.
- **Healthy & safe communities:** We will work together to build communities where people feel connected, supported and able to live healthy and well.



## What does success look like?

- Health and Equity in all policies approach successfully embedded across the Leicestershire Health and Wellbeing Board member organisations.
- Evidence that appropriate, equitable infrastructure (including health services) is in place for the planned housing growth addressing health inequality through design and use of health impact assessments.
- Routine use of health impact assessments in planning, transport and development.
- Collaboration with planners & licensing officers to influence the local environment, including limiting clustering of fast food, alcohol and gambling outlets, and assessing their potential impacts on the local community.
- Increased access to and availability of green community assets & green spaces.
- Expansion and/or improvement of active travel infrastructure with increased uptake of walking, cycling and sustainable transport.
- Reduction in air pollution and its impact on health.
- Sustained improvement in the employment rate.
- Sustained improvement in the percentage of working days lost to sickness absence and improved employee wellbeing.
- Reduction in fuel poverty and fewer households living in cold or energy inefficient homes (affordable warmth).
- Stronger community cohesion with increased local participation.



### 3.2.2 Enabling healthy choices

Every day we make choices that have an impact on our health and wellbeing, with poor health behaviours including smoking, poor diet, physical inactivity, alcohol use or poor sexual health contributing towards 30% of our health outcomes. There is growing recognition that prolonged sedentary behaviour is a major health concern with it being linked to musculoskeletal problems, poor mental health, and increased risk of chronic diseases such as diabetes and heart disease.

Making healthy choices is not straightforward and is heavily influenced by our social connections and the environment that we live in. We want to encourage and enable people and communities to make healthier choices, creating an environment to empower them to do so, ultimately resulting in the healthy choice becoming the easiest choice.



#### Where are we now?

- The percentage of adults who are overweight is similar to the national average.
- The percentage of active adults has improved. Previously performing similar to the national average to now performing significantly better than the national average.
- Percentage of inactive adults has improved. Previously performing similarly to the national average to now performing significantly better than the national average.
- Hospital admissions for alcohol related conditions has worsened. Previously performing significantly better than the national average in 2018/19 and now performing similarly to the national average in 2023/24.
- Smoking prevalence is significantly better than the national average.
- While the rate of abortions is significantly better than the national rate, it has increased (got worse) year on year since 2014.
- The percentage of adults meeting the '5 a day' fruit and vegetable consumption recommendation is similar to the national average.



#### Our commitments

- **Supporting healthy choices and behaviours:** We will offer support, information and opportunities that create conditions that make it easier for people to make healthy choices and reduce behaviours that cause harm to health.
- **Healthy weight, food & nutrition:** We will work together to create healthier food environments and promote good nutrition.



## What does success look like?

- Implementation of Making Every Contract Count (MECC) training across the network with frontline staff equipped to have health promoting conversations.
- Reduction in the percentage of adults who are overweight.
- Sustained improvement in the percentage of active adults.
- Sustained reduction in the percentage of inactive adults.
- Reduction in alcohol related hospital admissions.
- Sustained reduction in smoking prevalence.
- Reduction in the rate of abortions.
- Achievement of the Sustainable Food Places Gold Standard Award.
- Improvement in the percentage of adults meeting the '5 a day' fruit and vegetable consumption recommendation.





### 3.3 Living and supported well

As people age, become unwell or develop one or more long term conditions (LTCs), it is important that they are supported to live as independently as possible, for as long as possible while maximising their quality of life.

We know the more LTCs people have (rather than age), the greater amount of health and social care support they will need, and that this can be progressive. With a targeted population health management approach, we can focus on supporting those with disabilities and multiple LTCs (at any age), to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.

#### 3.3.1 Upscaling prevention and self-care

As people age, develop disability, develop chronic illnesses or require additional support to remain independent, we want to help them to feel more in control of their condition by equipping them with knowledge and skills around how to minimise the impact on their health. In addition, if we can encourage people to be more proactive about their health and wellbeing and focus on preventing deterioration by staying healthy and well, then people will live healthier lives for longer.

We recognise that individuals know their own condition(s) best. Approaches that help people learn new skills and gain confidence to manage their condition(s) better have been shown to increase feelings of support, confidence and control, while improving health outcomes and quality of life. As more and more people have access to technology at home and the market continues to grow, we want to utilise new ways of helping people to stay independent and well for longer. Whilst support in person will always be important, it will also be crucial to ensure that we use developing technologies to assist with prevention, self-care, and independence.

Universal services such as social prescribing, Local Area Coordination and First Contact Plus deliver a range of support that can play a role in preventing or delaying people's progress to more resource-intensive care arrangements. The appropriate identification and commissioning of services within available resources will ensure that our universal services are used to their full effect.

Unpaid carers contribute a substantial amount of support every year, which has a significant positive impact on demand experienced across the health and social care sector. It is crucial that we support and recognise carers' contributions to the health and social care sector, and the vital role they play in the quality of life experienced by those they care for.

It is important that people are supported to live as independently as possible, for as long as possible, to maximise their quality of life.



## Where are we now?

- Feedback from individuals suggests that having access to appropriate information, advice and guidance, is an area for improvement across all channels.
- Permanent admissions to residential and nursing homes is performing at the national average.
- Emergency hospital admissions due to falls in people aged 65 and over is significantly better than the national average.
- Hip fractures in those aged 65 and over has reduced, performing similarly to the national average.
- There are over 61,300 unpaid carers across Leicestershire.
- The percentage of adult carers who have as much social contact as they would like has worsened, now performing significantly worse than the national average.



## Our commitments

- **Empowering self-care** – We will work together to support people to manage their long-term health conditions in ways that work best for them. This includes offering different types of local support to meet different needs.
- **Access to care services** – We will make the best use of our resources to improve access to health and care services to ensure people get the support they need, when they need it.
- **Supporting independence** – We will support people with disabilities and long-term health conditions to live independently. This includes making sure they can access suitable housing, care, equipment, adaptations, technology and personalised support that meet their needs.
- **Falls prevention & management** – We will strengthen support to reduce the impact of falls and reduce their impact, particularly on hospital admissions, to help people stay safe and well.
- **Support for carers** – We will support carers to ensure they are included in decisions about the person they care for and can find the information they need, when they need it.



## What does success look like?

- Producing care plans for people with multi co-morbidities to reduce the need for urgent or emergency care.
- Reduction in permanent admissions to residential and nursing homes.
- Increase in the use of technology to support people to live independently.
- Sustained reduction in the rate of admissions due to falls for people aged 65+.
- Sustained reduction in the rate of hip fractures.
- Reduction in the percentage of adult carers reporting loneliness or social isolation.

### 3.3.2 Effective management of frailty & complex care

We know that people with poorer health and multiple LTCs are the biggest users of health and social care resources. People with 5 LTCs will, on average, use 7 times more elective care than those with 1 chronic condition; for those with 8 LTCs, this will increase to an average of 14 times the amount of secondary care activity. If we can utilise a Population Health Management approach to identify those at greatest risk of hospitalisation and deterioration of their health, we will be more able to introduce care planning and interventions early, which will help prevent or minimise episodes of acute health and social care required. This will include work to understand barriers to those with multiple LTCs self-managing their conditions.

We want to further strengthen this approach by embedding effective care planning across the system, linking different parts of the health and social care network together to plan support more holistically for the people of Leicestershire. By supporting staff to manage people's care and treatment in settings other than hospital (i.e. in the community, care homes, primary care etc.) and ensuring effective and timely discharge from hospital with appropriate care in place, people will be supported to live independently for as long as possible, even when episodes of acute care are required.



#### Where are we now?

- Over the last five years, GP practices' Quality & Outcomes Framework disease registers show prevalence for diabetes and stroke is significantly increasing.
- There are 51,101 people who have 5 or more LTCs and 15,802 people with 8 or more.
- The average days from Discharge Ready Date to date of discharge (inc 0 day delays) is 0.73.
- The average days from Discharge Ready Date to date of discharge (exc 0 day delays) is 3.91. This indicates that while most individuals are discharged on the same day they are ready, a smaller number of individuals experience longer delays.
- 81% of individuals are discharged on the same day as their Discharge Ready Date.





## Our commitments

- **Early identification of need** – We will build on the local population health management framework to create a proactive care model that identifies people's needs earlier, helping to prevent crises before they happen.
- **Supporting independent living** – We will provide joined up health and care services that help people, and their carers live independently for as long as possible in the place they call home. This will be supported by a joined-up workforce that will make sure people get the right support at the right time.
- **Care in the community** – We will develop community-based health and care models that proactively support people to manage their long-term health conditions. These models will build on local strengths and work closely with voluntary and community organisations wherever possible.



## What does success look like?

- Early identification of individuals at high risk of hospitalisation and social care needs using a Population Health Management approach and delivering outcomes within a neighbourhood care model.
- Reduction in emergency admissions for those aged 65+.
- Reduction in emergency bed day usage for those with 5 or more Long Term Conditions.
- Improved timeliness of discharges across all pathways.
- Increased utilisation of reablement.
- 95% of people identified as vulnerable have a co-produced care plan, which takes into account their wider needs e.g., multiple LTCs, social/psychological elements and carer arrangements.
- Improvement in the percentage of patients aged 65+ discharged back to their Usual Place of Residence.
- Reduction in long-term admissions to residential care homes and nursing homes for people aged 65+.
- Improvement in the number of people aged 65+ still at home 91 days after discharge into rehabilitation/reablement services.
- Improved patient satisfaction in the complex care pathway, especially for those with multimorbidity (5+ chronic conditions).
- Improved identification of people with moderate or severe frailty as a result of proactive action and care planning to support maintaining to live at home.
- Reduction in unplanned admissions for those with ambulatory care conditions.



### 3.4 Dying well

Our goal is to enable people to choose their care with dignity, through a personalised and compassionate approach that respects the wishes, values, and needs of each individual, their family, and those important to them.

#### 3.4.1 Effective end of life planning and transitions

End of life is an inevitable part of the life course, yet we know that it remains a difficult topic for many people to acknowledge and discuss openly. People in Leicestershire have told us that they want more support to understand what good end of life care looks like and to feel confident about the choices available to them.

We want to support people to understand, plan for, and feel empowered during this stage of life, ensuring that everyone has the opportunity to make informed decisions about their care and treatment, and that loved ones and carers are supported throughout and beyond this time.

It is vital that we understand the types of support people require at this stage, whether that's practical advice on financial and legal matters, access to timely bereavement and emotional support for families, or guidance and encouragement to develop advance care plans. By listening to our population and working with organisations across health, social care, and the voluntary sector, we can ensure that people receive the right information, at the right time, and in the right place.

For many, the transition from living with one or multiple long term conditions into end of life care is gradual. We are keen to understand and respond to the needs of people, carers, and families through this final phase of life with the aims of informing how we can provide coordinated, proactive, and equitable support so that everyone in Leicestershire can experience a dignified and well supported end of life, wherever they choose to be.



#### Where are we now?

- Many people make this transition in an informed way, but we know that not all people have this experience.
- Percentage of people dying in hospitals is significantly decreasing.
- Percentage of people dying at home is significantly increasing.
- The majority of vulnerable people in Leicestershire have a care plan in place, but we know there are some that do not. This is a similar position for ReSPECT plans (a document that outlines a person's personalised recommendations for their care when they are unable to make their own decisions).
- Informal carers have indicated that advice and support available to them requires improvement.

Our goal is to enable people to choose their care with dignity, through a personalised and compassionate approach.



## Our commitments

- **Joined-up support** – We will improve how health and care services work together at the end of life, making support more joined-up, easier to navigate, and better tailored to people's needs.
- **Making end of life conversations a normal part of life** – We will work with people, health and care staff, and community groups to make conversations on care at the end of life easier and more common. By encouraging open and honest discussions, we can help people make choices that are right for them and ensure they are treated with dignity and respect.
- **Understanding what matters at the end of life** – We will use data and insights to better understand what matters most to people at the end of life. This will help shape how care and support are planned and delivered, making sure people's needs are recognised and met with compassion.
- **Access to information** – We will make sure that people, families, carers and professionals have the right information and support to make clear and confident decisions on end of life care to ensure smoother transitions and better experiences for everyone involved.
- **Support with end of life planning** – We will make end of life planning a key part of personalised care and ensure that professionals/staff feel informed, confident, and supported to have open and compassionate conversations, making planning a natural part of life.
- **Bereavement support for carers** – We will make sure carers receive timely and compassionate support during bereavement. This support will recognise the emotional impact of losing a caring role and help carers through the transition.



## What does success look like?

- Increased proportion of people planning for late stages and end of life at a time when they are still able.
- Increase in the number of people dying in their place of choice.
- Care plans offered to all people that may benefit from having one. This should include a ReSPECT plan.
- Increased take up of care plans/ReSPECT plans with people specifically opting out of having a plan in place rather than being missed from the offer of one.



## 4. Cross-cutting priorities

In addition to the four life course stages, a number of cross cutting priorities have been highlighted as additional areas of need: Improved Mental Health, Reducing Health Inequalities and Health Protection & Emergency Preparedness.



### 4.1 Improved mental health

Good mental health is an important part of our overall health and wellbeing. It is linked to and affected by a number of factors including income, deprivation, domestic abuse, self-harm, physical illnesses, drug and alcohol use, smoking, obesity and homelessness. The impacts of poor mental health are wide reaching including lower employment, reduced social contributions, reduced life expectancy and reduced healthy life expectancy.

There is a renewed commitment to achieve parity of esteem to meet mental health needs in comparison to physical health needs, with a more targeted approach to enhance offers to support mental health needs.

The vision for mental health of both children and adults across the system is ***'We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs.'***

In Leicestershire, we are keen to support this system work whilst being clear on the mental health and wellbeing needs of those living in Leicestershire. This will be to ensure we champion individual needs and support delivery of high-quality prevention, care and treatment that improves their outcomes and experiences.



### Where are we now?

- Leicestershire performs similarly to England for percentage of school pupils with social, emotional and mental health needs, however, over the last five years the trend has worsened.
- Hospital admissions as a result of self-harm in those aged 10 to 24 is significantly worse than the national average having previously performed significantly better.
- Leicestershire performs significantly worse than the benchmark for estimated dementia diagnosis rate.
- Benchmarking shows that the Adult Social Care team in Leicestershire supports more working age people with mental ill health than other authorities, but maintains more people to live at home without escalation to complex care arrangements.

Good mental health is an important part of our overall health and wellbeing.



## Our commitments

- **Levelling up mental health** – We will make sure mental health is treated as equally important as physical health in how we plan, invest in, and deliver services, recognising that mental health plays a vital role in overall health and wellbeing.
- **Mental health promotion & prevention** – We will promote good mental health by making sure that prevention is considered in all aspects of our work and that early help is provided where needed.
- **Reducing suicide** – We will work together to reduce suicide and save lives by making it easier for people to get help early and by linking work with national and local plans.
- **Improving access to services** – We will make it easier for people of all ages to get support for their mental health and emotional wellbeing by working together across services so that help is joined-up, person-centred, and there when people need it most.
- **Children and young people's mental health** – We will work together to make it easier for children and young people to get support for their mental health and emotional wellbeing, while also working to improve how services connect with each other, so that young people have a smoother and more joined-up experience, particularly as they move to adult mental health services.
- **Dementia** – We will support people living with or affected by dementia, through prevention, timely help and joined up support.



## What does success look like?

- Increased proportion of individuals experiencing good mental health and wellbeing.
- Qualitative feedback that good emotional health and wellbeing is actively promoted and supported across the county including for carers, and that services are joined up and meeting people's needs at the right time and place.
- Reduction in the proportion of people with mental health challenges that need intensive and specialist offers.
- Sustained reduction in suicide rates below national average.
- Improvement in dementia diagnosis rate.
- Reduction in emergency hospital admissions for Intentional Self-Harm.
- Reduction in the proportion of school children with emotional and mental health needs.
- Sustained improvement in the number of children and young people accessing support by NHS funded community services and NHS funded mental health services.



## 4.2 Reducing health inequalities

“Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies”.

As already described, health inequalities are underpinned by social determinants of health, or the circumstances in which people are born, live, work and grow. Overall Leicestershire is an affluent county, that generally performs well in terms of health and wellbeing. However, not everyone enjoys the same prospects or opportunities for good health and wellbeing.

Evidence suggests that those living in the most deprived areas of the county often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. This applies across the entire life course. In addition, the most disadvantaged are not only more likely to get ill and more likely to live with more than one long-term illness or health issue, but they are less also likely to access services when they are unwell, and services are less accessible to them. This is known as the inverse care law.

Within our approach we will incorporate, where appropriate, Core20PLUS5 to ensure everyone has an equitable opportunity to support their health and wellbeing. Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

This cross cutting priority has been intentionally designed with breadth and flexibility to ensure relevance across all life course areas. This approach empowers each sub-group leading on each of the priorities to tailor their focus to the specific population groups most affected by health inequalities within their remit.



### Where are we now?

- Inequality in life expectancy is estimated using a summary measure called the slope index of inequality (SII). The higher the value of the SII, the greater the inequality within an area. Nationally, the inequality in life expectancy at birth is 9.7 years in males and 7.9 years in females in 2018–20. The SII for males and female life expectancy in Leicestershire in 2018–20 was 6.0 years and 4.9 years respectively. From 2017–19 to 2018–20, the slope index of inequality decreased by 0.4 years for males and decreased by 0.1 for females.
- In males, life expectancy in the least deprived decile has increased from 82.2 years in 2011–13 to 82.4 years in 2021–23. For the same time period, in the most deprived decile, life expectancy at birth in males has decreased from 76.3 to 75.6 years.

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals.

- In females, life expectancy in the least deprived decile has increased from 84.9 years in 2011–13 to 86.1 years in 2021–23. In the same time period in the most deprived decile life expectancy at birth in females has decreased from 80.4 years to 80.0 years.
- The percentage of children with free school meal status achieving a good level of development at the end of reception is significantly worse than the national average.
- The number of looked after children having a health check has worsened as has their levels of emotional health.
- The proportion of children in care who are up to date with their routine vaccinations is significantly lower than England and has a decreasing trend.
- The National School Census for 2023/24 states that in Leicestershire schools, 17.8% of pupils have special educational needs and 4.8% have an Education and Health Care Plan. Children and young people with a learning disability are more likely to be either underweight or overweight, have epilepsy and experience significantly higher mental health issues.
- The gap in the employment rate for those who are in contact with secondary mental health services and the overall employment rate is still significantly worse than the national average.



## Our commitments

- We will provide a universal offer of health and care services to all, with justifiable variation in response to differences in need between groups of people.



## What does success look like?

- Reduction in the slope index of inequality or 'levelling up' of the social gradient.
- A greater rate of improvement in life expectancy and healthy life expectancy in the most deprived communities and vulnerable groups across Leicestershire.
- Improvement in the percentage of children with free school meal status achieving a good level of development at the end of reception.
- Improvement in the number of looked after children having a health check.
- Improvement in the proportion of children in care who are up to date with their routine vaccinations.
- Improvement in emotional wellbeing of looked after children.
- Improvement in health outcomes of children and young people with learning disabilities.
- Improvement in the percentage of adult carers who have as much social contact as they would like.
- Narrowing of the gap in the employment rate for those who are in contact with secondary mental health services and the overall employment rate.



### 4.3 Health protection & emergency preparedness

Health protection spans prevention, preparedness, surveillance and response to infectious diseases, environmental hazards and other public health threats. In Leicestershire, our focus is on a sustainable approach, ensuring our communities are resilient, prepared, and protected against a wide range of risks.

This cross cutting priority recognises that health protection is not just about crisis response, but about building robust systems and partnerships that safeguard health and wellbeing across the life course. Our approach is proactive, equitable, and tailored to the unique needs of Leicestershire's diverse communities, including rural areas and those facing barriers to accessing services.

Immunisation programmes and national screening programmes are cornerstones of health protection, preventing disease and enabling early detection to improve outcomes. Ensuring equitable access and uptake is essential to reduce avoidable illness and premature mortality.

Vaccination programmes are essential to public health and provide essential protection against infectious diseases that can otherwise cause serious harm. Vaccinations have saved more lives and prevented more serious diseases than any other advancement in recent medical history. Examples include MMR (measles, mumps, rubella), influenza and RSV (Respiratory syncytial virus). Suboptimal coverage leaves us vulnerable to transmission of infectious diseases, particularly in school, early years and communities with lower uptake. Sustained and targeted action is needed to improve coverage and reduce inequity.

The health protection system identifies infectious disease incidents and outbreaks, but also focuses on detecting diseases, such as cancer, at an early stage to enable early treatment and improve survival rates. Screening spans the life course, beginning with antenatal screening and pregnancy screening all the way up to cancer and non-cancer screening programmes. However, these programmes are not equally accessed by all, creating inequalities in early detection and health outcomes.

Emergency planning considers rural isolation and access to services, and close working with the Local Resilience Forum maintains a health focus on planning. Engagement with communities is vital to build trust and improve uptake of preventative measures. More frequent heatwaves, periods of cold weather and reduced air quality amplify risks for older adults, people with long term conditions and those in isolated settings. There is a need to focus on protecting those most vulnerable.

Leicestershire's health protection system benefits from strong partnership arrangements, through the Leicester, Leicestershire and Rutland (LLR) Health Protection Board, co-chaired by the Directors of Public Health. The Board provides strategic oversight, challenge and assurance to the respective Health and Wellbeing Boards on all health protection functions, including prevention, surveillance, planning, and response, drawing together programmes across partners into a single assurance function, and the delivery of an annual assurance report.

Our focus is on a sustainable approach, ensuring our communities are resilient, prepared, and protected against a wide range of risks.



## Where are we now?

- In 2023/24, only 91.7% of children in Leicestershire had received both doses of the MMR vaccine by age five, the lowest level since 2011/12. Coverage in Leicestershire is greater than the national average but has followed a downward trend.
- Flu vaccination coverage in those aged 65 and over has improved. Previously performing significantly worse than the benchmark of 75% in 2019/20 to performing significantly better than the benchmark in 2023/24.
- Cervical screening coverage across Leicestershire for individuals aged 25–29 years old has gradually reduced from 80.2% in 2010, to 72.6% in 2024. For individuals aged 50–64 years old, 2024 saw the lowest uptake of 77.9%, from 84.3% in 2010.
- Uptake of bowel screening has increased since 2015.
- Percentage of cancer diagnoses at stages 1 and 2 has improved. Previously performing significantly worse than the national average and now performing similarly to the national average.
- Preparedness for extreme weather events is becoming increasingly important, particularly for rural and isolated communities. Health inequalities persist, with vulnerable populations more likely to be adversely affected during emergencies.



## Our commitments

- We will work collaboratively to ensure our health protection approach and response is proactive, equitable and resilient.



## What does success look like?

- Proactive identification of vulnerable populations as part of preparedness for extreme weather events and other similar emergencies.
- Improvement in MMR uptake.
- Sustained improvement in flu vaccination coverage.
- Improvement in RSV vaccination coverage.
- Improvement in occupational vaccination rates across the health and social care workforce.
- Improvement in cervical screening uptake with reduced variation by age, deprivation and ethnicity.
- Sustained improvement in uptake of bowel screening.
- Sustained improvement in cancer diagnoses at stages 1 and 2 (early stages).

## 5. Moving Forwards

### 5.1 How we will know we've made a difference

The key to getting things right is embedded in leadership, partnership working and accountability.

The best way of knowing if this strategy has made a difference is to ensure effective and regular monitoring of the actions and the associated success measures that address the identified priorities and to highlight any gaps. The success measures outlined in this strategy are not exhaustive. They serve as a starting point to monitor progress and impact, but we recognise that additional indicators may emerge over time.

This strategy also commits to seeking insights directly from individuals and communities to understand whether progress is being made in ways that matter to them.

Delivery of this strategy will be overseen by Leicestershire's Health and Wellbeing Board (chaired by the Lead Member for Health) through a clear and collaborative framework that ensures all activity aligns with agreed priorities and principles.

The subgroups of the HWB will lead delivery of each priority area, supported by working groups that will develop detailed delivery plans. Delivery plans will set out the actions that will be taken to achieve specified changes.

Subgroups will also lead engagement and consultation with organisations, stakeholders and the public where appropriate, ensuring that actions reflect local needs. Equality Impact Assessments will be completed where required to ensure equitable delivery.

Progress will be monitored through highlight reports for each priority area from lead officers to their respective subgroups. Each subgroup will provide an annual update (as a minimum) to Health and Wellbeing Board and these updates will include:

- A performance dashboard showing the latest data evidencing impact.
- A written report summarising progress, outcomes, challenges and forward plans, including case studies where appropriate.
- A verbal update to accompany the report describing highlights from the report and answering any questions from HWB members.

Subgroups will contribute to the HWB's annual report, demonstrating collective achievements and the impact of initiatives.

A full review of the strategy will be undertaken prior to its conclusion in 2032, allowing sufficient time to assess progress, incorporate learning, and inform future planning. The timing of this review will be determined based on operational feasibility.

Through this approach, the HWB will ensure the strategy is delivered in partnership, with transparency, accountability and clear focus on improving health outcomes for Leicestershire residents.

This strategy commits to seeking insights directly from individuals and communities to understand whether progress is being made in ways that matter to them.



Membership of the Leicestershire HWB include:



Leicestershire  
**Police**  
Protecting our communities



**POLICE & CRIME  
COMMISSIONER**  
for Leicestershire



**University Hospitals of Leicester**  
NHS Trust



**Leicestershire Partnership**  
NHS Trust



Leicestershire District  
and Borough Councils

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