



SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 21st March, 2023 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

C Anderson	-	Adel and Wharfedale;
S Burke	-	Middleton Park;
L Farley	-	Burmantofts and Richmond Hill;
J Gibson	-	Cross Gates and Whinmoor;
N Harrington	-	Wetherby;
C Hart-Brooke	-	Rothwell;
M Iqbal	-	Hunslet and Riverside;
W Kidger	-	Morley South;
A Marshall-Katung (Chair)	-	Little London and Woodhouse;
E Taylor	-	Chapel Allerton;
E Thomson	-	Guiseley and Rawdon;

Co-opted Member (Non-voting)

Dr John Beal – Healthwatch Leeds

Please Note: Please do not attend the meeting in person if you have symptoms of Covid-19 and please follow current public health advice to avoid passing the virus onto other people.

Note to observers of the meeting: We strive to ensure our public committee meetings are inclusive and accessible for all. If you are intending to observe a public meeting in-person, please advise us in advance of any specific access requirements that we need to take into account by email (FacilitiesManagement@leeds.gov.uk). Please state the name, date and start time of the committee meeting you will be observing and include your full name and contact details.

To remotely observe this meeting, please click on the 'View the Meeting Recording' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting.

<https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=11919>

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATION OF INTERESTS

To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 21ST FEBRUARY 2023

7 - 16

To approve as a correct record the minutes of the meeting held on 21st February 2023.

7

LEEDS COMMITTEE OF THE WEST YORKSHIRE ICB - UPDATE

17 - 32

To receive a report from the Head of Democratic Services which presents a further update provided by the ICB Accountable Officer (Leeds Place).

8

LEEDS HEALTH AND WELLBEING STRATEGY REFRESH

33 - 68

To receive a further update report from the Chief Officer Health Partnerships on the work undertaken to develop the Leeds Health and Wellbeing Strategy and includes the current working draft of the Strategy refresh.

9

PHYSICAL ACTIVITY AMBITION

69 - 80

To receive a joint update report from the Head of Active Leeds and the Chief Officer Consultant in Public Health on the development of the Physical Activity Ambition for Leeds.

10

2022/23 END OF YEAR SCRUTINY BOARD STATEMENT

81 -
92

To receive a report from the Head of Democratic Services which presents the 2022/23 end of year statement for the Scrutiny Board (Adults, Health and Active Lifestyles) for the Board's consideration and approval.

11

WORK SCHEDULE

93 -
100

To receive a report from the Head of Democratic Services which presents a draft work schedule for the 2023/24 municipal year and a summary note of the Board's working group meeting on 9th March 2023 for Members' consideration.

12

DATE AND TIME OF NEXT MEETING

The next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is provisionally scheduled for Tuesday 13th June 2023 at 1.30 pm (pre-meeting for all Board Members at 1.00 pm).

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

Webcasting

Please note – the publicly accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council's website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 21ST FEBRUARY, 2023

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley,
J Gibson, N Harrington, C Hart-Brooke,
M Iqbal, W Kidger, E Taylor and
E Thomson

Co-opted Member present – Dr J Beal

OPENING REMARKS

At the start of the meeting, the Chair welcomed Caroline Baria to her first Scrutiny Board meeting as Interim Director of Adults and Health. The Chair explained that Cath Roff recently stepped down as Director to take up a new role with the Council as the Project Manager for Social Care Transformation. The Chair therefore took the opportunity to also pay tribute to Cath for her achievements as Director and for the support she provided to the work of Scrutiny over the years.

62 Appeals Against Refusal of Inspection of Documents

There were no appeals.

63 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

64 Late Items

There were no formal late items.

65 Declaration of Interests

No declarations of interests were made at the meeting.

66 Apologies for Absence and Notification of Substitutes

No apologies for absence had been received.

67 Minutes - 17 January 2023

RESOLVED - That the minutes of the meeting held on 17th January 2023, be approved as an accurate record.

Draft minutes to be approved at the meeting
to be held on Tuesday, 21st March, 2023

68 Matters Arising

Minute 54 – Minutes of the meeting held on 22nd November 2022

During its November meeting, the Board had discussed access to local NHS dental services (minute no. 44 refers) and at that stage it was acknowledged that a service review of Yorkshire and Humber Community Dental Services (CDS) was being undertaken by NHS England. Having sought further clarification from NHS England on the status of the review, the Principal Scrutiny Adviser explained that work remained ongoing in terms of the review findings being subject to further clinical and stakeholder engagement/consultation to support final publication in the summer.

Linked to the Board's existing commitment to maintain a watching brief of progress towards improving access to local NHS dentistry, the Chair explained that, once available, the findings of the CDS review would form part of a future update report to the Board. Members also acknowledged the work of the West Yorkshire Joint Health Overview and Scrutiny Committee on dentistry, which involved a written submission to the Health and Social Care Parliamentary Select Committee as part of a national inquiry on dentistry. It was noted that the findings of the national inquiry would also be reported back to the Scrutiny Board for consideration in due course.

Minute 57 - Performance Update

Last month, the Board referred to the Rob Burrow Leeds Marathon and particularly the costs associated with taking part in this event as it was felt that this may be seen as a potential barrier for the most disadvantaged groups and communities. It was acknowledged that the Chief Officer for Operations and Active Leeds had subsequently liaised with the organisers on this matter and provided a written response to Board Members summarising some of the targeted engagement initiatives in place. This helped to give further assurance that community is at the heart of this event. The Board extended their gratitude to the organisers.

Minute 59 - Initial Budget Proposals for 2023/24

The Principal Scrutiny Adviser confirmed that the Board's deliberations on the relevant budget savings proposals did inform a composite report from Scrutiny. This report had been acknowledged by the Executive Board during its meeting held on the 8th February 2023 and also formed part of the agenda papers for consideration at Full Council on 22nd February 2023.

69 Leeds Safeguarding Adults Board Progress Update

The Head of Democratic Services submitted a report which presented a progress report produced on behalf of the Independent Chair of the Leeds Safeguarding Adults Board (LSAB) for the Scrutiny Board's consideration. The report from the LSAB included its annual report for 2020/2021 and

summarised progress made against its Strategic Plan for 2021/22, as well as sharing some early thinking about its ambitions for 2022/23. Also appended for the Board's attention was the feedback report from the Safeguarding Adults Board Peer Challenge that was undertaken as part of sector led improvement within the Yorkshire and Humber ADASS Region.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Richard Jones CBE, Independent Chair of Leeds Safeguarding Adults Board

The Chair welcomed the attendance of the Independent Chair of the LSAB, Richard Jones CBE, and invited him to briefly introduce the LSAB report. As part of this introduction, the Board was assured that all safeguarding partners remained committed towards developing effective ways of working collaboratively. As partners continue to recover from the impacts of Covid-19, it was highlighted that such development work involves building on innovative practice that was developed during the pandemic. Reference was also made to existing workload pressures, with the data showing an increasing trend in safeguarding referrals since 2018/19. Given the significant challenges that individuals, families and communities are now facing within the context of the current cost of living and energy crisis, Members were advised that this was also likely to create more vulnerable individuals as well as impacting those already considered vulnerable. However, the LSAB Chair explained that the increased trend in referrals could also be seen as an indicator of greater awareness of adult safeguarding and how to seek support when someone has concerns for a person's safety and wellbeing.

When a referral is received by Leeds City Council: Adults & Health, then a decision is made on whether to undertake a safeguarding enquiry based upon the criteria set out within Section 42 of the Care Act 2014. It was highlighted that in 2021/22, there were 3101 safeguarding enquiries commenced, which equated to 25% of all referrals. While the data over recent years showed a decreasing trend in the percentage of referrals leading to Section 42 enquiries, the LSAB Chair assured Members that whenever a safeguarding enquiry is not deemed to be required, other forms of support, advice, information or other services will have often been provided dependent upon the nature of the risks, the specific concerns and the person's particular needs.

The LSAB Chair then summarised some of the key achievements and future challenges linked to the four key ambitions of the LSAB which are: develop citizen-led approaches to safeguarding; improve awareness of safeguarding

across communities and partner organisations; develop citywide approaches to safeguarding practice; and learn from experience to improve how we work.

In concluding, the LSAB Chair extended his thanks to all frontline staff, practitioners and organisations for their ongoing commitment and valuable contribution to the safeguarding agenda. A message of thanks was also passed to Cath Roff for the leadership and challenge role that she had provided as Director of Adults and Health.

The Executive Member for Adult and Children's Social Care and Health Partnerships also took the opportunity to reflect on the positive work of the LSAB, with references made to the cross-cutting strategy to tackle the issue of self-neglect and the key focus on citizen-led approaches to safeguarding. It was highlighted that the Council's Executive Board had also considered the LSAB annual report during its meeting on 8th February 2023.

The following key points were also raised during the Board's consideration of the report:

- *Working closely with West Yorkshire Police* - The Board discussed the importance of working closely with West Yorkshire Police in identifying and safeguarding vulnerable adults at risk of targeted crime. The Board was advised that a senior representative of West Yorkshire Police is a member of the LSAB and provides information about emerging police priorities, as may relate to vulnerable adults in Leeds, which also helps to inform strategic plans for the year ahead. There was also confidence in the locality working arrangements and partnerships in helping to safeguard adults.
- *A need for further analysis and narrative surrounding the reporting data* – There was further discussion surrounding the reported data that showed the number of safeguarding referrals increasing since 2018/19 alongside a decreasing trend in the percentage of referrals leading to a Section 42 enquiry. The Board identified the need for further analysis and narrative surrounding this data to be reflected within the LSAB report. While acknowledging that it is the view of the LSAB that the increasing numbers of referrals are an indicator of greater awareness of adult safeguarding and how to seek support, such analysis would help to support this position, as well as provide further assurance that every referral, including those that do not meet the criteria for Section 42 enquiry, is responded to appropriately. The LSAB Chair agreed to feed this back to the LSAB for consideration.

The Chair thanked everyone for their contributions and acknowledged the continued hard work and commitment of the Leeds Safeguarding Adults Board.

RESOLVED – That the contents of the report, along with Members comments, be noted.

70 **Review of out of hours bereavement arrangements at Leeds Teaching Hospitals NHS Trust.**

The Head of Democratic Services submitted a report relating to a review of out of hours bereavement arrangements at Leeds Teaching Hospitals NHS Trust (LTHT).

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Rob Newton, Associate Director of Policy and Partnerships, Leeds Teaching Hospitals NHS Trust (LTHT)
- Mike Philpott, General Manager Pathology, LTHT
- John Adams, Medical Director (Governance and Risk), LTHT
- Reece Wolfenden, Lead Service Manager for Bereavement and Medical Examiner Services, LTHT
- The Rev'd Ben Rhodes, Head of Chaplaincy and Spiritual Care, LTHT

In introducing this item, the Chair explained that in September 2019, the Adults, Health and Active Lifestyles Scrutiny Board had received a briefing from Leeds Teaching Hospitals NHS Trust (LTHT) regarding changes to its out of hours bereavement arrangements aimed at improving the experience of bereaved families. Such changes involved the introduction of new processes to enable the timely release of deceased adult patients for ceremonial and burial purposes for religious and cultural reasons. However, the Chair explained that the Trust is now undertaking a further review of its out of hours bereavement arrangements and was therefore invited to today's meeting to engage with the Scrutiny Board at this early stage of the review process.

The Board received a presentation that was led by the Medical Director (Governance and Risk) at LTHT. The key points raised during this presentation were as follows:

- The Trust currently operates a 24 hour service, with the out of hours service operating on weekday evenings (from 16:30 onwards) and at weekends.
- The responsibility for releasing deceased adult patients to funeral directors out of hours is taken on by Clinical Site Managers (CSM). There is one CSM at Leeds General Infirmary and one at St James's University Hospital.
- Out of hours release requires a significant amount of resource and coordination by CSMs. During times of operational pressure, a timely

service by CSMs cannot be guaranteed given other urgent needs for patient care.

- While a new service model is being developed, the Trust will continue to provide an out of hours service. However, in doing so it is proposed that the Trust considers moving to a 08:00 to 20:00 service on weekends and weekdays.
- The Trust is awaiting further details surrounding a new Statutory Medical Examiner System that is expected to come into force in April 2023. This system will require Medical Examiners to provide independent scrutiny of all deaths not taken for investigation by a coroner which is therefore likely to have an impact on service delivery.
- Other considerations linked to making changes to the service were also outlined and included establishing clear policies and practice for out of hours during both weekdays and weekends; ensuring timely release of bodies with the potential to reduce the need of out of hours release; effective liaison and co-ordination with the Council's bereavement services; establishing more consistent policies and practice across the West Yorkshire region, with co-ordination through the West Yorkshire Association of Acute Trusts (WYAAT); quality control and assurance measures concerning the release of bodies; better understanding of demand levels and the best use of resources; and ensuring that the needs of other patients in hospital are being met with high quality and timely service provision from CSMs, Pathology and Mortuary.
- A timeline for the service review was shared with the Board which involved developing a new model, with identified responsibilities, by 31st March 2023. Testing and approval of the model is expected to take place during April with a view to begin implementing the final model by 1st May 2023.
- As well as engaging with the Scrutiny Board, ongoing engagement with faith and community groups, funeral directors, bereavement services, LTHT staff and West Yorkshire NHS Trusts were also deemed necessary as part of the process for change.

During the Board's discussions on this matter, the following points were also raised:

- The Board was advised that there is a significant amount of quality checks involved to ensure that the release of bodies of deceased patients is undertaken correctly and safely. During this time, Clinical Site Managers are not contactable for any other urgent site issues and under current processes, would be unable to delegate this responsibility to another individual or group of staff.
- It was highlighted that work to identify other qualified individuals or groups of staff to release the deceased was being undertaken as part of the review process.
- While it was acknowledged that some Trusts have utilised their mortuary staff to assist with out of hours releases, the Board was advised that this option is not considered feasible in Leeds due to capacity issues.

- While the physical release of deceased bodies primarily requires some administrative training, it was highlighted that the paperwork and clinical processes would require a medical examiner or senior consultant to authorise the release.
- Some Members shared their experience of having increased contacts from constituents over the last few months regarding issues of late release of deceased kin. While understanding the service pressures being placed on the CSMs, importance was placed on finding a suitable and sustainable way forward given this very difficult and sensitive matter.
- A statement was also read out on behalf of the Interfaith Director at the Leeds Jewish Representative Council which explained that the provision of out of hours bereavement services for Jewish and Muslim communities is critical. Concerns for the communities to provide timely burials for their loved ones were raised and any efforts to improve the situation were supported with the offer to meet with the Trust to consider how best to improve the situation.
- The Medical Director (Governance and Risk) apologised on behalf of the Trust for the service not being delivered to the intended level.
- In response to a question from Members, it was explained that the new Statutory Medical Examiner System is a national policy applying to all NHS organisations in England and Wales and will cover all deaths, even those in the community. However national legislation for full operation, funding and provision was still unclear.
- The Board considered the proposed move to a 08:00 to 20:00 service hours as being reasonable and practical. However, a query was raised regarding the working arrangements of Medical Examiners and the practicality implications moving forward when the new national system is put in place.
- The Board was advised that the Trust already have 13 Medical Examiners with 4 supporting administrative officers and that these primarily work from 08:00 to 16:00. It was highlighted that an additional 10 Medical Examiners are to be recruited to support community provision, with working hours being more aligned with registration services to provide greater flexibility.
- The Board was advised that while the government has issued guidance linked to the new system, which can be shared with the Scrutiny Board, the Trust is still awaiting further clarify surrounding the legislation to understand the full implications. Given the tight timescales involved, it was predicted that the introduction of this new system may be delayed. However, this remained a concern for the Trust.
- A suggestion was made to address a letter to the appropriate Minister for details of the practical arrangements of the new legislation, which was agreed to be done through the Executive Member for Public Health and Active Lifestyles.
- Members highlighted that some General Practitioners (GPs) in Leeds, although not offering out of hours services, do provide telephone numbers for religious communities to provide necessary documentation enabling the deceased's next of kin to register the death.

- Work with GPs to have accessible records was noted to be ongoing to ensure Medical Examiners have essential information when certifying a death at any hour. Permission for access is through application to the given practice and not through NHS patient record management systems.
- It was highlighted that digitalised death certificates were also being progressed through the government which should also assist with issues surrounding accessibility and out of hours provision.
- As the NHS continues to recover from the Covid-19 pandemic, it was noted that there remain ongoing issues around staff recruitment and retention. Improving the position will require dedicated funding while also recognising services are unable to predict what happens clinically.
- The Board suggested that it would be helpful for the Trust to provide Elected Members with guidance of the process for the release of bodies out of hours to assist them when advising their constituents.
- As part of the ongoing engagement process, the Director of Public Health suggested that it would be helpful for the Trust to also engage with the GP Federation and other partners through the Local Care Partnerships and Primary Care Networks and would be able to assist in facilitating that engagement.

The Chair thanked everyone for their contributions and requested that the Board be kept informed of progress linked to the ongoing review process.

RESOLVED – That the contents of the report and presentation be noted, along with Members comments and requests for information.

71 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year.

The Principal Scrutiny Advisor introduced the report and reminded Members that the Board had agreed to hold a working group meeting to consider the current position surrounding the delivery of the Leeds Mental Health Strategy with a view to also identifying key areas that would potentially benefit from more focused scrutiny work to be taken forward into the new municipal year. This working group had been arranged for Thursday 9th March 2023.

While acknowledging that the Board is expected to hold its final formal meeting on 21st March 2023, suggestions for future work items were also made. These involved inviting the new Chief Executive of Leeds Teaching Hospitals NHS Trust to discuss their vision for the Trust with the Board and having an item to understand the current position surrounding the demand and provision of local cancer treatment services.

RESOLVED – That the contents of the work schedule for 2022/2023 and the suggested areas of future work be noted.

72 Date and Time of Next Meeting

Draft minutes to be approved at the meeting
to be held on Tuesday, 21st March, 2023

RESOLVED – To note the next meeting of the Board as Tuesday, 21st March 2023 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

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Leeds Committee of the West Yorkshire ICB - Update

Date: 21st March 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- Since July 2021, the Adults, Health and Active Lifestyles Scrutiny Board has been regularly briefed on the implications of the Health and Care Act 2022 in context for health and social care in West Yorkshire and Leeds, particularly with regard to the development of the local Integrated Care System (ICS). The last update presented to the Scrutiny Board was in October 2022 and during this meeting it was agreed with the ICB Accountable Officer (Leeds Place) that the next update to the Scrutiny Board in March 2023 would reflect the key priority work areas of the ICB in Leeds linked to the Healthy Leeds Plan.
- The ICB Accountable Officer (Leeds Place) has therefore provided an update report to the Scrutiny Board reflecting the following areas:
 - Healthy Leeds Plan
 - Joint Forward Work Plan
 - Health Inequalities Funding 22/23
 - Intermediate Care Redesign Programme
 - Improving Access to General Practice
 - Commissioning Responsibilities for Community Pharmacy, Optometry and Dental (POD) Services
- Representatives from the Leeds Health & Care Partnership will be attending today's meeting to present the appended update report and address any further questions from Board Members.

Recommendations

- a) Members are requested to consider and provide any comment on the appended update report from the ICB Accountable Officer (Leeds Place).

What is this report about?

- 1 During its meeting on 18th October 2022, the Adults, Health and Active Lifestyles Scrutiny Board received an update report from the ICB Accountable Officer (Leeds Place) surrounding the local ICB arrangements, including reference to the West Yorkshire Integrated Care Board arrangements and the Leeds Place Based Governance arrangements – Leeds Health & Care Partnership. At this meeting, it was agreed that the next update to the Scrutiny Board in March 2023 would reflect the key priority work areas of the ICB in Leeds linked to the Healthy Leeds Plan.
- 2 The appended update report from the ICB Accountable Officer (Leeds Place) therefore reflects the following areas:
 - Healthy Leeds Plan
 - Joint Forward Work Plan
 - Health Inequalities Funding 22/23
 - Intermediate Care Redesign Programme
 - Improving Access to General Practice
 - Commissioning Responsibilities for Community Pharmacy, Optometry and Dental (POD) Services
- 3 Unfortunately, the ICB Accountable Officer (Leeds Place) is unable to attend today's meeting and has therefore nominated other representatives from the Leeds Health & Care Partnership to attend on his behalf to present the appended update report and address any further questions from Board Members.

What impact will this proposal have?

- 4 Health scrutiny remains an integral part of the Leeds' evolving local health and care system, shaped by the introduction of the Health and Care Act 2022 and the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs).

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 5 The current Leeds Health and Well-being strategy sets out the ambition that Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The aims of integrated care support many of the strategy's priorities including "the best care, in the right place, at the right time".

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

- 6 Since July 2021, the Adults, Health and Active Lifestyles Scrutiny Board has been regularly briefed on the implications of the Health and Care Act 2022 in context for health and social care in West Yorkshire and Leeds, particularly with regard to the development of the local Integrated Care System (ICS). The last update presented to the Scrutiny Board was in October 2022.

What are the resource implications?

7 There are no resource implications associated with this report.

What are the key risks and how are they being managed?

8 There are no direct risk management implications associated with this report.

What are the legal implications?

9 In accordance with the Health and Care Act 2022, Integrated Care Boards (ICBs) took on the commissioning responsibilities of Clinical Commissioning Groups from 1st July 2022, as well as being tasked with leading the integration of health and care services across their area.

Appendices

- Appendix 1 – Update report from the ICB Accountable Officer (Leeds Place) to the Adults, Health and Active Lifestyles Scrutiny Board (March 2023).

Background papers

- None

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Update to Scrutiny Board (Adults, Health and Active Lifestyles) – March 2023

The Adults Health and Active Lifestyles Scrutiny Board received an update from the ICB in Leeds Accountable Officer in October 2022. It was agreed that the Board would receive a further update reflecting key priority work areas of the ICB in Leeds linked to the Healthy Leeds Plan.

The update below provides detail relating to the following areas:

- Healthy Leeds Plan
- Joint Forward Work Plan
- Health Inequalities Funding 22/23
- Intermediate Care Redesign Programme
- Improving Access to General Practice
- Commissioning Responsibilities for Community Pharmacy, Optometry and Dental (POD) Services

Healthy Leeds Plan

The Healthy Leeds Plan (formerly named Left Shift Blueprint) was signed off in January 2021 as the plan that outlines the Health and Care contribution towards delivering the Health and Wellbeing Strategy, achieving the ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.*

The Healthy Leeds Plan is distinct from the Leeds Health and Wellbeing Strategy as it focuses purely on the health and care elements of the strategy and the health and care contribution to tackling health inequalities. The Health and Wellbeing Strategy itself is much broader, encompassing housing, the environment, the economy, employment, and the use of green space. Whilst the Healthy Leeds Plan acknowledges that everything is connected and working with teams that focus on the wider determinants of health is essential in achieving health outcomes, it sets out what achieving our shared vision looks like from a health and care perspective.

One role of the Healthy Leeds Plan is to set out the strategic ambitions for the city (strategic indicators), setting specific goals for improving outcomes, changes in activity and improvements to people's experience of care.

In the initial plan there were three categories of strategic indicator:

- **Health Outcome Ambitions:** Longer term indicators to be viewed over a 10-year period.
- **System Activity Metrics:** Provide a more immediate view of impact and measured through the Leeds Data Model, our linked data set.
- **Quality Experience Measures:** Provide us with a view not only of a persons' experience of individual services but also of their experience as they move between services in the system.

For each of the strategic indicators the ambition was to (where we could measure it):

- Be as good as, if not better, than the England average
- Where measurement allows, we committed to reducing health inequalities between Leeds and deprived Leeds by 10%

The Leeds Health and Care Partnership (LHCP) has changed significantly since January 2021 including the development of the Integrated Care Board (ICB) and the renewed system wide focus on population health planning. Therefore in 2022 it was agreed that the Healthy Leeds Plan would be refreshed between October 2022 and March 2023, coinciding also with the refresh of the Health and Wellbeing Strategy.

Furthermore, whilst the sign up to the Healthy Leeds Plan was a really important step for the LHCP the plan did not have sufficient specificity to drive genuine decision making and prioritisation.

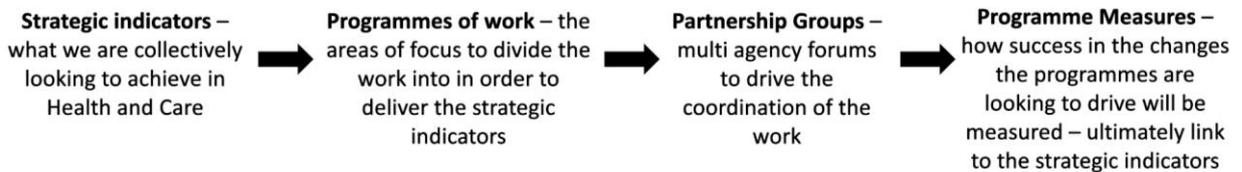
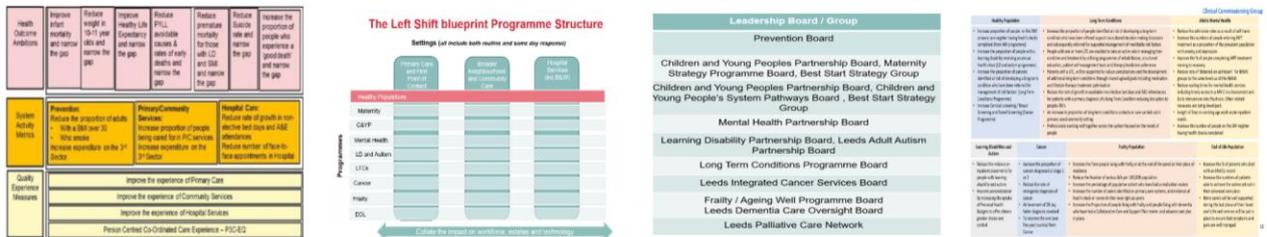
The overall aim of the refresh is to:

- Refresh our ambition for how the Health and Care system in Leeds needs to change over the next five years and how this will be measured through refined strategic indicators
- Create a plan that is specific enough to drive the LHCP's system wide transformation programme over the next five years
- Describe the Leeds Health and Care Partnership approach to population health
- Reflect the work of the Population and Care Delivery Boards, the outcomes they are aiming to achieve and the infrastructure that has been put in place to achieve this
- Meet the requirements of the Joint Forward Plan (outlined in further detail below)

Significant progress has already been made as a system towards refreshing the Healthy Leeds Plan. The challenge is that this has not yet been documented in a single place.

The original construct of the plan is set out in the diagram below:

Fig 1 – Original Healthy Leeds Plan Construct



This has gradually evolved to the below:

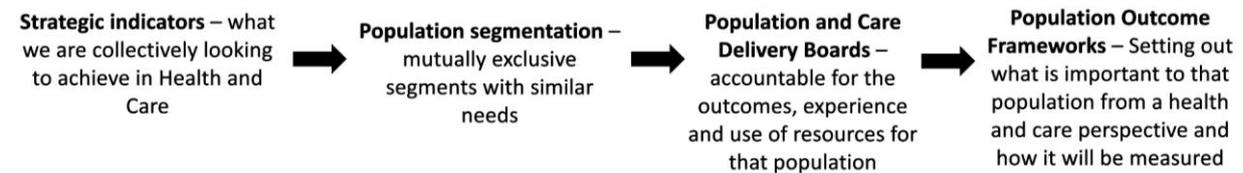
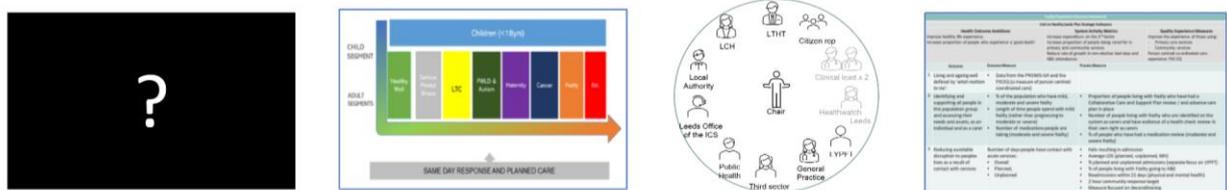


Fig 2 – How the Healthy Leeds Plan Structure has evolved

As you can see above each element of the Healthy Leeds Plan has evolved although there remains a question mark over what the 'strategic indicators' should be – in other words what are our global aims as a system we are aligned to and united in achieving.

Whilst the original set of strategic indicators signalled a positive step in terms of the system working together towards a collective goal it is now felt that they can be improved upon for a number of reasons including:

- Not all of them are solely in the gift of Health and Care to deliver (potentially more suitable at Health and Wellbeing Strategy level)
- There is a significant number of them which adds complexity to a system that already feels to have a competing number of priorities
- Many of the strategic indicators now feel to have a stronger link to individual Population and Care Delivery Boards rather than a collective focus

Ambition	Vision	Priority	System goal	Goal enabler	Priority work programmes
<i>Health and Wellbeing Strategy</i>					
Leeds will be the best city for health and wellbeing	Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest	The best care in the right place at the right time	Reduce avoidable unplanned care utilisation across health settings in Leeds through a focus on keeping well	Increase early identification and intervention so people can be supported as early as possible	<i>To be identified through data and stakeholder engagement</i>
With a specific focus on the 26% of people in Leeds who live in the 10% most deprived areas nationally.					

Over the last two months a revised targeted set of goals for the Health and Care Partnership and for inclusion within the Healthy Leeds Plan have been considered by the Leeds Health and Care Partnership:

- 1. Reduce avoidable unplanned care utilisation across health settings in Leeds**
- 2. Increase early identification (of both risk factors and actual physical and mental illness).**

With a specific focus on the 26% of people in Leeds who live in the 10% most deprived areas nationally. Please note that the specific wording of these goals may change as further feedback is gathered.

The refresh of the Healthy Leeds Plan toward a smaller more targeted set of measures will ensure a continued and more effective focus on addressing health inequalities in Leeds.

Joint Forward plan

Integrated Care Boards across the country are required to develop a five-year Joint Forward Plan (guidance is available [here](#)), owned by the Integrated Care Board and setting out delivery of the NHS elements of the Integrated Care Strategy. The Joint Forward Plan needs to meet three principles:

- Being fully aligned with the wider system partnership’s ambitions
- Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Being delivery focused, including having specific objectives, trajectories and milestones as appropriate.

As we continue with the NHS operational planning process, it is important that the two processes align together and tell the story of how we will deliver the Strategy. The Operational Planning Guidance (available [here](#)) places at the centre the role of ICBs and systems in overseeing planning and delivery; its requirements are threefold, to continue:

- The recovery of services post-COVID including urgent care, elective care, cancer and primary care
- To continue to deliver the priorities set out in the NHS Long Term Plan
- To transform services in support of the above.

In West Yorkshire the approach to the Joint Forward Plan and Operational Planning process will continue to be built from place and involve the whole system in its development. For Leeds, this will mean building on the work to refresh the Healthy Leeds Plan to ensure we have a single approach to strategy and planning for the Health and Care Partnership in Leeds.

Health Inequalities Funding 22/23

The health inequalities programme in Leeds is made up of 44 individual projects across the system alongside funding to the eight local care partnerships (LCP) with the highest levels of deprivation. The 44 individual projects were selected from a list of over 90 proposed projects in varying states of maturity, from ongoing projects that were coming to the end of their funding to new projects. The selection process was carried out with support from the “Tackling Health Inequalities Group”, an expert advisory group in the Leeds Health and Care System, who helped to prioritise the themes and populations that the funding should go to.

The majority of the funded projects were new services that were almost all implemented successfully within the year. These projects sat alongside the continuation projects, and a small number that did not successfully mobilise as a result of various challenges, primarily recruitment. A number of the projects have had great outcomes. In primary care a project to develop a hypertension case finding service in community pharmacy is on track to engage with over 300 people that may be at risk of high blood pressure. They found more people than initially predicted at risk who are now being supported by their GP’s, as well as an increase of 35% in the knowledge around blood pressure information due to an engagement event. Within the third sector, the “Space2Sustain” project has delivered 50 community engagement sessions, reducing social isolation, creating opportunities to learn about healthy lifestyles and increasing options available for local families struggling with the cost of living in Gipton. To help reduce health inequalities in hospital waiting lists, an LTHT project recruited an analyst who has developed a PowerBI tool to help plan,

deliver and evaluate core health service provision to ensure it is equitable. Many of the other projects have been successful in delivering their aims, the evaluation team at the Leeds Office of Data Analytics are currently writing up an evaluation that will provide more detail in future.

Intermediate Care Redesign Programme

In April 2022 the Leeds Health and Care Partnership agreed to undertake a review of Intermediate Care Services, with a view to completing a long-term programme to redesign these services. An external partner was secured to work alongside a dedicated Leeds team to lead the design and implementation of the programme.

The programme was constructed over three key phases:

- Phase 1 - diagnostic
- Phase 2 - 'quick wins' and planning
- Phase 3 – implementation of the full transformation programme

The programme is current transitioning from Phase 2 to Phase 3, having delivered a number of important benefits over the last four months. This has included the development of a system visibility tool and process improvements in the Community Care Beds and Trusted Assessor models.

From the diagnostic work it is clear the system has an opportunity to deliver a bold and innovative programme that will have a significant impact on the people of Leeds and be nationally recognised. The vision for what we want to achieve in Leeds is:

A sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence

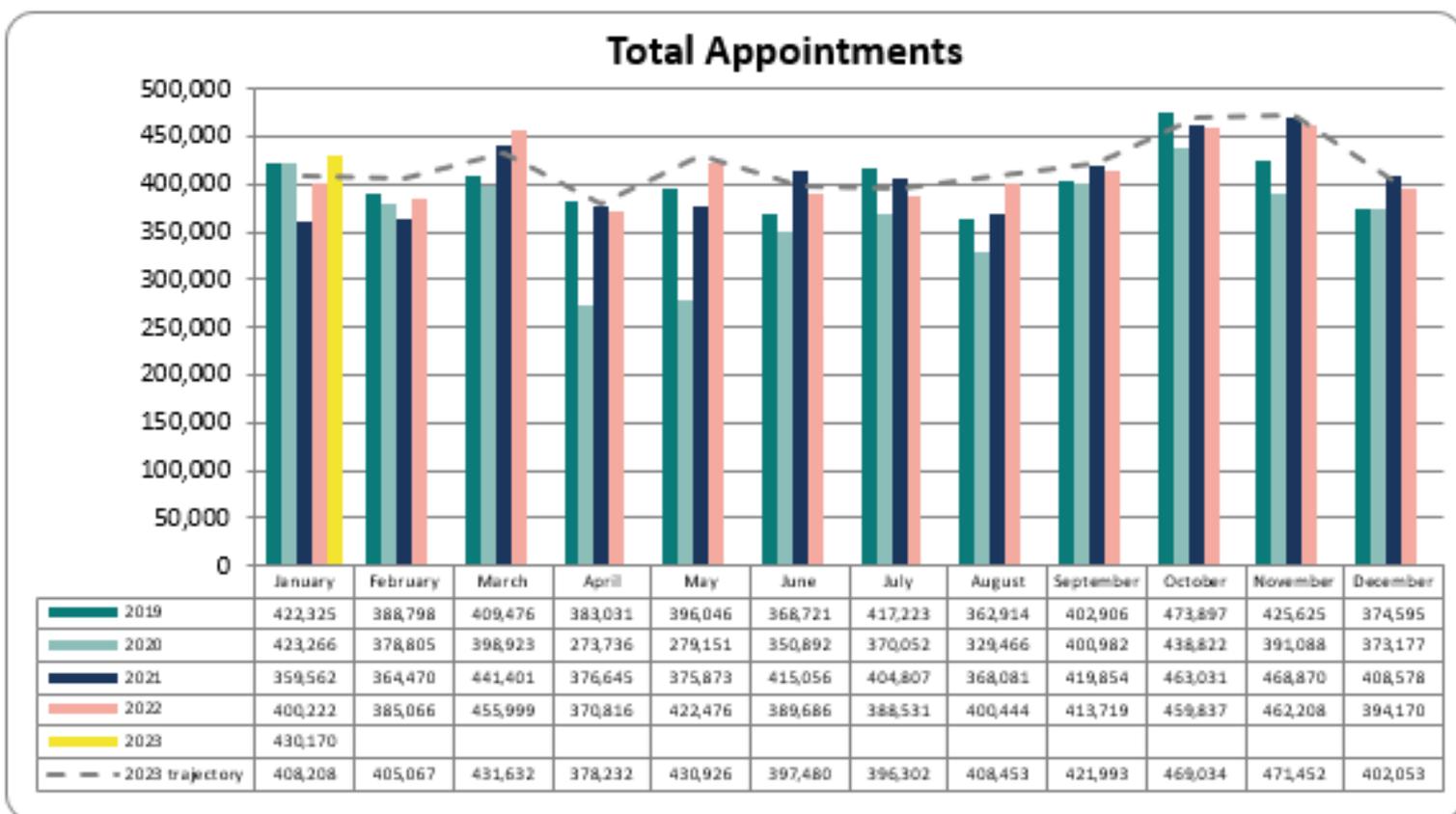
- Where our culture is always to support people at home, avoiding hospital wherever possible, and we have the capacity, skills, and easy access to do so
- Where every part of the system prioritises the person's independence and best outcome, with the person's involvement and their family/informal carers
- Where if someone needs care away from their home, the plan for the person to get back home starts from the moment they leave home, and is coordinated until they are home and stable
- Where people have simple and quick pathways that feels joined up from leaving hospital to an integrated community offer to support their needs
- Where long term needs are not assessed in hospital, but throughout time in intermediate care to enable recovery
- Where intermediate care services maintain and/or enable connections with routine or longer-term services that support people in their communities
- Where all short-term support has the right recovery and rehabilitation input, giving everyone the chance to maximise their independence

As the next phase of the programme progresses it is recommended a further update is brought to the Scrutiny Board in the summer.

Improving Access to General Practice

Primary medical services (general practice), nationally, across West Yorkshire and in Leeds are under significant pressure, resulting from unprecedented demand for services. Over the past four years the registered practice population in Leeds has grown by 30,000 to over 880,000 people.

The total number of appointments offered across the 92 GP practices in Leeds now exceed pre-pandemic levels. Recent data shows delivery of 19 - 20,000 appointments per day during January and February. There is a national NHS commitment to deliver 50 million more appointments per day in general practice by the end of March 2024. Leeds have committed to deliver 4.9 million which follows the trajectory set last year.

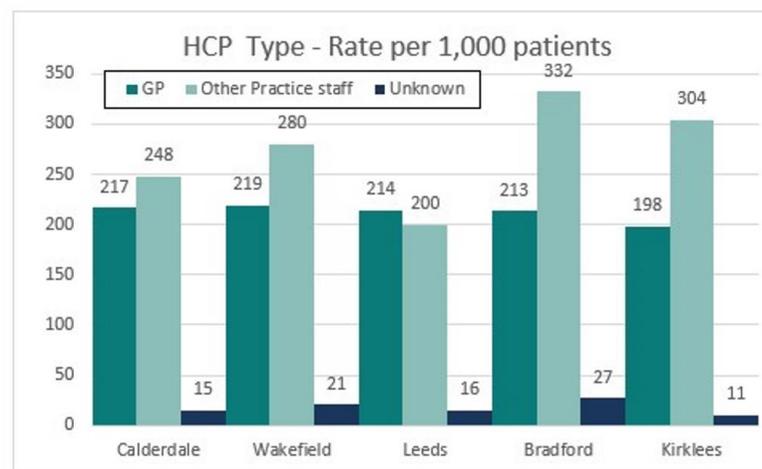
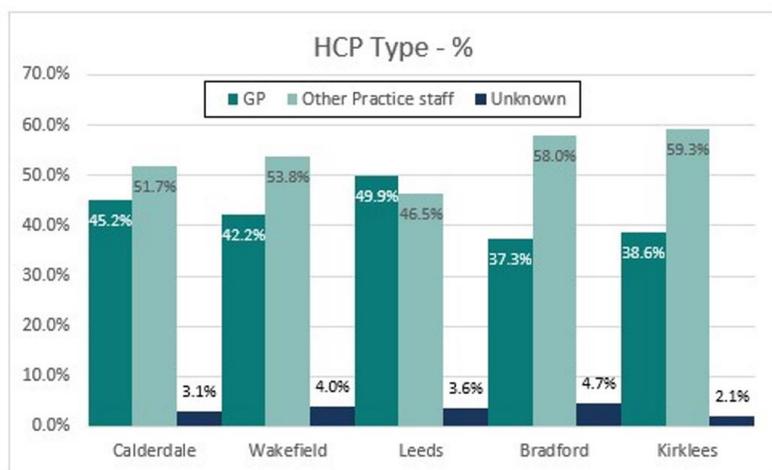


Across our 92 practices currently 43% of all appointments are booked on the same day with a total of 70% being booked within 7 days. Over 71% of all appointments are provided face to face and just under 50% of all appointments are with a GP. In addition to these figures, a further 20,000 appointments per month are delivered through enhanced access services (evenings and weekends in PCN based hubs across the city) and a further 3,300 through the Same Day Response Service (December 2022 data).

National data is now produced on GP access which allows us to compare and benchmark with other places. Leeds is part of the West Yorkshire Integrated Care Board and as such, we do look across at the other 4 places.

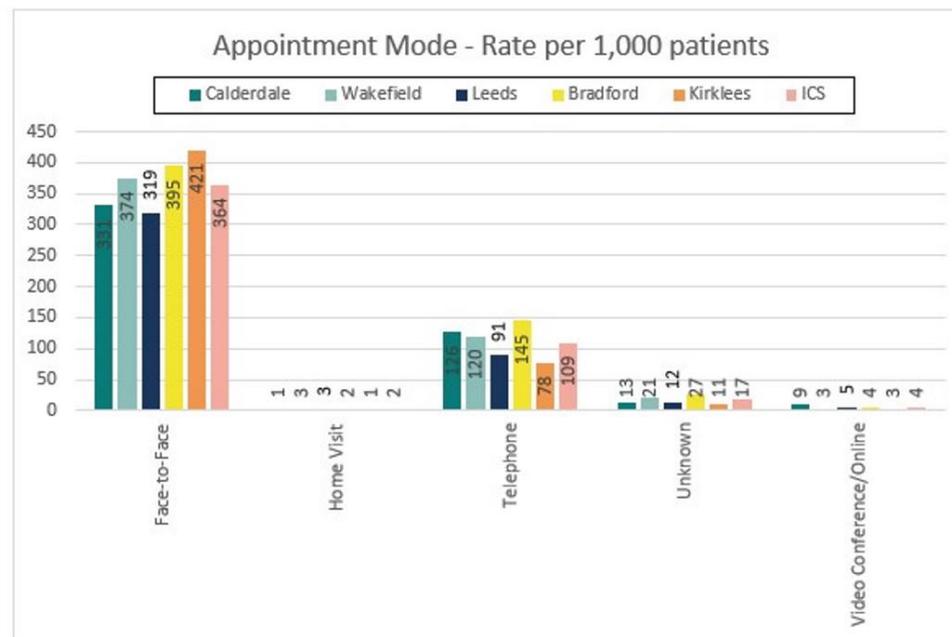
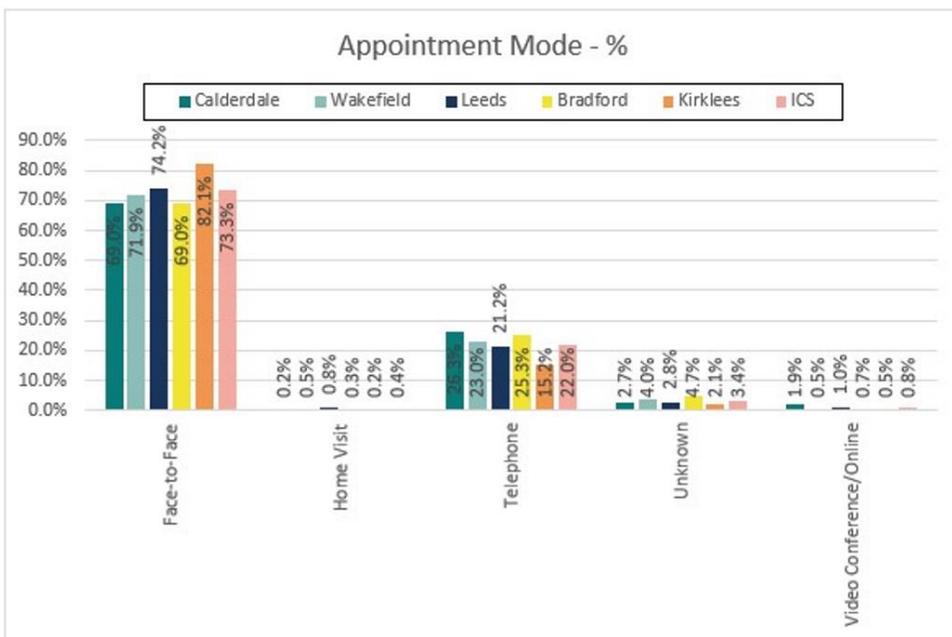
Leeds compared to WY (December 2022 data)

- Higher proportion of GP appointments than other places in WY
- Significantly lower rate per 1,000 patients for 'Other' Practice staff
- Similar rate per 1,000 patients of GP appointments



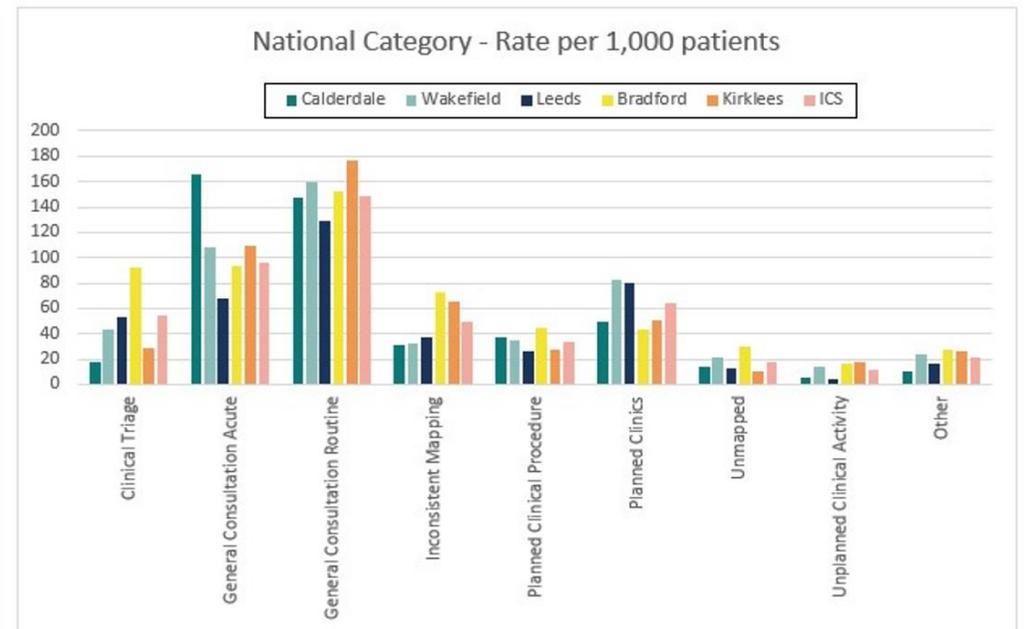
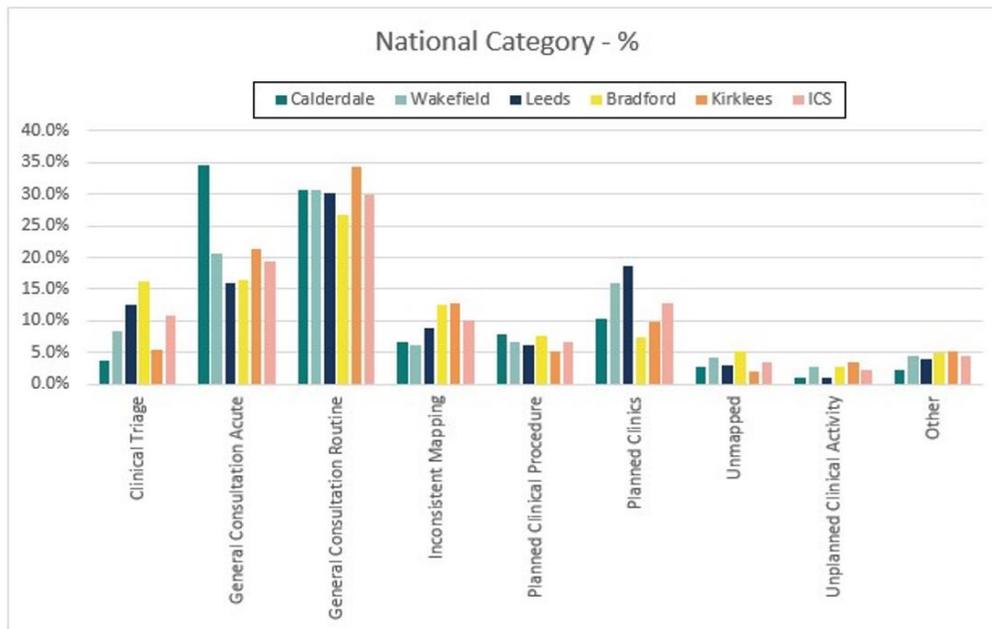
Leads compared to WY (December 2022 data)

- Second highest proportion (%) of Face-to-face Appointments, highest proportion (%) of Home Visits
- Lowest rate per 1,000 patients of Face-to-face, Telephone and Unknown appointments



Leeds compared to WY (December 2022 data)

- Highest proportion (%) of Planned Clinics
- Lowest rate per 1,000 patients of GP Acute and GP Routine appointments



Services are generally responding well with most people satisfied with the services they receive, but satisfaction is deteriorating and is variable across our system. This is also borne out by insights from Healthwatch Leeds and other organisations. Key concerns include the length of time people wait for appointments, variation in communications approaches used, leading to confusion around access arrangements and frustrations around processes for booking appointments – including telephony systems.

Having a skilled and supported primary care workforce is key in improving access to services. Nationally the numbers of GPs per population have fallen in recent years to around 4.4 GPs per 10,000 patients, Leeds has held a steady state at round 4.6. To offset the reducing number of GPs nationally, new funding has flowed to Primary Care Networks to allow practices to collectively employ more staff with different skills to complement the existing workforce. These staff include pharmacists, physiotherapists, social prescribers, care coordinators, mental health workers, physicians associate and occupational therapist. Currently we have around 300 whole time equivalent staff hoping to rise to over 500 by the end of 2024. We understand there is more to do to ensure that people understand these roles and benefit from direct access to them rather than feeling they are being ‘fobbed off’ from seeing a GP.

Ensuring we focus on the opportunities to improve patient access to, and experience of, general practice is a key priority shared across the Same Day Response and Primary Care Programme Boards. A 24/7 primary care workstream has been established recognising that poor access to same day primary care results in increased pressure elsewhere in the urgent and emergency care system. As a result of that work, we now have the additional same day response services that practices can book their patients into when they are unable to see someone who needs it on the same day.

We chose to use the flexibility within the national Quality and Outcomes Framework (QOF) to have a module focussed on access. Each practice must review their access data and consider what the experience is like for their patients, consider whether they are meeting the Accessible Information Standards and what improvements they need to put into place. The module has been developed in partnership with Healthwatch and the impact will be presented at an event in Spring to make sure we share learning and good practice.

Every practice is required to have a Patient Participation Group (PPG) with whom they should regularly be discussing access. The former CCG had a proactive approach through the PPG network in ensuring the patient representatives felt supported and listened to. This work was compromised during the pandemic but following a public participation event in February will be refreshed and will report to the Primary Care Board that has overall responsibility for improving access, experience and outcomes.

Commissioning Responsibilities for Community Pharmacy, Optometry and Dental (POD) Services

The Health and Care Act 2022 established Integrated Care Boards, tasked with the commissioning and oversight of NHS services. The future delegated responsibility of commissioning and oversight of all primary care services formed part of the Health and Care Act. ICBs will assume responsibility for POD services on the 1 April 2023. The delegation of community pharmacy services includes responsibility for GP dispensing services and dental services includes primary, secondary, and urgent care dental.

A report will be presented to the West Yorkshire Integrated Care Board meeting held in public on 21 March 2023 to set out the updated position regarding the delegation of commissioning responsibilities for Community Pharmacy, Optometry and Dental (POD) Services from NHS England to the ICB from 1 April 2023. The report will be available to view [here](#) once the papers have been published.

The aim of delegating these services to ICBs is to make it easier for organisations to deliver joined up and responsive care by delivering high quality primary care services for our population.

Tim Ryley
ICB Accountable Officer (Leeds Place)
9th March 2023

Leeds Health and Wellbeing Strategy Refresh – a strategy to 2030

Date: 21 March 2023

Report of: Chief Officer, Health Partnerships

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The current Leeds Health Wellbeing Strategy (HWS) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing.

This report provides a further update to Scrutiny Board of the approach to the refresh of the Leeds Health and Wellbeing Strategy and the work undertaken to develop the strategy. This report includes the current working draft of the HWS refresh.

Recommendations

Scrutiny Board members are asked to:-

- Note the updates to the refresh of the Leeds Health and Wellbeing Strategy
- Note the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy
- Provide further comments on the attached working draft of the Strategy.

What is this report about?

1. This report provides a further update to Scrutiny Board about the approach to the refresh of the Leeds Health and Wellbeing Strategy and the work undertaken to develop the strategy. This report includes the current working draft of the HWS refresh.

Recent developments of the refreshed Leeds Health and Wellbeing Strategy

2. The paper to the Adults, Health and Active Lifestyles Scrutiny Board in October 2022 noted the pausing of the strategy review during Covid and the subsequent process for review resumed in September 2022 (report attached [here](#)). A series of events including two Health and Wellbeing Board (HWP) workshops (in October 2022 and January 2023) have taken place and the development of aligned strategies (such as Inclusive Growth, Climate and the Marmot City Commitment) has also informed the refresh HWS strategy drafting. Conversations with key partners will be continuing over coming months until a final draft HWS is presented to Health and Wellbeing Board later in 2023.
3. Feedback from colleagues in children's services, public health, third sector, social care and economic development has helped refine the language and achieve clearer focus on each of the twelve priorities. Further comments, particularly from people themselves in the Big Leeds Chat, from elected members, the third sector and Healthwatch Leeds has emphasised the importance of reflecting real peoples experience of accessing services and the post-pandemic challenges.
4. Recent engagement has also highlighted the importance of the HWS refresh having an even stronger focus on tackling inequality and the wider determinants that drive demand for healthcare whilst at the same time focusing on improving the quality of provision. This also includes working to drive improvements in peoples experience of health provision and being clear about the extent of the challenges the system faces.

Issues highlighted include:

- Challenges accessing GP appointments in some areas particularly for older people
 - Increasing waiting times and targets missed for elective care pathways including cancer
 - Challenges meeting demand for mental health services despite effective service provision once services are accessed e.g. children's services and neurodiversity
 - Access to NHS dentistry for both children and adults
 - Increasing numbers of people presenting with long term conditions and disabilities and the subsequent impact on healthy life expectancy
 - Inequalities evident in accessing some services and subsequent treatment/prescribing patterns showing disadvantages for some groups, for example access to vaccinations for black and minority groups and to hormone replacement therapy for women living in more deprived areas of the city
 - Workforce issues such as recruitment, sickness and workplace stress post-pandemic
 - Concern about the ongoing and increasing impact of challenging financial settlements on all services.
 - There is a strongly expressed view that the strategy should emphasize how these factors have impacted on real people and their lives through clear person-based narratives that build on user-focused conversations at the Health and Wellbeing Board
5. The points below include some of the additional key headlines from recent engagement which will be further incorporated into the development of the refreshed HWS including the up to date thinking on the 12 draft proposed refreshed priorities:
 - Clarity about the role of all partners in the delivery of the strategy recognising the important role of the whole ecosystem of health and care in delivering work which improves people's health and wellbeing outcomes.
 - Articulating clearly how the strategy relates to tackling health inequalities in neighbourhoods and communities across Leeds recognising different parts of the city will have different needs.

- Ensuring an effective balance of data and lived experiences to track progress of strategy delivery, including utilising further key citizen engagement opportunities like the Big Leeds Chat to measure progress.
- Importance of citizen involvement in conversations about their health and care and access to services including communities of interest groups.
- Strong support for maintaining the direction of the current strategy with refinements to reflect the current context post-Covid including new NHS governance, demographic changes and the cost of living crisis
- The need to articulate a clear narrative to underpin priority areas that explains the changes the health and care system and its partners need to make over coming years whilst ensuring that a 'golden thread' of prevention, integration and reducing inequality runs through the strategy
- Ensure this narrative is rooted in a #TeamLeeds approach that places a focus on how people feel about, and engage with, the health and care system. This should also be asset based and community focused
- Keep twelve priorities but don't group into sub-headings as this adds complexity
- Clarify key indicators but work closely with partners to ensure these are meaningful and can clearly be used to explain progress and improved outcomes by 2030
- Use clear delivery plans for priority areas that don't currently have existing plans in particular the re-prioritised work on housing, employment, inequality and research
- Ensure the Health and Wellbeing Board has a balance between 'deep dives' into key priorities and understanding progress across the system as a whole
- The strategy shouldn't impose new plans where those already exist but should align to existing plans for example the Healthy Leeds Plan and Mental Health Strategy
- Consider the addition of transport and culture as key areas influencing health.

The working draft of Leeds Health and Wellbeing Strategy refresh

6. The current working draft is attached at Appendix 1 of this report. This draft will be further developed over the coming months further strengthened by continued engagement with stakeholders and groups.
7. Several strong features of the current strategy, including those shared previously with Scrutiny Board, remain relevant today and key to our ambitions and priorities. These have informed the narrative and approach of the working draft HWS refresh. Additionally, to further enhance our approach to the refresh of the HWS, we will:
 - Describe a clear narrative of both the health inequality challenges and how we want the city to look like by 2030 under each priority
 - Have citizen involvement and communities of interest at the heart of our approach including thinking more innovatively about how we further embed the voices of communities in how we measure progress
 - Action plans for key areas with existing approaches – not creating any duplication of established plans and priorities
 - A stronger alignment to existing key strategies including at the city and regional level.
8. The HWS refresh will be a strategy to 2030 to provide flexibility to changing national priorities and enable longer term planning. The framework of the strategy will have focused priorities with equality, diversity and inclusion at the heart supported by clearer outcomes.

9. Engagement with the Health and Wellbeing Board and partners has also supported the development of the 12 proposed priorities in the working draft attached to this report. These priorities are:

- 1) A Child Friendly and Age Friendly City where people have the best start and age well
- 2) Strong, engaged and well-connected communities
- 3) Improving housing for better health
- 4) Safe and sustainable places that protect and promote health and wellbeing
- 5) A city where everybody can be more active, more often
- 6) A strong economy with good local jobs for all
- 7) Maximise benefits of world leading research, innovation and health and care technology
- 8) Promoting prevention and improving health outcomes through an integrated health and care system
- 9) An inclusive, valued and well-trained workforce
- 10) Support for carers and enable people to maintain independent lives
- 11) The best care in the right place at the right time
- 12) A mentally healthy city for everyone

The West Yorkshire Partnership Strategy and Healthy Leeds Plan

10. Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Therefore, it is key that the Leeds HWS refresh also aligns to established and developing strategies such as the Healthy Leeds Plan and West Yorkshire Partnership Strategy. Whilst these plans are distinct in focus, they will all contribute to tackling health inequalities in Leeds following a life course approach, including giving people the best start in life, living well and ageing well.

11 In line with our ethos of subsidiarity, the West Yorkshire Partnership Strategy has been built from neighbourhoods and places to ensure that work is locally led. The place strategies including the Leeds Health and Wellbeing Strategy forms the foundation of the overall Integrated Care Strategy and the refreshed approach will continue to be key in influencing at the regional level. All partners will work together so that people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board closely aligned to the Leeds Health and Wellbeing Strategy.

12 Local places including the Leeds Health and Care Partnership are delivering the Health and Wellbeing Strategy together, overseen by the Health and Wellbeing Board and the Leeds Committee of the NHS West Yorkshire Integrated Care Board.

13 The approach to the refreshes of both the place and West Yorkshire strategies has been inclusive. There has been the opportunity for all members of the Partnership and the wider system to be involved through a networked approach to engagement. Teams developing these strategies continue to work closely and updates of the development of the refreshes and working drafts of the HWS refresh and West Yorkshire Partnership Strategy have been presented together at the Leeds Health and Wellbeing Board. The HWB connection with the Leeds Committee of the West Yorkshire Integrated Care Board is further strengthened by the

link representation of members on both committees including the Independent Chair of the Leeds Committee of the WY ICB and the ICB Accountable Officer (Leeds Place).

- 14 The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services. The overarching system goals will directly support the Health and Wellbeing Strategy priorities such as 'the best care in the right place at the right time' and key outcomes such as 'people living longer and having happier healthy lives'.
- 15 The relationship of these strategies will remain key as we move from development to delivery and in the next phase of the development of a five-year Joint Forward Plan building on existing local strategies and plans.

Indicators and measuring progress

- 16 The current HWS strategy has 21 indicators to measure progress against and linked to this, work has been undertaken to identify outcomes, metrics and indicators for the key strategies and plans such as Healthy Leeds Plan.
- 17 Further work will be progressed to simplify and consolidate the number of different metrics and indicators within the refreshed Leeds HWS Strategy and ensure there is alignment with strategies such as the Best City Ambition performance framework (under development), Healthy Leeds Plan and connect to wider connecting strategies such as the West Yorkshire Partnership Strategy.
- 18 The final Strategy indicators should be at the population level and align to the outcomes described in the Strategy whilst also supported with gathering lived experiences to help with understanding the wider impact of our partnership work.
- 19 It is important that the progress continues to be reported to the Health and Wellbeing Board. The Board continually reviews, and challenges actions taken forward reflecting on the progress annually, commissioning a review directed by the Health and Wellbeing Board. It will continue to be guided by the Leeds Health and Wellbeing Strategy and summarises the actions and updates from those who have brought items to the Board and an overview of progress around the priorities and indicators of the Leeds Health and Wellbeing Strategy.
- 20 In understanding lived experiences, we will also explore opportunities in connecting to wider performance frameworks such as the Social Progress Index (SPI). Designed by the Social Progress Imperative, a global non-profit organisation based in Washington DC, the SPI first launched in 2014 and is now used across the world, including by the United Nations, as a comprehensive measure of real quality of life.

Visual identity

- 21 During the Strategy refresh work, the Health and Wellbeing Board considered using an enhanced visual identity which built on the approach utilised in the current strategy and recent developments in the communications of the Leeds Health and Care Partnership.

- 22 A refreshed approach to the look and feel of the strategic documents will be more representative of people who live and work in Leeds to better represent the diversity of the communities of Leeds. It is proposed that approach is used throughout the new Strategy.
- 23 The communications plan behind the HWS refresh is also in development. Through our communications we want to tell the story of the health and care in Leeds and the Leeds Health and Wellbeing Strategy in a clear, consistent and concise way, using content that is memorable and shareworthy. As a result of our communications, we want:
- Stakeholders who will enable the delivery of the Strategy to be enthused to act and buy-into the aims and priorities. This includes extending the call-to-act beyond the health and care system, public sector organisations, and the third sector
 - All people who live and work in Leeds to see the benefits of the Strategy for them, and for all of Leeds
 - To enhance Leeds' reputation, locally, nationally and internationally, as a city that is proactive in tackling health and wellbeing, through collaborative working, led by a strong Health and Wellbeing Board.

Timeline and Next steps

24 As we make progress in the development of the HWS refresh, we are building on the review work which has already taken place before the pandemic and more recent cross partnership engagement. Moreover, as the two other pillars (Inclusive Growth and Zero Carbon) are also being reviewed the timeline below seeks to ensure as close alignment as possible in producing the HWS refresh:

25 There will be two phases in the development of the HWS refresh:

Phase 1: high level timeline to July 2023:

- **September 2022- December 2022:** Further development in refining strategy via HWB engagement and wider stakeholder engagement.
- **January 2023-May 2023:** Further committee engagement including Health and Wellbeing Board; Executive Board and Health and Care partnership organisational bodies engagement for endorsement and comments.
- **June 2023-July 2023:** Final design of the refreshed HWS document and associated products; Engagement across health and care partnership workforces promoting HWS refresh and formal public launch of HWS refresh

Phase 2: from July 2023:

- The second phase will be to work with the Leeds Health and Wellbeing Board and partners to agree clear plans under each of the priorities. This second phase should include capturing existing work underway which are contributing to the delivery of the HWS.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

26 The Health and Wellbeing Board has made it a city-wide expectation to ensure the voices of citizens are reflected in the design and delivery of strategies and services. The October 2022 Scrutiny Board paper highlights the wealth of sources which will inform the development of the HWS refresh including key engagement via the Big Leeds Chat. This report further highlights the range of engagement with stakeholders to inform the development of the HWS refresh.

What are the resource implications?

27 There are no specific resource implications from this report. A continued feature of the HWS refresh will be reaffirming the aim of spending the Leeds £ wisely under the strategic leadership of the HWB- sharing or integrating resources, focusing on outcomes and seeking value for money as part of a continued long term commitment to financial sustainability.

What are the key risks and how are they being managed?

28 Risks relating to each piece of work which will be connected to the refreshed priorities will continue to be managed by relevant organisations and boards/groups as part of their risk management procedures.

What are the legal implications?

29 Risks relating to each piece of work which will be connected to the refreshed priorities will continue to be managed by relevant organisations and boards/groups as part of their risk management procedures.

Options, timescales and measuring success

What other options were considered?

30 The process of the HWS refresh began in 2020 but was paused due to the Covid -19 pandemic. As this work now resumes, a clear timeline has been highlighted and agreed by the Health and Wellbeing Board regarding the development of the HWS refresh.

How will success be measured?

31 This report highlights that work will be progressed to simplify and consolidate the number of different metrics and indicators within the refreshed Leeds HWS Strategy and ensure there is alignment with connecting strategies.

What is the timetable and who will be responsible for implementation?

32 The timeline of the development of this strategy is included in point 25 of this report.

Appendices

- Appendix 1 - Developing working draft of the refresh of the Leeds Health and Wellbeing Strategy.

Background papers

- None.

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The Leeds Health and Wellbeing Strategy 2023-2030

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'

Foreword

Hello and Welcome to the Leeds Health and Wellbeing Strategy.

Our last strategy was developed in 2016 and there is so much to be proud of in our achievements since then. This has been driven by a united partnership of the council, NHS, public sector, a thriving Voluntary, Community and Social Enterprise (VCSE) network, businesses, education, academia, and organisations championing the voices of our communities, such as Healthwatch Leeds.

The most significant event since our last strategy was developed is undoubtedly the pandemic. The city's response showed how we all came together to take care of each other, supported by our resilient communities. We saw 62,000 people in health and care work together with hundreds of volunteers, to make sure people had food, medicines and wellbeing checks. We also delivered an extraordinary vaccine roll out programme embedded in our local communities with over 1.8 million doses given in Leeds.

None of this would have been possible without the strong foundation of our partnership working supported by a 'Team Leeds' ethos and approach.

Many lives were tragically lost during the pandemic and each person will never be forgotten. We now need to navigate a world which has seen health inequalities grow because of the pandemic and continuing to get worse. This is because of new challenges such as the cost-of-living crisis which will be experienced differently by different communities and across generations. The impacts of poverty are particularly felt in our most socially and economically challenged parts of the city. This highlights the importance of focusing improvements on health outcomes across the whole life course from preconception, birth and childhood, through the transition to adulthood and older age.

Breaking the cycle of poverty and poor health is more important than it has ever been. This strategy sets out the blueprint of how we plan to make a difference and improve health and wellbeing outcomes of people in Leeds, whilst learning from the experience of the past few years.

Leeds is a forward looking, great northern city and the innovation, creativity, and commitment of partners to work together to improve health and wellbeing outcomes of our people has never wavered. We recently reaffirmed our ambition to tackle poverty and inequality with our Best City Ambition. Our determination to deliver positive outcomes for people has led us to commit to becoming a Marmot City. We have a solid foundation to drive this forward with a strong economy, exceptional schools, colleges and universities, a vibrant and diverse population and growing sectors such as digital health, data and medical technology. All are key to creating a healthier, greener and inclusive place for people to live, work and visit.

It is the people of Leeds, our greatest asset, that are at the heart of driving the ambition we set in 2016 to be the best city for health and wellbeing. We know that people want to see care that is communicated well, coordinated and compassionate. We will work together to deliver this, reaffirming our vision to be a health and caring city for all ages where people who are the poorest improve their health the fastest. This will remain key to our new Health and Wellbeing Strategy to the year 2030, which sets our long-term plan to respond to the great health and care challenges we face as a city.

This strategy is launched at a time of transformation in our health and care integration journey. The creation of the Integrated Care Boards and Integrated Care Partnerships as part of wider health and care system in Leeds provides a significant opportunity to further progress our priorities

so that they are positively felt by all communities in the city. We will look to partnerships at all levels, neighbourhood, local, regional and national to deliver our vision.

The success of this strategy will continue to be determined by how people feel and the real difference we are making in improving their health and wellbeing outcomes. It is important to acknowledge that currently people are frustrated by long waits for some services including ambulance services and accident and emergency. Accessing NHS dentistry remains hard across Leeds and some GP practices are overstretched despite working valiantly to serve their communities. Social care remains chronically underfunded and workforce challenges exist in all sectors.

As a Health and Wellbeing Board, we believe we can deliver stronger services that are integrated and effective, but we acknowledge the extent of the challenge. We remain committed to our shared vision and this is a moment where we cannot afford to fail. We won't be able to do this alone and we must all play an active part, but we believe by working together, with compassion and care as one Team Leeds, we can deliver positive changes for all our communities.

Councillor Fiona Venner

Chair of the Leeds Health and Wellbeing Board

What is the Leeds Health and Wellbeing Board?

Wellbeing starts with people; our connections with family, friends and colleagues; the behaviour, care and compassion we show one another; the environment we create to live together. We all have a part to play in Leeds being a healthy city with high quality services.

The Health and Wellbeing Board (HWB) helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest. The Board exists to improve the health and wellbeing of people in Leeds and to join up health and care services.

The Leeds Health and Wellbeing Board is made up of a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the Integrated Care Board, the voluntary and community sector and Healthwatch, which ensures the views of the public are fully represented and acted on. There is also a cross-party political representation, with meetings chaired by the Executive Member for Adult and Children's Social Care and Health Partnerships.

The Board meets regularly throughout the year, including via formal public meetings and development workshops. We get an understanding of the health and wellbeing needs and assets in Leeds by completing a Leeds Joint Strategic Assessment (JSA), which gathers information together about people and communities in our city. The latest JSA was produced in 2021.

Listening to people is central to the work of both the Health and Wellbeing Board and partners across the city, with findings feeding into strategic planning and service delivery. The Board works collectively, with the strengths and assets of Leeds people, to oversee, influence and shape action to ensure Leeds is a healthy city with high quality services.

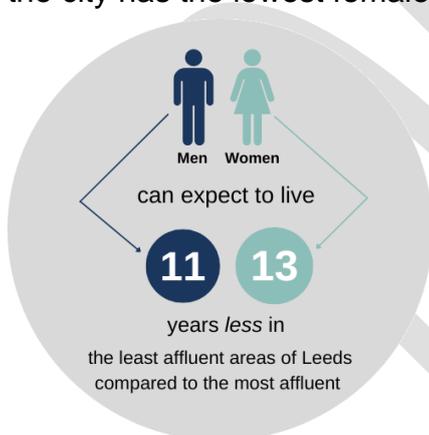
By 2030 people's health and wellbeing outcomes will be...

Section to clearly describe the clear outcomes we want to see in Leeds for people and communities over their life course. This will be illustrated with for example statistics which state the current position of a particular identified health and care challenge and what improvements we need to see by 2030 to enable people to have the best start, live well, work well and age well.

The challenges and opportunities

The diverse cultures, strong economy, vibrant partnership working, and the excellent services are just some of the many strengths which make Leeds a great place to live, learn, work and visit. However, not everyone is benefitting from what the city has to offer and there are unacceptable health inequality gaps.

Stalling improvements in life expectancy for people living in low-income parts of the city demonstrates the significant health and care challenge we face. The gap in life expectancy between some of our most and least affluent areas is 13 years for women and 11 years for men. This gap is even wider between some communities such as the Gypsies and Travellers communities in Leeds, with the average life expectancy around 50 years of age compared to the city's population of around 78 years. More widely, the Leeds Dock, Hunslet and Stourton area of the city has the lowest female life expectancy in England and over 170,000 people in the city live in areas ranked amongst the most deprived 10% nationally.



The city is also responding to the long-term developing impacts of the Covid-19 pandemic which are being felt by all communities in Leeds. The evidence however shows the risk of death and specific illnesses and conditions affect some groups disproportionately depending on their age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic also worsened existing mental health inequalities amongst children and young people, who were already at high risk of poor mental health.

Moreover, nationally we are seeing an emerging picture of how the pandemic has likely contributed to worsening inequalities. This includes the link between economic inactivity due to ill health and how the cost-of-living crisis further risks increasing this inequality gap.

These great challenges will be a key focus in this long-term strategy, and we will consistently review progress to ensure we remain flexible to the changing context over the coming years.

Building thriving communities & Improving health and wellbeing

Building thriving communities where people live happier and healthier lives requires that all the right ingredients are in place. These are often referred to as the determinants of good health and wellbeing. This strategy recognises that if we are to tackle health inequalities, we must recognise

the influence of people's socio-economic conditions on their health outcomes. This means the best start to life, good education; inclusive, stable and well-paid jobs; quality homes that are affordable and safe are some of the key ingredients to improving people's health and wellbeing. Alongside this environmental sustainability and equity in decision-making across the whole system is also vital.

The growing and changing demographics in the city highlights the profile of young people becoming more diverse and focused in communities most likely to experience poverty. In 2021 almost 24% of children (under 16) were estimated to live in poverty in Leeds, compared to 19% nationally. A growing ageing population means we must continue to focus on how we further support older people, many of whom live alone, to maintain connections with other people and to access support that meets their needs.

To be the best city for health and wellbeing everyone must work together to do the best for one another and provide the best care possible when needed.

Hearing the voices of people living with inequalities

The Leeds Health and Wellbeing Board has made a firm commitment to being led by the people of Leeds, who are at the centre of health and care decision making. Under the leadership of the Board, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds Health and Care Partnership to ensure that the voices of those living with inequalities are better heard.

The Big Leeds Chat is a key element of this engagement and is a series of innovative, citywide conversations between senior leaders from across the health and care system and the public. These conversations are focussed on listening to people's experiences around health and wellbeing and finding out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' taking place with local communities, communities of interest and young people's organisations. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements, which have informed the priorities in the Leeds Health and Wellbeing Strategy and will be progressed through the work of the Leeds Health and Wellbeing Board:

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs

The Tackling Health Inequalities Group is a subgroup of the Board and will continue to act as an advisory and challenge body for the Board's and partners' actions and impact on inequalities.

Our Communities of Interest Network brings the voices of people from 24 different communities experiencing the greatest health inequalities closer to decision-making, including representing their views to the Board.

The How Does It Feel for Me project is allowing users of health and care services to share their experiences as they move through different parts of the system. The Co-Production Network further brings together health and care partners, working together to strengthen our approaches to co-production, which enables us to involve people at all stages of change. People's voices are also at the heart of our service transformation programmes, for example the ongoing work to transform community mental health services.

To get a direct insight into the needs of marginalised communities, the Leeds Health and Wellbeing Board has developed The Allyship programme which connects Board members with key third sector organisations in the city.

This will all remain a key component in ensuring the priorities of all communities guide the work of the Health and Wellbeing Board and the delivery of this strategy.

Improving access to quality health and care services

Good health is about physical, mental, and social wellbeing. As more people continue to experience multiple long-term conditions, health and care services need to adapt to these changes. People in Leeds have told us they want to feel confident they will get the help needed from services without barriers getting in the way. We will continue to focus on this as one integrated health and care system which will improve people's health. We will also be focussed on reducing health inequalities across the entire population to build and maintain the best long-term health possible for everyone.

Having access to quality health and care services remains a key priority in this strategy. It is vital that we have timely and person-centred care and whilst the cost of providing high quality care continues to rise, we must continue to work hard to deliver this for the people of Leeds. This will ensure people's health and wellbeing can be better, fairer and sustainable.

Our system will continue to promote wellbeing and prevent ill health recognising people have different needs, and what good health looks like varies between people. By looking at our population in this way we can better understand what people need, to address the challenges they face. It will also support the Health and Care Partnership to provide high-quality services, which are easier to access and navigate, effectively meeting people's needs.

We will further develop our localities and neighbourhood-based community building approach such as Asset Based Community Development and Local Care Partnerships. This is where people and organisations work together as equal partners actively involved in the design and delivery of health and care supported by their communities.

One integrated system focused on improving health and wellbeing outcomes

Improving health services needs to happen alongside maintaining financial sustainability. This remains a major challenge. Rising cost pressures and sustained and increasing demand of health and care services means making the best use of the collective resources across organisations. This will continue to help us to develop the city's health and care system which has seen its own recent transformation supported by a strengthened governance structure including at the city level

with the establishment of The Leeds Committee of the West Yorkshire Integrated Care Board (ICB). The ICB will make decisions about the best way to allocate resources across the city to have the biggest impact on improving health outcomes and people's experiences and reducing inequalities.

Our health and care workforce is also facing increasing pressures. It is vital that we continue to work together to make Leeds the best place to train and work at any age and to support our colleagues to flourish in safe and inclusive workplaces. We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. It will remain important that we continue to build a strong workforce and support people. Many of whom live as well as work in the city and play a key role in helping to reduce inequalities and delivering care for the future.

Connecting strategies to better tackle health inequalities

This Health and Wellbeing Strategy is about how we put in place the best conditions in Leeds for people to live fulfilling lives in a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone.

Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Each of these will help us to deliver our ambition to be the best city for health and wellbeing. We have taken a life course approach to tackling health inequalities. This means we will consider the biggest issues at each stage of a person's life from early years to older age. It will take a concerted effort across all levels - local, regional and national. An approach which recognises that a diverse range of factors including social, economic and environmental circumstance, influence a person's physical and mental health and wellbeing outcomes.

The following strategy and plans will be key in helping to deliver improved health and wellbeing outcomes for the people and communities in Leeds and we will ensure there is a clear and strong alignment across all to ensure the most effective delivery of the city's health and wellbeing strategic priorities:

Best City Ambition: The Best City Ambition is our overall vision for the future of Leeds to 2030. At its heart is our mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Best City Ambition aims to help partner organisations and local communities in every part of Leeds to understand and support the valuable contribution everyone can offer – no matter how big or small – to making Leeds the best city in the UK. As part of the Best City Ambition five breakthrough projects have been established specifically on promoting mental health in the community; better homes for health and wellbeing; inclusive green jobs; learning outcomes for social mobility and responding to the cost-of-living crisis. These will be driven by a diverse group of people and organisations drawn from all parts of Leeds. This group will agree a clear end goal to deliver progress on these key areas of focus.

Leeds Inclusive Growth Strategy: The Leeds Inclusive Growth Strategy sets out how we aim to make the city a healthier, greener and inclusive economy that works for everyone. The strategy details how we will harness partnerships across the city to improve the health of the poorest the fastest linking to people and communities with place and productivity. The Leeds Anchor Network will play a key role as part of our place-based approach to inclusive growth and community wealth

building. Together with organisations using their economic power and human capital in partnership with communities to mutually benefit the long-term wellbeing of both.

Net Zero ambition: Leeds has committed to be carbon neutral by 2030. Tackling climate change will mean that we focus on reducing pollution and promoting cycling, walking and the use of public transport whilst also promoting a less wasteful, low carbon economy. The Leeds Health and Care Commitment will be one of many key components of addressing poor health outcomes. This Commitment is a set of principles and actions to work towards being a resilient, sustainable health and care system that mitigates the impact of climate change.

Healthy Leeds Plan: The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. It details the areas where we know we can make a difference to people's health in Leeds and outlines how we will know we have been successful. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services and people who have a learning disability or who are neurodivergent.

West Yorkshire Partnership Strategy: The West Yorkshire Partnership Five-Year strategy is the vision for the future of health, care and wellbeing in the region, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board. Closely aligned to the Leeds Health and Wellbeing Strategy, and developed with the Leeds Health and Wellbeing Board, the delivery of the West Yorkshire Partnership strategy ambitions is set out in a Joint Forward Plan.

Leeds Marmot City Commitment: Building on the city's long history of working to address health inequalities, Leeds has committed to become a Marmot City. This involves working in partnership with the Institute of Health Equity to take a strategic, whole-system approach to improving health equity. Working collaboratively with partners and communities, we will work together to achieve a fairer Leeds for everyone. There will be an initial focus on the Best Start and Housing priorities of this work with progress being overseen by the Leeds Health and Wellbeing Board.

Our partnership principles

We will continue to work in ways that support our Team Leeds approach. The following key principles developed by the Leeds Health and Care Partnership, will underpin how we work together to deliver on our ambition and vision set in this strategy:

We start with people: working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

We are Team Leeds: working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude

We deliver: prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

What is the Leeds Health and Care Partnership?

We know that people's lives are better when those who deliver health and care work together.

The Leeds Health and Care Partnership (LHCP) includes health and care organisations from across Leeds: Leeds City Council, NHS partners, Voluntary, Community and Social Enterprise organisations, Healthwatch Leeds, Local Care Partnerships, Leeds GP Confederation and the Leeds Office of the NHS West Yorkshire Integrated Care Board.

We are also part of the wider West Yorkshire Health and Care Partnership which is an 'Integrated Care System' working to improve the health and wellbeing of people across West Yorkshire.

DRAFT

Building on what we have achieved

- *To include case studies of key achievements of the current HWS – illustrative examples included below to provide an idea of what could be included in this section.*
- *Organisations on the HWB will be asked to provide case study examples*

Case study example: Lincoln Green employment and skills project

Through our Health and Wellbeing Strategy and our Inclusive Growth Strategy, we are committed to developing a strong local economy that everyone can benefit from. The city's biggest employers are collaborating on projects via the Anchors Institution Network which support this commitment, including supporting people from poorer communities into employment.

Lincoln Green is one of the poorest communities in Leeds and was among the 1% most deprived wards nationally. The majority of households are on a very low income (74% on less than £15k), and its residents also experience some of the greatest health inequalities in Leeds. As such, Lincoln Green has been identified as a priority neighbourhood.

As a committed member of the Anchor Institution Network, Leeds Teaching Hospital Trust (LTHT), collaborated with Leeds City Council (LCC) and local charity Learning Partnerships, to deliver a bespoke recruitment process and employment programme, supporting the residents of Lincoln Green to be better equipped to successfully gain employment at LTHT.

In total, 130 people attended an employability programme, which helped improve IT skills, confidence building, application and interview skills, among others. 59 of those were successful in achieving an offer of permanent employment with LTHT

Due to the success of this programme, other Anchor Institution Network members are developing similar projects, supporting more people from poorer communities into good quality employment.

Case study example: Utilising the benefits of technology and innovation

Leeds is a hub of digital transformation. We are home to 160 med-tech and health informatics companies and home to 22% of all digital health jobs in England. This means we are perfectly placed to benefit from the power of health and care innovation and technology.

The Leeds Academic Health Partnership has been collaborating with West Yorkshire and Harrogate Cancer Alliance, local NHS trusts, and with Leeds based company PinPoint Data Science Ltd. to develop a new blood test which will support GPs to better triage patients who are showing symptoms of cancer.

This new blood test was developed using a form of Artificial Intelligence known as 'machine learning' to analyse a broad range of signals in the blood and combines with general, anonymised patient information to produce a single number: the chance that a patient has cancer.

It has been designed as a decision support tool, providing GPs with more information and enabling them to more effectively triage patients when they first present with symptoms. This revolutionary test is currently being evaluated across West Yorkshire, and if approved for full implementation, promises to deliver shorter referral waiting times, reduced patient anxiety and improved early cancer detection.

Summary on a Page

Leeds Health and Wellbeing Strategy 2023-2030

Our ambition:
Leeds will be the best city for health and wellbeing

Our vision:
Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest

5 Outcomes

- 1 People will live longer and have happier, healthier lives
- 2 People will live full, active and independent lives
- 3 People's quality of life will improve with access to quality services
- 4 People will be actively involved in their health and care, supported by their communities
- 5 People will live in healthy, safe and sustainable places



Indicators
TBA

We live our
Partnership Principles

We start with people
We deliver
We are Team Leeds

12 Priorities

A Child Friendly and Age Friendly City where people have the best start and age well

Why is this important?

Communities in Leeds have continued to grow, with greater diversity and a growing younger and ageing population. This developing picture is more evident in communities which face the greatest inequalities. Moreover, the legacy of Covid-19 and its impact means our commitment to be a caring city for everyone is vital. This will mean we can support people to thrive in their early years and later life.

There are now around 9,500 babies born in Leeds every year. Ensuring the best start in life provides important foundations for good health and wellbeing throughout life, enabling successful and enriching futures for our children and young people. This is also why one of the city's breakthrough projects, and the initial focus of our Marmot City commitment, is on early years.

We know the Covid-19 pandemic has further amplified the challenges facing young people. This is why targeted actions which make the most of every child's potential remains an important goal for the city as we continue to re-set and transform services. This will further affect the health of families too, recognising that our priorities can help to tackle challenges such as the disproportionate impact on women from Black ethnic backgrounds who are four times more likely to die during childbirth.

Today around 25% of people living in Leeds are 60 and above. The over 80s population is the demographic rising the fastest. The number of people in Leeds living beyond 80 is expected to rise by approximately 50% in the next 20 years. We want to be the Best City to Grow Old In. This is what underpins our Age Friendly Leeds ambition, creating a place where people age well. Where older people are valued, feel respected and appreciated and seen as the assets they are as employees, community connectors, volunteers, carers, investors and consumers.

Older people face health and care inequalities. For example, they are more likely to have multiple long-term health conditions which disproportionately affect older people living in our poorest communities. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence.

By 2030 we will...

See improved outcomes in the earliest period in a child's life, from before conception to age two. We will see parents and babies supported to create the conditions where stress is reduced, and positive bonds and attachments can form. We will work together to offer parents-to-be and new parents targeted pathways informed by women and families to improve communications, support and care before, during and after pregnancy. Care will be delivered in an integrated way such as 'Building the Leeds Way' which is a long-term vision to transform healthcare facilities across Leeds Teaching Hospitals for patients and staff.

It is also vital that we remain committed to our goal to halve stillbirths and neonatal deaths. We will deliver a strength-based localised offer where community maternity services will understand more about the locality they work in and the partners and people they work with. We will build on the outstanding social work and support journey in the city, ensuring consistent quality across all our work with vulnerable children and young people. We must remain committed to the 'Think Family, Work Family' approach, delivering solutions which are coordinated around the relationships, needs and assets in families and the wider community. This is alongside improving the mental health of

children and young people and parents and carers. We will do this by, taking a ‘whole family’ approach to mental health.

Making Leeds a Child-Friendly City for our children and young people must also be guided by a truly inclusive approach. Working as a partnership across health and care services, joining up practices which also deliver positive outcomes for children and young people with special educational needs and disabilities and additional needs.

Children and young people need to have a safe, healthy, and balanced diet to improve health and wellbeing outcomes. Leeds has taken a whole system strength focused approach to tackling child obesity to transform the way people’s health and social care needs are supported. We must continue to focus on reducing child obesity building on the learning of pre-pandemic years. These priorities highlight the importance of wider factors such as the environment and learning influencing our health and wellbeing.

The reality of climate change also means there will be more frequent and intense weather extremes. The impact of fuel poverty also requires a continued focus on addressing the health challenges which may be affected by these circumstances such as reducing excess winter deaths. Furthermore, addressing the clear link between frailty and deprivation must remain a focus whilst delivering on the objective to ensure that people will die well and have a good death. This will need to be supported by person centred, holistic and accessible palliative and end-of-life care with personalised support for carers, families and friends.

Across all ages we must challenge the impacts of poverty, recognising the scale and effects of poverty on all communities, young and old. Working together we can mitigate these impacts on health and wellbeing outcomes and to support every child’s journey into secure adulthood. This too, will ensure that the relationship between older and younger generations is defined by mutual support and compassion.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Strong, engaged and well-connected communities

Why is this important?

Connecting to our richly diverse communities across the city is vital if we are to address their health and care needs and improve health and wellbeing outcomes. The city’s response to the pandemic highlighted what can be achieved when different organisations work together through communities to achieve shared goals. Harnessing the strength of these partnerships will remain crucial as we continue to tackle health inequalities in the coming years. This includes supporting diverse communities such as vulnerable groups, people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities.

Pride in our communities and places are vital assets in a sustainable future for the city and its local centres. We know that whilst the Covid-19 pandemic demanded the use of digital platforms and tools for people to remain connected; this equally led to a hunger for more communities to connect with their friends, neighbours and fellow Leeds residents in person. Tackling loneliness and supporting people to keep well is vital with access to activities that are affordable, easy to get to and are balanced between in-person and digital. Access is also linked to stronger connections and making Leeds a city where people can connect with services when they need to remain important.

Work on this priority will be guided by the three Cs: Communication, Compassion and Coordination

By 2030 we will...

Have improved residents' access to digital equipment and the internet through superfast broadband.

To support strong, engaged and well-connected communities, we will build on the important work and approaches which have successfully led to transforming services and support for communities across Leeds. We will further develop the strength-based model of social work driving key work such as Street Support programme. Our well-established neighbourhood networks and the Asset Based Community Development (ABCD) approach will be vital too. Moreover, supporting digital inclusion remains important, building on the development of innovative ways to use digital to better connect people, including those living with dementia in Leeds.

Develop services that support people to access the right support when they need it, and to thrive using their individual and community assets. This will remain key in helping to reduce health inequalities in Leeds whilst also considering the impacts of the wider social determinants on people within localities.

Have reduced social isolation and loneliness, particularly where it is affecting vulnerable groups and people with high levels of need. We will commit to developing communities where no one is lonely, with diverse opportunities for people to live healthy, active and happy lives.

Support key enablers which connect our communities with a sustainable, affordable, inclusive and healthy transport network, and placemaking which encourages people to be physically active. They are crucial in enabling people to get around the city easily and safely and making it easier for people to access essential services such as health and groceries. Making it easy and safe for people to walk and cycle to services, core amenities, and facilities is not just good for health but essential for sustainable and local neighbourhoods too.

The focus of the Health and Wellbeing Board and partners will be to see progress informed by what people are telling us matters to them. This includes making Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Improving housing for better health

Why is this important?

Housing plays a critical role as a wider determinant of health. Meeting the city's housing needs and providing high quality, safe, affordable homes in inclusive communities is a key priority. This will also mean we can support places where residents have close access to services and amenities. Improving housing for health is a key commitment in our plan to be a Marmot City and is a breakthrough project in our Best City Ambition. This demonstrates our strong city commitment to improve outcomes on this priority area which all partners will be key to helping deliver.

Proactive and preventative housing solutions support people to live independently and minimise preventable health and social care interventions, which need to be a key feature to improve people's health and wellbeing. The opportunities provided by innovative digital and technology

solutions will be increasingly significant too, not only in supporting people to be healthy and independent in their home but also in creating healthier living environments.

By 2030 we will...

Have made clear progress in ensuring that adaptations, minimising hospital admissions and streamlining hospital discharges are linked to housing needs. We will also ensure that key referral pathways for those affected by homelessness and mental health support are collaborative.

Have developed a whole system approach to supporting independence of children and young people, and adults as part of an integrated system to achieving cost-effective solutions and positive outcomes for people. Supporting diverse housing options tailored to individual needs will be a key element of this such as extra care housing. Supporting people to live in housing that can accommodate future support and care needs in an environment that promotes social inclusion and active independence will be important too.

Have made significant progress in addressing the impact of fuel poverty by improving health and wellbeing through increasing affordable warmth without increasing carbon emissions. Crisis intervention for vulnerable people in cold homes will also need to be a key part of tackling poverty and health inequalities.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Safe and sustainable places that protect and promote health and wellbeing

Why is this important?

Health protection and promotion has always played a key part in tackling health inequalities. The response to the Covid-19 pandemic highlighted the vital role of our health protection system which responded rapidly and innovatively to an unprecedented and constantly shifting context. This also placed intense demands and disruption on key services, settings and workplaces across the city. As we continue to live with Covid, it is crucial that health protection and promotion continues to prioritise and work with communities most vulnerable to the impact of Covid-19.

By 2030 we will...

Have a Leeds health protection system which encourages people and systems to adopt safer behaviours and to build community resilience to any future pandemic. This will be by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as influenza or the common cold. The health protection system will also focus on wider prevention priorities such as the impact of poor air quality reducing the incidence of tuberculosis and excess winter deaths.

Enabling every community in the city to have safe, connected and sustainable spaces to access green spaces can improve mental and physical health across all ages. We must continue to provide a wide range of opportunities for people to access quality services. People being physically active in our green spaces is vital so that everyone can enjoy being active, no matter what their abilities or interests. This can also help to reduce the incidence and severity of conditions such as obesity, heart disease, diabetes, anxiety and depression in people of all ages and backgrounds.

We want Leeds to be a welcoming city, accessible to all where children and young people have safe spaces to play and have fun; and where older people feel safe too.

Achieving this priority means expanding the network of Safe Places across the city, where a person with a learning disability can go and ask for help if they are lost, frightened or in difficulty.

People with disabilities have a right to live in the community, to move around within it and to be able to access all the places available. To enable this, we must create places where people have safe and accessible facilities available which meets their needs.

We must remain committed to support victims and survivors including those who have experienced domestic violence and abuse, to have housing options where they can live safely and be supported. This will mean improving responses and increase support to victims and survivors with complex needs (especially mental health needs) in safe accommodation.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A city where everybody can be more active, more often

Why is this important?

Embedding physical activity into everyday life provides a unique opportunity to contribute to improving the health and happiness of people, families and communities and can help to tackle deepening inequalities. We can reduce obesity, become more socially connected and recover better from health problems whilst also contributing to a healthier place, a greener city and a stronger local economy.

Physical activity levels in the city have been significantly affected by the Covid-19 pandemic. This has particularly affected specific groups disproportionately, including women, young people, disabled people, those with a long-term health conditions and ethnic minorities. 1 in 4 of all adults in Leeds are inactive, 1 in 3 older people are inactive, and only half of children have had the recommended one hour of physical activity a day. Inequalities have widened and lifestyle habits have changed – leading to less active and more sedentary hours.

By 2030 we will...

Have made significant progress in supporting the delivery of city's Physical Activity Ambition, focusing our efforts to address this challenging emerging pattern of physical inactivity and driving a radical cultural shift to increase physical activity over the long term.

It is important that people in Leeds feel they can be more active. A key element of this will be creating an environment where physical activity is the easiest choice to be active every day, working with people to understand the drivers affecting their physical activity levels.

It also means exploring and delivering innovative solutions to active travel with a whole system approach to health improvement and tackling health inequalities. Strong infrastructure, creative planning and behaviour change can help create active travel as an accessible, safer, healthier, more environmentally friendly option than driving. This crucially has the potential to address health disparities and deliver positive health and well-being outcomes for people in Leeds, including in the communities which face the most social and economic challenges.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A strong economy with good local jobs for all

Why is this important?

Leeds has seen a significant increase in the number of people in the city who live in areas that are ranked in the most deprived 10% nationally. More than 70,000 adults are facing in-work poverty. Economic inactivity nationally is also on the rise significantly affecting people over 50 and highlighting the need to improve employment outcomes for all, including refugee and asylum seekers, people with mental health, learning disabilities and physical health problems.

A good job is really important for good health and wellbeing of working age people. Focusing on improving people's health and wellbeing is key to delivering an economy that works for everyone and where the benefits of economic growth are distributed fairly across the city, creating opportunities for all. This will include raising the bar on inclusive recruitment, better jobs, and healthy workplaces. It will mean encouraging people who have been economically inactive back into the workplace; maximising employment and skills opportunities; developing clear talent pipelines and supporting good quality careers education.

Leeds economy has many strengths including our digital health, medical technology, and health data sectors, supported by a wealth of talent and a huge concentration of innovative organisations, which means we are well placed to develop as a location of choice for health and social care businesses. Our key health and care institutions will also be vital to driving inclusive growth in the city. The Innovation Arc vision is a key example of this - a series of innovation neighbourhoods, formed around the city's natural anchors of our main universities, the proposed adult and children's hospitals, and major private sector partners.

By 2030 we will...

Have built on our thriving partnerships in the city, utilising the strong network of organisations such as our Leeds Anchor Institutions Network, where partners share a commitment to using their place-based economic, human and intellectual power to better the long-term welfare of their local communities. Specifically supporting the joined-up work with a targeted approach to economic and health interventions in the most socially and economically challenged communities will be vital.

We must also do all we can to continue to promote the health and wellbeing of the workforce and reduce social inequalities through how people are employed. We will build on successful projects, such as the Lincoln Green project which linked employment opportunities to people living in their local areas, the One Workforce programme, and the Leeds Health and Care Talent pipeline. All will be key to delivering an economy that is accessible for all.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Maximise benefits of world leading research, innovation and health and care technology

Why is this important?

Leeds has an ambition to deliver growing cross-city research capacity and making Leeds a test bed for innovation and new technologies, including in health and care and the delivery of a just transition to net zero. New technology can give people more control of their health and care and enable more coordinated working between organisations. Advances in research, innovation and technology also enable us to better understand the causes of ill-health, strengthen diagnosis of medical conditions, and develop more effective treatments. This will further contribute to tackling

health inequalities by enabling us to focus innovation on improving the health of the poorest the fastest

By 2030 we will...

Have made further progress in delivering our place-based and person-centred approach. This will be focused on integrating healthcare and wider services in every community across the city supported by key organisations across sectors. The NHS, council, VCSE organisations and key partnerships such as the Leeds Academic Health Partnership will all be vital to achieve the best outcomes for local people.

So that we can ensure the best start in life, we will utilise modern data technologies and techniques to understand what determines a person's health, life chances from birth through to old age and improve service delivery. To support people to live and age well, we will work to deliver health and wellness services tailored for individuals and ensuring that people's information follows them through their journey regardless of the organisation they are interacting with. To have a city which works well, we must deliver 21st Century connectivity and infrastructure that provides the backbone for world-class service delivery. We will achieve this by building on existing collaborative work and improving information flow between organisations. This will create a thriving digital community, modern infrastructure and skilled workforce which will attract new and established businesses to Leeds.

We must also support and empower people to effectively manage their own conditions in ways which suit them. This means continuing to support digital inclusion and enabling people to be more confident to access their information and contribute to their records.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Promoting prevention and improving health outcomes through an integrated health and care system

Why is this important?

In Leeds, we have focused on early intervention and have developed and sustained prevention approaches over time, which has helped to deliver improved outcomes and excellent services for people across the city. This can also support in improving healthy life expectancy and narrowing the health inequality gap.

Investing and scaling up prevention and using asset-based approaches to build community capacity, must continue to be at the centre of our approach to tackling poverty and health inequalities. This approach focuses on what people can do, not what they can't.

Our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing. Whilst people living longer is a positive development it also brings with it specific health and care challenges, with more multiple long-term conditions like asthma, diabetes, and heart disease, and with avoidable and unfair differences in health between different groups of people increasing.

By 2030 we will...

Have further developed our whole city approach driven by all partners to promote wellbeing and preventing ill health. The refreshed Healthy Leeds Plan will be a key component in helping to deliver this.

There are some specific areas where we can make a really big difference to prevent ill-health and deliver actions to reduce the causes, leading to improvements in health lifestyles. We need to maintain a continued focus on healthy diets, stopping smoking and harmful drinking.

Building on the strong foundation of key work such as the outstanding Forward Leeds drug and alcohol treatment service in Leeds will help to drive progress on this priority. There will be further opportunities in the additional funding to the city's Drug and Alcohol partnership to support adults and young people who are struggling with drugs and alcohol issues, through dedicated prevention, early intervention, and tailored programmes.

Supporting investment in evidence-based prevention services where we know this will improve health outcomes is essential, particularly in the most socially and economically challenged parts of the city. So too is investment in areas that deliver greater prevention across disease pathways and targeted prevention programmes. These help to promote healthy ageing, supporting people known to be at high risk of developing long term physical and mental health conditions.

The way we work together as one integrated health and care system in Leeds will also be key to delivering improved health and wellbeing outcomes for everyone across the city. The recent development of our integrated care partnership in Leeds provides a great opportunity to build on the strengths of existing Team Leeds approach and partnership principles to tackle health inequalities.

How we look at people's health is also guiding how we reduce health inequalities across the entire population, over the whole life course, and also recognising the influence of the determinants of health. This approach understands people have different needs, and what good health looks like varies between people. We will look at the population of Leeds as a few defined groups of people who have similar health and care needs. By looking at our population in this way, we can better understand what people need to address the challenges they face. We can also tailor better care and support for individuals and their carers, design more joined-up and sustainable health and care services and make better use of public resources to the benefit of people and communities.

This approach will be key to helping deliver key ambitions like delivering the best in cancer care for the people of Leeds. 1 in 2 people will develop some form of cancer during their lifetime. In Leeds 4,100 people are diagnosed with cancer each year. As an integrated system we will work with all communities to ensure that everyone affected by cancer has access to the same high-quality care with more cancers being diagnosed earlier.

In key areas where we want to see better health outcomes like cancer, learning disability and neurodiversity, maternity and end-of-life care, the city's Population Boards will play a key role. These Boards will ensure key partners are involved in designing new ways of working which will improve health and wellbeing and ensure decisions are coordinated to improve every aspect of health and care. Population Boards will include doctors, public health experts, charities, the local council, and health system leaders who are responsible for improving the population segment's health and wellbeing.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

An inclusive, valued and well-trained workforce

Why is this important?

We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. Our health and care workforce were at the frontline of our city-wide response to the Covid-19 pandemic. As we move into the next phase of integrated health and care and rebuild from the pandemic, they will remain key to help deliver change and support the best possible health and wellbeing for the people of Leeds.

We have 62,000 people who work in health and care in Leeds and we want to further progress in making Leeds the best place to train and work in at any age. The Leeds Health and Care Academy, in partnership with our local schools, colleges and universities will play a central role in developing focused interventions that promote social mobility across the life course and widen opportunities for working in health and care.

By 2030 we will...

Be progressing our work to deliver for everyone in Leeds by working with communities. We will be providing opportunities for skills, jobs and wealth creation. We will be engaging and recruiting those in our communities facing the most social and economic challenges and inspiring the next generation of the health and care workforce.

The One Workforce approach in Leeds health and care is a key element of ensuring no part of our health and care workforce is left behind and is based on common purpose and deep partnership working. Joint planning and connecting care closer to home in a stable way for the wider workforce will be key to driving this approach. So too will be addressing gaps in services through attracting, training and recruitment, and removing barriers to enable new models of service delivery. We must also remain committed to learning together to ensure our workforce is delivering 21st century care, helping to ensure we will achieve our workforce ambitions in Leeds.

This must further focus on how the type of job roles and ways of working shift in focus to prevent ill-health, narrow inequalities in the workforce and improve health and wellbeing. City-wide workforce analysis and planning will also be key to better enable us to deliver our shared workforce priorities responding effectively to the needs of the future in a changing health and care system. Better data sharing and building capability across our city must be part of this approach.

Valuing our health and care workforce also means supporting their health and wellbeing. From GPs, nurses, cleaners, receptionists, social workers, care home and home care staff, third sector workers – all must be supported to ensure we have a healthy and well-trained workforce. These workers are part of the city's health and care system and who are the first to come into contact with people accessing services. It is vital these groups are supported to work in a healthy and safe working environment and to maintain their own physical and mental health and wellbeing.

We want to see a truly inclusive workforce free from discrimination, that reflect the communities that we serve, and to benefit from the perspectives and skills that our richly diverse population brings to the workplace.

We further need to ensure that our future leaders reflect this diversity and build on pioneering work already underway in the city such as delivering the Workforce Race Equality Standard across children's and adult social care.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Support for carers and enable people to maintain independent lives

Why is this important?

In Leeds, we know that people are ageing with multiple long-term health conditions. There is also an increase in the likelihood of having more than one long-term condition in the most socially and economically challenged parts of the city.

Cases of diabetes, respiratory disease, dementia and cardiovascular disease will continue to increase as the population of Leeds grows and ages.

Carers, including unpaid carers, continue to play a vital role in supporting people across the city. It is estimated that Leeds has 75,000 carers which is around 1 in 10 people. Carers come from all walks of life, all cultures and can be of any age. Being a young carer can affect school attendance, educational achievement and future life chances. Carers are more likely to have a long-term physical or mental health conditions and we know that unpaid carers have been particularly affected by the Covid-19 pandemic with increased time spent caring and fewer opportunities to take breaks.

By 2030 we will...

Be delivering an approach which continues to focus on the way care is provided to enable people to better manage their own health conditions. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. Supporting people through a crisis can also have a transformational impact, really helping them to flourish.

Care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions. To have more active involvement in health and care we all need to make the most appropriate use of services. This means having better and more coordinated and inclusive information, which will make it easier for people to access the services they need, when they need them by.

We will also need to improve the way we identify carers including unpaid carers and must recognise, value and support carers, putting them at the heart of everything we do.

This means that in order to reduce the health inequalities that carers experience due to their caring role, we must support shared aims and values. This is supported by taking a strong partnership approach to ensure that carers in Leeds stay mentally and physically healthy for longer.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

The best care in the right place at the right time

Why is this important?

The integration of care in the community is crucial. The transformative potential of organisations working together at a neighbourhood level to meet local needs has been emphasised further with the Covid-19 pandemic.

Outcomes for people can vary depending on where, when and how they are supported. We know that getting the right help and support at the right time can help people to manage their daily lives as independently as possible. Delivering the right type of care can address people spending more time in hospital than they need.

By 2030...

We will be further delivering population-based, integrated models of care with services which meet local needs. These services will be supported by multidisciplinary teams which help to achieve more independent and safe outcomes and help more people stay at home, whilst improving the experience for people, carers, and staff.

Better, integrated and co-ordinated partnerships and approaches supported with co-operation; communication and coordination can also help in getting people back home after a hospital stay. Rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.

Building on models like Local Care Partnerships (LCPs) will be vital. LCPs include a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the identified population's needs. Each partnership includes statutory organisations, third sector (community groups) and elected members, alongside local people, to develop services that support people to access the right support when they need it and thrive using their individual and community asset.

Population health management must also be key to driving proactive, data-driven approaches. This will help inform the way we provide health and care support for local people, whilst also, tackling some of the biggest health priorities. Through targeted interventions to prevent ill-health we can improve the care and support for people with ongoing health conditions.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A mentally healthy city for everyone

Why is this important?

Our vision for Leeds is to be a mentally healthy city for everyone. The impact of the Covid-19 has exacerbated the mental health challenges in the city. People living in poorer parts of Leeds are more than twice as likely to experience anxiety and depression but are least likely to complete treatment for these types of conditions. Rates of both suicide and self-harm admission (being cared for in hospital) are also higher in poorer areas of the city. The highest rates of suicide are found in middle aged men, and girls and young women have the highest rates of being admitted into hospital because of self-harm. We also know that ethnic minority communities in the city are more likely to be admitted into a mental health setting in crisis.

Good housing and employment, opportunities to learn, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. It will take the collective determination of all strategic partners, businesses and communities to help achieve the city's vision.

By 2030 we will...

See significant progress in progressing positive outcomes in people's mental health across all ages including through the work of the city's breakthrough project on promoting mental health in the community and building on the Leeds Mental Health Framework. This will also in part be delivered through the Leeds Mental Health Strategy and focus on improving services alongside other key strategies and action plans like The Leeds Future in Mind Strategy. This co-ordinates work to promote emotional wellbeing, and to prevent and treat mental health problems in children and young people.

Targeted mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm will be at the centre of our focus over the coming years. We will also work together with partners to reduce over-representation of people from ethnic minority communities admitted in crisis.

Education, training and employment will also be more accessible to people with mental health problems.

Improving transition support and developing new mental health services for 14- to 25-year-olds will also be vital alongside all services recognising the impact that trauma or psychological and social adversity has on mental health.

Timely access to mental health crisis services and support and ensuring that people receive a compassionate response will further help to deliver this priority.

Support older people to access information and appropriate treatment that meets their needs and to improve the physical health of people with serious mental illness.

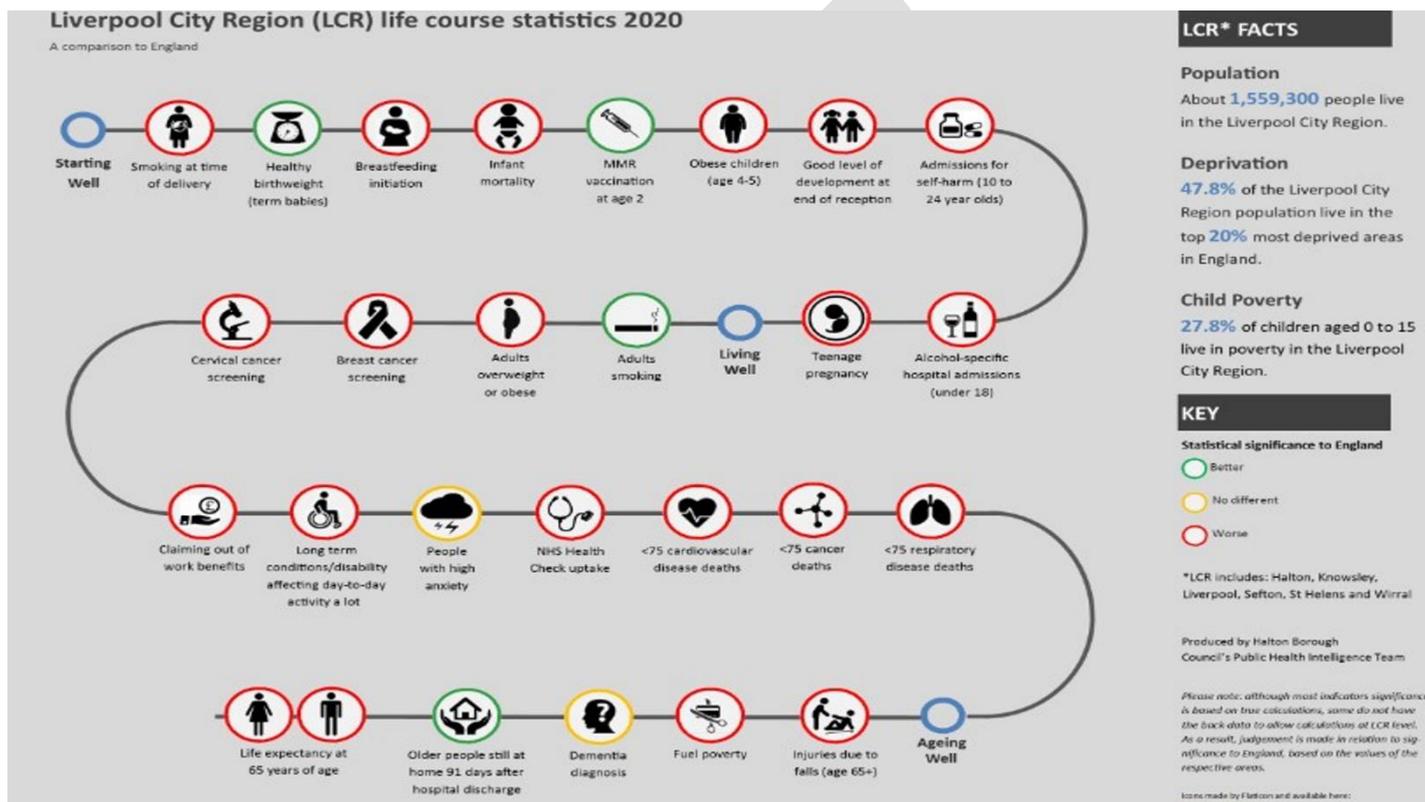
Working together we can help to realise a city where people of all ages and communities live longer and lead fulfilling, healthy lives.

A clear action plan is in place to deliver this priority through the Mental Health Strategy Delivery Group and will be linked into the Health and Wellbeing Board and relevant partners.

How will we know we are making a difference?

Measuring progress of our 12 priorities

- Single page describing indicators presented as part of life-course approach in strategy
- Presented similarly to Liverpool City Region infographic example below



Health and Wellbeing is everyone's business

Leeds Health and Wellbeing Board:

- Provide leadership and direction to help and influence every partner and stakeholder in Leeds to achieve the 5 outcomes for all people and communities in the city.
- Further embed the Board's city-wide expectation to ensure the voices of everyone in Leeds are reflected in the design and delivery of strategies and services.
- Provide a public forum for decision making and engagement across health and wellbeing.
- Continually ask what we are all doing to reduce health inequalities, create a sustainable system and improve wellbeing.

People

- Take ownership and responsibility for promoting personal health and wellbeing.
- Be proactive and confident in accessing services which are available.
- Get involved in influencing and making change in Leeds.

Local communities:

- Support vulnerable members of the community to be healthy and have strong social connections.
- Take ownership and responsibility for promoting community health and wellbeing.
- Make best use of community assets and leadership to create local solutions.

Other Boards and Groups

- Work closely and jointly with partnership boards and groups to support the priorities of the Leeds Health and Wellbeing Strategy.
- Create clear action plans and strategies which help achieve specific priorities and outcomes of the Leeds Health and Wellbeing Strategy.
- Promote partnerships wherever possible, working as one organisation for Leeds.

Health and Care organisations

- Provide and commission services which support the priorities of the Leeds Health and Wellbeing Strategy.
- Make plans with people, understanding their needs and designing joined-up services around the needs of local populations.
- Provide the best quality services possible, making most effective use of 'the Leeds Pound' - our collective resource in the city.

How to get involved

The Health and Wellbeing Strategy will be a live document which will be shaped by what partners, people and communities are telling us. This will ensure that we can respond to any new or emerging developments which will influence achieving our ambition and vision.

There are loads of ways that you can get involved with the work of the Health and Wellbeing Board. Listening to the community and hearing about the experiences of people's health and

wellbeing is vital to the Board. Detailed below are some of the ways you can get involved with the Board.

- Asking questions to the Health and Wellbeing Board
- Social media
- Public Engagement e.g. via Big Leeds Chat/How does it Feel for Me?

DRAFT



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Physical Activity Ambition Update

Tel: 07562 439 310

Date: 21st March 2023

Report of: Head of Active Leeds & Chief Officer Consultant in Public Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report provides an update on the development of the Physical Activity (PA) Ambition for Leeds which is being led by Active Leeds and Public Health together with partners across the city. This report includes details on the:

- physical activity governance arrangements
- updated revised vision for physical activity for Leeds
- progress made on priorities agreed at scrutiny board in February 2022 and Health and Wellbeing Board December 2021.

Recommendations

- a) Note and comment on the content of the report.
- b) To note the progress on the Physical Activity Ambition presented and revised Vision to support this work'
- c) To note the progress made on the priorities of 'Active Environments' and 'Active People'

What is this report about?

- 1 This report provides an update on the Physical Activity Ambition work following the last update provided in February 2022. Additionally, an update is provided on the governance arrangements for this work and the proposed new city-wide Physical Activity Vision.

Leeds Physical Activity Context:

- 2 There is clear evidence that being physically active is essential for good physical and mental health and wellbeing (World Health Organisation, 2023). As well as being physically active, it is important that all adults and children minimise the time spent being sedentary for extended periods (CMO Guidelines, 2019).
- 3 Leeds's Best City Ambition sets out a mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. Delivering our Physical Activity Vision plays a key role in achieving the City Ambition. In a city where everyone moves more, we will improve health and wellbeing, contribute to reducing carbon emissions, and support inclusive growth.
- 4 Physical activity is a key priority for the council and is outlined in the Leeds Health and Wellbeing Strategy 'Get More People, More Physically Active, More Often' and contributes to reaching our vision to be a healthy and caring city where people who are the poorest improve their health the fastest. Physical activity remains a priority within the proposed refresh of the Health and Wellbeing Strategy and we continue to work closely in the development of this.
- 5 Prior to the Covid-19 pandemic trends in physical activity levels for adults in Leeds show that inactivity levels (doing less than 30mins of activity per week) were improving; however during Covid these levels unsurprisingly rose. The latest Active Lives data currently available shows that for 2020-2021 the inactivity levels for adults have improved slightly but have not returned back to pre-covid levels. Encouragingly Leeds' inactivity levels for adults remain lower than the average across Yorkshire and England (Sport England, 2022) Table 1 below shows the inactivity trends from 2018 – 2021 for Leeds, Yorkshire and England for adults. The latest data from My Health, My School (2021/2022) shows that 31% of children and young people are inactive.
- 6 **Table 1:** Sport England Active Live's Adult Data for Leeds, Yorkshire and England 2018-2021. Percentage of adult population doing less than 30minutes of physical activity per week.

Sport England Active Live's Inactivity Adult Data	Leeds	Yorkshire	England
2018-2019	20.9%	25.6%	24.6%
2019-2020	25.6%	29.2%	27.1%
2020-2021	23.3%	28.4%	27.2%

- 7 Research reviews undertaken by Leeds Beckett University in relation to the effect on physical activity levels shows that some groups in the population have been disproportionately affected by the Covid-19 pandemic. These population groups include women, young people, disabled

people, those with a long-term health condition and those from a Black or Asian background (Leeds Beckett University, 2020; 2021).

- 8 Inequalities have widened and lifestyle habits have changed – leading to less active and more sedentary hours. The “Build Back Fairer Covid-19 Marmot Review” highlighted that there are pre-existing inequalities in levels of physical activity related to socioeconomic position and that more advantaged groups tend to have higher levels of physical activity. Adults in higher occupational groups increased their levels of physical activity more than adults in lower occupational grades. Supporting this, Sport England’s Active Life’s adult data (2020 -21) shows that inactivity levels are nearly double in the most deprived communities when compared to those of the most affluent in Leeds.

What impact will this proposal have?

- 9 Working together, Public Health and Active Leeds and supported by Parks and Countryside continue to drive forward the work for the Physical Activity Ambition for Leeds. A wider network of partners are involved throughout the governance structures and projects detailed below.
- 10 The aim of the programmes of work, in line with the new proposed vision, is to create a place where everyone moves more every day and where everyone has the opportunity to live, and benefit from living, a more active life. All partners recognise that the approach to decreasing inactivity levels is long-term, involving systemic change as well as seeking to harness the strength of individuals and their communities.
- 11 It is also acknowledged that a greater impact can be achieved in physical activity levels if the change occurs at a societal and environmental level and not just with the individual. This is the basis of our city-wide approach moving forward with all elements of this work under-pinned by a focus on reducing inequalities within the most disadvantaged populations and communities in the city. This can only be achieved by working across the system engaging a range of partners across not only physical activity and health but wider to influence system changes to make it easier for people to move more.

Physical Activity Governance

- 12 The Leeds Everyone Moving More Leadership Group (previously known as the Physical Activity Ambition Partnership Board) was established in August 2022 with the purpose to champion and influence change in line with the physical activity newly proposed vision: *Leeds is a place where everyone moves more every day.*
- 13 Representation is system-wide covering multiple Leeds City Council departments including Operations & Active Leeds, Public Health, Strategy & Policy, Planning and Sustainable Development, and Parks and Countryside as well as the Executive member for Public Health and Active lifestyle. External to the council representation comes from Healthwatch Leeds, Leeds Integrated Care Board, Sport England, Yorkshire Sport Foundation and the third sector.
- 14 This Leadership Group is independently chaired by Yorkshire Sport Foundation, which is a temporary role until the Group appoints an agreed chair. The purpose and principles of the group have been co-produced with the group which are as follows:
The members add value by:
 - **Providing strategic leadership & vision** to influence systematic changes that prioritise physical activity
 - **Promoting a culture of co-production** by developing collaborative values and behaviours, and ensuring that people are at the heart of decision making

- **Influencing policy & strategy** so that physical activity is a key enabler in the delivery of city-wide priorities: health and wellbeing, climate change and inclusive growth.
- **Addressing difficult issues** recognising our role in creating solutions and removing barriers that enable progress to be made

15 This Leadership Group is relatively newly formed, focusing initially on the overall vision for physical activity for the city, how physical activity cuts across all of Leeds city's priorities of reducing inequalities, improving health, economic and climate change outcomes and how current issues such as the cost-of-living crisis could affect people's physical activity levels now and in the future.

16 Meeting every 3 months, future conversations will focus on how physical activity is being embedding into policies and agendas across the system, taking deep dives into the physical activity priority projects to help progress them and uniting behind agreed priorities for the next year.

17 It has been previously documented that there are already a number of operational and steering groups established that support the physical activity governance which embed a vast range of partners both internal and external. These groups manage the programme of work within the Physical Activity Framework aligned to the physical activity vision. The Leadership Group supports these groups through the principles outlined above.

Physical Activity Vision

18 The ambition is for Leeds was previously 'to be the most active city in England'. This is now considered outdated and does not reflect the voice of the people of Leeds or the insight underpinning this programme of work.

19 The below new vision has been informed by the Get Set Leeds conversation, of which over 4500 responses were received and then academically analysed, the Covid-19 rapid reviews completed by Leeds Beckett University, insight from the Leeds Big Chat, LCC policies and strategies and insight from national campaigns and similar projects.

20 The revised vision for physical activity is '*Leeds is a place where everyone moves more every day*'. The 'Leeds Everyone Moving More Leadership Group' (previously known as the Physical Activity Ambition Partnership Board) will drive forward the work associated with delivering the physical activity vision for Leeds. The vision not only reflects the voice of the people of Leeds but is also a much better reflection of the Leeds Health and Wellbeing Strategy physical activity priority: 'Get More People, More Physically Active, More Often'.

Insight Driven Approach

21 As previously reported to this Scrutiny Board in February 2022, the development of the new Physical Activity Ambition began with a city-wide conversation called "Get Set Leeds". Get Set Leeds was a proactive engagement campaign which was the largest-ever study completed in Leeds around the importance of physical activity on the lives of over 4,500 residents. It gave people a chance to share ideas on what getting active meant to them and what might support them to move more. It focused on identifying assets, barriers, and co-producing solutions. A summary of the findings and key messages can be found here:

https://www.youtube.com/watch?v=N_LD9RxEia8

22 In response to the Covid-19 pandemic Leeds Beckett University was commissioned to undertake Rapid Literature Reviews from January 2021 to help understand the impact that

Covid-19 was having on physical activity and wider determinants known to impact on these levels. The Rapid Literature Reviews have been significant in helping focus where the physical activity ambition should prioritise workstreams, therefore Leeds Beckett University has continued to review literature to help shape and guide the work.

Physical Activity Framework and Priority Update

23 Based on guidance from the World Health Organisation Global Action Plan on Physical Activity 2018-2030, the Physical Activity Ambition has applied a framework of four objectives, which the city can work on collectively; these are shown in the table below.

24 **Table 2:** Leeds Physical Activity Ambition Framework

Active society	Active environment	Active people	Active systems
We will create a social norm where it is the easiest choice to be physically active every day.	We will work with people to understand the external drivers affecting their physical activity levels	We will work with identified target groups to create small changes to how capable they feel to be physically active every day and test new ways of working.	We will work in partnership to create a healthier place, a greener city and a stronger local economy.

25 Active Environments and Active People were selected as initial priorities for the Physical Activity Ambition. These priorities were originally agreed by the Physical Activity Ambition Steering Group, Health and Wellbeing Board in 2021 and Adults, Healthy and Active Lifestyles Scrutiny Board in 2022 based on the following criteria:

- can significantly impact on inequalities across the city.
- present genuine opportunities for cross-sector / cross-cutting co-production with communities and key stakeholders.
- emerge as key priorities from the Get Set Leeds Conversation and Covid-19 rapid review.
- aligned to city priorities - Inclusive Growth, Health and Wellbeing and Climate Change.
- areas where there is already momentum building, willingness to engage and a need to focus resource

26 In line with the Physical Activity Co-production Principles which has been defined as “*people coming together, sharing power, resources and responsibility, to bring about a collaborative change and collective learning*”, a scoping process was undertaken to develop the priority workstreams:

Phase 1 – scoping out existing work and identifying gaps / opportunities within the priorities of Reconditioning

Phase 2 – planning and preparation for co-production around these gaps / opportunities – agreeing approach for each focus area and developing resources / tools required to do the work

Phase 3 – begin co-production with partners and communities of interest

Phase 4 – co-produced action planning

Phase 5 – implementation of co-produced action plans with partners

27 Updates on the progress of the priority workstreams – Active People and Active Environments - within the Physical Activity Ambition are as follows:

Active People

- 28 **Children and Young People: Young Minds Get Active** – Priority work focusing on young people and mental health is being led in partnership across the Public Health Children and Families team, Active Leeds and networks of third-sector physical activity providers (supported by Street Games and Voluntary Action Leeds), and mental health specialists including MindMate Ambassadors and local schools.
- 29 As a result of working through the scoping process outlined above, a working group has been established and an action plan developed to refine and prioritise ways of achieving positive outcomes for young people in Leeds in relation to physical activity and mental health. As part of the engagement with young people within this process, the Youth Council put forward the name Young Minds Get Active for the workstream and working group.
- 30 A networking and learning event (Moving Together) was held in November 2022 which brought together 65 partners from across the physical activity and mental health provider sectors. This event generated key insights and a contact list of stakeholders with a strong interest in this work.
- 31 A communications project will be launched in March involving young people making their own videos about the physical activities they enjoy and how this benefits their mental wellbeing, for use in a social media campaign to promote updated physical activity information on the MindMate website, which will also be developed in consultation with young people.
- 32 The intended outcomes of this workstream are that:
- Young people in Leeds are aware of the benefits of physical activity for mental wellbeing – and feel motivated to act on this
 - Opportunities for young people to be physically active in Leeds are shared via well-established information platforms
 - The physical activity workforce (including third-sector organisations delivering physical activity opportunities) has a good knowledge of what support is available to support young people to manage their mental health, and feels able to navigate referral processes and information systems
 - The mental health workforce has a good knowledge of what physical activity opportunities there are for young people accessing their services, and signpost to these effectively
 - Physical activity opportunities are provided in a way that is inclusive, with consideration for the impact of weight stigma, promoting culturally sensitive offers, taking a trauma-informed approach, and (if appropriate), using anxiety management/mindfulness approaches to enable participation.
 - Physical activity is effectively incorporated into the therapeutic offer for children and young people experiencing mental health issues or who are seeking support for social, emotional and mental health needs.
- 33 Aspects of this workstream are also indicated in the Future in Mind Prevention workplan.
- 34 **Children and Young People: Play** – Play Sufficiency is an ongoing process of research and action to assess, improve and protect children’s opportunities for play.

- 35 Leeds is proud to be leading the way by being the first city in England to work through a full Play Sufficiency Assessment. The research element has been led by Active Leeds, working with Fall into Place, Public Health and Child Friendly Leeds. Play consultants Ludicology have been commissioned to guide Active Leeds through this journey, funded through the Sport England supported project Get Set Leeds Local (GSL). Ludicology have provided advice, research, training and mentoring to the Play Sufficiency Implementation Team, alongside delivering 3 CPD sessions to a wider partnership made up of cross directorate colleagues.
- 36 Over 50 hours has been spent listening to children and young people in Leeds, through the lens of the time, space and permissions they feel they get to play. Time has been spent with groups of children from across seven primary schools, 1 Specialist Inclusive Learning Centre, 1 Pupil Referral Unit and a Year 9 group. Alongside this collection of rich data, the research has also included parent/carer focus groups; a Year 5 survey, a Year 9 survey and a parent/carer survey and focus groups with front line practitioners.
- 37 Following 2 events where the findings of the research was shared, over January and February 2023 Cross Directorate Council colleagues are contributing further to the Play Sufficiency Assessment via focus groups before coming together as a partnership to further action plan.
- 38 **Ageing Well** – A Rapid Health Needs Assessment showed that inactivity levels have risen during the Covid-19 pandemic for those aged 65years and above. In particular strength & balance activity was reported to have decreased which modelling predicts that 110,000 more older people are projected to have at least one fall per year as a result (OHID, 2021).
- 39 Working in partnership with Active Leeds, Public Health Healthy Living and Older Peoples team, along with the Health Partnerships Team, a campaign is now in development. The campaign will focus on strength for people aged 40years upwards and/or living with frailty or a long-term condition. Research reviews with Leeds Beckett University (2021; 2022) has advised that the target audience should be lowered to 40years as research shows muscular degeneration can happen at an earlier age than previously thought without strength-based exercises. Engaging in the above is to ensure that prevention is encouraged to reduce the risk in later years with falls and frailty and aide older people to longer in healthy life years. This is due to be launched at the start of February 2023.
- 40 Following the review into the Active Life Programme (with over 600 respondents) an action plan is now in place which aims to improve the offer and experience for older people across the leisure centres. Working with the community and leisure centre managers more sessions have been identified and tailored to their needs, extending and improving the current offer available. Communications was a key area identified within the consultation which has now lead to improved newsletters, noticeboards and webpages. Four venues have been identified to become Age Friendly venues and working alongside the Older Peoples Forum, Active Leeds will co-create actions plans to work towards. There are also now 6 Age Friendly Ambassadors recruited across Active Leeds.

Active Environments

- 41 **Get Set Leeds Local** – This is Sport England funded project working currently in four of the priority localities Seacroft, New Wortley and Beeston and Holbeck developing co-production networks and an ABCD asset-based approach. This project has now been extended into an additional fourth year and the project team has recently submitted a funding bid to extend this into a fifth and sixth year with continued funding from Sport England (we await a decision in March 2023).
- 42 Through this way of working a number of community-based ideas and projects have been delivered, and have now reached their one-year anniversary:

- Recovery Runners – Supporting residents through addiction with running and walking, the group regularly engage 60 residents a week, taking referrals from Spacious Places

and the Growing Rooms residential support centres – marked the anniversary with a community event, foodbank campaign and sports kit exchange.

- Leeds Valkyries – a ladies community basketball project – supporting residents to get active in Beeston using Basketball and movement. [South Leeds Valkyries - YouTube](#)
- Parkroll – Community resident led ‘Roller Skating’ project which happens each Saturday for young people and adults [Cross Flatts - Saturday Park Roll - YouTube](#)
- Community Cycling Hubs – Cycling Hub’s positioned in Get Set Leeds Local localities which are teaching residents to ride bicycles for leisure and travel as well as upskilling residents to maintain bikes and increasing the confidence and capability of individuals.
- Active Through Football – The project has developed 21 projects in Get Set Leeds Local areas which are community led, working with inactive sedentary residents. The project has employed a local workforce of coaches and activators with over 200 residents active per week. This is a co- produced project between Leeds Utd Foundation, Active Leeds, Holbeck Together, Slung Low, Hamara, Yorkshire Sport Foundation and West Riding FA.

43 The Get Set Leeds Local project remains resilient and flexible to meet the current needs of the community. In 2020 the project responded accordingly to the Covid-19 pandemic and is currently responding to the developing needs which rise with the cost-of-living crisis. For example, through ongoing conversations with residents, one of the key barriers that has been identified is access to sportswear and footwear therefore the project team have worked to co-create solutions with local partners.

- Together for Sport – Working with Zero Waste Leeds to co-produce a project that gets unused sportswear and footwear to residents to address the barrier of expensive kit, also supports the waste reduction strategy – 100s of items of clothing and footwear have been donated – a sharing system has been built.
- Action for Sport – We have influenced and are working with Action For Sport - where we have supported a range of community organisations with access to sports kit – Seacroft Eagles have received a large donation of winter fleeces this winter to ensure residents can stay active this winter.

44 **DfT Active Travel Social Prescribing Project** - Active Leeds, Public Health, Leeds Integrated Care Board and partners have been successful in securing funding from the Department of Transport (DfT) for a 3 year revenue project (£1.3 million across 2022 - 2025) to implement an Active Travel Social Prescribing project in the Burmantofts, Harehills and Richmond Hill (Primary Care Network) area of the city. The project aims to increase physical activity levels through prescribing walking and cycling in primary and secondary care. Links between infrastructure development (existing and new) will also support a modal shift towards more Active Travel.

45 The project is currently in the mobilisation stage with governance structures established. The project will be based on an approach of community and partner engagement, centred around 7 interventions:

- Communication – conversations, access to trusted information, Walk It Ride It campaign and assets
- Physical and Social Environment - to create safe, clean and traffic free spaces
- Urban trails – co-design, use of way marking, route planning, access to toilets and places to rest

- First steps to walking - community chest pot to strengthen the role of our community partners in providing walking/cycling activities, access to kit, buddy programme
- Learn to ride – community activation, continuing our work with providers, a family approach
- Bike libraries/hubs – accessing existing resources, for example, Inner East cycle hubs
- Bike loan - establishing accessible, affordable options for active travel to employment and skills opportunities

This project will be seeking to consider how best it can scale up this work across the city and develop a legacy for communities across Leeds.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

46 Embedding physical activity into everyday life provides a unique opportunity to contribute to the three city strategic pillars of Inclusive Growth, Health and Wellbeing and Zero Carbon. This work also aligns with other key strategies such as Mental Health Strategy, Transport Strategy and developing the Local Plan.

47 There is good evidence that the benefits of increasing physical activity are wide ranging including impact on employment and employability, promoting engagement and civic trust and reducing isolation. It is also clear that by increasing the amount of people actively traveling into and across Leeds will also contribute to reducing carbon emissions and help reach the city's zero carbon target. Realising the ambition to increase levels of physical activity has the potential to contribute to a healthier place, a greener city and a stronger local economy.

48 The priorities identified and agreed contribute positively towards the three pillars by:

- Health and Wellbeing Strategy:

Priority six: Get More People, More Physically Active, More Often'. The physical activity vision is aligned to this priority and therefore the programme of work also.

Priority one: A child friendly city and the best start in life – Children and Young People targeted work

Priority two: An age friendly city where people age well – Older Adults targeted work

Priority three: Strong, engaged and well-connected communities – Get Set Leeds Local Project

Priority eight: A stronger focus on prevention – through campaigns across the life course

Priority nine: Support self-care, with more people managing their own conditions – Active Life programme offer

Priority ten: Promote mental and physical health equally – Young Minds Get Active project

Priority eleven: A valued, well trained and supported workforce – actions identified within Ageing Well and Young Minds Get Active to upskill and support workforce and ambassadors.

- Zero Carbon: DfT Active Travel Social Prescribing Project which aims to increase active travel opportunities
- Inclusive Growth Strategy: Ageing Well – the strengthening campaign targets those with frailty which is one of the indicators used within the Social Progress Index. The improvements made towards the Active Life programme will also contribute to this indicator.

What consultation and engagement has taken place?

- 49 The Physical Activity Ambition approach to reducing inactivity aims to connect work that is taking place at a city-wide level with a more in-depth engagement across the life course with priority neighbourhoods / communities and under-represented groups.
- 50 The Physical Activity Ambition benefits from clear and effective management and robust governance which ensures engagement at all levels continues. The involvement of a wide range of senior leaders through the Leadership Group benefits the programme of work towards the vision of Leeds is a place where everyone moves more every day.
- 51 The ongoing conversation started continues to engage people across Leeds into the co-production of physical activity through focus groups and community panels and attending community committee sessions. Working with communities and co-producing is at the heart of everything the service does as well as building partnerships as highlighted earlier in the report.
- 52 The physical activity co-production principles toolkit was established to ensure working with people is embedded into the ethos of this work. These guiding principles encourage all areas of the project to work towards an improved standard of co-producing. For example:
- Local engagement and working with the council communities team and residents and community chest funding (as part of Get Set Leeds Local) has seen the establishment of community level projects co-produced with partners and residents. Some of these successes are mentioned earlier in this report.
 - As part of the DfT Magpie Creative are leading the engagement work with our social prescribing teams and clinical pathway leads and in January will start talking to residents and the wider community.
 - Through the Play work – over 50 hours of consultation with young people has been completed feeding directly in the research
 - Engagement and co-production is embedded into the scoping process taken when working through any of the priorities agreed in the PA Ambition work.

Wards affected:		
Have ward members been consulted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

What are the resource implications?

- 53 Public Health, Active Leeds, Health Partnerships, Parks and Countryside, Planning and Transport colleagues all collaborate and lead the project along with contributions from partners in the Place Based Partnership, Sport Leeds Board, Leeds Beckett University, and the Third Sector. The Council is keen to ensure all agencies across the city focus on working together as a city to make sustained and noticeable improvements to physical activity levels in the city.

- 54 Locality working is resource intensive, however, long-term investment in some of the 1% areas has built reciprocal, trusting and sustainable relationships which has underpinned successes. This has been successful by engaging flexibly and responsively with both residents and external organisations in these priority localities. In-depth engagement in advance of projects starting has been helpful as well as having in-depth knowledge of the assets available.
- 55 The social return on investment from increasing the numbers of people being more physically active is significant for the city including social, economic, physical and mental health benefits. Every £1 spent on community sport and physical activity generates nearly £4 for the economy and society based upon the findings of a recent study by Sheffield Hallam University.
- 56 The Physical Activity Ambition work is funded through time limited grants and for this programme of work to achieve long term behavioural change consideration needs to be given to the sustainability of the resources to fully realise the benefits.

What are the key risks and how are they being managed?

- 57 The programme of work is currently reliant upon short-term funding to complete silo-projects. Services are working jointly to ensure the long-term gains are made towards inactivity levels and surrounding health, economic and zero carbon benefits, longer-term funding would be beneficial to ensure progress is maintained.
- 58 The programme of work is driven by LCC staff across numerous teams and directorates. In order for the vision to be realised this must remain a priority for those teams and within strategic policies. The Leeds Everyone Moving More Leadership Group is now in place and can support and influence this for the future.

What are the legal implications?

- 59 There are no legal implications arising from this report

Options, timescales and measuring success

What other options were considered?

- 60 None.

How will success be measured?

- 61 The Physical Activity Ambition has a monitoring and evaluation framework that has been created in partnership with academic and evaluation partners. It includes a range of indicators developed and baselined to measure progress at both a systems and intervention level. This is annually reviewed.
- 62 On a project level there are monitoring and evaluation frameworks in place (in development for the DfT project) which are linked to the PA Ambition framework and provide more specific detail for those projects.
- 63 Physical activity will also continue to measure activity levels through the active lives survey, which is the indicator used within the Health and Wellbeing Strategy. This allows Leeds to be compared nationally for activity levels. Other supporting indicators are used through the Public Health Framework such as active travel measurement.
- 64 Active Leeds has service specific key performance indicators such as membership new joiners, membership yields, course programme utilisation, activity and participation figures, expenditure and income, staffing levels, social value indications and equality and diversity targets etc.

What is the timetable and who will be responsible for implementation?

65 In order to have significant impact on inactivity levels across Leeds a long-term commitment to the vision: Leeds is a place where everyone moves more every day is required. The Physical Activity Ambition is driven by Active Leeds and Public Health but relies on a partnership working together much wider than this where everyone recognised that physical activity is everyone's business. This is supported by the governance structures surrounding the programme of work.

Appendices

- None

Background papers

- None

2022/23 End of Year Scrutiny Board Statement

Date: 21st March 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

Article 6 of Leeds City Council's Constitution states that the Head of Democratic Services, as designated Scrutiny Officer, will provide an annual report to Council setting out how the authority has carried out its overview and scrutiny functions during the preceding twelve-month period. As such this year's Annual Report will collate highlights of the work of all five Scrutiny Boards over 2022/23.

To complement the Annual Report, each Scrutiny Board also produces an end of year statement. This provides details of the full work programme for each Scrutiny Board for the last municipal year, with links to the associated agenda packs, minutes and webcast recordings. The document also includes a statement from the relevant Scrutiny Chair reflecting on the key priorities for the Scrutiny Board over the last year.

The 2022/23 summary for the Scrutiny Board (Adults, Health and Active Lifestyles) is appended to this report. Once it has been approved by members it will be published on the Council's website.

Recommendations

- a) Members are asked to note the appended 2022/23 end of year statement for the Scrutiny Board (Adults, Health and Active Lifestyles) and, subject to any agreed amendments, approve its publication.

What is this report about?

- 1 The appended report summarises the 2022/23 work programme for the Scrutiny Board (Adults, Health and Active Lifestyles), providing links to the associated agenda packs, minutes and webcasts. It also includes a statement from the Scrutiny Chair, which highlights the issues that have been priorities for the Scrutiny Board over the last municipal year.

What impact will this proposal have?

- 2 It is intended that the detail in the appended summary will complement the Annual Report to Council, which will bring together highlights from all five Scrutiny Boards during 2022/23.
- 3 The appended statement illustrates how the Scrutiny Board (Adults, Health and Active Lifestyles) has operated within its Terms of Reference and in the context of the [Vision for Scrutiny](#) to add value to the organisation.
- 4 Items reflected in the work programme illustrate how the Scrutiny Board has assisted with the development of the Budget and Policy Framework, monitored progress against key performance indicators, analysed proposed Council policy, and provided 'critical friend' challenge to decision makers. The work programme further reflects engagement with Executive Members, senior Leeds City Council officers and representatives from partner organisations.
- 5 Where the Scrutiny Board (Adults, Health and Active Lifestyles) has made recommendations to the Executive Board, Council and/or other committees these can be accessed via the links included in the schedule. In line with the requirements of the Budget and Policy Framework, this has included a contribution to the composite Scrutiny Statement on the Budget, as provided to Executive Board in February 2023.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 6 All Scrutiny Boards aim to ensure that they add value through engagement in programmes of activity that reflect the three pillars of the Best City Ambition. Within this context the appended report sets out the items of business conducted by the Scrutiny Board (Adults, Health and Active Lifestyles).

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

- 7 During 2022/23 the Scrutiny Board (Adults, Health and Active Lifestyles) has aimed to add value through a member led process of examination and review, involving engagement with a range of stakeholders. The nature of such engagement has varied depending upon the issue under consideration – full details are available via the links in the appended statement.

What are the resource implications?

- 8 There are no resource implications associated with this report.

What are the key risks and how are they being managed?

9 The appended report provides a summary of work already undertaken and therefore presents no risks that require management.

What are the legal implications?

10 There are no legal implications associated with this report.

Options, timescales and measuring success

What other options were considered?

11 It has previously been agreed with Scrutiny Chairs that an end of year statement will be produced for individual Scrutiny Boards to complement the publication of the Annual Report to Council.

How will success be measured?

12 The appended report summarises the activity of the Scrutiny Board during 2022/23.

What is the timetable and who will be responsible for implementation?

13 All five Scrutiny Boards will be asked to approve their respective end of year statements at the final public meetings of the 2022/23 municipal year.

14 Once the five statements have been approved, they will be published on the [Leeds City Council website](#).

Appendices

- End of Year Statement – Scrutiny Board (Adults, Health and Active Lifestyles)

Background papers

- None

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Scrutiny Board (Adults, Health & Active Lifestyles)

Year End Summary: 2022/23



Scrutiny at Leeds City Council



Purpose

Scrutiny is nationally recognised as an integral part of the improvement landscape for local government and forms part of governance arrangements for councils and some other local statutory bodies.

Terms of Reference

The Terms of Reference that are applied to all Scrutiny Boards are set out in Leeds City Council's Constitution. The variations in the Scrutiny Boards' remits, together with any special responsibilities, are captured within Article 6 of the Constitution.

Article 6 also sets out the Council's agreed 'Vision for Scrutiny'.

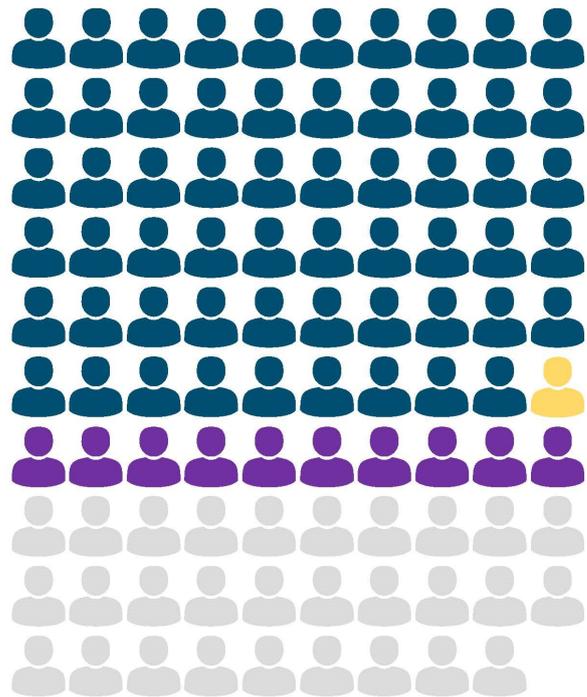
Transparency & Accountability

Scrutiny Boards usually meet in public, holding key decision makers to account, as well as providing 'critical friend' challenge and support for public service improvement and policy development.

Membership

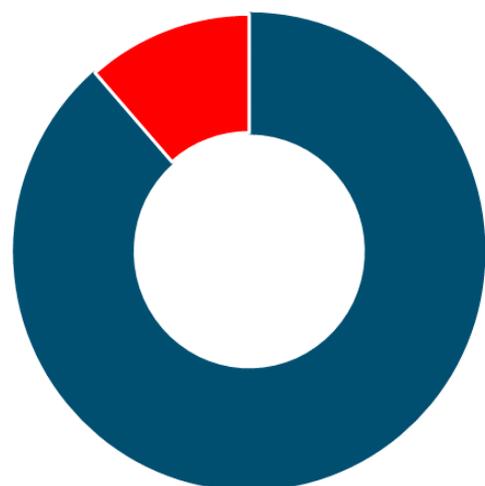
Membership of all Scrutiny Boards broadly reflects the political balance of the Council and cannot include members of the Council's Executive.

There is provision for Scrutiny Boards to appoint additional Co-opted Members.



Councillors who are members of a Scrutiny Board

Scrutiny Board Membership



■ LCC Councillor ■ Co-Opted

Adults, Health & Active Lifestyles Scrutiny Board 2022/23



Cllr Caroline Anderson



Cllr Sharon Burke



Cllr Luke Farley



Cllr James Gibson



Cllr Norma Harrington



Cllr Conrad Hart-Brooke



Cllr Mohammed Iqbal



Cllr Wyn Kidger



Cllr Abigail Marshall-Katung



Cllr Eileen Taylor



Cllr Eleanor Thomson



Dr John Beal
(co-opted member)

Adults, Health & Active Lifestyles Scrutiny Board

Focusing on services for adults and public health services to monitor progress towards improving health, lifestyles and quality of care across the city; and providing oversight of integration and partnership working within and between the council and health bodies. The Board will also oversee the active lifestyle related functions and activity across the city.

Completed Work Schedule for the 2022/23 Municipal Year

Each Scrutiny Board schedules eight formal meetings throughout the course of a municipal year. The Local Government Act 1972 requires formal meetings to be held in person to enable members of the public to be admitted as observers wherever the meeting is being held. To further promote access and engagement, formal meetings are also webcast.

In addition, the Scrutiny Board may choose to carry out additional work using alternative methods including site visits, working groups and remote consultative meetings (consultative sessions do not constitute formal meetings but do enable public access via a webcast).

The completed work schedule of the Scrutiny Board (Adults, Health & Active Lifestyles) for the 2022/23 municipal year has been provided as part of this summary. This presents an overview of all meetings held throughout the year and the work items considered at each meeting. The work schedule also includes links to the agenda papers, minutes and webcast recordings of the Scrutiny Board's publicly accessible meetings.



Adults, Health and Active Lifestyles Scrutiny Board

Statement from the Chair



“It remains a privilege to Chair this Scrutiny Board as we focus on issues that are fundamental to the health and care needs of Leeds residents.

The Health and Care Act 2022 led to Integrated Care Boards (ICBs) taking on the commissioning responsibilities of Clinical Commissioning Groups from 1st July 2022, as well as being tasked with leading the integration of health and care services across their area.

Following the extensive work that was undertaken by the Scrutiny Board last year around the evolving local ICB arrangements, we welcomed the opportunity at our October 2022 meeting to hear directly from the appointed Chair of the Leeds Committee of the West Yorkshire ICB and the ICB Accountable Officer (Leeds Place). We were particularly pleased to learn how these new arrangements have led to greater partnership representation from the council and third sector and a distributed leadership model, as well as reinforcing patient and public opinion at the heart of decision making. We also considered the key priority areas of the ICB in Leeds in terms of helping to make the biggest impact on improving health outcomes and people's experiences, as well as reducing inequalities.

We further explored how such priorities are being reflected in established and developing strategies, such as the Healthy Leeds Plan and West Yorkshire Partnership Strategy, and also gave our direct input into the refresh of the Leeds Health and Wellbeing Strategy.

The Board also gave particular attention to the current challenges relating to the health and care workforce and how partners are working together to understand and prioritise strategic actions required to strengthen the health and care workforce across Leeds. Such work is primarily planned and coordinated through the Leeds Health and Care Academy and therefore we explored this in more detail with the Academy Director during our January 2023 meeting.

Improving oral health and access to NHS dentistry has remained a priority for the Board this year too, as well as for the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC), which I also Chair. We again sought views from relevant commissioners, providers, practitioners and patients around the need and opportunities for tackling existing barriers and gave a commitment to continue this work in the new municipal year, particularly in view of the commissioning responsibilities for dentistry transferring to the West Yorkshire ICB in April 2023.

Having also covered other equally valuable areas of work this year, I am very grateful to the officers, Executive Members and all partners for their ongoing support to the work of the Scrutiny Board. I would also like to thank my fellow Board Members for their ongoing passion and commitment to the important issues that are addressed by this particular Scrutiny Board.

Councillor Abigail Marshall-Katung
Scrutiny Chair



Adults, Health and Active Lifestyles Scrutiny Board Work Schedule 2022/23

June	July	September
<u>Meeting Agenda for 21/06/22 at 1.30 pm.</u>	<u>Meeting Agenda for 19/07/22 at 1.30 pm.</u>	<u>Meeting Agenda for 20/09/22 at 1.30 pm.</u>
Scrutiny Board Terms of Reference and Sources of Work Performance Update	**CONSULTATIVE MEETING** Maternal health provision in Leeds Visiting policies and patient advocacy within local healthcare settings and care homes	Leeds Stroke Services Vision and Priorities - update Community neurological rehabilitation service – update Elective Care Hub Proposals and Draft Response Local Authority Health Scrutiny Update
Additional Sessions		

October	November	December
<u>Meeting Agenda for 18/10/22 at 1.30 pm.</u>	<u>Meeting Agenda for 22/11/22 at 1.30 pm.</u>	
Local ICB Arrangements - Update Leeds Health and Wellbeing Strategy Refresh Marmot City progress update	Access to local NHS Dentistry Leeds Health and Care System Resilience and Winter Planning	
Additional Sessions		
		Working Group: Initial Budget Proposals 2023/24 14 December 2022



Adults, Health and Active Lifestyles Scrutiny Board Work Schedule 2022/23

January	February	March
<u>Meeting Agenda for 17/01/23 at 1.30 pm.</u>	<u>Meeting Agenda for 21/02/23 at 1.30 pm.</u>	<u>Meeting Agenda for 21/03/23 at 1.30 pm.</u>
Performance report Financial Health Monitoring 2023/24 Initial Budget Proposals Best City Ambition – Update Health and Care Workforce Strategic Approach	Leeds Safeguarding Adults Board Progress Report Review of out of hours bereavement arrangements at Leeds Teaching Hospitals NHS Trust	Leeds Committee of the West Yorkshire ICB - Update Leeds Health and Wellbeing Strategy Refresh Physical Activity Ambition End of Year Summary Statement
Additional Sessions		
		Working Group: Leeds Mental Health Strategy (2020-2025) 9 th March 2023

More information about Leeds City Council's Scrutiny Service, along with the activity and membership of individual Scrutiny Boards, can be found on the Council's committee webpages.

You can also follow @ScrutinyLeeds on twitter.



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Work Schedule

Date: 21st March 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- Today's meeting is expected to be the final formal public meeting of the Adults, Health and Active Lifestyles Scrutiny Board for this municipal year. As such, a draft work schedule of the successor Scrutiny Board for the 2023/24 municipal year has been appended to this report for Members' consideration. This includes preliminary future meeting dates and reflects known items of scrutiny activity, such as performance and budget monitoring, as well as other identified areas of work that the Board has already recommended for the successor Scrutiny Board to pursue in the new municipal year.
- On 9th March 2023, the Scrutiny Board held a working group meeting to consider the current position surrounding the delivery of the Leeds Mental Health Strategy (2020-2025), with a view to also identifying key areas that would potentially benefit from more focused scrutiny work during the next municipal year. A summary of the main issues arising from the working group's discussion, including proposed recommendations, will be shared with Board Members in readiness for today's meeting so that the content and proposed recommendations can be formally ratified by the full Scrutiny Board.

Recommendations

Members are requested to:

- a) Consider the draft work schedule of the successor Scrutiny Board for the 2023/24 municipal year.
- b) Consider the summary of main issues arising from the Scrutiny Board's working group meeting on 9th March 2023, including proposed recommendations, for formal ratification.

What is this report about?

1. Scrutiny Boards are subject to an annual review and appointment process as part of the overall governance arrangements presented and agreed by Council at its Annual General Meeting.
2. Scrutiny Boards have tended to adopt different approaches to planning for the new municipal year and providing a 'handover' of issues to be considered by the appropriate and newly constituted Scrutiny Board. Linked to this, a draft work schedule of the successor Scrutiny Board for the 2023/24 municipal year has been provided for Members' consideration (see Appendix 1). This includes preliminary future meeting dates (these remain subject to confirmation following the Annual General Meeting in May 2023) and reflects known items of scrutiny activity, such as performance and budget monitoring, as well as other identified areas of work that the Board has already recommended for the successor Scrutiny Board to pursue in the new municipal year.
3. In agreeing to recommend any specific matters for consideration by the successor Scrutiny Board, members should recognise the future work schedule will:
 - Become the responsibility of a successor Scrutiny Board (subject to the arrangements agreed by Council in May 2023).
 - Remain flexible and adaptable to reflect any new and emerging issues or changing priorities identified in the new municipal year.
 - Need to reflect any timetabling issues that might occur from time to time.
4. Nonetheless, setting out proposed meeting dates and a draft work schedule for the new municipal year will provide a foundation that will not only help with the initial planning for next year's Scrutiny Board, it also has the potential to help with planning the work programme in the longer-term.

Scrutiny working group meeting on the Leeds Mental Health Strategy 2020-2025

5. Being a mentally healthy city for everyone is a vision set out in the Leeds Health and Wellbeing Strategy. To achieve this vision, a Leeds Mental Health Strategy (2020-2025) was developed.
6. The Adults, Health and Active Lifestyles Scrutiny Board agreed to hold a working group meeting to consider the current position surrounding the delivery of the Leeds Mental Health Strategy (2020-2025), with a view to also identifying key areas that would potentially benefit from more focused scrutiny work during the next municipal year. This meeting was held on 9th March 2023 and involved input from a range of health and care partner representatives who provided an update on the Strategy and shared their views around suggested areas for further Scrutiny.
7. A summary of the main issues arising from the working group's discussion, including proposed recommendations, will be shared with Board Members in readiness for today's meeting so that the content and proposed recommendations can be formally ratified by the full Scrutiny Board.

What impact will this proposal have?

8. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

9. The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the Best City Ambition.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

10. To enable Scrutiny to focus on strategic areas of priority, it is recognised that each Scrutiny Board needs to maintain dialogue with the Directors and Executive Board Members holding the relevant portfolios. The Vision for Scrutiny also states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources prior to agreeing items of work.

What are the resource implications?

11. Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.
12. The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met.
13. Consequently, when establishing their work programmes Scrutiny Boards should:
- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
 - Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

What are the key risks and how are they being managed?

14. There are no risk management implications relevant to this report.

What are the legal implications?

15. This report has no specific legal implications.

Appendices

- Appendix 1 – Draft work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2023/24 municipal year.
- Appendix 2 (to follow) – Adults, Health and Active Lifestyles Scrutiny Board. Leeds Mental Health Strategy 2020-2025 - Working Group Summary (March 2023).

Background papers

- None.

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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

June 2023	July 2023	August 2023
Meeting Agenda for 13/06/23 at 1.30 pm.	Meeting Agenda for 11/07/23 at 1.30 pm.	No Scrutiny Board meeting scheduled
Co-opted Members (DB) Scrutiny Board Terms of Reference (DB) Potential Sources of Work (DB) Performance Update (PM)	Access to local NHS Dental Services – Update (PSR) Leeds Mental Health Strategy – general update and draft scope for Scrutiny Inquiry.	
Working Group Meetings		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

September 2023	October 2023	November 2023
Meeting Agenda for 12/09/23 at 1.30 pm.	Meeting Agenda for 10/10/23 at 1.30 pm.	Meeting Agenda for 07/11/23 at 1.30 pm.
	Leeds Health and Care System Resilience and Winter Planning (PSR)	Leeds Safeguarding Adults Board Progress Report (PSR)
Working Group Meetings		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

December 2024	January 2024	February 2024
No Scrutiny Board meeting scheduled	Meeting Agenda for 16/01/24 at 1.30 pm.	Meeting Agenda for 13/02/24 at 1.30 pm.
	Performance report (PM) Financial Health Monitoring (PSR) 2024/25 Initial Budget Proposals (PDS) Best City Ambition – Update (PDS)	
Working Group Meetings		
2024/25 Initial Budget Proposals (PDS) – <i>date to be confirmed</i>		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

Page 100

March 2024	April 2024	May 2024
Meeting Agenda for 12/03/24 at 1.30 pm.	No Scrutiny Board meeting scheduled	No Scrutiny Board meeting scheduled
End of year statement		
Working Group Meetings		
Site Visits/Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response