



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 26 February 2026.

PRESENT

Leicestershire County Council

Mr. M. Squires CC (in the Chair)
Mr. C. Pugsley CC
Mike Sandys
Tracy Ward
Nicci Collins

District Councils

Cllr. J. Kaufman
Edd de Coverly

Integrated Care Board

Matt Gaunt

University Hospitals of Leicester NHS Trust

Ashley Epps

Leicestershire Partnership NHS Trust

Jean Knight

Healthwatch Leicester and Leicestershire

Fiona Barber

Voluntary Action Leicestershire

Kevin Allen-Khimani

In attendance

Mala Razak (Leicestershire County Council)
Shaun McGill (Leicestershire County Council)
Lisa Carter (Leicestershire County Council)
Abbe Vaughan (Leicestershire County Council)
Kerryjit Kaur (Integrated Care Board)
Pete Burnett (Integrated Care Board)
Victoria Rice (Leicestershire County Council)
Amy Chamberlain (Leicestershire County Council)
Euan Walters (Leicestershire County Council)

Apologies

Harsha Kotecha, Jane Moore, Rachel Dewar, Siobhan Peters, Cllr Cheryl Cashmore, Toby Sanders and Mr. C. Abbott CC

45. Minutes of the previous meeting.

The minutes of the meeting held on 4 December 2025 were taken as read, confirmed and signed.

46. Urgent items.

There were no urgent items for consideration.

47. Declarations of interest.

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

The Chairman himself declared an interest in all substantive agenda items due to his employment with a partner organisation.

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

48. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

- (i) Adult Social Care;
- (ii) Chair's Engagement Activity;
- (iii) Key Messages;

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

49. Election of Vice Chairman.

RESOLVED:

That Matt Gaunt (Integrated Care Board) be elected Vice Chairman of the Health and Wellbeing Board for a period of two years.

50. Joint Local Health and Wellbeing Strategy update- Best Start for Life.

The Board considered a report of the Children & Families Partnership which provided an update in relation to the Best Start for Life priority of the Joint Health and Wellbeing Strategy (JHWS) 2022-32 and sought approval for proposed changes to the current relationship between the Children and Families Partnership, and the Health and Wellbeing Board. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The Children and Families Partnership (CFP) was the Operational Delivery Group that oversaw the Best Start for Life strategic priority of the JHWS, contributing also towards cross-cutting priorities. It was proposed that a new Operational Delivery Group of the Health and Wellbeing Board be created, provisionally named the "Children and Young People (CYP) Place Based Group", that would oversee the Best Start for Life commitments. The CFP meanwhile would become independent of the Health and Wellbeing Board and retain ownership of the wider CFP Plan, focusing on those priorities requiring partnership working that were not directly related to health.
- (ii) The wider determinants of health were more broad ranging than just the provision of healthcare. It was important that when tackling the wider determinants all partners were involved and kept sighted of the work that was taking place.
- (iii) There would be areas of overlap between the CFP and CYP and some crossover of membership between the two groups. Annual reports from one group would be taken to the other.
- (iv) Liaison was taking place with officers from the ICB to ensure there was no duplication of work.
- (v) In response to a comment that there was no reference in the Children and Families Partnership work to children being home schooled and the level of access to facilities and support they had, it was agreed to give consideration to this after the meeting.
- (vi) In response to a question about demonstrating outcomes from the CFP work it was explained that a dashboard of indicators that linked to the commitments in the JLHWS would be developed to show the direction of travel.
- (vii) There were opportunities for UHL to link in more with the CFP work particularly around maternity clubs.
- (viii) It was noted that the Voluntary, Community and Social Enterprise (VCSE) sector was not on the membership list of the CYP Place Based Group and agreed that they would be invited to meetings.

Jean Knight (Leicestershire Partnership NHS Trust) raised concerns about the proposed new governance arrangements particularly the possibility of a reduction in partnership collaboration and she suggested that the governance arrangements should be reviewed in one year's time to see how effective they were.

RESOLVED:

- (a) That the progress being made in relation to delivering against the Best Start for Life priority be noted;
- (b) That the progress being made in relation to delivering against the cross-cutting priorities be noted;
- (c) That the proposed changes to the Operational Delivery Group of the Health and Wellbeing Board overseeing the Best Start for Life strategic priority be approved,

and a review of these governance arrangements be requested to take place in one year's time.

51. Joint Local Health and Wellbeing Strategy amendment, Easy Read and Delivery Plans.

The Board considered a report of the Director of Public Health, Law and Governance which asked the Board to amend the wording of a commitment in the Joint Local Health and Wellbeing Strategy (JLHWS) (Reviewed and Revised 2022-2032), approve the easy read document of the JLHWS, and note the first iteration of the delivery plan. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) There would be regular progress reports regarding all four areas of the JLHWS. The Operational Delivery Groups which sat under the Health and Wellbeing Board would have quarterly performance updates.
- (ii) It was important to be able to demonstrate value and positive outcomes from the JLHWS work, and each Action in the Delivery Plan had a success measure aligned to it and an indicator in the dashboard. However, it was not always easy to demonstrate the cause of improvements and effect of the work taking place. Obesity was one issue affected by lots of different factors which made it difficult to assess the impact of interventions. One of the success measures for the First 1001 Critical Days Delivery Plan was a 'sustained reduction in A&E attendances for 0-4 years'.
- (iii) The Better Care Fund outcomes would be aligned in the dashboard with the JSNA outcomes.
- (iv) With regards Dying Well there would be more reliance on qualitative data and case studies as less quantitative data was available.
- (v) One of the commitments in the JLHWS was Supporting Independent Living and it was suggested that housing should be linked to this commitment as well as the role played by the voluntary sector. In response, reassurance was given that the Integration Executive and Staying Healthy Partnership would have oversight of these issues, but consideration would be given to any gaps that were identified.
- (vi) Work was now commencing on the development of neighbourhood plans as an addendum to the delivery plan, setting out local priorities and supporting delivery at place level. Members emphasised the importance of this work. It was suggested that there needed to be a common understanding amongst partners regarding the definition of a neighbourhood.
- (vii) A member noted that care leavers were considered to have a protected characteristic and emphasised the importance of ensuring that care leavers were able to access services.

RESOLVED:

- (a) That the change of wording to the 'healthy homes' commitment in the Staying Healthy Safe & Well life course priority within the Joint Local Health & Wellbeing Strategy (JLHWS) be approved;

- (b) That the easy read document of the JLHWS be approved;
- (c) That the JLHWS Delivery Plan be noted.

52. Better Care Fund - Quarter 3 update.

The Board considered a report of the Director of Adults and Communities which provided the Quarter 3, 2025/26 template report of the Better Care Fund (BCF). A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Money had been set aside for recruiting locum therapists but none were available locally so the funding would be repurposed.
- (ii) The average length of discharge delay for all acute adult patients was off target by 2.4% against planned performance. Work was taking place to improve the timeliness of decision making and make communication with families better. Consideration was also being given to pathways and early discharge planning. The Discharge Group was monitoring the situation.
- (iii) The UEC Ops Group involved multiple partners and would consider performance data and identify any gaps between health and social care. It was important that the appropriate level of data was available to the UEC Ops Group. This could then feed into the BCF return.

RESOLVED:

That the performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways up to Quarter 3, be noted.

53. Change to the Order of Business.

The Chairman sought and obtained the consent of the Board to vary the order of business from that set out on the agenda for the meeting.

54. Integrated Care Board 5 Year Commissioning Strategy.

The Board considered a report of the Integrated Care Board which presented the contents of the ICB 5 Year Strategic Commissioning Strategy. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The 5 Year Strategic Commissioning Strategy focused on a small number of priorities where it was felt the greatest difference could be made. Although mental health was not one of the priorities, it was still a core commissioning requirement for the ICB and work would continue to take place with providers to address mental health needs. It was felt that the most value could be gained from working with partners to prevent health needs arising in the first place. The preventative approach was crucial to ensuring the financial sustainability of the Integrated Care Board.

- (ii) In response to a question about value for money and the quality of services, it was explained that where it was clear that there was no value for money a service would no longer be commissioned, but with some services it was not clear whether there was value due to the various factors that lead to outcomes.
- (iii) The ICB had carried out a Health Needs Assessment to obtain data to base commissioning on. There was no Joint Strategic Needs Assessment for the whole ICB cluster area but JSNAs were fed into Health and Wellbeing Board strategies and therefore part of the commissioning process.
- (iv) Due to the short timescales within which the ICB had to produce their Commissioning Strategy not as much public engagement had taken place as was desirable. It was hoped that the public voice could be better incorporated into commissioning decisions going forward.
- (v) Conversations needed to take place about the expectations placed on the Voluntary, Community and Social Enterprise (VCSE) sector in helping delivering the ICB's Commissioning Strategy and what funding could be made available to VCSE organisations.

RESOLVED:

That the contents of the report and the 5 Year Strategic Commissioning Strategy be noted.

55. Joint Strategic Needs Assessment Programme of Work.

The Board considered a report of the Director of Public Health, Law and Governance which provide an update on the Joint Strategic Needs Assessment (JSNA) work completed during 2025 using the revised dashboard led approach, presented proposals for establishing a JSNA Steering group, and presented the updated demography dashboard. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

In presenting the report it was explained that it was proposed to establish a JSNA steering group to undertake the prioritisation and sequencing of JSNA topics which would guide the ongoing development of the JSNA programme of work. It was clarified that whilst the steering group would make decisions, the Health and Wellbeing Board would still have oversight and the steering group would report into the Board.

Members welcomed the appearance and functionality of the dashboard and noted that it would be a useful aid in making commissioning decisions. In response to a suggestion that the dashboard needed to be further publicised amongst partners, it was confirmed that there were no plans in place as yet but this would be discussed by the steering group.

In response to a suggestion that it would be useful to have the same level of data for Leicester as was in the dashboard for Leicestershire, it was explained that fortnightly data sharing meetings took place between the City and County Councils, however the City had different plans and priorities therefore they could not have exactly the same dashboard as Leicestershire.

RESOLVED:

- (a) That the establishment of a JSNA steering group to undertake the prioritisation and sequencing of JSNA topics which will guide the ongoing development of the JSNA programme of work, be approved;
- (b) That the new demography dashboard be welcomed.

56. University Hospitals of Leicester NHS Trust Clinical Strategy

The Board considered a report of University Hospitals of Leicester (UHL) regarding UHL's Group Clinical Strategy (2025-35). A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

It was noted that parts of the Strategy were driven by UHL, and other parts were driven by partners such as the Integrated Care Board. A large amount of partnership working would have to take place to implement the Strategy. The frailty work was one example of this where Primary Care, Social Care and the voluntary sector all played a role.

The report set out that Focus area 3 of the Strategy was 'Delivering care in communities and neighbourhoods'. It was noted that delivering this part of the Strategy would require input from housing and community support teams and it would link in with the neighbourhood health work taking place. Concerns were raised that large changes were taking place with the structures of local authorities and partner organisations and therefore conversations needed to take place to ensure that any decisions on the community and neighbourhood work were made with the structure changes in mind. In response it was explained that conversations could take place at meetings of the proposed new County Place Based Team regarding the governance of neighbourhood health model development and Local Government Reorganisation. UHL would welcome being involved in the County Place Based Team.

RESOLVED:

- (a) That the Clinical Strategy, implementation progress to-date and key next steps be noted;
- (b) That the strategy's alignment with the Joint Health and Wellbeing Strategy, and the opportunities to support or enhance its delivery impact through partnership working be noted.

57. NHS Transformation and Transition.

The Board considered a report of the Integrated Care Board which provided an update and overview on the NHS transformation and transition for Integrated Care Boards. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

In presenting the report it was emphasised that the level of current health provision was not enough for future demand and therefore ways of working needed to change. There needed to be prioritisation towards the areas of work which would have the most impact.

In an update to the information provided in the report about the ICB staffing reduction, it was explained that the second round of voluntary redundancies had now taken place and the staff consultation was about to close. In response to concerns raised about the impact of the redundancies on partners and the possibility of the ICB being unable to carry out some of its duties, it was acknowledged that this was a risk but reassurance was given that any issues could be raised with the ICB Executive Team.

It was noted that a lot of changes were taking place regarding NHS England and regional health commissioning functions and the Board would benefit from a report providing an update on the new structures. It could also be useful to have another Health and Wellbeing Board Development Session regarding new developments in the health arena. It was confirmed that a Development Session was currently being planned.

RESOLVED:

That the contents of the report, and the position of the NHS transformation and change agenda, be noted.

58. Health and Wellbeing Board Terms of Reference Review.

The Board considered a report of the Director of Public Health, Law and Governance regarding a review of the Board's Terms of Reference which had taken place. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

It was noted that in addition to the amendments to the Terms of Reference proposed in the report, it was also proposed to remove the Chief Executive of Leicestershire County Council from the Board membership as the Chief Executive was satisfied that there was sufficient representation on the Board from the Council with the three Directors.

With regards to the County Place Based Team which was proposed to be set up, the membership was to consist of a broad range of partners. Edd de Coverly (Chief Executive of Melton Borough Council) requested that the membership include representatives from District Councils and in response it was agreed that this would be included in the Terms of Reference.

RESOLVED:

- (a) That the revised Terms of Reference for the Health and Wellbeing Board as set out in the appendix to the report be approved, subject to the removal of the Chief Executive of Leicestershire County Council from the membership list;
- (b) That the list of Operational Delivery Groups that sit under the Health and Wellbeing Board include the CYP Place Based Group instead of the Children and Families Partnership;
- (c) That an additional Operational Delivery Group known as the County Place Based Team be created.

59. Date of next meeting.

RESOLVED:

That the next meeting of the Board takes place on Wednesday 3 June 2026 at 2.00pm.