

## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 20TH JANUARY, 2021**

**PRESENT:** Councillor R Charlwood in the Chair

Councillors J Barwick, Dr John Beal, Broch,  
Eaton, S Golton, N Harrington, Kealy,  
Lowe, Marsh, Munro, Roff, Ryley, A Smart,  
Stein, F Venner and Walling

### **Representatives of Clinical Commissioning Group**

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group  
Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group  
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS  
Leeds Clinical Commissioning Group

### **Directors of Leeds City Council**

Victoria Eaton – Director of Public Health  
Cath Roff – Director of Adults and Health  
Julie Longworth – Deputy Director of Children and Families

### **Representative of NHS (England)**

Anthony Kealy - NHS England

### **Third Sector Representative**

Alison Lowe – Director, Touchstone  
Pip Goff – Director, Forum Central

### **Representative of Local Health Watch Organisation**

Dr John Beal – Chair of Healthwatch Leeds  
Hannah Davies – Chief Executive of Healthwatch Leeds

### **Representatives of NHS providers**

Sara Munro - Leeds and York Partnership NHS Foundation Trust  
Dr Phil Wood - Leeds Teaching Hospitals NHS Trust  
Thea Stein - Leeds Community Healthcare NHS Trust

### **Representative of Leeds GP Confederation**

Jim Barwick – Chief Executive of Leeds GP Confederation  
Gaynor Connor – Director of Transformation, Leeds GP Confederation

## **19 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

On behalf of the Board, the Chair thanked everyone in Leeds for coming together to respond to the COVID-19 crisis.

**20 Appeals against refusal of inspection of documents**

There were no appeals.

**21 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

**22 Late Items**

There were no late items.

**23 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests.

**24 Apologies for Absence**

Apologies for absence were received from Paul Money, Superintendent Jackie Marsh, Julian Hartley and Sal Tariq. Dr Phil Wood and Julie Longworth were in attendance as substitutes.

**25 Open Forum**

There were no matters raised on this occasion.

**26 Minutes**

**RESOLVED** – That the minutes of the previous meeting held 30 September 2020 be approved as an accurate record.

**27 Overview of the Leeds COVID-19 Vaccination Programme**

The Leeds Bronze COVID-19 Vaccination Steering Group submitted a report that provided an overview of the Leeds COVID-19 Vaccination Programme setting the context for the 20 Jan 2021 meeting. The information provided in this report was correct as of 6 Jan 2021. For the latest information please visit the [Government website](#) and the [NHS website](#). For information on the local programme please visit the [NHS Leeds CCG website](#).

The following were in attendance:

- Sam Prince, Executive Director of Operations, Leeds Community Healthcare and Senior Responsible Officer of the Leeds COVID-19 Vaccination Programme
- Dr Phil Wood, Chief Medical Officer, Leeds Teaching Hospitals and Senior Responsible Officer of the West Yorkshire COVID-19 Programme
- Gaynor Connor, Director of Transformation, Leeds GP Confederation

- Hannah Davies, Chief Executive, Healthwatch Leeds
- Natasha Lambert, Member of Youthwatch
- Lucy Jackson, Chief Officer, Public Health, Leeds City Council
- Sarah Bronsdon, Leeds Academic Health Partnership
- Shak Rafiq, NHS Leeds CCG and Communications Lead for the Leeds COVID-19 Vaccination Programme

Dr Phil Wood and Sam Prince delivered a PowerPoint presentation, setting out the progress of the vaccination programme to date. Key highlights included:

- Leeds Teaching Hospitals was one of the first 50 'hospital hub' sites chosen to take delivery of the Pfizer vaccine, first patient vaccinated on 8 December 2020. Following this, on 15 December 2020 three primary care networks were among the first to deliver the COVID-19 vaccine in a primary care setting.
- The key role of the partnership approach to vaccination roll-out, recognising groups and individuals across health and social care, third sector, HR, intelligence units, local community leaders and communications leads – all as part of #TeamLeeds.
- Vaccination sites have been established across hospital and primary care settings in Leeds, with a new Community Vaccination Centre hosted at Elland Road Stadium.
- Video was shown providing an overview of the vaccination hub journey for someone attending from entry to exit.
- The phased vaccination programme continues to prioritise the most vulnerable residents of Leeds, those for whom contracting COVID-19 are at most risk of fatality. The priority group has now been expanded to include over 70s and Clinically Extremely Vulnerable, and will continue to broaden to other groups as advised by the Joint Committee on Vaccination and Immunisation (JCVI).

Members of the Board shared their experiences:

- Thea Stein (Chief Executive of Leeds Community Healthcare) shared her experience of being initially vaccine hesitant due to a health condition and now happy to take the vaccinations when asked to following reassuring conversations with healthcare professionals. On behalf of the Board, Thea highlighted that as a city, Leeds understands vaccine hesitancy and the importance of encouraging people to speak up, be open and seek answers from trusted sources.
- Alison Lowe (Chief Executive of Touchstone), shared her experiences of being recently vaccinated at the meeting. On behalf of the Board, Alison welcomed the inclusion of the Third Sector in the vaccination roll out of health and care staff. As someone who is Clinically Extremely Vulnerable, Alison was eligible to receive a vaccination and highlighted that the process was quick and efficient with helpful staff at the site. However, Alison advised that further work is required to ensure that people with disabilities and accessibility requirements and BAME

communities felt supported in accessing and represented at the vaccination sites.

- Dr Alastair Walling (Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group) described his experiences as a GP within the Crossgates Primary Care Network. The Leeds COVID-19 Vaccination Programme, including GP practices, are adhering to the Priority criteria and are proactively contacting people who are eligible. Personally, he has had the vaccine and has given approx. 200-300 vaccinations. Staff have been working overtime as needed, strong numbers of volunteers across the city and a positive atmosphere recognising the positive difference they are making.

Members discussed a number of matters, including:

- Members recognised the importance of key messaging around saving the most lives the quickest possible way, working with people across Leeds where there is vaccine hesitancy to increase uptake and discouraging people from contacting their GP services or local vaccination centres if they have not yet received an invitation to a vaccination appointment as it takes away resources from health and care services.
- Members queried the approach taken to contact people with no fixed abode to advise of vaccination appointments, and were advised that partnership working with the third sector and housing support to reach people with no fixed abode is included in the Leeds Health Inequalities COVID-19 Vaccination Framework.
- In response to a query, Members were assured that anyone who declines an invitation to be vaccinated has the opportunity to access an appointment at a later date if they change their mind. Currently, a temporary code is applied to records of patients who have declined, to reduce repeated invitations which may cause patients to feel pressured, however this does not prevent future requests for vaccination.

The Chair introduced a video submitted by Simon from the Leeds Faith Forum, which presented the following question to Members:

*“We have seen that some leisure centres and other community venues have been allocated to be vaccination centres. Are there any plans to approach places of worship or other faith buildings to be used as vaccination centres and what those faith building would need to do to be eligible to be vaccination centres?”*

Sam Prince advised that the vaccination venues established would remain the main centres, however recognised the ventilation benefits of places of worship and would be considered for further ‘pop-up’ centres if required in response to low uptake in particular localities. Anthony Kealy highlighted good practice example of a Sikh Temple having opened as a vaccination site.

Hannah Davies presented the findings of a recent HealthWatch Leeds survey to seek the views of over 3000 people on the COVID-19 vaccination programme, designed in consultation with Health Partnerships Team & Leeds CCG and launched 20<sup>th</sup> November 2020. This also included directly seeking views directly from a range of Community of Interest Network Groups. The key findings were presented as follows:

- 80% of respondents plan to get vaccinated;
- Of those who aren't committed to getting vaccinated, the majority remain open to persuasion;
- Side effects and safety are the 2 most common concerns;
- People aged 44 and younger were more likely than older generations to be hesitant. Hesitancy peaks among the 25-34-year age category;
- People from White British backgrounds were more likely than people from other ethnicities to plan to get the vaccine. Hesitancy was particularly high among Black African/Caribbean respondents;
- Women were particularly likely to be unsure and were twice as likely than men to want information about side effects;
- Hesitancy was notably high among people with a mental health condition;
- If women have a child under 5, this makes them more likely to be hesitant. If men have a child under 5, this makes them less likely to be hesitant;
- Workers were more likely than non-workers of the same age to be hesitant.

Natasha Lambert presented a number of questions submitted by the Community of Interest Network Groups and were representative of the questions raised by the public through the Healthwatch Leeds survey. Each question was responded to by a Member of the Board. Key themes included:

- Anti-vaccines messages around the speed at which the vaccine was developed, and the absence of messages from leaders to dispel myths - Members advised that the vaccines are available as a result of the prioritised funding and resources globally which have enabled scientists to work faster than usual. Additionally, all vaccines have followed the established process for all medicines, with no 'corners cut', and been approved accordingly. Members also advised that the national communications strategy is based on not giving attention to false information.
- How long vaccine immunity will last – Members advised that studies have shown that vaccines are likely to last up to one year.
- Long-term side effects – Members advised that during the initial roll-out, side effects have been mild and instant, and manageable in vaccination centres. There is no evidence of serious and long term side effects.
- Identifying priority groups, specifically low priority of student populations despite being highlighted as a cause of high transmission rates – Members advised that there are higher transmission rates

across all groups. The vaccine will not stop transmission of the virus, instead it reduces the seriousness of symptoms, and therefore priority groups are identified on the basis of being most at risk of developing serious symptoms. Additionally, evidence clearly suggests that transmission is reduced by behaviour, and therefore Members highlighted the importance of continuing to follow social distancing guidance before and after vaccination.

- Invites to vaccination – Members noted the concerns of residents who are within the priority groups but have not yet been invited to vaccination appointments, however asked that residents wait to be contacted to reduce the pressure on services responding to queries.
- Vaccination of other frontline workers such as social care services – Members advised that rollout of vaccination to other health and care workers working directly with the public, including third sector staff and housing officers, would begin in the next three to four weeks.

Lucy Jackson and Sarah Bronsdon delivered a presentation setting out the Leeds Health Inequalities COVID-19 Vaccination Framework, including a video of COVID-19 vaccination information in a range of languages. It was also confirmed that in addition to the videos shown, a British Sign Language video has also been produced.

Members discussed a number of matters, including:

- Members noted the useful data obtained via the HealthWatch vaccination survey, however also recognised the low response rate for people from BAME backgrounds to the survey itself and the importance of greater intelligence and data moving forward, to understand uptake by locality and community groups in order to ensure that additional resource can be provided rapidly.
- Members reported local initiatives to provide information around vaccinations, such as Zoom calls with GP surgeries and residents, organised by local ward members. Members requested that teams encourage local ward members to work in partnership with Local Care Partnerships to deliver similar sessions, also utilising neighbourhood networks and community champions.

## **RESOLVED –**

- a) That the Board's support for the work to date in developing and implementing the Leeds COVID-19 Vaccination Programme, be noted;
- b) That the feedback provided by Members on aligning the Leeds COVID-19 Vaccination Programme roll out in line with the health and care system's approach to tackling health inequalities, be noted;
- c) That the common questions from the recent HealthWatch survey to be developed into a FAQ document to be made publicly available;
- d) That the Tackling Health Inequalities Group further explore Health and Wellbeing Board signing up to the Health Inequalities Alliance.

## **28 Date and Time of Next Meeting**

Draft minutes to be approved at the meeting  
to be held on Thursday, 29th April, 2021

The next meeting will take place on Thursday 18th February 2021 at 10.00 a.m.

Draft minutes to be approved at the meeting  
to be held on Thursday, 29th April, 2021