Public Document Pack

HEALTH AND WELLBEING BOARD

Meeting to be held in Leeds City Museum (The Thoresby Room) - Millennium Square, Leeds LS2 8BH on
Thursday, 21st March, 2024 at 1.00 pm

MEMBERSHIP

Councillors

S Arif
S Golton
C Anderson
J Dowson
F Venner (Chair)

Leeds Committee of the West Yorkshire Integrated Care Board
Tim Ryley - Place Based Lead, Leeds Health & Care Partnership
Jenny Cooke - Director of Population Health Planning

Directors of Leeds City Council
Victoria Eaton – Director of Public Health
Caroline Baria – Interim Director of Adults and Health
Julie Longworth – Interim Director of Children and Families

Representative of NHS (England)
Anthony Kealy – Locality Director, NHS England North (Yorkshire & Humber)

Third Sector Joint Representative
Corrina Lawrence – Chief Executive, Feel Good Factor
Helen Hart – Chief Executive, BARCA

Representative of Local Health Watch Organisation
Jonathan Phillips – Co-Chair, Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Phil Wood - Leeds Teaching Hospitals NHS Trust
Sam Prince - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative
Paul Money - Chief Officer, Safer Leeds
Superintendent Dan Wood – West Yorkshire Police

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Wider Determinants of Health – Partnership Working Representative
James Rogers - Director of Communities, Housing and Environment

Leeds Committee of the West Yorkshire Integrated Care Board
Rebecca Charlwood - Independent Chair

Clinicians Joint Representative
Jason Broch, Chief Clinical Information Officer
Sarah Forbes Chief Clinical Information Officer

Representative of Communities of Interest
Pip Goff - Director, Volition

Agenda complied by: Toby Russell
Governance Services: 0113 3786980

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			WELCOME AND INTRODUCTIONS	
2			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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:- **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:-	

4			**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)	
5			**DECLARATION OF INTERESTS** To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
7			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
8			**MINUTES** To approve the minutes of the previous Health and Wellbeing Board meeting held on the 9th of November 2023 as a correct record.	7 - 20
9			**FAIRER LEEDS (LEEDS MARMOT CITY PROGRAMME): YEAR ONE UPDATE REPORT INCLUDING FINDINGS AND RECOMMENDATIONS FROM THE INSTITUTE OF HEALTH EQUITY WHOLE-SYSTEM REVIEW** The report of the Director of Public Health provides an update on the Marmot - Fairer Leeds programme at the end of Year one.	21 - 62

10			**PROGRESS OF THE LEEDS AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITIES AND ALTERNATIVE PROVISION PARTNERSHIP BOARD** The report of the Leeds area SEND and AP Partnership Board provides and update on the newly re-established Leeds area SEND and AP Partnership Board which brings together local partners with a shared aim.	63 - 88
11			**LEEDS SUICIDE PREVENTION ACTION PLAN (2024-27) AND LEEDS SUICIDE AUDIT (2019-21)** The report of the Director of Public Health/Leeds Strategic Suicide Prevention Board outlines the development of the Leeds Suicide Prevention Action plan - overseen by the Leeds Strategic Suicide Prevention Group with support from the Suicide Prevention Network which demonstrates the strategic and collaborative approach.	89 - 126
12			**HEALTH PROTECTION BOARD REPORT** The report of the Health Protection Board provides an overview of the progress made of the Health Protection System for 2023. This report provides the Board with an outline of the fifth report of the Leeds Health Protection Board since it was established in June 2014.	127 - 162
13			**PHARMACY PROVISION IN LEEDS** The report of the Chief Officer, Consultant/Public Health provides an update about the current position of the Health and Wellbeing Board in relation to its role in pharmacy provision.	163 - 172
14			**DATE AND TIME OF NEXT MEETING** To note the date and time of the next meeting as Tuesday the 23rd of July 2024 at 9:00am.	

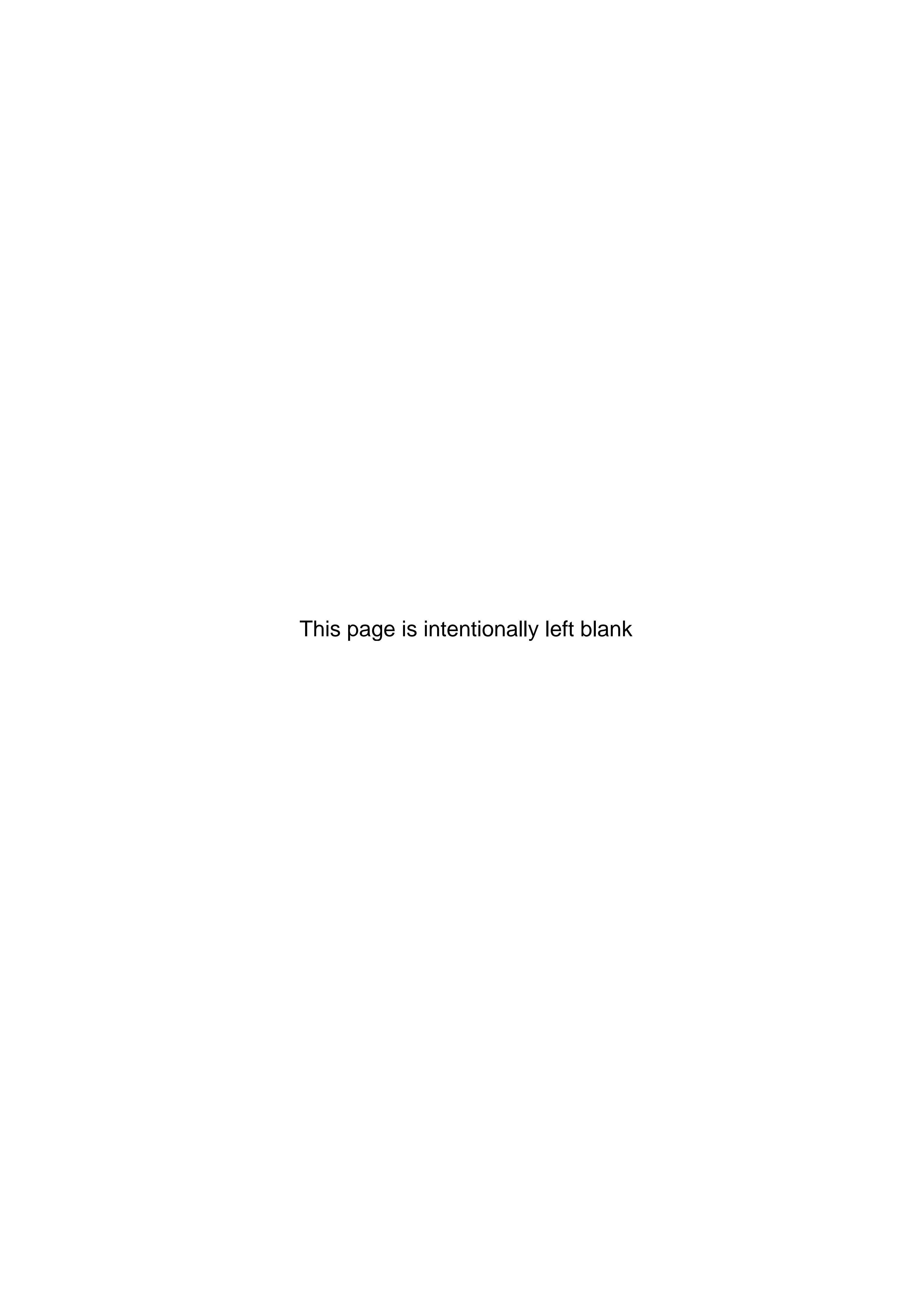
Third Party Recording

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 named 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.

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.


This page is intentionally left blank

HEALTH AND WELLBEING BOARD

THURSDAY, 9TH NOVEMBER, 2023

PRESENT: Councillor F Venner in the Chair

Councillors C Anderson, S Arif, J Dowson

Directors of Leeds City Council
Victoria Eaton – Director of Public Health
Caroline Baria – Director of Adults and Health

Representative of NHS (England)
Anthony Kealy – Locality Director, NHS England North (Yorkshire & Humber)

Third Sector Joint Representative
Corrina Lawrence – Chief Executive, Feel Good Factor

Representative of Local Health Watch Organisation
Hannah Davies – Chief Executive, Healthwatch Leeds

Representatives of NHS providers
Alison Kenyon – Associate Director of Leeds and York Partnership NHS Foundation Trust

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Wider Determinants of Health – Partnership Working Representative
Mandy Sawyer - Head of Housing & Neighbourhood Services Communities, Housing & Environment

Clinicians Joint Representative
Jason Broch, Chief Clinical Information Officer

Representative of Communities of Interest
Jo Volpe - CEO at Leeds Older People's Forum

18 Welcome and introductions

The Chair provided updates on the following key events:
The Lord Mayor had been advocating for the Public Health vaccine campaign through social media as part of the health systems push to get people vaccinated for flu and Covid-19.

The Leeds Asset Based Community Development, a partnership between the council and third sector organisations, to shift power back to the public, had recently celebrated its 10th anniversary.

£7.9 million of funding had been secured for five successful schemes through Active Travel across the district, to be implemented by March 2025.

The Board had held a workshop which covered the climate emergency and carbon reduction, and solar power infrastructure had been installed by Leeds Teaching Hospital's Trust (LTHT) which will reduce the Trust's dependence on conventional energy sources and reduce their carbon footprint.

It was Trustee week, a time to celebrate volunteers and relevant community-based organisations.

Remembrance Sunday on the 12th of November will include a parade in Leeds, to be led by the Lord Mayor.

19 Appeals against refusal of inspection of documents

There were no appeals against the refusal of inspection of documents.

20 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

21 Late Items

There were no formal late items.

22 Declaration of Interests

No declarations of interest were made.

23 Apologies for Absence

Apologies for absence had been received from Cllr Stewart Golton, Tim Ryley, Jenny Cooke, Dr Phil Wood, Paul Money, Superintendent Dan Wood, Sarah Forbes, Sam Prince, Helen Hart, Rebecca Charlwood, Julie Longworth, Sara Munro, James Rogers and Pip Goff, with Jo Volpe substituting for Pip Goff, Alison Kenyon for Sara Munro Mandy Sawyer for James Rogers.

The Chair noted that a representative of the Leeds Committee of the West Yorkshire Integrated Care Board was not present. As such the meeting was inquorate and any recommendations for action the Board may take would need ratification at the next meeting in March 2024

RESOLVED – To note the apologies and the status of the meeting.

24 Open Forum

At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair. Two members of the public made representations during the Open Forum, covering the three below topics.

<u>Digitalisation's Impact on Emergency Services</u>

As British Telecoms (BT) were intending to stop using copper wire and now proposed to use Voice over Internet Protocol (VoIP) across Leeds, which will

require constant stable internet access, it was outlined that this had a potential to impact older people, people living with disabilities and some of the traditional pathways for contacting health and care systems, particularly in rural areas. There was also affordability and inclusivity issues as smart phones may be required, which incur significant costs and also the relevant technology seemed to only be available for purchase online. It was BT's responsibility to build a bank of phone numbers for their users and use may be dependent on internet connectivity and bandwidth speed as well as weather impacts. With the potential for floods and power failures, a backup plan and also a discussion with people living in sheltered care was required. The effect this will have on fall detectors and whether access to the 5th emergency service, as Telecare was described, should be free was queried. The Director for Adults and Health responded, noting information was to be gathered regarding what communications had been had between BT, care homes and the third sector to secure arrangements. Further information was to be provided to the speaker once there had been sufficient time to provide a detailed response, outlining that a solution for funding for mobile phones was unlikely to be able to be addressed but services were working to develop measures and plans to ensure accessibility and avoid digital exclusion.

Migrant Health Board
The inclusion of the agenda item regarding the Migrant Health Board Update, detailed at minute 27 below, was welcomed, however there was no reference to the approach for settling charges for those without rights to access services, in cases of urgent care needs. It was queried whether the Board scrutinised LTHT charges and whether it was known how often migrants, particularly asylum seekers and refugees, become indebted by health care charges, as well as any data or discussions for migrants not using services over fear of charges. It was noted by the LTHT Deputy Chief Executive that all people hold rights to access emergency care free of charge, regardless of their citizenship status and further feedback was to be provided once information had been gathered.

Leeds Hospital Buildings
There had been no further public update provided on the new LTHT Hospital buildings for Leeds since May 2023 and a National Audit Office report had been critical of the New Hospitals Programme. Suggestions have been made that the programme needed to shift to a "minimum viable product approach applied to hospitals". It was questioned whether the Board had investigated the impact of the report on existing Leeds plans. It was queried as the LTHT website displayed celebration for the demolition of existing buildings in preparation, but it was unclear when or what the final build will consist of to the public. The LTHT Deputy Chief Executive responded, outlining that, the process for the business case was ongoing, the design model remained unchanged, and they chaired a Hospital's of the Future meeting, which was continuing to consult with existing teams and relevant partners. There had been some changes to single room occupancy plans, in advance of the build, work was ongoing to develop access and parking plans and, the buildings were expected to be completed in 6 to 7 years.

25 Minutes

RECOMMENDED – That the minutes of the meeting held on 20th of July 2023 be agreed as a correct record, subject to the following amendments:

Minutes 11 & 12 – The Leeds Health and Wellbeing Strategy Refresh & Healthy Leeds Plan Refresh: Update – to include reference to the enormous challenge of ensuring we are living our values as set out in the plans and demonstrating that the decisions made about short term cost saving measures do not undermine what the health and care system needs to do should not be underestimated. Linking decisions on quality improvement measures will allow consistency as to what can no longer be funded and approaches on prevention, keeping people out of hospital and tackling health inequalities, otherwise it posed risks the undermine strategic aims.

Minute 16 – Any Other Business – The figure for the loss of third sector volunteers was 25%, not 27%.

26 Leeds Combating Drugs Partnership Progress Update

The Board considered a report submitted by the Director of Public Health, detailing, as previously outlined in the paper presented to Health and Wellbeing Board on 27th September 2022, (Minute 12 refers), that Leeds was responsible for the local implementation of the national 10-year drug plan, "From Harm to Hope" which comes with additional investment, responsibility, and accountability.

In attendance for this item were;

- Magdalena Boo, Head of Public Health for Adults and Health
- Mark Hindwell, Marketing and Communications Officer, Forward Leeds
- Lauren White, Service Manager/ Safeguarding Lead - Young Peoples and Young Adults Services, Forward Leeds
- Hannah Wray Recovery Coordinator, Forward Leeds

The Executive Member for Adult Social Care, Public Health and Active Lifestyles provided an introduction, praising Forward Leeds for their outstanding work, and noting additional investment had been granted, subject to conditions of capacity and service quality increases for patients and families to regain their health within local services.

The following information was highlighted to Board Members:

- The Harm to Hope initiative had been set up nationally by the Government as a 10 year plan to combat the negative effects of drug use. The three strategic priorities were to break drug supply chains, deliver a world class treatment and recovery system and achieve a shift in demand for drugs.
- Some funding had been ringfenced, however, future funding had not been secured, creating some uncertainty for services.
- Plans were ongoing to address any gaps in service provision, access to pathways to recovery and referrals to support.
- Local to Leeds, the Drug and Alcohol Partnership hold a mental health sub-group, which focused particularly on addressing the needs of younger people.

- Key stakeholders were noted as Forward Leeds, St Anne's, Change Grow Live, Leeds City Council, West Yorkshire Police and LTHT. Crime and associated impacts on care was a key topic and progress was tracked locally with positive and negative outcomes monitored.
- The integrated services had received an outstanding CQC rating.
- Increased service capacity and care were priorities to make a difference to individuals and communities through increasing staffing, decreasing case loads and waiting times to improve access and recovery rates.
- The service had joined the Inclusive Recovery Cities programme.
- There was an aim to encourage more people who were in need to engage with services and to reduce the stigma attached to addiction.
- It was noted that people on a journey to recovery were assets to the community and four times more likely to participate in beneficial community work such as volunteering.
- A young person's service was targeted at under 18s and young adults and included recovery and outreach workers, social care, schools and violence reduction services.
- An advanced care team was responsible for supporting people with complex needs, such as self-neglect and homelessness. This branch of the service was linked to palliative care and end of life services and also connected people to other relevant services.
- Engagement with unsheltered people was significant as well as hidden vulnerable people who may be living in social housing or be unknown to health services; outreach work was integral to achieve strategic aims and a van was available to the service to meet people in an environment they may be more comfortable in.
- Harm reduction measures were in place in cases where people who are not in a position to be able to access immediate care programmes. There were ten Care and Harm Reduction Workers that conduct positive public work, such as clearing reported needle litter.
- Resuscitation plans were in place to save lives and link people to treatment, a nasal spray to help with resuscitation was available.

A video was played for Members which had been conducted with the 5 Way Recovery Academy, detailing people's journey and lived experience of their recovery from addiction to drugs and or alcohol. It was outlined that supporting recovery positively gave back to the community, acknowledged that recovery was important for the city, there was life after addiction, services supported individuals and there were many cases displaying positive outcomes.

The Board discussed the following matters:

- The individuals that had spoken in the video were brave for sharing their stories and thanked for their contributions.
- it can be difficult to determine the appropriate time to signpost people to services, such as traumatic events within emergency services. It was outlined that early intervention was best practise, based on evidence and also it may be rational to refer people at times of crisis as this is

often a ‘teachable moment’ and they may recognise their need for help in recovery.

- It was noted that anyone under the age of 16 that was in A+E due to drug or alcohol related accidents or ailments were automatically referred. There was also written information about Forward Leeds services available within the waiting rooms.
- Training for health and care staff had been conducted to assist with identifying cases where drugs and alcohol were involved for branches of care, such as midwifery. Alice Turner was thanked for her work on this training, and it was noted she was willing to attend a future Board meeting to identify best practise pathways for identifying causes for concern.
- A hospital in-reach team visited people in hospital to raise awareness of the services and also provide leaflets to signpost staff when to refer patients.
- Recovery services could be better linked to mental health services, such as the Mental Health Hubs. It was noted there were strong links with the community mental health programme as substance abuse and mental health issues were often interlinked and further work on commissioning and integration could explore options to bring services closer.
- Dual diagnosis of mental health and addiction or recovery pathways were noted to be a front line issue.
- There were three Harm Reduction Officers in post who conducted work out in the community and also supported treatment in crisis assessments.
- How information and practises can be shared across the wider health and care system was discussed. There was an opportunity in light of the exceptional outcomes of the service, with no other city holding an outstanding CQC rating, to apply service design, culture and partnership working to other health programmes.
- With future funding insecure, lessons could be learnt for system sustainability.
- Although referrals were not implemented through the Family Drug and Alcohol Court, the service was open to working with them to advance ongoing collaboration with Children’s Services and to pool resources.
- Meetings with the A+E Navigators team were ongoing to ensure referrals were made to the service as well as signposting young people to appropriate services to address subjection to violence and abuse.
- As historically complex needs cases had often been under provided for or less understood, the outcomes of the services had been positive. To support the physical health of older patients and palliative care pathways it was an aim to provide the best care possible to improve the quality of life for people, and those important to them. Dr. Richard Parker was thanked for his work supporting people through liver disease and end of life care.
- The processes and active work displayed positives as to how far stigma reduction and situational understanding for individuals had progressed in addressing addiction, mental health and recovery.

RECOMMENDED –

a) That the progress made in local implementation of the national 10-year Drug Plan “From Harm to Hope”, be noted.

b) That the increased (indicative allocation) investment for Leeds and share evidence and knowledge on needs and gaps to inform investment priorities for 2024/5, noting the very specific restrictions and conditions on the funding, be noted.

c) That the work to improve screening pathways between healthcare, social care, and treatment, be supported.

d) That opportunities to make recovery visible, celebrate recovery and support the Inclusive Recovery Cities movement, be sought.

27 Migrant Health Board Update

The Leeds Migrant Health Board (LMHB) presented a report outlining the purpose of LMHB to significantly improve health outcomes for Leeds migrant communities by providing a strategic, citywide approach to understanding and addressing migrant health needs in Leeds.

The report included a copy of the first Migrant Health In Leeds: Annual Report 2022-2023 attached as Appendix 1.

The following attended the meeting to present the item -
Catherine Ward – LCC Health Improvement Principal
Caron Walker – LCC Chief Officer (Consultant in Public Health)

The Board was provided with the following information:

- The LMHB works collaboratively across the health and care system to identify and address the key issues that create inequalities in health between Leeds’ migrant population and the rest of the population of Leeds. The board includes local partners, including the NHS, local authority, voluntary and community partners, and organisations who work directly with asylum seekers and refugees.
- The current priorities of the Board were outlined as:
  Priority 1 - Access for All
  Priority 2 - Communication
  Priority 3 - Work and Austerity
- The 2021 Leeds census recorded 811,956 residents, of which 26.6% were ethnic minority groups. 15.8% of the population were identified as being born outside the U.K and 1.5% of the Leeds population arrived in the U.K between 2020-2022. The census also recorded 287 unique ethnicities for Leeds residents and 69 nationalities.
- Common health challenges amongst the migrant population were identified as maternity care, housing (whether that be hotel accommodation or access to social housing), poorly controlled chronic conditions, mental health issues and communicable diseases.
- Barriers to health care were also considered which highlighted that migrants had no recourse to public funds for support whilst their asylum claim was processed.

- Other recent key challenges were identified as being the increase in the number of asylum seekers to the city, pressure on systems/support/specialist services, the pressure on the wider health and care system, health inequalities experienced by migrants and asylum seekers and national policy changes on migration.

During discussions, the following matters were considered:

- Children & Families – due to the migration policy changes and implementation of new legislation, Leeds Scrutiny Board (Children and Families) would look at the impact of the legislation in detail once the legislation had been in force for 12 months and Guidance published.
- General Practice – It was acknowledged that asylum seekers and migrants experienced long term health conditions, the health and care system should work towards migrants and asylum seekers having the same access to health services as the rest of the population and General Practice could support that aim.
- Mapping services – Support for a mapping exercise to identify what services are available in the city and where. Migrants, particularly Asylum Seekers and refugees can find themselves isolated, and it was noted they should have option to gravitate towards their own communities and identity groups. This issue may be difficult to influence as placement or housing allocation was determined centrally by the Government, however, partnership working will assist in developing best practise and lobby for a changed process.
- Third sector support - The Leeds Community Mental Health Service offered services for refugees which was noted to be challenging due to the refugee population being mobile and often moved to different accommodation without notification. A further challenge was discharge from hospital, dependent on the individual having a home to be discharged to, with there often being no formal address, delaying transfer of care.
- Identifying health needs - The ICB had wrote a letter to Mears, who co-ordinate asylum housing for the Home Office, to assist with developing a process for determining how and where migrants are settled as there were instances where services were requested without prior knowledge of health needs of the individual, which require time to identify, given that translators were often required.

Noting the recommendations, the Board supported the proposals for the Chair to write a letter highlighting the matters raised in the report and seeking a response from Mears, the Home Office and local providers on the specific challenges highlighted, specifically regarding national policy and location options.

RECOMMENDED –

a) To note the content of the Migrant Health in Leeds Annual Report 2022 – 2023.
b) The Board to seek further feedback and assurance from Mears, the Home Office and local providers on the specific challenges highlighted in this report.

c) To support collaborative work with housing leads across the city to address housing need.
d) To note that the Board re-states its commitment to support migrants, refugees and asylum seekers despite current financial challenges, and ensure that decisions don't widen the health inequalities they face.
e) To work with partners across the city to raise awareness around the health needs and challenges that migrants, refugees and asylum seekers face.
f) To recognise and support the invaluable work of third sector organisations, including PAFRAS and LASSN, in ensuring the voice of migrants, refugees and asylum seekers informs our work.
g) To acknowledge the compassionate, committed and dedicated work undertaken by partners and volunteers in Leeds to support migrants access the services that are a basic right.

28 Healthy Ageing

The Board considered the joint report and associated presentation of the LCC Director of Adults and Health and LCC Director of Public Health which presented a clear framework of 'what works' to promote healthy ageing as set out by World Health Organisation and the longstanding commitment from partners to work towards this. The report outlined how the key issues affecting older people in Leeds are understood and the plans in place to address these through the Age Friendly Strategy, citywide work relating to population health and the priorities identified to deliver the outcomes of the Healthy Leeds Plan.

The report included a copy of the Age Friendly Leeds Strategy and Action Plan 2022- 2025.

The following were in attendance for this item:
Tim Fielding – LCC Deputy Director of Public Health
Helen Laird – LCC Head of Public Health
Jo Volpe – Chief Executive, Leeds Older People's Forum

In introducing the report, The Deputy Director of Public Health outlined the overarching aim of Healthy Ageing was to create an environment and opportunities which support people to live well and work in later life.

The Head of Public Health emphasised that being well is a key requirement for healthy ageing. The "State of Healthy Ageing in Leeds" was published several years ago which detailed what we knew about the 50+ age range in Leeds, reporting on issues such as loneliness, health inequalities and workers in that age range; and identified gaps in access to transport and finance.

The World Health Organisation (WHO) produced a Framework for Healthy Living which set out eight domains that places could adopt to address to improve their structures and services to meet the needs of the population as they age. The domains broadly cover many of the wider determinants of health, including social factors and the built environment required to support healthy ageing. The Leeds Age Friendly Board included a broad membership from across the council and external partners and is the driver towards the

Age Friendly ambition. The Board’s current Age Friendly Strategy and Action Plan includes 6 domains which align to the WHO domains (wider determinants of health):

- Housing;
- Public and Civic Spaces;
- Travel and road safety;
- Active, included and respected;
- Healthy and independent ageing;
- Employment and learning.

Joe Volpe provided an overview of work undertaken to specifically address some of the themes in the Action Plan domains:

- Age Friendly Employers Pledge – LCC was one of the first Local Authorities to sign up to the Pledge and, noting the size of the health and social care workforce in the city, work is ongoing to expand this across other organisations in the city.
- Age Friendly Partnership – A system wide, place-based partnership that brings together the statutory, voluntary and private sectors to consider how to promote ‘age friendly’ throughout the city and address priorities and local priorities identified by older people and in local data.

The Board also received information on the role of the **Neighbourhood Networks** and the partnership work undertaken to address the Action Plan domains.

The work of the **Falls Steering Group** which undertook work to reduce harm from falls and the health and care system’s reaction to fall incidents was provided as an example of the type of work undertaken underneath each of the domains:

- Work to identify the key needs and services offered to 50+ age range to identify gaps in the offer and to map out services across primary care.
- Developing a pathway for falls services to encourage a consistent approach.
- Work with the Population Health Team to review fall incidents by area in order to identify and target resources.
- To undertake minor modifications to homes to prevent falls.
- Work to improve access for diverse communities.
- Work with Active Leeds to develop a model for strength and balance as a preventative measure.

The Board also heard that the State of the City event later this year will be an opportunity to discuss how to improve employment outcomes for people aged 50+.

During discussions with the Board, the following matters were considered:

- How to challenge and address divisive rhetoric which pitches the younger and older generations against each other. Being aware of the issue is helpful when considering media reporting and recognising this

is not about frailty but recognising healthy living as we age. It was noted that Leeds Age Friendly Ambassadors had an ambition to create Age Friendly Ambassadors in younger people settings to address this.

- Acknowledging the impact of the financial challenge facing LCC and employers, a request was made for the Age Friendly ambition to be taken into account when considering the future of their organisations.
- The comments of Councillor Jenkins, Chair of the Age Friendly Board and Deputy Executive Member for Adult Social Care, Public Health, and Active Lifestyles, were reported to the Board. He wished to highlight that older people should be viewed as individuals by the health and care system. Legislation prevented organisations from discriminating against people based on their age, however services offered by the National Health Service were age based rather than respecting the health and wellbeing of an individual, for example health checks ceased at 74, and screening also ceased at a certain age (bowel cancer at 74, cervical cancer at 71). The Board noted that screening limits were set nationally, and the reasons for having upper age limits were balanced between the harm and benefit of the screening process as diagnostic screening will screen a number of people, not all of whom will require further treatment.
- The Age Friendly Leeds ambition had been discussed and supported at a meeting of the Clinical Leads Network held 08/11/23.
- In respect of falls prevention, a pathway and screening process was in place in primary care so that if a person presents to their GP there is an opportunity for the GP to screen the patient in conversation and redirect them to the falls pathway if needed.
- The Board were reminded that some communities regarded their elders of 50+ with respect and this is why older people are often referred to as the over 50s. This cultural context should be remembered when promoting the Age Friendly approach throughout all Leeds communities.
- The need to ensure that Age Friendly work connected to the Leeds Carer's Partnership.
- The need to ensure the Age Friendly work considered and prepared for those people currently younger than 50 with learning disabilities or mental health issues as they aged.
- The need to consider the exclusion of older people from some services, particularly in relation to digital access to services, and the impact of that exclusion. It was felt that older people's digital access to services should be higher on the health and care agenda. It was noted that "digital" will be the theme of the next Equality Hub for Older People where those with responsibility for digital access and implementation will hear older people's voices on the issue.

(Councillor Anderson and Councillor Dowson left the meeting during consideration of this item)

RECOMMENDED –

a) To note the update on current key issues relating to healthy ageing in Leeds, including the Age Friendly ambition and wider work across the system.
b) That the comments made during discussions be noted to
   I. Provide direction on how the system can support and embed ambitions relating to Age Friendly and healthy ageing across the city; and
   II. Provide direction on how the system can work even better together to support healthy ageing and secondary prevention across the city.

29 Joint Strategic Assessment/Best City Ambition

The Head of Policy, Leeds City Council presented a report on the production of the Joint Strategic Assessment (JSA) which outlined that Leeds City Council and the West Yorkshire Integrated Care Board had an equal and joint statutory requirement to produce a JSA – working together through the Health and Wellbeing Board to inform the Health and Wellbeing Strategy. The JSA addresses the three pillars of the Leeds Best City Ambition – health and wellbeing, inclusive growth and zero carbon.

Tony Cooke, Chief Officer, LCC Health Partnerships advised the Board that the JSA had been reviewed through a life-course lens with a focus on how people live, work and age well. It will be informed by the Big Leeds Chat, learning from other external partners and the latest evidence. Partnership working with external partners remained key to achieving improved outcomes and the Board was tasked with identifying any issues they felt needed to be included in the JSA. A message of respect was outlined to Simon Foy who had sadly passed away in 2022, Simon had been involved in the previous 2021 JSA and was thanked for all his work and contributions to the Council and wider partnerships.

The day-to-day production of the JSA would also be a partnership effort, with a practitioner group drawn from across the council and health partners. Regular engagement with sounding board members and others will be built into the process to ensure the work properly reflects the city's communities and that the voices of Leeds people are recognised in the final products. This approach will also enable connected work to be better integrated into the JSA. Mike Eakins, Head of Policy, Leeds City Council, reported that the analysis will benefit from an accelerated start with the hosting of a two-day JSA Hackathon in mid-December 2023 and the development of an interactive online dashboard which will enable users to interrogate more detailed underpinning data themselves and providing deeper opportunities to unpack geographic and/or demographic data.

The following matters were identified during discussions:
· To include General Practice in the practitioner group.
· Noted the ambition of 'dying well' was now included within the 'Ageing Well' ambition.
· To have regard to being able to interrogate and compare data for subjective terms – for example identifying 'destitution'.

RECOMMENDED –

a) To note/support the proposed approach to the Joint Strategic Assessment (JSA) 2024.
b) That the comments made during discussions be noted to provide a steer on the proposed focus, including on stakeholder engagement and partnership working.
c) To agree to receive a further report outlining emerging headlines and potential further lines of enquiry in March 2024.
d) That Board members encourage wider engagement with and contributions to the JSA development process.

30 Any Other Business

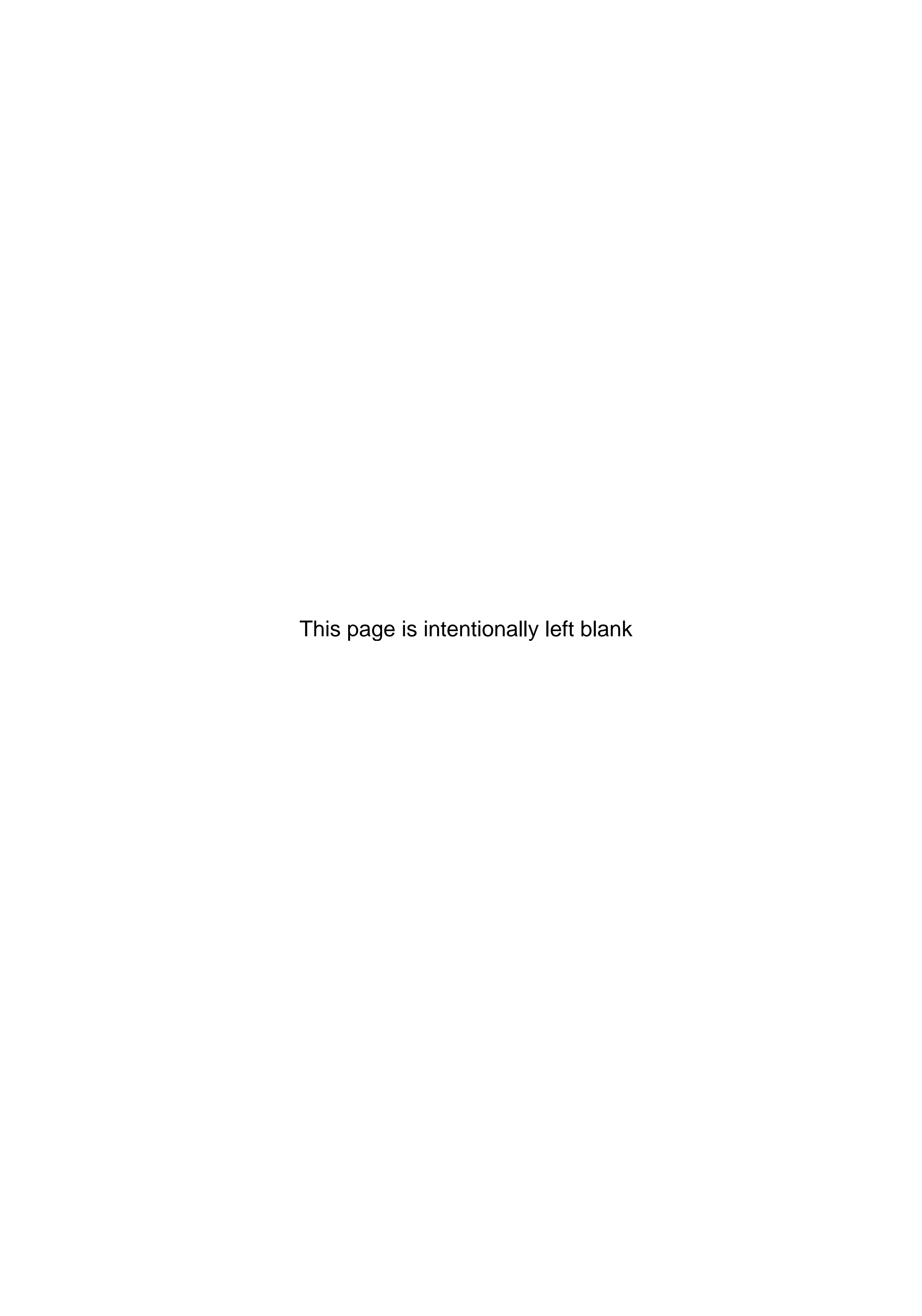
Third Sector concerns – Corrina Lawrence, Chief Executive, Feel Good Factor, reported on the impact of the financial challenge on the Third Sector and the loss of organisations as budgets are squeezed. She noted that 34% or organisations had been in the last two years and urged partners to be mindful that although central to the delivery of services in the health and care sector, the Sector is stretched. Corrina also highlighted:

- funding available from the ICB and LCC is miniscule compared the funding of those organisations
- contracts awarded to Third Sector Partners tended to be 12 months long which destabilised the organisations as they were unable to plan ahead.

In response, the Chief Officer Health Partnerships reported that informal discussions on funding across the health and care sector had been held at the ICB which had identified a shift in approach to lengthen contracts to provide more service security.

31 Date and Time of Next Meeting

RECOMMENDED - To note the date and time of the next meeting as Thursday the 21st of March 2024 at 1:00pm.


This page is intentionally left blank

Leeds
Health & Wellbeing
Board

Report author: *Sarah Erskine - Head of Public Health (Health Inequalities)*

Report of: Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 21st March 2024

Subject: Fairer Leeds (Leeds Marmot City Programme): Year One Update Report including Findings and Recommendations from the Institute of Health Equity Whole-system Review

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

In February 2023, the Leeds Health and Wellbeing Board made a commitment that Leeds would become a 'Marmot place'. In April 2023, a formal two-year partnership began with the Institute of Health Equity (IHE) – led by Professor Sir Michael Marmot.

In the first year, the aim of the Marmot place or 'Fairer Leeds' programme has been to enable the city to better understand how to maximise opportunities to address health inequalities. This is important given the changing population in Leeds (namely, an increase in the number of people living in the most deprived neighbourhoods) and concerning trends in health outcomes associated with the impact of austerity, COVID-19 and the cost-of-living crisis.

This report provides an update on the Marmot - Fairer Leeds programme at the end of Year one. The programme is being delivered through three interconnected workstreams: *whole system review*, *collective action* and *cross-cutting priorities*. Progress in each of these areas is described below.

In particular, the results from the '*whole system review'* are included; the report is accompanied by a slide set from the Institute of Health Equity which outlines headline findings and makes recommendations for action.

Summary of findings and recommendations from IHE Whole-System Review

In line with many other cities in the UK, there are significant and persistent inequalities across a range of outcomes in Leeds. Inequalities are evident in health outcomes (e.g. life expectancy, low birthweight babies) but also in the social determinants of health (e.g. earning a Living Wage, educational attainment). Compared to other core cities, Leeds compares unfavourably across several measures.

Within the city, there are stark inequalities between the richest and poorest neighbourhoods, but these inequalities also occur on a gradient – with increasing wealth associated with better health. Leeds has a population that is becoming younger and more ethnically diverse and an increasing number of people living in the poorest neighbourhoods. Life expectancy in Leeds was 'levelling off' before Covid for both men and women and in most recent figures is showing a decrease.

The Leeds system has 'improving the health of the poorest the fastest' at its centre and has well-established strategic approaches and partnerships in place to support achieving this aim. However, the context is challenging, and as described above, many inequalities are stubborn, and some are worsening.

There is good work to build upon, however the system could go further in making equity a core component of all decision-making in the city and having named leaders accountable for ensuring this happens. Having more explicit health equity goals in partnerships and expanding these so that a broader set of stakeholders in Leeds play their part would support the development of a health equity system. Leeds partners may also benefit from having further conversations about where there are opportunities to 'join up' across and within sectors, scale up what is working well and be bolder in addressing inequities.

Having a core set of Marmot indicators that are disaggregated by ward or decile will enable system leaders to understand and have a clear line of sight on progress to drive forward effective action.

Recommendations

- To note progress of the Marmot - Fairer Leeds programme in Year 1.
- To consider the findings of the IHE 'Whole system review' and commit to supporting delivery of the IHE recommendations.

1 Purpose of this report

1.1 This report provides an update on the Marmot - Fairer Leeds programme at the end of year one. The work is being delivered through three interconnected workstreams: *whole system review*, *collective action* and *cross-cutting priorities*.

1.2 In particular, the results from the 'whole system review' are included; the report is accompanied by a slide set from the Institute of Health Equity which outlines findings and makes recommendations for action.

2 Background information

2.1 Leeds Health and Wellbeing Board made a commitment for Leeds to become a 'Marmot place' in February 2023. In April 2023, a formal two-year partnership began with the Institute of Health Equity (IHE) – led by Professor Sir Michael Marmot. The programme was formally launched in June 2023.

2.2 A recent paper published by the IHE defined a 'Marmot place' in the following way: "*Based on the eight principles, Marmot Places develop and deliver interventions and policies to improve health equity; embed health equity approaches in local systems and take a long-term, whole-system approach to improving health equity".*

2.3 The aim of the Leeds programme in the first year has been to enable the city to better understand how to maximise opportunities to address health inequalities. This is important given the city's changing population (namely, an increase in the number of people living in the most deprived neighbourhoods) and concerning trends in health outcomes associated with the impact of austerity, COVID-19 and the cost-of-living crisis.

2.4 Since the decision was made to work with the IHE, the pressure on Local Authority budgets has increased. Understanding how to improve health, reduce inequalities and make the best use of resources within this context is therefore vital.

2.5 The Marmot - Fairer Leeds programme is being led on behalf of the city by Public Health with political support from the Executive Member for Adult Social Care, Public Health and Active Lifestyles and the Executive Member for Children's Social Care and Health Partnerships.

2.6 The development of the programme has been co-ordinated through the Marmot City Working Group – a partnership with membership drawn from across the Local Authority, NHS and Third Sector.

2.7 Along with the '*whole-system review'*, early discussions in the city identified two key priority areas: Housing and Best Start. In consultation with partners the focus of Best Start has been expanded to '0-5 years' and this priority and Housing constitute the '*collective action* 'workstream described above.

2.8 In rolling out the programme, three key priority areas or cross-cutting themes have also been incorporated.

2.9 *Community Voice* seeks to ensure that, along with data and policy analysis - 'what people in Leeds say is important to them' - is included in the recommendations developed by the IHE and is at the heart of the development of the Fairer Leeds work.

2.10 '*Addressing racism and discrimination and their outcomes'* is included in the Marmot eight principles. This was added as cross-cutting priority area to ensure that all work, including the identification of 'Marmot indicators' considered the impact of racism and discrimination on health.

2.11 Finally, '*Inclusive economies'* has been included as employment, the cost-of-living crisis and poverty have been key issues that have intersected with all the work delivered during 2023-24 both at a strategic level and in engagement with partners.

2.12 Further detail about each workstream is set out below.

3 Main issues

Whole System Review

3.1 The whole system review carried out by the IHE has included:

- Analysis of health outcomes and data covering the social determinants of health (e.g. housing, education)
- A 'health equity' assessment of strategies, policies and programmes
- Interviews and workshops with key stakeholders.
- Mapping of community insight aligned to the 8 Marmot principles.
- Identification of key health equity indicators to measure Leeds progress over the next 5 – 10 years.

3.2 Detailed analysis of the city's health outcomes and data covering the social determinants of health are included in the IHE slide set that accompanies this report.

3.3 The data compiled for this workstream is informing the city's Joint Strategic Assessment and a short report will be available from the IHE during 2024.

Summary of Findings from IHE Whole-System Review

3.4 *In line with many other cities in the UK, there are significant and persistent inequalities across a range of outcomes in Leeds. Inequalities are evident in health outcomes (e.g. life expectancy, low birthweight babies) but also in the*

social determinants of health (e.g. earning a Living Wage, educational attainment). Compared to other core cities, Leeds compares unfavourably across several measures.

3.5 *Within the city, there are stark inequalities between the richest and poorest neighbourhoods, but these inequalities also occur on a gradient – with increasing wealth associated with better health. Leeds has a population that is becoming younger and more ethnically diverse and an increasing number of people living in the poorest neighbourhoods. Life expectancy in Leeds was 'levelling off' before Covid for both men and women and in most recent figures is showing a decrease.*

3.6 *The Leeds system has 'improving the health of the poorest the fastest' at its centre and has well-established strategic approaches and partnerships in place to support achieving this aim. However, the context is challenging, and as described above, many inequalities are stubborn, and some are worsening.*

3.7 *There is good work to build upon, however the system could go further in making equity a core component of all decision-making in the city and having named leaders accountable for ensuring this happens. Having more explicit health equity goals in partnerships and expanding these so that a broader set of stakeholders in Leeds play their part would support the development of a health equity system. Leeds partners may also benefit from having further conversations about where there are opportunities to 'join up' across and within sectors, scale up what is working well and be bolder in addressing inequities.*

3.8 *Having a core set of Marmot indicators that are disaggregated by ward or decile will enable system leaders to understand and have a clear line of sight on progress to drive forward effective action.*

3.9 The full Recommendations from the IHE Whole-System review are included in the slide set that accompanies this report.

Draft Marmot Indicators

3.10 A draft set of twelve high-level indicators (with life expectancy as an additional over-arching measure) have been identified to monitor changes in health equity in line with the eight Marmot principles. The working draft of the indicators is included in the attached IHE slides. These are expected to be finalised and approved soon in line with the IHE recommendation regarding the development of Leeds Marmot Indicators.

3.11 The intention is for these to be presented annually to the Health and Wellbeing Board alongside the Health and Wellbeing Strategy (HWS). They have also been developed to complement reporting against the Best City Ambition and Inclusive Growth Strategy.

3.12 The indicators meet the following criteria: they are amenable to change; are already measured via the Health and Wellbeing Strategy, Social Progress Index or Public Health performance report, and can (in most cases) be disaggregated by

ward or IMD decile. Further detail about the indicators is included in the IHE slide set that accompanies this report.

3.13 Mapping of health indicators has been shared with the Leeds Inclusive Growth team to support a national conversation with the Health Foundation regarding how best to measure health/economic outcomes.

Collective Action

3.14 During 2022/23 local partners identified both housing and 0-5 years (Best Start) as priorities for the Marmot place work. These areas continue to be of significant concern both nationally and in Leeds.

3.15 In developing this workstream the process carried out as part of the whole-system review has been replicated: analysis of outcomes/data and insight; assessment of strategies, policies and programmes, and interviews and workshops with key stakeholders.

3.16 However, there has also been a commitment from the outset to 'add value' to existing work, connect the system better to itself, embed learning from elsewhere and for the 'health equity' or Marmot lens to act as a catalyst for action.

3.17 Two short reports (along with recommendations) will be produced during 2024.

Housing

3.18 Housing affects our health through a range of pathways that can be summarised into four domains: quality of housing, e.g. damp and mould, hazards; affordability of housing, e.g. rent, heating; security and homelessness, e.g. security of tenure, having a home and the local area, e.g. transport links, green space.

3.19 In Leeds, the 'Housing and Health breakthrough group' is co-ordinating action in the city to support better joint working between sectors.

3.20 IHE evidence and local mapping supported identification of priorities for the group which include training for health and housing staff; 'out of hospital' workers in acute sectors and development of a children's asthma/housing pathway.

3.21 The IHE identified the selective licensing scheme in Leeds as an area of good practice. A qualitative evaluation of 'stakeholder perceptions of the impact of Leeds existing selective licensing scheme' is now underway. The evaluation will be published in March 2024 and will support a potential business case to Leeds City Council Executive Board regarding the possibility of a new scheme.

3.22 This formative evaluation will also generate hypotheses and suggest an evaluation framework that could be adopted if LCC were to extend selective licensing. An evaluation of this type would be of national significance given the lack of robust evidence around selective licensing.

3.23 An operational health and selective licensing group has also been established to co-ordinate better immediate relationships on the ground. Actions include sharing information about selective listening with relevant Primary Care networks and supporting better relationships between health staff and housing workers.

3.24 Public Health are also working in partnership with housing colleagues to embed questions about health and health inequalities into the selective licensing survey (completed by housing workers).

3.25 The Public Health – Health Inequalities team and Housing colleagues co-hosted the first Strategic Housing Partnership event since COVID-19 in November 2023. Alongside data analysis and wider interviews with stakeholders, the findings from this workshop are being incorporated into the IHE short report on housing due in 2024.

0-5 years

3.26 Recent national and local analysis of maternal and child health indicates that there are concerning trends across a range of health outcomes.

3.27 The IHE facilitated a collaborative workshop on 16th January 2024. This involved sense checking IHE findings from stakeholder interviews and policy analysis and planning next steps.

3.28 Key issues that have emerged from the IHE scoping phase include: the need to clarify the offer for children and families aged 0-5 years; the complex governance arrangements for babies and children and poor outcomes for young children from minority ethnic backgrounds.

3.29 The findings from the event, along with further scoping work described above are being used to inform the IHE short report on 0-5 years.

Cross-cutting priorities

Community Voice

3.30 Early consultation with stakeholders in Leeds led to the Fairer Leeds programme adopting 'Community Voice' as a key priority – ensuring that ''what people in Leeds said was important to them' was combined with data and policy analysis carried out by the IHE. A key principle of this work was to make full use of existing consultation and insight in the city rather than asking communities who may feel 'over-consulted'.

3.31 Local insight, mapped against the eight Marmot principles, is informing recommendations made by the IHE and will be included in all three reports due in 2024.

3.32 In the longer term, the mapping work will also help to identify where there may be further opportunities to involve community voices in improving the social determinants of health.

Racism and Discrimination

3.33 There is a continued commitment to ensure that analysis of health outcomes (including the Marmot indicator set) is disaggregated by ethnicity so that action can be supported across the system to address inequalities – recognising that some of the worst outcomes may be experienced by communities who do not ‘appear’ in health or social care data.

3.34 In Year 2 of the Fairer Leeds programme, Public Health propose to develop a small network to focus on a set of health outcomes identified as being poorest for people from diverse communities.

3.35 This network will build on existing successful approaches in the city (e.g. Synergi-Leeds) to enable system leaders to have conversations about ethnicity, racism and discrimination and health in new ways. This re-framing will support effective and sustainable responses to inequalities in health experienced by people from diverse communities.

Inclusive Economies

3.36 The influence that the local and national economy has on people’s heath is significant and intersects with the full breadth of the Marmot eight principles.

3.37 There are established programmes of work in the city to mitigate against poverty (the cost-of-living group), support employment and improve the local economy (Anchor’s network, Inclusive Growth Strategy).

3.38 The Public Heath Health Inequalities team continue to support the ‘Good Jobs Better Health Fairer Futures’ project (funded by the Health Foundation and led by LCC Economic Development) and through this work develop improved understanding across health and economic led approaches.

Embedding Equity

3.39 As noted, the aim of the Marmot/Fairer Leeds programme is to support a broad set of stakeholders in the city to take action on the social determinants of health and to make decisions about interventions and resources based on principles of fairness and health equity.

3.40 Examples above highlight where and how action is being taken on the social determinants of health in Leeds - including on housing and employment.

3.41 The programme has also acted as a catalyst for developments. For example, a local GP has developed a template' for use in Primary Care based on the eight Marmot principles. This will enable practitioners to actively review people's social and economic circumstances and provide easy referrals to key services including those addressing fuel poverty and benefits advice.

Communications – Building a Social Movement for Health Equity

3.42 The national IHE Health Equity Network aims to build a 'social movement for health equity'.

3.43 This involves communicating the significant role that the social determinants or 'building blocks' of health' play in causing or mitigating against health inequalities and setting out the role that a range of agencies and sectors have in improving health.

3.44 Within the Leeds programme the @fairerleeds | Linktree site hosts digital and printed content about local approaches and activity. This will be further developed in 2024.

4 Health and Wellbeing Board governance

Consultation, engagement and hearing citizen voice

4.1 A decision was made by the Marmot City Working group not to develop new consultation and engagement work as part of the programme but to draw on existing insight in the city. As noted above, a mapping exercise has been completed which is being used to inform the development of recommendations.

Equality and diversity / cohesion and integration

4.2 Principle seven in the Marmot approach to health equity is 'to address racism, discrimination and its outcomes'. This is being operationalised through a commitment to disaggregate data by ethnicity and where this is not available to advocate for this development.

4.3 In additions, one of the recommendations included in the whole-system review is to ' Ensure that the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities. This means that as the programme progresses there may be a (positive) differential impact on diverse communities – supported in part by the establishment of a city-wide network.

Resources and value for money

4.4 The partnership with the IHE includes significant research(er) time and support from Professor Sir Michael Marmot. This is being funded by core Public Health funding and senior capacity.

4.5 A key focus of the programme is to support the effective and efficient use of existing resources across the system in relation to social determinants, maximising value for money in reducing health inequalities.

Legal Implications, access to information and call In

4.6 There are no legal implications, and the report is not subject for call in.

Risk management

4.7 Accountability for the Marmot City work programme is through the Health and Wellbeing Board. City-wide partners are regularly informed regarding developments.

5 Conclusions

5.1 The Fairer Leeds programme provides the city with an opportunity to go further and faster to improve the health of the poorest the fastest.

5.2 The programme highlights where there are opportunities for system leaders to embed and drive forward health equity – joining up across and within organisations, scaling up what works and being bolder in the way the city addresses the social determinants of health.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note progress of the Fairer Leeds programme in Year 1.
- Consider the findings of the IHE 'Whole system review' and commit to supporting delivery of the IHE system recommendations.

7 Background documents

- IHE slide set: Findings and Recommendations

THIS PAGE IS LEFT INTENTIONALLY BLANK

Implementing the Leeds Health and Wellbeing Strategy

How does this help reduce health inequalities in Leeds?

The purpose of the Marmot - Fairer Leeds programme is to enable the city to better understand how to maximise opportunities to address health inequalities.

The 15 recommendations made by IHE as part of the whole-system review indicate where partners in Leeds can strengthen leadership, embed equity in decision-making, use research and data in a more informed way and build on existing approaches.

How does this help create a high-quality health and care system?

Included in the eight Marmot principles is recognition of the important role that health and care services play in the prevention of ill health.

Locally, the Health and Care Partnership have developed programmes of work to address issues of health equity (with a focus on access, experience and outcomes) and implementing the NHS framework of Core20PLUS5.

Developing a whole-city approach to health equity has the potential to mediate the effects of the current socio-economic context on the population of Leeds (the wider issues outside of the control of health and care) which may, over time, reduce pressures on health and care systems. It also provides an opportunity to further connect the work of the local authority, businesses, the Third Sector and the NHS - creating economies of scale and focussing attention where it is needed most.

How does this help to have a financially sustainable health and care system?

There are potential risks associated with not taking further action at this critical time. Given the current trajectory of health outcomes – both national and local - it is reasonable to assume that health inequalities will continue to increase, people will live shorter lives and spend less time in good health, increasing demand for health and care.

Future challenges or opportunities

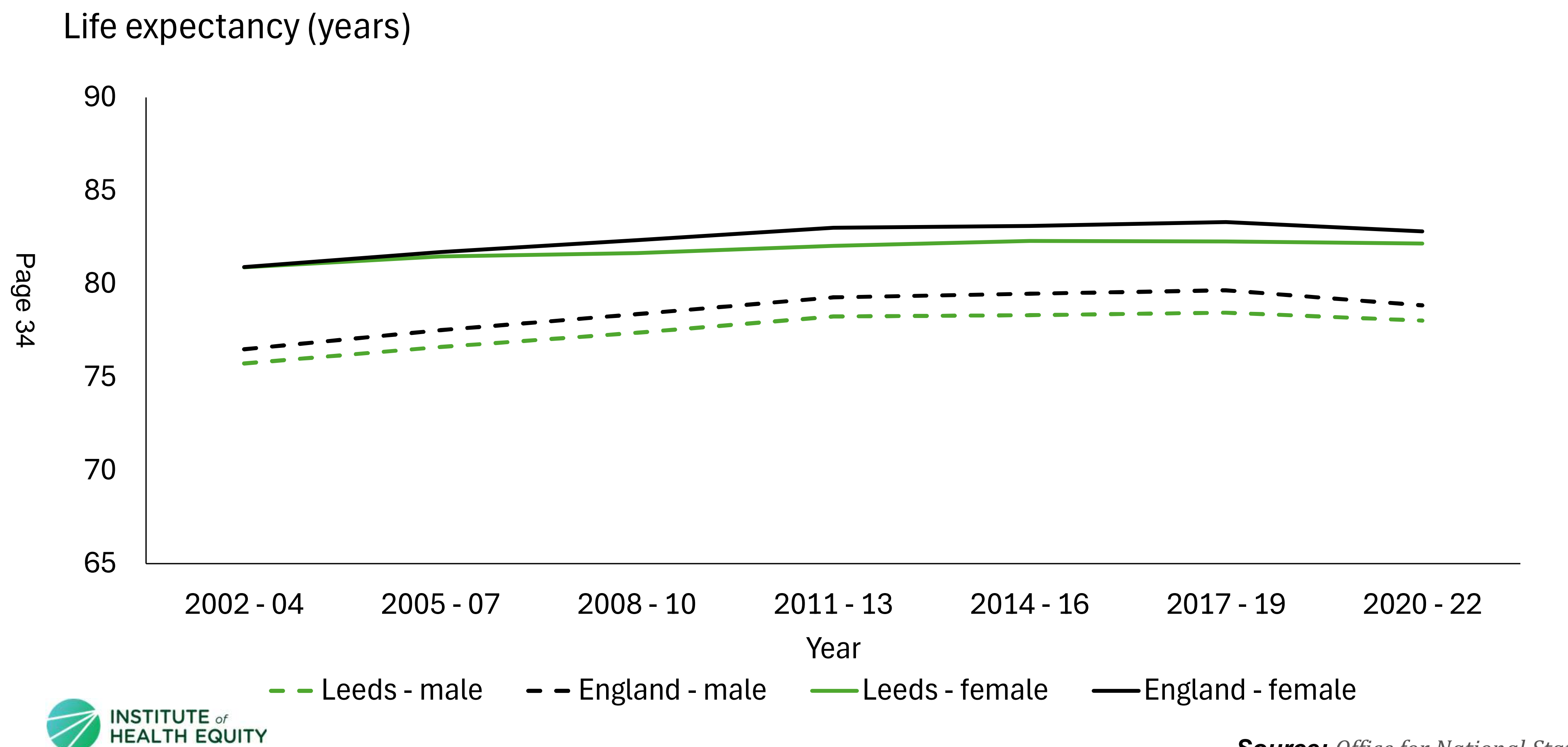
The pressure on both NHS, Local Authority and Third Sector finances is significant. This is combined with an increasing proportion of the Leeds population living in the poorest neighbourhoods. These demographic changes and financial pressures mean that addressing health inequalities is extremely challenging.

Opportunities include the learning and support from other 'Marmot places' such as Liverpool, Luton and Manchester and via the national IHE Health Equity network.

Raising aspirations, reducing inequalities: Leeds and the social determinants of health

March 2024

Levelling off before COVID: Trends in life expectancy, by sex, Leeds and England, 2002-4 to 2020-22



INSTITUTE of HEALTH EQUITY

Source: *Office for National Statistics*

Persistent gaps: Estimated female and male life expectancy at birth by deprivation (IMD 2019), Leeds wards, 2016-20

Life expectancy (years)

90
88
86
84
82
80
78
76
74
72
70

Harewood

Harewood

Female

Male

Hunslet & Riverside

Hunslet & Riverside

Burmantofts & Richmond Hill

Burmantofts & Richmond Hill

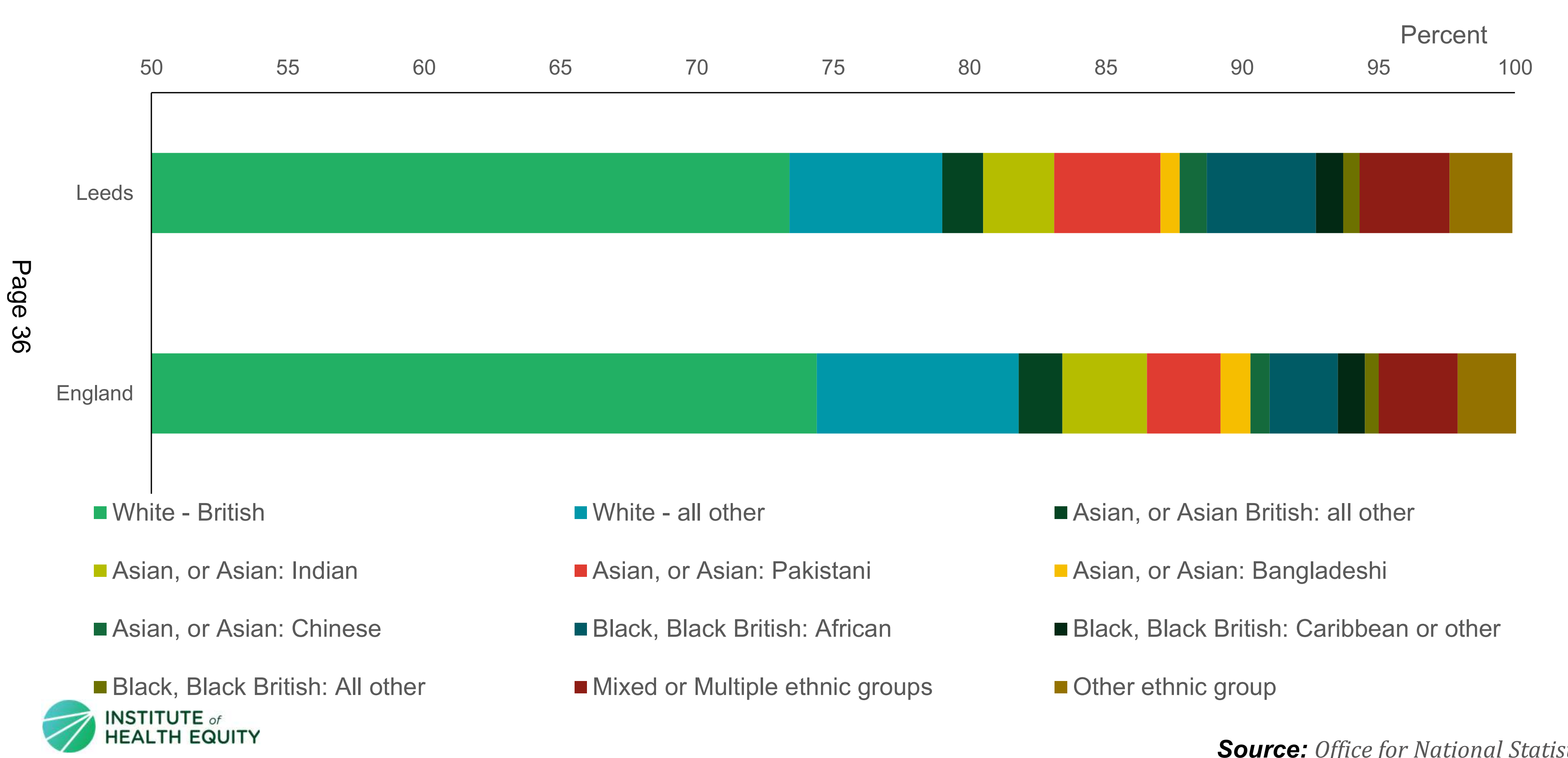
0 10 20 30 40 50 60 70

IMD score (2019)

Female Male

Source: *Office for National Statistics*

Leeds' future - younger, more ethnically diverse: Ethnic group, percent of population, Leeds and England, 2021



INSTITUTE of HEALTH EQUITY

Source: *Office for National Statistics*

Giving every child the best start: Low birthweight babies, rate per 1,000 full-term live births, Leeds wards, 2020-22

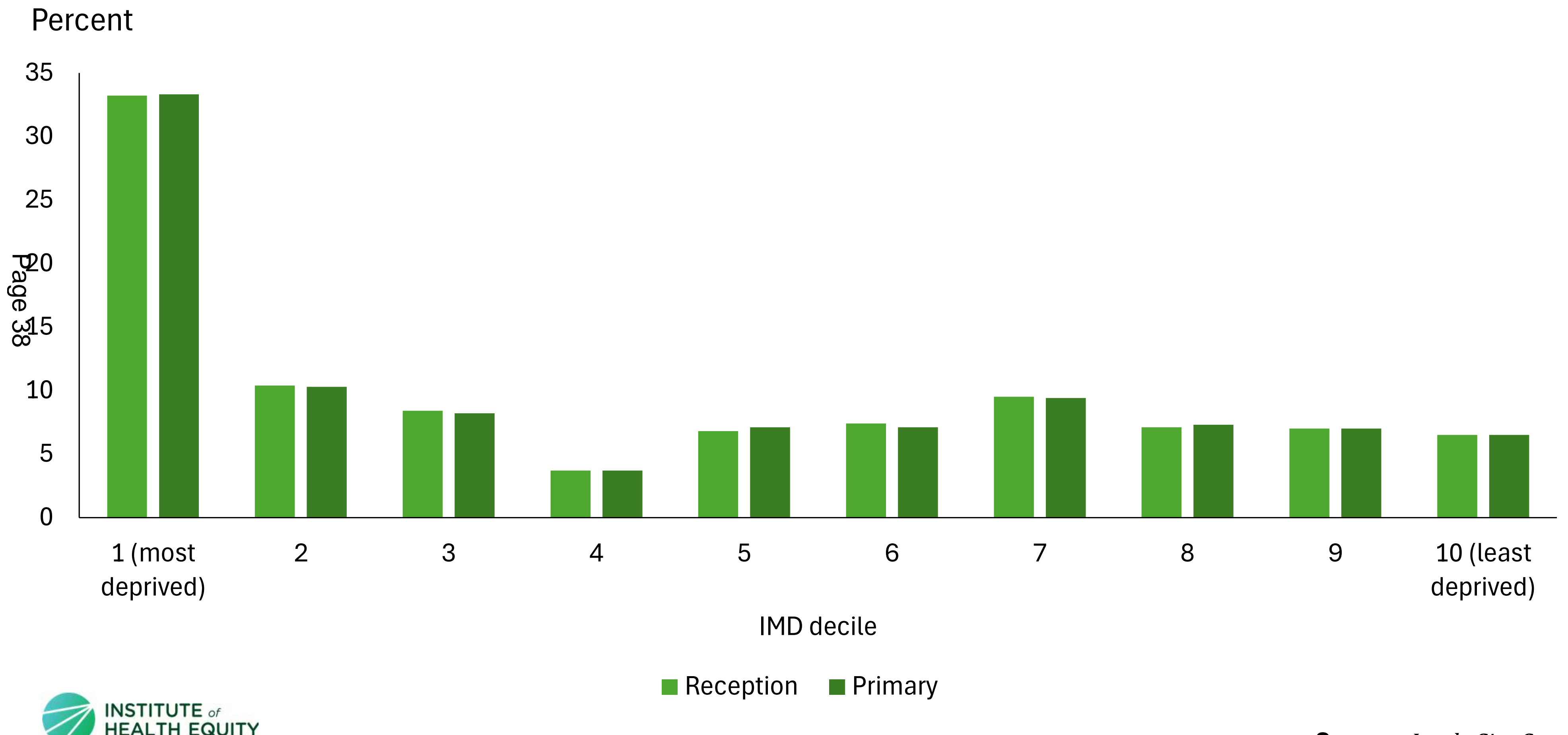
Cross Gates and Whinmoor
Hunslet and Riverside
Chapel Allerton
Farnley and Wortley
Burmantofts and Richmond Hill
Armley
Beeston and Holbeck
Killingbeck and Seacroft
Headingley and Hyde Park
Roundhay
Gipton and Harehills
Ardsley and Robin Hood
Middleton Park
Kirkstall
Pudsey
Bramley and Stanningley
Little London and Woodhouse
Weetwood
Alwoodley
Temple Newsam
Morley South
Moortown
Calverley and Farsley
Morley North
Kippax and Methley
Otley and Yeadon
Horsforth
Guiseley and Rawdon
Wetherby
Garforth and Swillington
Rothwell
Adel and Wharfedale
Harewood

0 20 40 60 80 100 120

Rate per 1,000

Source: *Leeds data team, NHS Digital*

Leeds' future: Percent distribution of children by deprivation decile reception and primary schools, Leeds, 2023 (based on IMD 2019)



Source: *Leeds City Council*

Growing poverty: Percent primary and secondary pupils eligible for free school meals, Leeds and England, 2015/16 to 2022/23

Percent

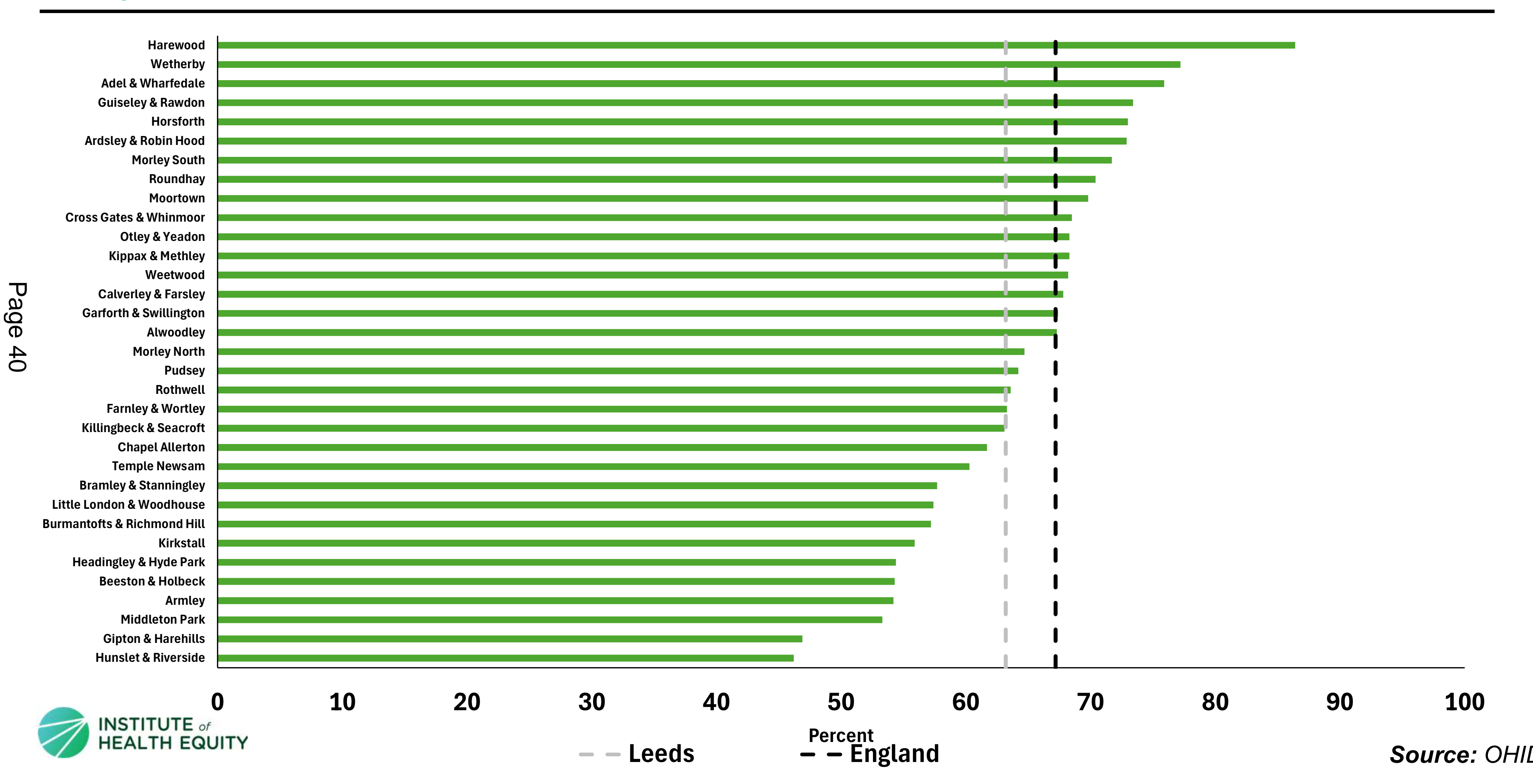
30
25
20
15
10
5
0

2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23

Leeds
England

Source: *Department for Education*

Best start? Percent pupils achieving a good level of development at the end of reception, Leeds wards, 2022/23



Source: *OHID*

Raising aspirations, reducing inequalities: Percent pupils reaching the expected standard in reading, writing, and maths at Key Stage 2, by FSM eligibility and sex, percent, Leeds & England, 2022/23

Percent

80
70
60
50
40
30
20
10
0

FSM eligible	Not known to be FSM eligible	FSM eligible	Not known to be FSM eligible
Boys	Boys	Girls	Girls

■ Leeds ■ England

Source: *Department for Education*

Raising aspirations, reducing inequalities: Percent 16-to 17-year-olds not in education, employment, or training, English CORE cities, and England, 2022/23

Leeds
Liverpool
Sheffield
Newcastle...
Birmingham
Manchester
Nottingham
Bristol

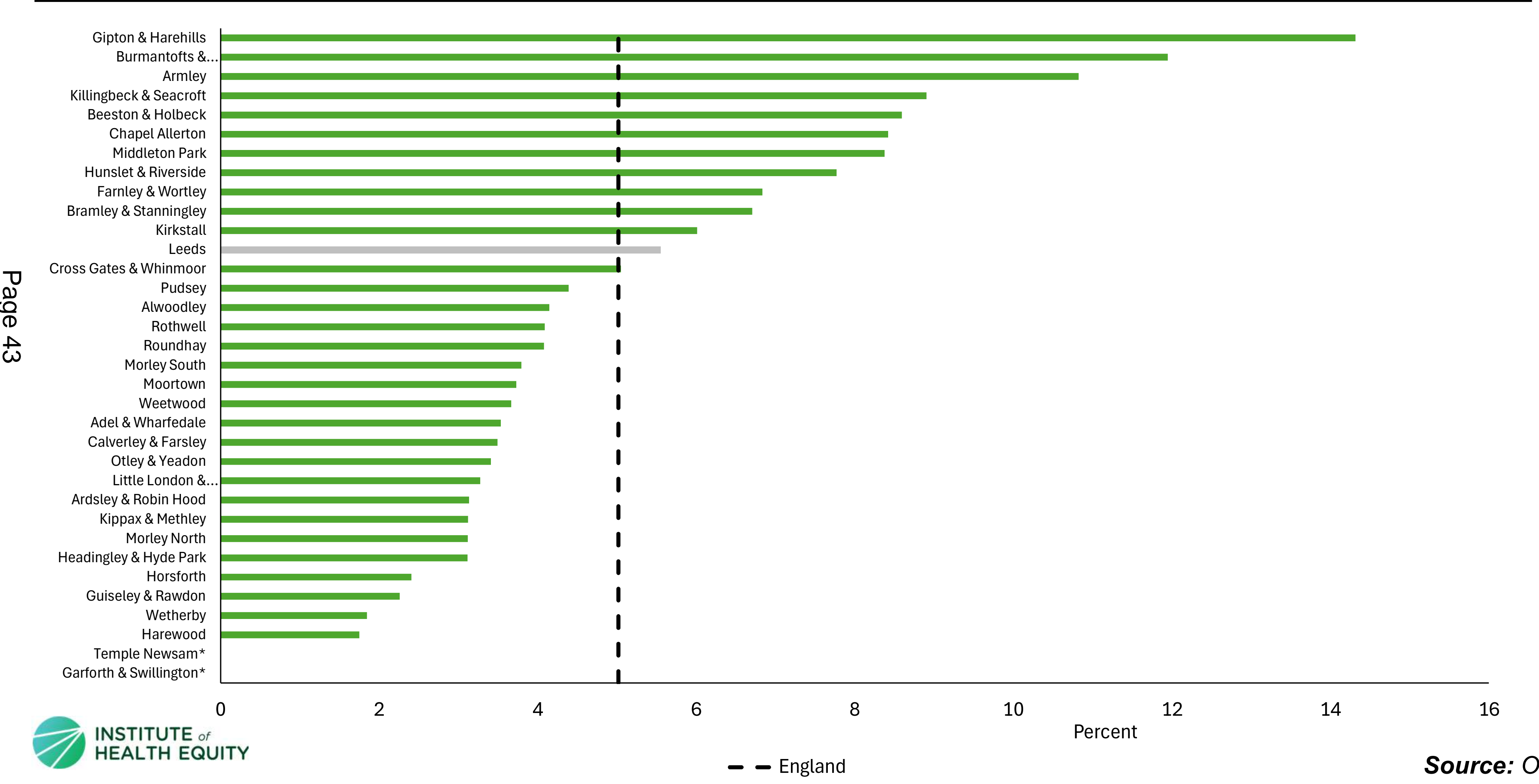
0 1 2 3 4 5 6 7 8 9 10

Percent

England

Source: *OHID*

Percent of working age population claiming out of work benefit, Leeds wards, Leeds, and England 2021/22



INSTITUTE of HEALTH EQUITY

Source: *OHID*

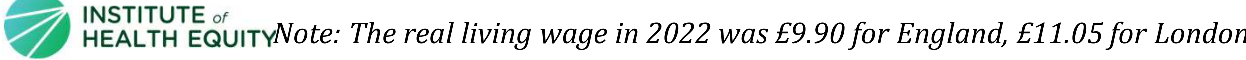
Raising aspirations, reducing inequalities: Percent employees earning below the UK Real Living wage, by sex, English CORE cities and England, 2022

Leeds
Sheffield
Nottingham
Birmingham
Liverpool
Newcastle upon Tyne
Manchester
Bristol

0 5 10 15 20 25 30

Percent

Male | Female | England - female | England - male



Note: The real living wage in 2022 was £9.90 for England, £11.05 for London

Source: *Office for National Statistics*

Raising aspirations, reducing inequalities: Percent children in relative low-income families, Leeds wards and UK, 2021/22

Gipton & Harehills
Burmantofts & Richmond Hill
Hunslet & Riverside
Little London & Woodhouse
Beeston & Holbeck
Chapel Allerton
Armley
Killingbeck & Seacroft
Kirkstall
Headingley & Hyde Park
Bramley & Stanningley
Middleton Park
Temple Newsam
Leeds
Farnley & Wortley
Pudsey
Cross Gates & Whinmoor
Roundhay
Weetwood
Rothwell
Morley South
Alwoodley
Calverley & Farsley
Ardsley & Robin Hood
Kippax & Methley
Otley & Yeadon
Garforth & Swillington
Morley North
Moortown
Guiseley & Rawdon
Adel & Wharfedale
Horsforth
Wetherby
Harewood

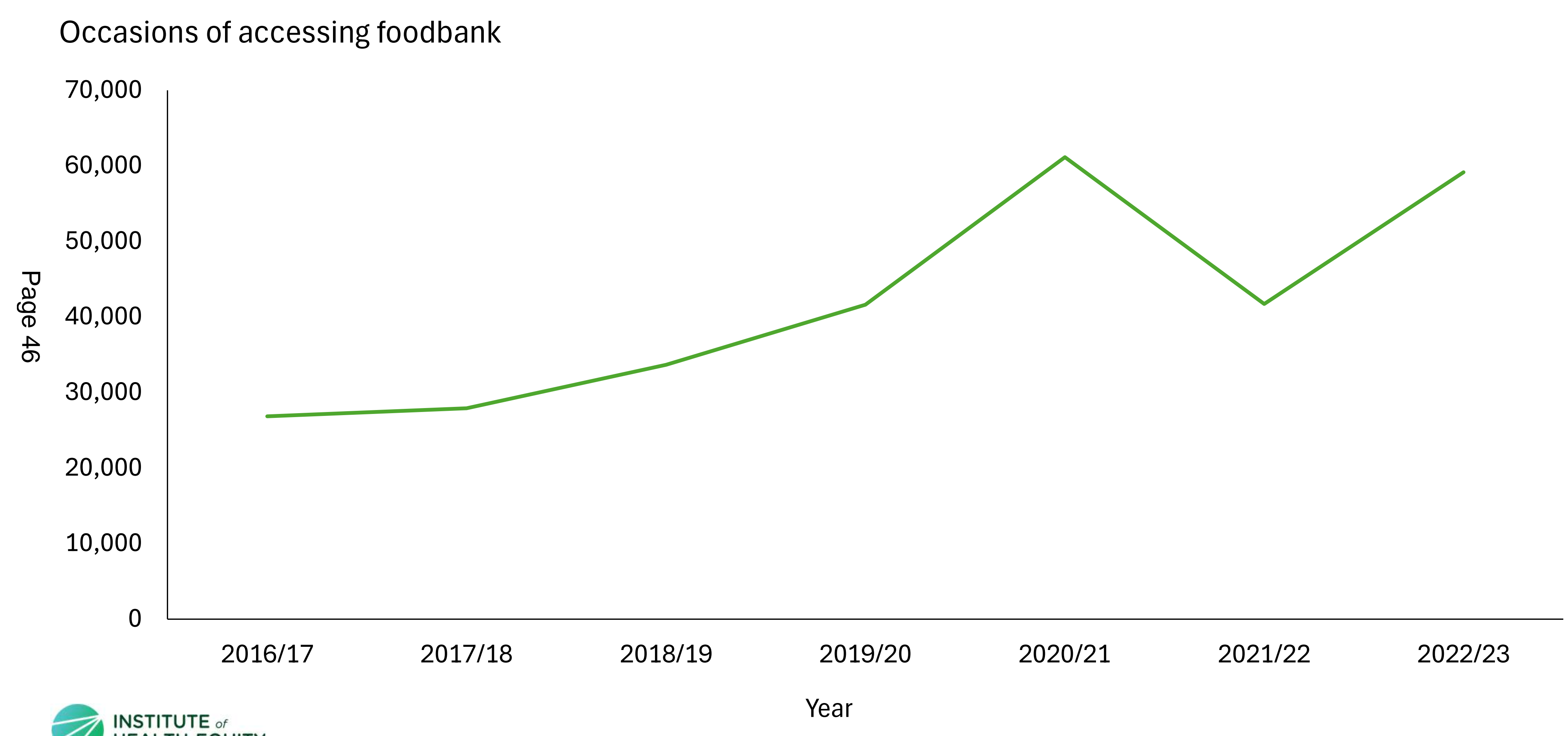
0 5 10 15 20 25 30 35 40 45 50

Percent

UK

Source: *Department for Work and Pensions*

Number of times people accessed foodbank or food parcels by referral from Leeds Food Aid Network, Leeds, 2016/17 to 2022/23



Source: *Leeds observatory*

Rate of households in temporary accommodation per 1,000 households, English CORE cities and England, 2019/20 to 2021/22

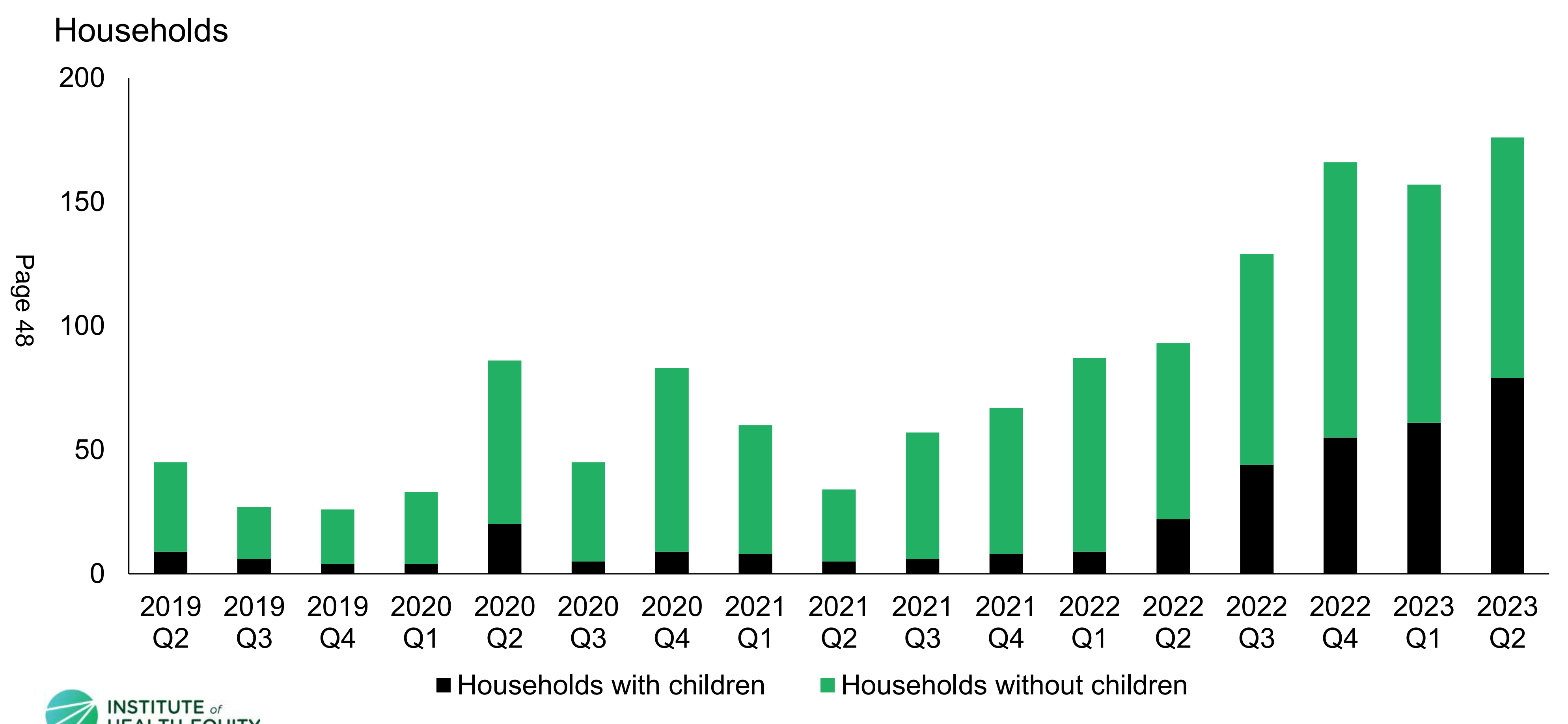
Rate per 1,000

14
12
10
8
6
4
2
0

Manchester Birmingham Bristol Nottingham Liverpool Sheffield Newcastle upon Tyne Leeds England

2019/20 2020/21 2021/22

Source: *Ministry of Housing, Communities & Local Government*


Households in temporary accommodation, by households with or without children, Leeds, 2019 Q1 to 2023 Q3
Households
200
150
100
50
0
2019 Q2
2019 Q3
2019 Q4
2020 Q1
2020 Q2
2020 Q3
2020 Q4
2021 Q1
2021 Q2
2021 Q3
2021 Q4
2022 Q1
2022 Q2
2022 Q3
2022 Q4
2023 Q1
2023 Q2
Households with children
Households without children
INSTITUTE of HEALTH EQUITY
Source: *Ministry of Housing, Communities & Local Government*

Thinking inequalities: Percent adults walking for any purpose at least three times per week, Leeds and England, 2022

Bristol
Newcastle upon Tyne
Liverpool
Sheffield
Manchester
Nottingham
Leeds
Birmingham

0 10 20 30 40 50 60
Percent

England

Source: *Department for Transport*

Thinking inequalities: Percent adults cycling at least once a week for any purpose, Leeds and England, 2016-22

Source: *Department for Transport*

Thinking inequalities: Percent children at healthy weight in reception, at ages 4 to 5 years, English CORE cities and England 2022/23

Leeds
Bristol
Sheffield
Birmingham
Nottingham
Manchester
Liverpool
Newcastle upon Tyne

60 62 64 66 68 70 72 74 76 78 80

England

Percent

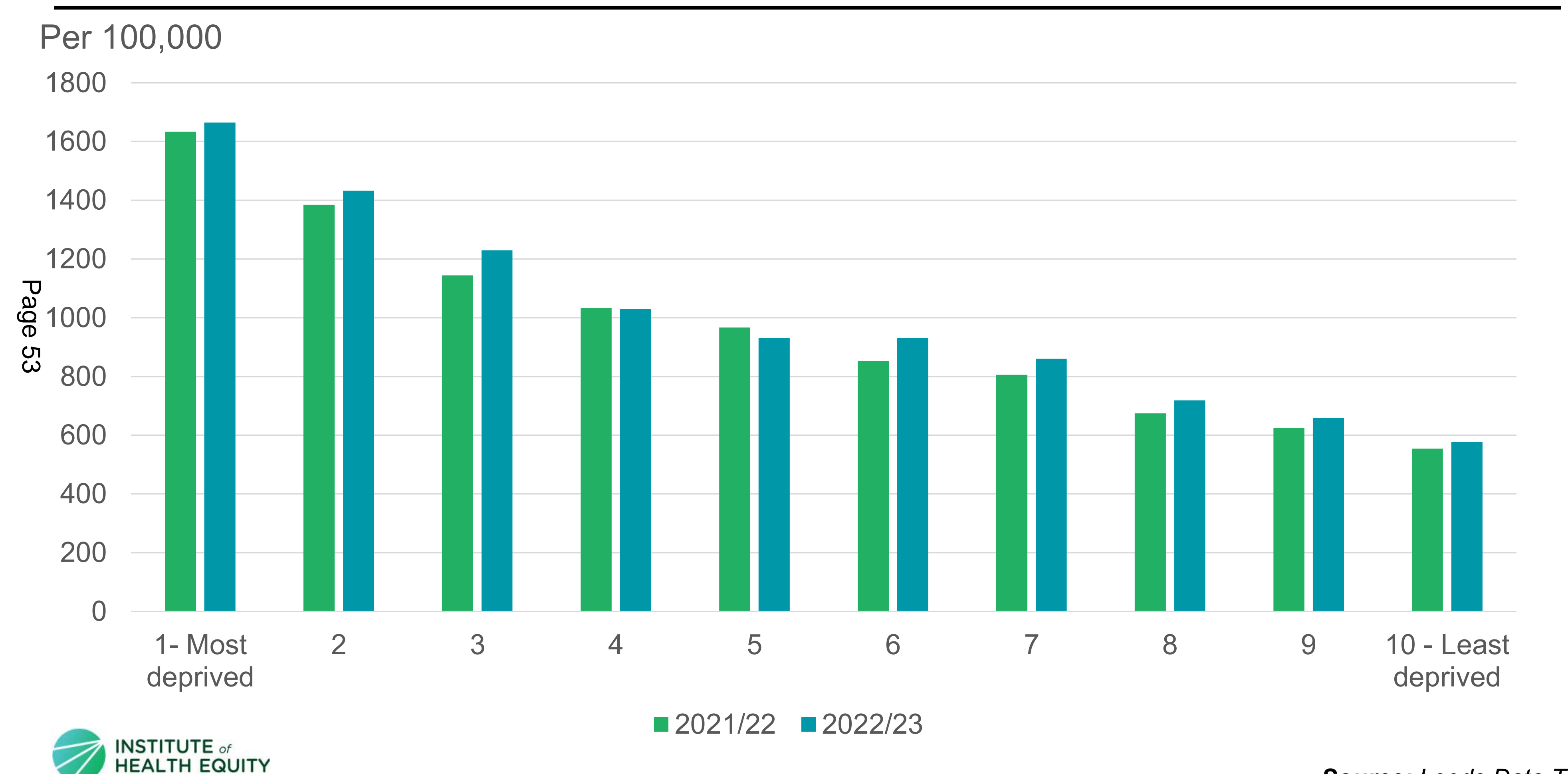
Note: *Children are classified as healthy weight if their body mass index is between the 2nd and less than the 85th centile of the British 1990 growth reference according to age and sex.*

Source: *OHID*

Thinking inequalities: Percent patients age 50+ with physical activity recorded by their GP who were physically inactive, Leeds wards, 2022/23

Source: *Leeds Data Team, Locally collected GP data*

Thinking inequalities: Serious mental health and IMD (2019), per 100,000, Leeds, 2021/22 and 2022/23



Source: *Leeds Data Team*

Prevalence of common mental disorders per 100,000 population by IMD 2019 deprivation deciles, Leeds, 2022/23

Percent

25
20
15
10
5
0

1 (most deprived) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (least deprived)

IMD decile

Source: *Leeds Data Team*

Carbon dioxide emissions, tonnes per capita, English CORE cities and England, 2020

Leeds
Newcastle upon Tyne
Sheffield
Birmingham
Manchester
Liverpool
Nottingham
Bristol

0 1 2 3 4 5

Tonnes of carbon dioxide per capita

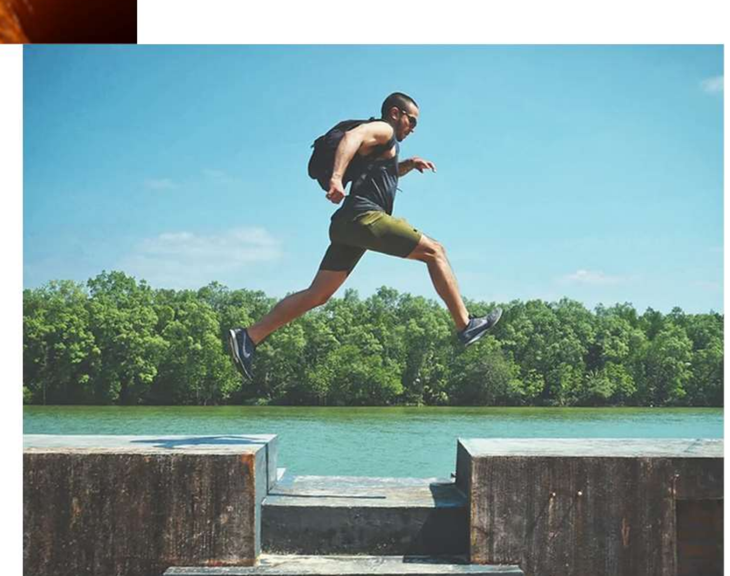
England

Source: *Department for Business, Energy & Industrial Strategy*

System change: Marmot Leeds recommendations & indicators

Overview

- Leeds…
- Joining up
  - Partnerships broader
- Scaling up
  - Work that address inequalities - ethnicity
- Being bold
  - Building on existing approaches
  - Going further



Recommendations

- Leadership and accountability for health equity
- Effective partnerships for health equity
- Research and monitoring for health equity

Leadership and accountability for health equity

AIM: Increase accountability, ensure actions take place and measure impact

1. Identify named senior leaders accountable for health equity in Leeds.

2. Commit to closing the gap in health outcomes as measured by Leeds Marmot indicators, over a five to ten-year period and set out implementation plans to do this.

3. Leaders, organisations and partnerships to adopt a health equity in all policies approach. To identify, test and embed processes that deliver health equity across the system.

4. Continue to allocate senior capacity and resource in Public Health to lead the Leeds health equity approach and maximise the expertise of the wider public health team in planning and delivery.

5. Continue to deliver the Inclusive Growth agenda; scale up business, civic and community anchor programmes to deliver employment and skills training proportionate to the needs of communities and residents in IMD 1 and 2.

6. Leeds NHS systems to continue to build on approaches that reduce inequalities in health (e.g. in Core20PLUS5) with a focus on equity of access, experience and outcomes - ensuring they are proportionate to the needs of communities in IMD 1 and 2.

7. Continue to enable the Third Sector to play a lead strategic role in addressing heath equity and, through fairer funding agreements to deliver sustainable action on the social determinants of health.

8. Ensure that the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities

Effective partnerships for health equity

AIM: Existing and future partnerships prioritise greater health equity in Leeds.

9. Adopt more ambitious health equity goals in existing strategic partnerships. Ensure membership is representative of organisations that have an influence over the social determinants of health.

10. For each Marmot principle, consider establishing cross-sector networks (or review existing networks) that focus on reducing inequalities through action on the social determinants of health.

11. Working with the Third Sector, involve communities in identifying drivers of poor health and in the design, implementation and evaluation of actions to reduce them.

12. Clarify community approaches to addressing the social determinants of health in IMD 1 and 2, including joining up programmes, reducing duplication and scaling up what works.

Research and monitoring for health equity

AIM: Drive more effective interventions and evaluations and implement Leeds Marmot indicators

13. Leeds Academic Health Partnership to review Leeds interventions that have targeted the social determinants of health. Use this evidence to support delivery of effective interventions and programmes in Leeds - scaling up what works and being bold when required.

14. Develop Leeds Marmot indicators and communicate progress against them.

15. Ensure that Leeds Marmot indicator findings influence strategic approaches (e.g. Joint Strategic Assessment and Best City Ambition) and delivery of programmes (e.g. Early Years, planning).

Draft Indicator Set

	Leeds Marmot Indicators - DRAFT	Rationale
1	Life Expectancy at birth in years	Overarching indicator to provide context
2	Babies with low birth weight, rate per 1,000 live births	Representative of health inequalities of baby and mother, amenable to intervention
3	Percent of Children with a Healthy Weight at Reception age (4-5years olds)	Favoured as an opportunity to intervene early in the life course
4	Percent of pupils achieving a good level of development at end of Reception	Indicative of differences early in the life course for early intervention.
5	Percent of pupils meeting expected standard in reading, writing and maths (combined) end of Key Stage 2	Monitoring of a crucial stage in development.
6	Percent of school children who reported feeling happy every or most days	Reflection of overall wellbeing of children and young people.
7	Percent of 16- to 18-year-olds not in employment, education, or training	Supporting tracking of Marmot principles 2 and 3. indicator matches national definition to enable national comparison.
8	Percent of common mental health issues, recorded by GPs, 16+ years	Close relationship between CMHI and social determinants. Current under-reporting in IMD 1 against estimated prevalence. This indicator will review recording of mental health across IMD deciles with particular focus on increasing recording in IMD1.
9	Percent of patients diagnosed with serious mental illness, recorded by GPs, all ages	Clear social gradient between IMD deciles and SMI prevalence. Indicator will measure change over time, particularly in IMD1 and 2.
10	Percent of physical inactivity, recorded by GPs, adults 50+ years	Supports breadth of indicators over the life course.
11	Percent of health and care workforce by ethnicity, in proportion to total Leeds population	To support the development of this aspirational indicator.
12	Percent of people earning less than UK Real Living Wage	Only available at city level. To support developing more granular information.
13	Number of households in temporary accommodation	A key housing factor affecting physical and mental health.

DRAFT

Leeds
Health & Wellbeing
Board

Report author: *Dan Barton and Emily Carr*

Report of: The Leeds area SEND and AP Partnership Board

Report to: Leeds Health and Wellbeing Board

Date: 21st March 2024

Subject: Progress of the Leeds area SEND and AP Partnership Board

Are specific geographical areas affected?		☒ No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	
Is the decision eligible for call-In?		☒ No
Does the report contain confidential or exempt information?		☒ No
If relevant, access to information procedure rule number:		

Summary of main issues

This is the first report to the Health and Wellbeing Board of the newly re-established Leeds area SEND and AP Partnership Board.

The Leeds area SEND and AP Partnership Board brings together local partners with a shared aim: to improve the experiences and outcomes of our children and young people aged 0-25 with special educational needs and disabilities (SEND), and/or with inclusion needs that may require alternative provision (AP[1]), and their families.

The Board governs the co-production and delivery of a multi-agency SEND and Inclusion strategy for the city, *Everyone's Included 2022-27*.

This aligns with recent national policy set out in the 2023 national SEND and AP improvement plan. The effectiveness of the local authority and local integrated care board in establishing a robust SEND and AP Partnership Board, with effective governance of a shared SEND and inclusion strategy, will be scrutinised in Ofsted and CQC joint area

1 Alternative provision (AP) is education provided for children and young people who may not access mainstream education due to: exclusion from school; medical needs; a need for support with behaviour as a result of social, emotional and mental health (SEMH) needs; or any other reason that means they cannot attend typical mainstream school. This is typically a short-term need, with the intention that the learner will return to mainstream education (as opposed to a long-term need for specialist learning provision).

inspections of SEND services under a revised inspection framework published in 2023. Leeds expects to be inspected in 2024.

The re-establishment of the Leeds area SEND and AP Partnership Board (formerly the Leeds SEND Partnership Board) was discussed at the July 2023 meeting of the Health and Wellbeing Board. It was agreed that:

- The Health and Wellbeing Board will provide ongoing, high-level oversight of the re-established Leeds area SEND and AP Partnership Board and its governance of SEND and Inclusion strategy and plans; and

- Officers of the local authority and integrated care board would complete work to refine new terms of reference, membership, and structural arrangements for the Leeds area SEND and AP Partnership Board, in line with national policy and best practice.

This report provides updates on progress on the agreed actions as above, and on:

- Recent work to implement our current local SEND and inclusion strategy, Everyone's Included 2022-27. Aspects of this work are informed by our recent participation in the national SEND and AP change programme.
- Plans for robust self-evaluation of our current local offer of SEND services, our policies and practices, and outcomes for our children and young people with SEND and inclusion needs. Rigorous self-evaluation is critical to inform a robust local strategy, and will be scrutinised in Ofsted and CQC area SEND inspections
- Plans for revising and refreshing our current local SEND and Inclusion strategy and arrangements for its implementation, monitoring, and evaluation. Local strategy and its impact will be scrutinised in Ofsted and CQC area SEND inspections
- Plans to ensure effective communication mechanisms to ensure ongoing, meaningful 2-way dialogue with stakeholders, enabling their voices to influence self-evaluation and strategic planning.

Recommendations

It is recommended that the Health and Wellbeing Board:

- Agree the proposed revisions to the Leeds area SEND and AP Partnership Board's terms of reference, including new operational structures and thematic priority areas

- Note updates on recent progress in key areas relating to our current *Everyone's Included 2022-27* Leeds SEND and Inclusion strategy

- Note updates on planned work to ensure rigorous local self-evaluation which will inform revision and refresh of our local SEND and inclusion strategy

- Encourage the ongoing engagement of key partners across education, health, and social care services in the Leeds area SEND and AP Partnership Board and planned activity as above

1 Purpose of this report

1.1 This report aims to:

- Provide an update on progress to re-establish the Leeds area SEND and AP Partnership Board, as agreed at the July 2023 meeting of the Health and Wellbeing Board, to:

  - Ensure alignment with the national SEND and AP improvement plan 2023
  - Ensure robust terms of reference and engagement of stakeholders; and
  - Ensure effective governance of our shared, multi-agency SEND and Inclusion strategy for Leeds, *Everyone's Included 2022-27*

- Provide updates on key recent work to implement the *Everyone's Included 2022-27* strategy. This has been informed by Leeds' participation in the national SEND and AP change programme with the West Yorkshire Change Programme Partnership

- Provide an overview of planned future activity of the Leeds area SEND and AP Partnership Board, including: rigorous self-evaluation of our current SEND and inclusion offer and its impact; revision of our local SEND and inclusion strategy, informed by self-evaluation; and review of communication mechanisms to ensure meaningful dialogue with stakeholders

- Seek the support of members of the Health and Wellbeing Board in engaging partners and stakeholders in contributions to planned activities, at pace.

2. Background information

The Leeds area SEND and AP Partnership Board brings together local partners with a shared aim: to improve the experiences and outcomes of Leeds children and young people aged 0-25 with SEND and inclusion needs, and their families.

For some partners in learning, health, and social care agencies, engagement in the Board reflects statutory responsibilities. Other partners, including those representing families, have an interest as stakeholders.

The need to establish local area SEND and AP Partnership Boards was set out in the 2023 national SEND and AP Improvement Plan. The Plan describes multi-agency boards with governance of a single, shared SEND and inclusion strategic plan (in Leeds, our *Everyone's Included 2022-27* strategy).

The functions of a local SEND and AP Partnership Board, and its effective governance of a local SEND and inclusion strategy, will be scrutinised in Ofsted and CQC joint area inspections of SEND services under a revised inspection framework published in 2023. Leeds expects to be inspected in 2024.

Leeds already had an established SEND Partnership Board at the time of publication of the national Improvement Plan. However, it was recognised that the

Board as was lacked robustness. This included a lack of representation of some key stakeholders, and a lack of higher-level oversight.

This was discussed at the July 2023 meeting of the Health and Wellbeing Board and it was agreed that:

- The Health and Wellbeing Board will provide ongoing oversight of the Leeds area SEND and AP Partnership Board, and its governance of a shared local SEND and inclusion strategy; and

- Lead officers across the local authority and integrated care board would work to ensure robust terms of reference and appropriate multi-agency membership of the Leeds area SEND and AP Partnership Board, in line with national policy and best practice

In autumn 2023 a national change programme for SEND and AP was introduced. This programme is intended to enable local areas to test new approaches in line with the national vision for SEND and AP. Leeds is participating in this programme as a member of the West Yorkshire Change Programme Partnership.

2 Main issues

2.1 Update on the on re-establishment of the area SEND and AP Partnership Board:

Officers of the local authority and integrated care board have recently met as a ‘tactical group’; an adjunct to the full Board, this group has allowed for operational planning between full Board meetings.

The group has completed revisions to the draft Terms of Reference for the Board (please see Appendix 1). Revisions reflect input from members of the Board.

Revisions also include proposed new arrangements for operational delivery of the local SEND and inclusion strategy governed by Board. New themed work groups aligning with local and national priorities are proposed as follows:

- Joint commissioning and sufficiency
- Voice, influence, and change (VIC) and transparency
- Neurodivergence and Social, Emotional, and Mental Health (SEMH)
- Practice, workforce, and training
- Performance, data, and quality assurance

Cross-cutting themes for all work groups are proposed as follows:

- Preparation for adulthood
- Communication

Work groups will be co-chaired by partners across the local authority and integrated care board, to ensure shared ownership of the agenda. Once groups are established, the 'tactical group' will no longer be required and will stand down.

Accelerated Progress Plans (APPs) to focus on urgent change in key areas of vulnerability may also be considered.

2.2 **Update on recent progress to implement our local *Everyone's Included 2022-27* strategy:**

- Co-production of the Leeds SEND and Inclusion Practice Framework to promote early identification, assessment, and support plans:

  The developing Practice Framework seeks to enable best inclusive practice in our Leeds schools and settings, with a focus on early identification and quality, holistic early assessment and planning. It aims to bring together learning, advice, and practical tools to enable practitioners in delivering a quality, consistent graduated approach to meeting needs, in line with the national Code of Practice and in the context of wider local early help services.

  The Framework is being co-produced with practitioners in Leeds schools and settings. Feedback from practitioners involved in the early stages of co-production has been positive.

  The Framework will be reinforced by new 'SEND navigators' in Leeds Early Help Hubs providing additional area-based expert advice to practitioners.

- Development of the local offer for social, emotional, and mental health (SEMH) needs (this is specifically supported by the *Future in Mind: Leeds 2021-26* strategy which sits alongside and integrates with the *Everyone's Included 2022-27 strategy):*

  Details of our evolving local offer for SEMH may be found on our Mindmate website here. Recent progress includes delivery of training to enable practitioners in schools to support SEMH needs; this has been accessed by over 100 local schools to date (31% of all Leeds schools). Progress has also been made to establish three new Mindmate support teams (with a fourth in progress), which will provide area based SEMH expertise and support to practitioners across the city.

- Development of integrated local practices to support neurodivergent children and young people:

  The Leeds Partnership has a shared aspiration to re-imagine and re-model our offer for children and young people who are neurodivergent. This responds to a significant increase in demand for assessment and diagnosis of autism and ADHD, and increased waiting times, in recent years. Families too often report lack of support while awaiting assessment, leading to difficulties becoming

entrenched and significant stress. These challenges are apparent nationally as well as locally.

We intend to plan a multiagency summit to consider new model. We would intend that this new model would emphasise early identification, assessment, and planning to meet needs of children and young people - irrespective of formal diagnosis of autism or ADHD. A sensitive and engaged approach must be taken to assess this way forwards, cognisant of families who express concerns that a reduction in the diagnostic offer may result in a withdrawal of support or inability to access services and benefits, and have implications for the transition into adulthood. Engagement of children and families in this work as well as education, care, and health, is absolutely crucial.

Leeds partners are currently piloting new approaches which may inform this vision. Recent pilot activity has sought to test 'whole-school' approaches to learning and development and have received positive feedback. A new 'profiling tool' to support needs assessment is being trialled. A recent conference was attended by 200 local practitioners and was well-received. Pilot activities continue and learning from them will be reported.

A new Neurodiversity Information Hub has also been established to provide expert information, advice, and guidance to practitioners across the city to bolster support whilst improvement work continues.

- Embedding trauma-informed practice across the city:

The Leeds partnership is a core member of the West Yorkshire Adversity, Trauma and Resilience programme and continues work across agencies to embed trauma-informed practice in the city.

Trauma-informed practice is highly relevant to our children and young people with SEND, given the co-incidence of SEND needs and adverse childhood experiences; around 50% of our looked after children in Leeds, and 40% of our children in need, have identified SEND.

The Compassionate Leeds Trauma Awareness, Prevention, and Response steering group has recently been established, representing agencies across the partnership. A service specification for a new Trauma-Informed Practice Integrated Resource Team has been produced; recruitment of education and social care leads to this team is underway and will ensure an integrated approach to practice development. Work also continues to raise awareness of the programme, promote learning and development opportunities, and identify local best practice across the city to build upon.

- Supporting school attendance and reducing extended school non-attendance (ESNA):

School attendance continues to be profoundly impacted by the effects of the Covid 19 pandemic. Learners with SEND are over-represented amongst those with low attendance. A working party has been established in response to this; developments include delivery of free training for schools, enabling their

development of inclusive systems and practice to promote attendance. To date, 74 schools (22.6% of our total number of schools) have accessed this training.

- Testing new approaches to Education, Health and Care (EHC) needs assessments and plans:

As part of our participation in the national SEND and AP change programme, Leeds partners are testing proposed new approaches to ensure high-quality, timely EHC needs assessment and plans. Learning from this local testing will inform local practice and processes, and ultimately inform a new national standardised system for EHC needs assessment and planning.

This work includes testing a proposed standardised national template for EHC Plans; testing revised arrangements for multi-agency panels responsible for reviewing requests for EHC needs assessment; and testing new approaches to mediation where a family is dissatisfied with outcomes of EHC needs assessment and planning.

- Reviewing local arrangements for alternative provision (AP)

As part of our participation in the national SEND and AP change programme, Leeds partners have commenced a review of our local arrangements for AP.

The programme encourages include analysis of 3 'tiers' of support including: targeted support in mainstream schools to promote inclusion and reduce the need for AP; quality time-limited placements in AP which rapidly identify and meet the learner's needs and enable a swift return to their mainstream school; and transitional arrangements for learners where a return to their mainstream school is not possible and they need support to access to a new school or post-16 learning setting.

2.3 **Update on planned activity for the Leeds area SEND and AP Partnership Board:**

- Partners will work at pace to complete robust self-evaluation of our current local offer of SEND services, our policies and practices, and outcomes for our children and young people with SEND and inclusion needs.

  Rigorous self-evaluation is critical to inform local strategy and development plans and will be scrutinised in Ofsted and CQC area SEND inspections; Leeds expects to be inspected in 2024.

  A multi-agency working group will meet twice a month to accelerate progress of this self-evaluation and ensure representation of the voices of all partners, including families and practitioners. Shared ownership of our narrative for SEND and inclusion in Leeds is vital and members of the Health and Wellbeing Board are asked to encourage engagement of teams or services if requested.

- A robust self-evaluation as above will support revision of our local SEND and Inclusion strategy, *Everyone's Included 2022-27,* ensuring it represents recent developments both nationally and locally. This strategy will be a key focus in Ofsted and CQC inspections and we aim to work at pace to refresh it.

This will be supported by our ongoing participation in the national SEND and AP change programme, which includes best practice sharing to inform local strategic plans for SEND and inclusion.

Arrangements for implementation of the strategy at an operational level will also be revised. Proposed New themed work groups are described at 3.1

- Partners will work together to review our current communication mechanisms and ensure we maximise opportunities for meaningful 2-way dialogue with stakeholders and enable their voices to influence local change. Examples of current mechanisms in practice to support the voice and influence of children and young people with SEND and their families may be found here

3 Health and Wellbeing Board governance

3.1 Consultation, engagement, and hearing citizen voice

3.1.1 Enabling the voices of children and young people with SEND and their families to influence change at strategic and operational levels is critical to our work. We describe our current mechanisms for this, including our local SEND Youth Council and Parent Carer Forum, in detail here

3.2 Equality and diversity / cohesion and integration

3.2.1 It is well-established that outcomes for children and young people with SEND and inclusion needs are less positive than those of their peers. Children and young people with SEND are over-represented amongst those not progressing in education or employment; those permanently excluded from school; and those in youth custody. The Leeds area SEND and Partnership Board and its effective governance of our local SEND and inclusion strategy directly responds to these inequalities and actively promotes support for children and young people to fulfil their potential in learning, enjoy the best possible health and wellbeing, participate fully in their local communities, and prepare for adulthood.

3.3 Resources and value for money

3.3.1 In common with many other local areas, services for children and young people with SEND are experiencing significant funding pressures. New funding for schools and for local authorities was announced as part of the national SEND improvement plan in 2023; however analysis by various national bodies indicates that it is unlikely this will not be adequate to meet increasing needs for support. Work to review our local SEND and inclusion strategy will include consideration of these challenges and will continue to focus on meeting needs at the earliest possible time, avoiding escalation of needs which may then require input from costly specialist services with limited capacity.

3.4 Legal Implications, access to information and call In

3.4.1 Not applicable at the present time.

3.5 Risk management

3.5.1 As described in point 2, there is a risk that our lack of a current and rigorous local self-evaluation and a current and robust local strategic plan for SEND and inclusion may undermine our performance in Ofsted and CQC inspection. Work at pace to address this is planned as described.

3.5.2 Specific risks identified through our local self-evaluation will be managed through a shared risk register already in place and reviewed regularly by the area SEND and AP Partnership Board and individual agencies.

4 Conclusions

4.1 A robust local area SEND and AP Partnership Board, with appropriate engagement of key stakeholders and an effective structure for governing our local SEND and inclusion strategy, is critical to improve outcomes for our children and young people with SEND and inclusion needs. Effective local establishment of Boards will also be subject to scrutiny in Oftsed and CQC inspections. Work to finalise new arrangements for the Board must proceed at pace.

4.2 A robust and rigorous local self-evaluation must also be co-produced at pace, to ensure our developing SEND and inclusion strategy is informed by quality data and information, and by the voices of stakeholders. Self-evaluation will also subject to scrutiny in Oftsed and CQC inspection. Work to complete self-evaluation must proceed at pace.

4.3 Review and refresh of our local multi-agency SEND and inclusion strategy, and new arrangements for its implementation, is critical to improving outcomes for children and young people with SEND and inclusion needs. Our local strategy will also be subject to scrutiny in Oftsed and CQC inspections. Work to revise our local strategy, informed by our self-evaluation, must proceed at pace.

6. Recommendations

It is recommended that the Health and Wellbeing Board:

- Agree the proposed revisions to the Leeds area SEND and AP Partnership Board's terms of reference, including new operational structures and thematic priority areas.
- Note updates on recent progress in key areas relating to our current *Everyone's Included 2022-27* Leeds SEND and Inclusion strategy.
- Note updates on planned work to ensure rigorous local self-evaluation which will inform revision and refresh of our local SEND and inclusion strategy.
- Encourage the ongoing engagement of key partners across education, health, and social care services in the Leeds area SEND and AP Partnership Board and planned activity as above.

7. Background documents

- Appendix 1: Revised draft Terms of Reference for the Board
- Our current Leeds SEND and Inclusion strategy, *Everyone's Included 2022-27*, is available here (and in plain text format, here)
- Our Future in Mind: Leeds strategy for supporting children and young people's social, emotional and mental health is available here

THIS PAGE IS LEFT INTENTIONALLY BLANK

Implementing the Leeds Health and Wellbeing Strategy

How does this help reduce health inequalities in Leeds?

It is well-established that outcomes for children and young people with SEND and inclusion needs are less positive than those of their peers. Children and young people with SEND are over-represented amongst those not progressing in education or employment; those permanently excluded from school; and those in youth custody.

The Leeds area SEND and Partnership Board and its effective governance of our local SEND and inclusion strategy directly responds to these inequalities and actively promotes support for children and young people to fulfil their potential in learning, enjoy the best possible health and wellbeing, participate fully in their local communities, and prepare for adulthood.

How does this help create a high-quality health and care system?

Our local SEND and Inclusion strategy will drive improvements in local inclusive practice and in our local offer of support for children and young people with SEND and inclusion needs across education, health, and care services.

How does this help to have a financially sustainable health and care system?

In common with many other local areas, services in Leeds SEND are experiencing significant funding pressures. New funding for schools and for local authorities was announced as part of the national SEND improvement plan in 2023; however analysis by various national bodies indicates that it is unlikely this will not be adequate to meet increasing needs for support.

Work to review our local SEND and inclusion strategy will include consideration of these challenges and will continue to focus on meeting needs at the earliest possible time, avoiding escalation of needs which may then require input from costly specialist services with limited capacity.

Future challenges or opportunities

Key challenges include:

- Significant, ongoing increase in local need and demand for services
- Challenges in recruiting and retaining some key practitioners (for example the national shortage of Educational Psychologists)
- Financial challenges as resource has not increased in line with demand; this has impacted profoundly on capacity in services
- Lack of appropriate school estate for developing new learning provision
- Increased concerns and complaints reported by families experiencing delays in assessment of neds and access to support services

Leeds' participation in the national SEND and AP improvement programme provides opportunities to 'test' new approaches to more timely, efficient practices which also improve quality; for example, new approaches to standardised EHC planning processes.

DRAFT
Leeds Area SEND and AP Partnership Board
Terms of Reference

Version last updated at 29/03/2024

1. Name
Full name: Leeds Area Special Educational Needs and Disability and Alternative Provision Board
Abbreviation: Leeds Area SEND and AP Partnership Board

2. Partnership Board Purpose

The Leeds Area SEND and AP Partnership Board brings together partners who work together to lead our progress towards our shared vision and values of an inclusive child-friendly Leeds. The Board governs strategic plans to improve the experiences and outcomes of children and young people aged 0 to 25 in Leeds with special educational needs and disabilities (SEND); children and young people with inclusion needs requiring support in alternative provision (AP); and their families.

The Leeds Area SEND and AP Partnership is an equal partnership of sector representatives including education providers, Leeds City Council Children and Families Services, health and social care providers, the Leeds Health and Care Partnership (NHS West Yorkshire Integrated Commissioning Board), representatives of the third sector, representatives of the Leeds Parent Carer SEND Forum, and representatives of the voices of children and young people in Leeds via the Leeds SEND Youth Council.

The Board oversees and holds agencies to account for delivering our local SEND and inclusion strategy (*Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027* in its current iteration) and its impact and effectiveness in improving the experiences and outcomes of children and young people aged 0-25 with SEND and inclusion needs.

The Board enables partners to make decisions together to make the best use of resources, maximise collaborative working across all sectors as appropriate, and unblock any barriers for the work of the group. This will not impact on the statutory responsibilities of individual organisations, nor have responsibilities been delegated formally to another forum.

3. Aims and objectives of the Partnership Board

The aims and objectives of the Leeds Area SEND and AP Partnership Board are to:

- Promote a culture and ethos of inclusion and partnership working across the city through co-production/co-design

DRAFT

- Act as the strategic governance body for oversight of local SEND and inclusion strategy and service improvements across Leeds
- Ensure that partners have a clear, identified shared vision; clear, identified shared values and priorities; and a clear shared plan of activity for improvement, as set out in our local SEND and inclusion strategy (*Everyone's included: the Leeds SEND and Inclusion Strategy 2022-2027* in its current iteration)
- Ensure meaningful engagement and co-production with children, young people and their families is embedded in the culture of all SEND and inclusion services
- Ensure that improvements and reforms overseen by the Board align with wider local strategic developments and with national policy, legislation, and practice guidance
- Ensure that improvements and reforms are effective and have a positive impact on outcomes for children and young people with SEND
- Ensure that improvements deliver appropriate consistency in delivery of services, removing unwarranted variation, and ensure there is equality of access to provision
- Ensure that delivery of improvements and reform represents best value
- Ensure systems and processes support improvements in the delivery of, and engagement with, services across the partnership and for children and young people, parents and carers
- Provide oversight, check, and challenge on progress of delivery plans for SEND and inclusion improvements, ensuring that there is full scrutiny of the work that is being delivered by accountable agencies and,
- Ensure the lived experience of children and young people with SEND and their families is improved, and that their needs are met and outcomes achieved through the effective delivery of high-quality, holistic identification and assessment, and high-quality, integrated plans, through a graduated approach in line with the SEND Code of Practice 2015.
- Ensure integration and alignment of our local SEND and inclusion strategy (*Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027* in its current iteration) and the *Future in Mind: Leeds strategy 2021-2026*, which aims on improve children's and young people's social, emotional and mental health (SEMH). As SEMH needs are one of the four categories of SEND identified in the SEND Code of Practice 2015, it is important that the two strategies are integrated.

4. Shared Principles, Values and Behaviours

Principles:

- We work in partnership across education, health and social care services and settings, the third sector / VCSE (Voluntary, Community and Social Enterprise organisations) and with parents and carers and children and young people aged 0-25
- We will be ambitious for the people we serve and the staff we employ
- We belong to its people and to commissioners and providers, Councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues to inform taking of action

- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing
- The voice of the child and family is at the heart of everything we do; and
- We identify need early and intervene early

Values and Behaviours

- We are leaders of our organisation, our place and of best inclusive practice
- We support each other and work collaboratively
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We will work with children and young people and their families restoratively
- We will be open, honest, and trusted
- We will treat people fairly
- We will spend money wisely
- We will work as a team for Leeds
- We will work with all communities

DRAFT

5. Governance

The Leeds Area SEND and AP Partnership is an equal partnership of sector representatives including education providers, Leeds City Council Children and Families Services, health and social care providers, the Leeds Health and Care Partnership (NHS West Yorkshire Integrated Commissioning Board), representatives of the third sector, representatives of the Leeds Parent Carer SEND Forum, and representatives of the voices of children and young people in Leeds via the Leeds SEND Youth Council.

The Board enables partners to make decisions together to make the best use of resources, maximise collaborative working across all sectors as appropriate, and unblock any barriers for the work of the group.

Members of Leeds City Council's Children and Families Directorate senior leadership team representing learning and social care services, alongside the senior responsible officer representing the local ICB, are jointly accountable to the Leeds Health and Wellbeing Board for directing implementation of local SEND and inclusion strategy (*Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027* in its current iteration).

The Leeds Area SEND Partnership Board will report strategically to the Leeds Health and Wellbeing Board. Reports will be annual with summary highlight reports produced (frequency of highlight reports TBD by the Health and Wellbeing Board; these reports will also be provided to the Children and Young People's Population Board)

Leeds City Council's Director of Children and Families Services is responsible for reporting significant risks and issues arising from activity related to the work of the Board, or providing updates as required, to the Council's Cabinet and Scrutiny Board.

Directors and Officers representing the ICB and Leeds City Council will report operationally to the Children and Young People's Population Board, ensuring join-up that reflects their shared accountabilities for improving learning, health, and wellbeing outcomes for children and young people with SEND and the interaction/alignment of local SEND and inclusion strategy (*Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027* in its current iteration) and the *Future in Mind: Leeds strategy 2021-2026* supporting children and young people's social, emotional and mental health.

The governance structure is set out in Appendix 1.

6. Membership

The Leeds Area SEND Partnership Board is co-chaired by senior leaders of the Leeds City Council Children and Families Service and the local Integrated Commissioning Board in partnership, reflecting this shared agenda across education, health, and social care and accountabilities across both organisations. Leeds City Council will take a lead Chair role in meetings for pragmatic purposes and will ensure organisation and clerkship of meetings.

The participation of children and young people with SEND in the Board will be invited in a format or medium that best suits their needs (as opposed to typical membership of the Board). Currently this in the form of a yearly 'takeover' of a Board meeting, with regular two-way dialogue at other meetings, facilitated by membership of the Leeds City Council Children and Families Service Voice, Influence and Change team. Officers of the team will ensure representation of the voices of young people and their wishes, needs, and aspirations are regularly shared with the Board and responses from the Board are in turn shared with young people.

Members representing stakeholder groups (for example learning providers of different kinds, third sector groups) will provide a conduit for regular two-way dialogue between the Board and wider partners in the sector. Members are expected to share updates on Board meetings and activity with others in the sector they represent, and ensure their responses and views are reported back to the Board. Members representing each sector will be identified though a transparent process of dialogue with partners in the sector.

Partnership Category	Role / Representative	Named Person
Chair of Partnership Board	Deputy Director Leeds City Council (LCC) Children and Families Service (learning) Associate Director of Pathway Integration, West Yorkshire Integrated Care Board (Leeds Place)	Dan Barton Emily Carr
Clerk of Partnership Board	Team Leader, LCC Strategy and Resources	Cheryl Murphy
	Deputy Director LCC Children and Families Services (learning)	Dan Barton

DRAFT

LA Director of Children's Services or their nominated Deputy(ies)	Deputy Director LCC Children and Families Service (social care)	Farrah Khan
	Head of Service, LCC Adult's Social Care	Maxine Naismith
	Service Delivery Manager, Early Help, LCC Children's Social Care	Lesley Wilkinson
	Manager of Transitions Team, LCC Adult's Social Care Transitions Team LCC	Lynn Dunion
Local authority (LA) learning, SEND and inclusion partners	Deputy Leader of Leeds City Council and Executive Member for Economy, Culture and Education	Councillor Jonathan Pryor
	Chief Officer LCC Children and Families Service, Learning Inclusion Service	Gary Saul
	LCC Children and Families Service, Principal Educational Psychologist and SEND Support Lead	*Vacant post*
	LCC Children and Families Service, Vulnerable Learners Lead	Rebecca McCormack
	LCC Children and Families Service, SEND Statutory Assessment and Provision (SENSAP) Lead	Ben Allchin
	LCC Children and Families Service, Best Practice Officer	Natalie Samuel
LA Finance Director	*TBD*	*TBD*
LA Performance and intelligence	LCC Head of Service Performance and Improvement	Peter Storrie
ICB Executive Lead for SEND	Associate Director of Pathway Integration, West Yorkshire Integrated Care Board (Leeds Place)	Emily Carr
ICB Children's and Adult's Health Commissioners and / or Local Authority and ICB joint Commissioners	Senior Pathway Integration Manager (CYP)	Charlotte Guest
	Senior Pathway Integration Manager (adults)	*TBD*
ICB Designated Medical / Clinical Officer	Designated Clinical Officer (DCO)	Sally Townend
	Designated Medical Officer (DMO)	Dr Nagashree Nallapeta
Public Health Officer	*TBD Executive Lead Public Health*	*TBD Kathryn Ingold*
Performance and intelligence	ICB Performance lead	Graham Hyde
Chair of Local Parent Carer Forum (PCF)	Co-chair Parent Carer Forum (PCF)	Jess Duffy
Vice Chair of the Local Parent Carer Forum (PCF)	Co-chair Parent Carer Forum (PCF)	Yvonne Winteler
	Representation of Learning Providers	
Chair of Schools Forum *(NB this is recommended by experts supporting the national change programme, but it is recognised that this may depend on capacity; a place on the Board is*	TBD	

reserved for them or their nominee)		
Education providers	Early Years	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
	Primary mainstream	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
	Secondary mainstream	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
	Alternative provision	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
	Specialist provision: Lighthouse School	Emma Sullivan
	Specialist provision:	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
	14- 25 provision	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
	14- 25 provision	*TBD: conversations with education system partners to decide most appropriate representation are ongoing.*
Representation of NHS Providers		
Health Providers (NB: *(NB it is recommended by experts supporting the national change programme, that primary, secondary and tertiary care be represented; representatives of CAMHS and 'champions' for example Health Watch Victors, Early Years Champions*	LCH SEND leads	Hannah Beal / Janet Addison
	LTHT SEND leads	*TBD Karen Sykes or Sarah Smyth*
	LYPFT SEND leads	*TBD Jenny Bailey*
Representation of the voices of children and young people with SEND and inclusion needs and their families		
Voice, influence, and change	LCC Children and Families Service Voice, Influence and Change Lead	Hannah Lamplugh
	Local Offer & SEND Voice, Influence and Change Coordinator	Kayleigh Thurlow
Voice, influence, and change	The Leeds SEND Information Advice and Support Service	*Vacant post*

DRAFT

7. Local Arrangements

Frequency of Meetings

The Board will meet 6 times annually. To ensure accessibility of parent and carer representatives, it is intended that the majority of meetings be held in term-time between the hours of 10.00 am and 14.00 pm.

Attendance

Invitations may be extended to non-members where this supports the discussion taking place at the meeting. Members of the Health and Wellbeing Board may attend Board meetings as observers.

Quoracy

The meeting is quorate with the Chair, or their nominated member acting as Chair, in attendance along with 40% of the membership. Where a meeting is inquorate it can proceed with decisions to be ratified at the next meeting.

Substitution at Meetings

Members are expected to attend 80% or more of the Board meetings. Members may nominate a relevant colleague or partner to attend if necessary.

Communication and Information Sharing

The minutes of each Board meeting will be available within 5 working days of being approved by the Board as an accurate record. Additionally, within 1 week of each Board meeting, members will receive a Board Brief that may be shared with the team, service, sector or group they represent. The Board Brief will be attached to the minutes of the meeting.
A secretariat of the Board will be arranged by the Leeds City Council Children and Families Service.
Agenda items may be proposed via email to the Chair no less than 10 working days before a scheduled meeting of the Board.

Declaration of Interest and Confidentiality

Board members must declare a direct personal or professional interest related to any items under discussion. At times the Board will consider sensitive and/or confidential items which will be identified within papers and at the meeting. Such items remain confidential until such time it is agreed otherwise.

8. Review

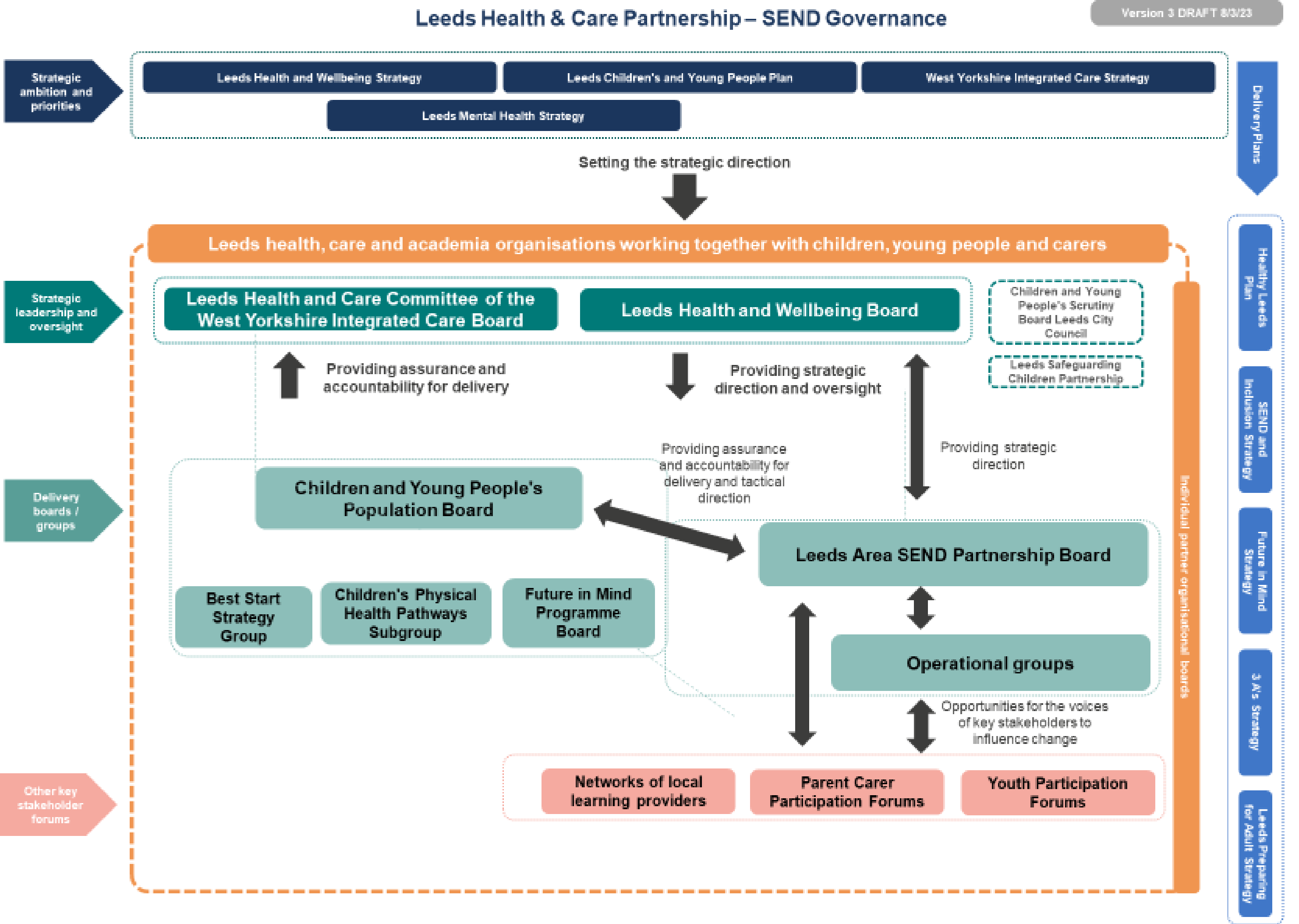
The Board's term of reference, governance structure and membership of the Board will be reviewed every two years to ensure that it continues to reflect the SEND partnership, and to ensure that there are no vacancies due to people changing jobs etc.

The Board will keep the purpose of its work, priorities for action and governance structure under regular review and revise Terms of Reference annually.

(NB it is recommended by experts supporting the national change programme, that meeting dates for the 12 months following annual review be added to these ToR. These are currently not fully confirmed but will be added).

DRAFT

Appendix 1: governance structure:



Annex 2: Statutory Responsibilities and Funding Contribution of Board Members (where applicable):

This table sets out the key statutory responsibilities and funding contributions of Partnership Board members where this applies. This provides transparency for all members and enables a shared understanding of all members' contributions to the work of the Board.

Member	Statutory Responsibilities	Funding contribution	Expertise
Local authority officers (Leeds City Council officers):	• To develop, publish and review the SEND Local Offer (section 30 of the Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014). • Keep educational and training provision and social care provision for CYP with SEN or disabilities under review (Section 27 of the Children and Families Act 2014). • Secure sufficient schools for providing primary and secondary education are available for their area, and make arrangements for the provision of suitable education at school or otherwise for those children of compulsory school age who by reason of illness, exclusion from school or otherwise may not for any period receive suitable education unless such arrangements are made for them. (Sections 14 and 19 of the Education Act 1996). • Local authorities must exercise its SEND functions with a view to ensuring integration between educational provision and training provision, health, and social care provision, where this would promote wellbeing of CYP with SEND in its area or improve the quality of special educational provision for CYP who have SEN (Section 25 of the Children and Families Act 2014).	• Dedicated Schools Grant (which includes High Needs Funding, Early Years National Funding Formula, funding for mainstream schools, Disability Access Fund and SEN Inclusion Fund (SENIF). • Capital funding for new specialist school places • Funding for core service functions e.g., home to school transport, SEND service administration etc.	Appointed individuals with relevant skills and experience relating to statutory responsibilities.

DRAFT

	• Safeguard and promote the welfare of ‘children in need’ in their area, including disabled children, by providing appropriate services to them (Section 17 of the Children Act 1989).		
The ICB Executive Lead for SEND and/or other roles identified locally (such as Head of SEND, Designated Medical/Clinical Officer and other place directors)	• Local authorities and partner commissioning bodies[1] must have arrangements in place to plan and commission education, health, and social care provision jointly for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). • To take forward the joint commissioning arrangements for those with SEN or disabilities, partners could build on any existing structures established under the Children Act 2004 duties to integrate services.	• Each ICB delegates funding via ICB place-based funding allocation. • Under section 75 of the National Health Service Act 2006, local authorities and CCGs (now known as ICBs) can pool resources and delegate certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. • ICBs must follow the NHS Mandate, which contains a specific objective on supporting children and young people with SEN or disabilities, including through the offer of Personal Budgets.	Experience and knowledge of the local health system, health and wellbeing strategy and joint strategic needs assessment.
ICB Children’s and Adult’s Health commissioners and/or Local Authority and ICB joint commissioners		• Delegated commissioning budgets (whilst working with LA to commission services to meet local need).	
Designated Medical/Clinical Officer.		N/A	Coordinate health and social care input to the SEND system and statutory process and improve join-up between

DRAFT

[1] These are set out in section 26(8) of CFA 2014 and are (i) NHS England (to the extent that it's under a duty under s3B of NHS Act 2006 to arrange for the provision of services and facilities for those CYP with SEND the LA is responsible for) and (ii) each ICB that is under a duty in section 3 of NHS Act 2006 to arrange for the provision of services or facilities for such CYP.

			strategic and operational practice.
Representation from NHS Providers e.g. Heads of Service.		N/A	Experience of delivering local health and care services and seeing impact of decisions on the local population. Bring perspective of how well strategies are being delivered.
The Chair and Vice Chair of the Local PCF.	None. Parent Carer Forums are representative local groups of parents and carers of children and young people with disabilities who work alongside local authorities, education, health and other service providers to ensure the services they plan, commission, deliver and monitor meet the needs of children and families. Parent Carer Forums have been established in most local areas and local authorities are actively encouraged to work with them.	The DfE PCF Grant is given to LAs via the national charity Contact who administer the process. This grant of £17,500 per annum is given to PCFs to strengthen the participation of parent carers in the SEND System.	Expertise through lived experience of the local SEND system.
Schools and EY settings	• Mainstream schools, maintained nursery schools, 16-19 academies, AP academies, PRUs and institutions within the FE sector must use their best endeavours to secure the special educational provision that is called for by the pupil's or student's special educational needs is made. (section 66 of the Children and Families Act 2014). • The same institutions are required under section 29 of the same Act to co-operate with the local authority in the exercise of its functions. • Mainstream schools and maintained nursery schools must (subject to certain conditions) ensure that children with special educational needs engage in the activities of the school together with children without SEN (section 35 of the Children and Families Act 2014). • In accordance with the Statutory Framework for the Early Years Foundation Stage, early years providers must have arrangements in place to support children with SEN or disabilities. Early years providers must also have regard to the SEND code of practice (issued under section 77 of the	• Schools are responsible for meeting the costs of additional support for their pupils with SEND, up to £6,000 per pupil per annum. The relevant LA should meet costs in excess of this threshold, but the discharge of a school's statutory duties is not limited by the budget notionally allocated for SEND. • Early years settings can access the Disability Access Fund and SEN Inclusion Fund (SENIF) to support children with SEND.	Schools are experts in providing inclusive education and can provide case studies and evidence of what works for individuals in different settings.

DRAFT

	Children and Families Act 2014) when making these arrangements, which should include a clear approach to identifying and responding to SEN.		
Post-16 Education and Training	• Institutions in the FE sector must have regard to the SEND Code of Practice (collectively referred to here as FE providers) (section 77 of the Children and Families Act 2014). • The same Act outlines how FE providers must use their best endeavours to secure the special educational provision called for by the student's special educational needs (SEN). FE providers also have duties and obligations under the Equality Act 2010 to ensure that they are acting inclusively and not discriminating against disabled students. They are obliged to make reasonable adjustments to prevent disabled students being placed at a substantial disadvantage.	• Like mainstream schools, FE providers are expected to provide appropriate, high quality SEND support using all available resources. • Disadvantage Funding - Colleges receive additional funding (over and above their core funding) for students with additional needs, including those with SEN, through Disadvantage Funding, allocated to providers through two elements (postcode and prior attainment). • 16-19 Bursary Fund – up to £1200 a year for students in defined vulnerable groups, including disabled young people • Learner Support Fund for apprenticeships - training Providers can access learning support of £150 per month where a reasonable adjustment is delivered and evidenced. This can be increased to up to £19,000 per year in exceptional circumstances.	Post-16 Education and Training providers are experts in providing inclusive education and can provide case studies and evidence of what works for individuals in different settings.
Higher Education	• HE providers have duties and obligations under the Equality Act 2010 to ensure that they are acting inclusively and not discriminating against disabled students. They are obliged to make reasonable adjustments to prevent disabled students being placed at a substantial disadvantage.	• Disabled Students Allowance – available for students to access to fund reasonable adjustments.	Whilst not directly involved, higher education providers should be engaged with and fulfil a wider role, with expertise on transition support for people aged 18-25 who progress to higher education or employment

DRAFT

This page is intentionally left blank

Leeds
Health & Wellbeing
Board

Report author: *Rachel Buckley and Laura Hodgson*

Report of: Director of Public Health/Leeds Strategic Suicide Prevention Board

Report to: Leeds Health and Wellbeing Board

Date: 21st March 2024

Subject: Leeds Suicide Prevention Action Plan (2024-27) and Leeds Suicide Audit (2019-21)

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

Suicide is preventable. Leeds is committed to reducing the number of lives lost to suicide. Every death is tragic, leaving a lasting devastating impact on families, friends and whole communities. Factors leading to someone taking their own life are complex and are rarely down to one reason, this is why no one organisation is able to directly influence factors alone.

The development of the Leeds Suicide Prevention Action plan - overseen by the Leeds Strategic Suicide Prevention Group with support from the Suicide Prevention Network - demonstrates our strategic and collaborative approach. Local and national data ensures effective targeting of resource in Leeds and ongoing monitoring ensures our work can respond to minimise harm and prevent future deaths.

Recommendations

The Health and Wellbeing Board is asked to:

a) Note the headlines of the report which include the most recent data on suicide, references to the published evidence of what works to prevent suicide and findings from the latest Leeds Suicide Audit (2019-21).

#TeamLeeds

b) Have assurance on the Leeds Suicide Prevention Action Plan (2024-27), the collaborative approach taken in developing it and plans for delivery.

c) Support Priority 6 of the Leeds Suicide Prevention Action Plan that Suicide Prevention is everybody's business - whereby actions can be taken across all organisations in Leeds. These include a commitment to;

- Recognising that suicide is preventable
- Providing quality suicide prevention training for staff and volunteers
- Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
- Becoming a suicide prevention champion and supporting others to do so
- Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
- Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.
- Developing and delivering programmes of work to prevent suicide

d) Support the work of the Leeds Strategic Suicide Prevention group in advocating for improved recording of protected characteristics, especially ethnicity data, via the Coronial process, by co-signing a letter to HM Chief Coroner alongside the Leeds Adults, Health and Active Lifestyles Scrutiny Board.

1 Purpose of this report

1.1 This paper and supporting documents provide the Leeds Health and Wellbeing Board with an update and overview of the Leeds Suicide Prevention Action Plan (2024–27). This includes the approach taken in developing the Plan as well as updated national and local evidence base, data and guidance reports including the Leeds Suicide Audit (2019–21).

The Leeds Suicide Prevention Action Plan (2024–27) sets out the direction and priorities for the city's suicide prevention agenda. This is a live, working document, used as a framework to guide local action and activity, citywide. It is overseen by the Leeds Strategic Suicide Prevention Group.

1.2 This paper also highlights the importance of taking a collaborative system-wide approach to preventing suicide with a request to the Board and Board members to ensure suicide prevention is a priority across the system.

2 Background information

2.1 The most recent data (published by the Office for National Statistics in December 2023) shows that the Leeds suicide rate for 2020-2022 is 11.9 deaths by suicide per 100,000 population (lower than the rate of 13.3 per 100,000 in 2019-2021). This new rate is lower than the West Yorkshire rate of 12.5 but higher than the England rate of 10.3 per 100,000.

2.2 Leeds is committed to reducing the number of lives lost to suicide and every death is tragic, leaving a lasting devastating impact on families, friends and whole communities. Factors leading to someone taking their own life are complex and this is why no one organisation can directly influence them.

2.3 The Leeds Suicide Prevention Action Plan has been collaboratively developed by the Leeds Strategic Suicide Prevention Group. The group brings together key organisations and leaders from across the city to oversee the delivery of the suicide prevention action plan for Leeds. The overarching principles of the group are to use a whole-systems, life-course and evidence-based approach to leading the work. Organisations are represented by their ability to use their influence and impact to reduce the suicide rate in Leeds.

2.4 The Leeds Strategic Suicide Prevention Group has overseen several action plans, the most recent being 2018–21. This included;

- Ensuring commissioned community health development services target men at risk of suicide, including work with men living in tower blocks
- Providing suicide prevention training, targeting those working with those most at risk
- Development and dissemination of help seeking support resources focussing on the wider determinants that can impact on mental wellbeing, including Crisis Cards stocked and distributed by the Public Health Resource Centre

- Securing recurrent funding for the Leeds Suicide Bereavement Service to offer postvention support. Postvention is a preventative approach following a suspected suicide to promote healing and mitigate the negative effects of a person's exposure to suicide.
- Building capacity in the third sector by launching a small grants programme enabling third sector organisations to develop and deliver projects aimed at reducing risk of suicide in key groups. Between 2018 and 2021, £244,164 was allocated to third sector organisations delivering projects to prevent suicide.
- Contributing and supporting the West Yorkshire Health & Care Partnership Suicide Prevention Strategy, including development and embedding of the Real-Time Suspected Suicide Surveillance work in Leeds.
- Participating in national policy and debate on suicide prevention through making representations to the All-Party Parliamentary Group (APPG) on Suicide Prevention.

Experience and outcomes from delivery of the work to date - and through connections across the region - ensure we are continuing to build on evidence-based programmes of work.

2.5 On 11th September 2023, the Government published the National Suicide Prevention in England 5-year cross sector Strategy with the overall ambitions to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- continue to improve support for people who self-harm
- continue to improve support for people who have been bereaved by suicide

2.6 The National Strategy highlights the following 8 key priorities for action:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.

8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

2.7 The national plan and national data are used alongside other key guidance documents to direct resource and action in Leeds. The Leeds Suicide Prevention action plan will remain live to ensure ongoing updates and newly released guidance can be used to support effective actions to prevent suicide in Leeds. These include;

- Preventing Suicide in Public Places (Public Health England (PHE) 2015)
- Identifying and Responding to Suicide Clusters and Contagion (PHE 2015)
- Local Suicide Prevention Planning Guide (PHE 2016)
- Suicide Prevention: a guide for local authorities (Local Government Association 2017)
- Annual report 2023: UK patient and general population data 2010-2020 (National Confidential Enquiry into suicide and safety in mental health 2023)
- West Yorkshire Integrated Care Board Suicide Prevention Strategy (2022 – 27)
- Local Suicide Prevention Resources: Case Studies & Information sheets (National Suicide Prevention Alliance) and additional resources through third sector partners including The Samaritans.
- The NHS Long Term Plan (NHS, 2019)
- Suicide Prevention – Quality Standard (NICE, 2019)

3 Main issues

3.1 The Leeds Suicide Prevention Action Plan uses local data alongside national data, guidance and published evidence to ensure actions and priorities are targeted and based on common risk factors for specific populations in Leeds. Data used include the Leeds Suicide Audit (2019–21) published by Leeds City Council Public Health in November 2023 Leeds Suicide Audit 2019 - 21 and real time suspected suicide surveillance data supplied through partnership working with West Yorkshire Police.

3.2 The Office for Health Improvement and Disparities (OHID) recommends every local authority carries out a Suicide Audit with the local Coroner's Office regularly to understand common risk factors, demographics, methods used and access to services by people who have taken their own life. This data also allows 'deep dives' to explore a wide variety of circumstances which provides rich information about a person's life. It also helps us understand trends and help with targeting prevention activity.

3.3 The Leeds Suicide Audit (2019–21) was published on the Leeds Observatory in November 2023 and has been used to help shape the action plan. The main findings of the Audit included;

- 66% of the audit population were male
- 72% of the audit population were either single, divorced, separated or widowed

- Considering age groups of people taking their own life, the 40–49 years and 60–69 years age groups had the same (highest) rates of suicide
- 26% of all suicides in Leeds occurred in people whose home postcode was in the 10% most deprived in the city (using the Index of Multiple Deprivation and England deciles).
- 41% of people in the audit lived alone
- 36% of people in the audit had a recent or significant bereavement
- 43% of people in the audit had a previous suicide attempt recorded
- 47% of people in the audit had misuse of either drugs and/or alcohol recorded (with most being within the last 12 months)
- 11% of people in the audit had contact with primary care in the week before their death.

3.4 Although there was mention of mental health difficulties in many cases (85%), about two-thirds (66%) of people in the audit had not been recorded as having been in contact with a mental health service. It is important, therefore, that suicide prevention work focusses on the wider determinants of health (such as poverty, housing, employment and education), the built environment, social contacts and getting messages out to a wide variety of employers and staff groups. While access to mental health services has an important place in supporting people when they need it, the Suicide Prevention Strategy and Action Plan rightly focuses on the approaches that support people to stay mentally healthy and connected to families, friends and communities, with a recognition that all the wider factors all contribute to the prevention of suicide.

3.5 In addition to the Audit data, on a weekly basis, data on suspected suicides is shared by West Yorkshire Police. This is primarily for surveillance purposes but also ensures we are able to;

- offer timely postvention support and proactive outreach to those bereaved and/or affected by a suicide;
- monitor trends, locations and/or new and emerging methods;
- identify and respond appropriately to potential clusters in preventing contagion.

3.6 We consider that suicide prevention is everyone's business and that a multi-agency approach is crucial to reducing suicides. A multi-agency and cross sector approach allows us to remain focussed and ensure that data continues to be used to inform action and allow us to collectively maximise our limited resources to prevent future deaths.

3.7 Our new Leeds Suicide Prevention Action Plan recognises the need to continue to monitor and respond appropriately to the suspected suicide surveillance data. This includes the development of a community response plan, including responses to identified clusters of suicide, e.g. in a locality or a setting, that will be used, where necessary, as agreed by the Leeds Strategic Suicide Prevention Group. Given the complexities of suicide and suicide prevention and the wealth of

evidence and data outlined above, we ensured the action plan was developed in collaboration with a wide range of partners.

3.8 A workshop was convened in October 2023 by the Leeds Suicide Prevention Network where colleagues presented data followed by facilitated group discussions around understanding priorities, what currently works well and what else could be developed to prevent suicide in Leeds. A range of organisations were represented including the third sector, prisons, the wider criminal justice system, West Yorkshire ICB and NHS providers, Leeds City Council, the Coroner's Office and those with lived experience of being bereaved by suicide.

3.9 This approach was replicated with members of the Leeds Strategic Suicide Prevention Group a month later which included Leeds City Council (including public health colleagues – Public Mental Health and Children and Families, Communications, Highways and Safeguarding), West Yorkshire ICB, primary care colleagues, third sector organisations, HM Coroner's Office, Leeds & York Partnership Foundation Trust (LYPFT) and local universities.

3.10 The plan contains actions, learning and programmes of work that have been delivered in Leeds or other local authority areas with positive outcomes. This includes;

- continued commissioning of postvention support linked to regional suspected suicide surveillance monitoring through the Leeds Suicide Bereavement Service;
- further annual rounds of third sector grants programme enabling local projects to be developed and delivered.

3.11 The Leeds Suicide Prevention Action Plan is a live document so to respond to on-going needs and capacity across lead organisations, dates and actions will change as the life of the plan progresses. The Plan comprises six priorities;

(i) Provide Effective Strategic, Citywide Leadership to Prevent Suicide
Including overseeing coordinated citywide approaches to communications, the facilitation of a suicide prevention network and influencing regional strategic work programmes.

(ii) Reduce the risk of suicide in key high-risk groups
Including working on community and ward level footprints to develop work programmes, taking settings-based approaches to identify and provide appropriate support to those who may be most at risk and providing a third sector grants programme to provide community led, prevention activities.

(iii) Provide evidence-based information and support to those bereaved or affected by suicide
Including the re-commissioning of the Leeds Suicide Bereavement Service, influencing the commissioning and delivery of the West Yorkshire Suicide Bereavement Service and the development and implementation of a community response plan, if and when a potential cluster is identified.

(iv) Reduce Access to the Means of Suicide
Including the development of principles, guidelines and policies to minimise harm by the safe and sensitive removal of memorials. Work programmes to be explored and developed with providers may include the safe storage for drugs and clinical assessment for supervised consumption.

(v) Support the media in delivering sensitive approaches to suicide and suicidal behaviour
Including the monitoring and challenge to irresponsible media reporting and the continued development and sharing of appropriate language guidance and support for any organisation working on communications or with the media.

(vi) Make suicide prevention everybody's business
Including ongoing development and delivery of campaigns, promotion of the West Yorkshire (WY) suicide prevention champions programme (WY Suicide Prevention Champions) and supporting a training offer targeting people who may work and/or volunteer with those at a higher risk of suicide.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Engagement through the Leeds Suicide Prevention Network and Strategic Group ensures the development of the plan includes the voices of those with lived experience. This also includes those who work directly with and provide leadership around work to support people who may be at higher risk of suicide.

4.1.2 The Audit findings and Action Plan was discussed with elected members at the Adults, Health and Active Lifestyles Scrutiny Board at Leeds City Council. They highlighted;

- The wealth of good data and evidence provided to support the work
- the need for improved data collection and supported co-signing a letter from the Executive Member for Adult Social Care, Public Health and Active Lifestyles to HM Chief Coroner;
- opportunities to learn from other areas of the country working with large sports clubs;
- support for working alongside the Community Mental Health Transformation and crisis service colleagues to support people with complex and enduring mental health problems.
- the importance of making connections with primary care.

4.2 Equality and diversity / cohesion and integration

4.2.1 The plan and its implementation contributes directly to the Best City Ambition, particularly the Health and Wellbeing pillar, that by 2030 Leeds will be a healthy

and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life.

4.2.2 We know from national evidence that some groups of people are under-represented in the local data, due to limitations in how data is collected and shared. The plan recognises this and will continue to reflect work to prevent deaths for communities where less is known locally but national evidence indicates a higher risk.

4.2.3 Leeds Suicide Prevention Strategic Group will undertake work to better understand the needs of people who frequently face additional barriers to accessing support eg people who are neurodiverse and people with lesser known risk factors, e.g. women within 12 months of childbirth. We have a specific action in relation to writing to HM Chief Coroner to advocate for improved recording of protected characteristics, especially ethnicity data, to ensure that there is an accurate record of suicides by ethnicity and that prevention responses can reflect this.

4.3 Resources and value for money

4.3.1 Suicide prevention is complex in its nature and requires capacity and engagement across partners. The Public Health team in Leeds City Council has the lead role in the strategic elements of advocacy, action planning and data analysis to support the prevention of suicide.

4.3.2 The Leeds Public Health team also facilitates and provides capacity and resource to implement aspects of the plan including suicide prevention grants, the commissioning of postvention support, the commissioning of suicide prevention training, supporting the city-wide Network and strategic leadership to deliver preventative approaches and community responses. This is met through the Public Health grant.

4.3.3 Partners of the Leeds Strategic Suicide Prevention Group deliver action across the city within their respective organisations and take a proactive approach to prevent suicide focussing on the wider determinants of health, the built environment, communications and the delivery of specialist services.

4.3.4 Additional funds, resource and capacity across the system would lead to increased activity and the opportunities to further prevent suicide.

4.5 Legal Implications, access to information and call In

4.5.1 There are no legal or access to information implications of this report. It is not subject to call in.

4.6. Risk management

4.6.1 The conditions in which we are born, grow, live, work and age are shaped by our social and physical contexts and health, care and third sector services. These, in turn, are affected by the distribution of money, power and resources at global,

national and local levels. The Leeds Suicide Prevention Action Plan aims to prevent suicides locally but cannot fully mitigate the impact of broader national or global impacts or policy.

4.6.2 Changes in capacity and engagement from partners, either within the Strategic Suicide Prevention Group or the Suicide Prevention Network, could impact on the delivery of the Suicide Prevention Action Plan and prevention activities. Leeds Public Health continue to facilitate the Strategic Suicide Prevention Group and offer support to partners to ensure up to date data sources and the latest evidence base is shared, alongside the facilitation of further partnership working.

5 Conclusions

5.1 Leeds is committed to preventing suicide and taking a collaborative approach recognising all organisations can play a part in preventing future deaths. The Leeds suicide rate remains higher than the England rate and that of all core cities with local data highlighting opportunities to take evidence based and targeted approaches to reduce the rate.

5.2 Actioning recommendations and recognising that suicide is preventable supports the priority of making suicide prevention everybody's business leading to a continued reduction in the number of lives lost to suicide in Leeds.

6 Recommendations

The Health and Wellbeing Board is asked to:

a) Note the headlines of the report which include the most recent data on suicide, references to the published evidence of what works to prevent suicide and findings from the latest Leeds Suicide Audit (2019-21).

b) Have assurance on the Leeds Suicide Prevention Action Plan (2024-27), the collaborative approach taken in developing it and plans for delivery.

c) Support Priority 6 of the Leeds Suicide Prevention Action Plan that Suicide Prevention is everybody's business whereby actions can be taken across all organisations in Leeds. These include a commitment to;

- Recognising that suicide is preventable
- Providing quality suicide prevention training for staff and volunteers
- Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
- Becoming a suicide prevention champion and supporting others to do so
- Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
- Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.

- Developing and delivering programmes of work to prevent suicide

d) Support the work of the Leeds Strategic Suicide Prevention group in advocating for improved recording of protected characteristics, especially ethnicity data, via the Coronial process, by co-signing a letter to HM Chief Coroner alongside the Leeds Adults, Health and Active Lifestyles Scrutiny Board.

7 Background documents

- The Leeds Suicide Audit (2019-21) can be accessed https://observatory.leeds.gov.uk/wp-content/uploads/2023/11/Leeds-Suicide-Audit-2019-21.pdf
- Appendix 1: The Leeds Suicide Prevention Action Plan
- Appendix 2: 'Creating Hope Through Language' Guide

THIS PAGE IS LEFT INTENTIONALLY BLANK

Implementing the Leeds Health and Wellbeing Strategy

How does this help reduce health inequalities in Leeds?

The proposals in this report directly contribute to the three pillars of our Best City Ambition, particularly the Health and Wellbeing pillar, that in 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life. The Leeds Suicide Prevention Action Plan uses local and national data alongside the published evidence to direct and target resources to prevent future deaths. It also recognises where less is known or existing data collection methods limit what is known locally and includes actions to improve this.

How does this help create a high quality health and care system?

A multi-agency, partnership approach ensures we are able to collectively understand risk and what works to prevent suicide across the health and care workforce, the built environment and services that support and impact on the wider determinants of health. All partners of the Health and Wellbeing Board can and do contribute to efforts in preventing suicide which leaves profound and devastating impacts on families, friends, colleagues and service providers. Additional actions such as providing suicide prevention training, understanding and addressing risk factors, minimising access to means and methods, promoting protective factors and offering timely postvention support will contribute to a high quality health and care system with fewer deaths by suicide in Leeds.

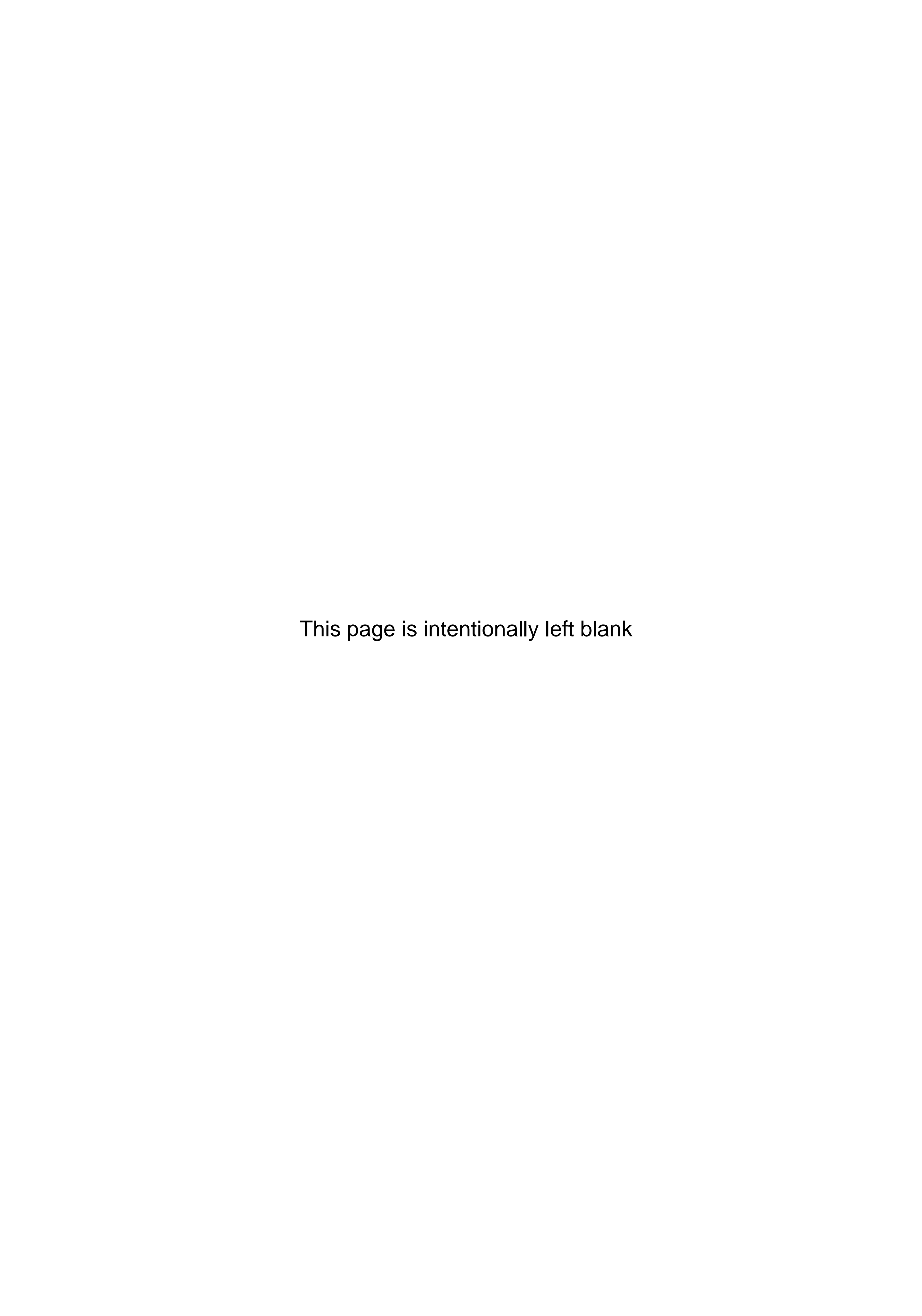
How does this help to have a financially sustainable health and care system?

The cost of an individual suicide has been previously calculated as £1.67m, with 70% of that figure representing the emotional impact on relatives. Suicide prevention efforts contribute to reduced healthcare costs, easing the burden on mental health services and promoting overall community wellbeing.

Future challenges or opportunities

This paper highlights the need for a collaborative approach to preventing suicide in Leeds and some opportunities that can be considered across all partners. These include;

- Providing quality suicide prevention training for staff and volunteers
- Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
- Becoming a suicide prevention champion and supporting others to do so
- Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
- Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.
- Developing and delivering programmes of work to prevent suicide



This page is intentionally left blank

Suicide Prevention Action Plan for Leeds 2024 – 2027

Suicide is a complex and devastating event and leaves lasting impacts on families, friends and entire communities. Each life lost to suicide represents a profound and heart-breaking tragedy. The Leeds Suicide Prevention Action Plan demonstrates the long-term commitment to suicide prevention in Leeds.

The action plan takes a public health approach to identify who might be at highest risk of suicide and takes a partnership approach to develop and deliver evidence-based initiatives to prevent suicide.

Working on and reading about suicide may feel upsetting and distressing. The Leeds Strategic Suicide Prevention strategic group would like to remind readers of the support available through the Leeds Suicide Bereavement Service and Mindwell; a directory of support around mental health and wellbeing.

All details can be found at the bottom of this action plan.

Purpose

The Suicide Prevention Action Plan for Leeds sets out the direction and priorities for the city's suicide prevention agenda for the period 2024 – 2027. This is a working document, used as a framework to guide local action and activity, citywide.

This plan demonstrates citywide investment, ambitions and actions matched to key areas of action in line with national strategy and policy, the evidence base, the most recent Leeds Suicide Audit (2019 – 2021) and ongoing surveillance and insight.

The Suicide Prevention Action Plan is overseen by the Leeds Strategic Suicide Prevention Group (LSSPG). This is a citywide multi-agency group chaired by Public Health, Leeds City Council (PH LCC). The terms of reference (ToR) are reviewed annually to reflect the current work of the action plan, city priorities and emerging needs. The Leeds Strategic Suicide Prevention Group reports into the Leeds Health and Wellbeing Board.

Scope

The scope of this action plan is informed by priorities relating to local needs and recommendations from the National Suicide Prevention in England: 5-year Cross Sector Strategy published 11th September 2023 [Suicide prevention in England: 5-year cross-sector strategy – GOV.UK (www.gov.uk)]

The plan takes a life course approach to encompass work with children and families, working age adults and older people.

The plan ensures we coordinate proactive approaches to prevent suicide and minimise harm using data-led targeted approaches focussing on geographies, methods, demographics, protective factors and risk factors for suicide.

National Context

The National Suicide Prevention in England: 5-year Cross Sector Strategy 2023 – 28 highlights the continued need for national government effort, as well as continued action across the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers and individuals. The cross-government strategy aims to bring everybody together around common priorities and set out actions that can be taken to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide

Data, evidence and engagement with experts (including those with personal experience) has identified the following priority areas for action to achieve these aims. These are to:

- improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
- provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes:
  - children and young people
  - middle-aged men
  - people who have self-harmed
  - people in contact with mental health services
  - people in contact with the justice system
  - autistic people
  - pregnant women and new mothers
- address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are:
  - physical illness
  - financial difficulty and economic adversity
  - gambling
  - alcohol and drug misuse
  - social isolation and loneliness
  - domestic abuse
- promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
- provide effective crisis support across sectors for those who reach crisis point
- reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides
- provide effective bereavement support to those affected by suicide
- make suicide everybody’s business so that we can maximise our collective impact and support to prevent suicides

The National Strategy sets out over 100 actions led by government departments, the NHS, the voluntary sector and other national partners to make progress against these areas, particularly over the next 2 years.

The action plan for Leeds also draws upon this and other key guidance documents and will remain live to ensure ongoing updates and newly released guidance can be used to support effective action. These include;

- Preventing Suicide in Public Places (PHE 2015)
- Identifying and Responding to Suicide Clusters and Contagion (PHE 2015)
- Local Suicide Prevention Planning Guide (PHE 2016)
- Suicide Prevention: a guide for local authorities (Local Government Association 2017)
- Annual report 2023: UK patient and general population data 2010-2020 (National Confidential Enquiry into suicide and safety in mental health 2023)
- West Yorkshire Integrated Care Board Suicide Prevention Strategy 2022 – 27
- Local Suicide Prevention Resources: Case Studies & Information sheets (National Suicide Prevention Alliance)
- The NHS Long Term Plan (NHS, 2019)
- Suicide Prevention – Quality Standard (NICE, 2019)

Local Context

The Best City Ambition is the overall vision for the future of Leeds. At its heart is the mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. This will be achieved by focusing on improving outcomes across the 3 Pillars of the Best City Ambition; Health and wellbeing; inclusive growth; and zero carbon.

The health and wellbeing ambition is that by 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life.

To realise this ambition, Team Leeds will focus on;

- investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds
- ensuring children in all areas of the city have the best start in life and enjoy a healthy, happy and friendly childhood
- delivering a safe and welcoming city for people of all ages and from all communities in which residents feel more secure and have good friends
- enabling every community in the city to have safe connected spaces, streets and paths to access a local park or green space, providing somewhere to be active and to play, helping to improve mental and physical health across all ages
- working with housing providers, landlords, tenants and communities to improve poor quality housing, so everyone can have a home which supports good health, wellbeing and educational outcomes

By its very nature and complexity, suicide prevention work cuts across each of these priorities and must take a city wide and system wide, Team Leeds approach.

Three drivers that have contributed intelligence and guidance in the development of this action plan are the national strategy, the findings from the Leeds Suicide Audit (2019 – 21) and real time suspected suicide surveillance data which is shared by West Yorkshire Police on a weekly basis.

The Leeds Suicide Audit 2019 - 21 provided information to ensure a targeted approach was taken. The full report can be found Leeds Suicide Audit 2019 - 21 and the following was highlighted;

- 66% of the audit population were male
- 72% of the audit population were either single, divorced, separated or widowed
- Considering age group population sizes, the 40 – 49 and 60 – 69 age groups had the same (highest) rates of suicide
- 26% of all suicides in Leeds occurred amongst people whose home postcode was in the 10% most deprived decile (using the Index of Multiple Deprivation and England deciles).
- 41% of the audit population lived alone
- 36% of the audit population had a recent or significant bereavement
- 43% of the audit population had a recorded previous suicide attempt
- 47% of the audit population had recorded misuse of either drugs and alcohol (with most being within the last 12 months)
- 11% of the audit population had contact with primary care a week prior to their death.

Some populations and common risk factors will rely on wider drivers and local insight from partners. For example, for work with children and young people, the National Child Mortality Database report, Suicide in Children & Young People is a key driver, as low numbers of deaths of under 18s in Leeds means that it is not possible to use the local data sources to inform work.

The Leeds Strategic Suicide Prevention action plan remains a live document and dates and actions may be subject to change at any point to respond to ongoing needs and/or capacity changes within lead organisations.

Priority One – Provide Effective Strategic, Citywide Leadership to Prevent Suicide in Leeds				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Citywide	Lead an effective, citywide multi-agency strategic suicide prevention group (LSSPG) overseeing the delivery of the action plan.	LCC PH Leeds SSPG members	The Leeds Suicide prevention action plan reflects evidence based and innovative activity across the group from all (and wider) partners. Quarterly meetings with minutes and actions from LSSPG and task groups. Annual review of the Suicide Prevention Action Plan for Leeds. The action plan and progress reported to the Leeds Health and Wellbeing Board and Leeds City Council Health Scrutiny Board when called to provide assurance on outcomes.	December 2023 Quarterly Annual February 2024 and when called
	Lead the suicide prevention network (LSPN) providing opportunities to network, share best practice and embed evidence	Leeds MIND LSPN members LCC PH	Quarterly meetings with guest speakers, sharing of best practice and local/national evidence-based interventions. Attendance and action log recorded and reported	Quarterly

	into work programmes across Leeds.			
	Identify and influence funding opportunities, commissioning intentions and resources to prevent suicide in Leeds.	Leeds SSPG members Leeds ICB Leeds City Council Leeds SSPG members	Successful applications, projects and services delivered in Leeds with outcome aims of improving wellbeing and preventing suicide Appropriate commissioned services support people in crisis and identify, address or signpost those at risk of suicide effectively SSPG members, elected members, system leaders and influencers advocate on behalf of suicide prevention approaches and have targeted activity in their local work plans.	Ongoing Ongoing
	Oversee coordinated city and system-wide communication plans to raise awareness of suicide prevention messages	Leeds SSPG members via organisation communication leads	Delivery of campaigns and sharing of key messages through appropriate channels, to include; – World suicide prevention day – World mental health day – University Mental Health Day	Annual

		WY ICB Leeds ICB	Increased access to relevant support resources (e.g. West Yorkshire Suicide Prevention Web pages and Mindwell)	
	Oversee the implementation of appropriate suicide prevention subgroups including; • Children and Young People	LCC PH children and families team and The Samaritans	Develop partnership approach and deliver programmes of work to prevent suicide in children and young people. Advocate for Suicide Prevention work within CYP strategic partnerships (Future in Mind Board, Children's Population Board; Child Death Overview Panel; Leeds Safeguarding Children's Board)	Annual update
Regional	Contribute and influence regional strategic group and work programme development including: • OHID Y&H Communities of Interest (COI) • West Yorkshire Suicide Prevention Advisory Network (SPAN) • West Yorkshire Suicide Prevention OG (SPOG) • West Yorkshire Children and Young People Suicide Prevention meeting	LCC PH and VCFS reps	Ensure best practice is shared across local authority areas Influence strategic priorities and actions across West Yorkshire Maintain strong working relationships with regional colleagues and develop cross boundary work programmes where appropriate to maximise resource.	Ongoing

National	Proactively contribute to national policy and debate and attend relevant conferences, webinars and learning/sharing opportunities to prevent suicide.	Leeds SSPG members	Ensure local work reflects the national picture Ensure local data, intelligence, insight and best practice is shared with wider colleagues. Lobby for data collection to enhance local priority setting e.g. Coroner collection of ethnicity data.	Ongoing March 2024
	Advocate for national funding to support place-based suicide prevention initiatives.	SSPG members LCC PH via executive members	Secure additional funding for suicide prevention activities regionally and locally.	Ongoing

Priority Two – Reduce the risk of suicide in key high-risk groups				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Identify high risk groups and understand common risk factors for suicide in Leeds. **Monitor and provide**	Ensure real time suspected suicide surveillance data (SSS) and the Leeds Suicide Audit informs and influences local work programmes by identifying target/key high-risk groups	Leeds SSPG members LCC PH WY Police	Share findings through relevant channels to include: • Publish audit on Leeds observatory and make available at PHRC • Share audit with Suicide prevention network members • Share audit with elected members and system wide decision makers	January 24 January 24 March 24

appropriate responses where suicide may have greater impact on others.		LCC PH Leeds SSPG members LCC PH Leeds SSPG members LCC PH LCCPH Leeds SSPG members	Complete and sign off SSS community response protocol and test with Leeds SPSG members. Implement appropriate and proportionate actions based on SSS response protocol. Report high level report on an annual basis to LSPG members or sooner if cluster or high negative impact incidents occur. Provide additional relevant data to settings, teams or work programmes leads to ensure targeted interventions are developed and delivered.	March 24 Ongoing Annual Ongoing
Develop and deliver targeted work programmes to prevent suicide in groups identified as being at high risk and to mitigate risk associated with common risk	Ensure services working with those in high-risk groups promote help seeking and crisis support services and are confident in signposting and referring.	Leeds ICB VCFS LYPFT Primary Care All	Develop and disseminate safe and effective help seeking support resources with frontline services including Mindwell, Mindmate and Crisis Cards. Provide advice and consistent messaging to those working in frontline services to identify, prevent and support if and where appropriate – e.g. foodbanks and contact centres.	Ongoing Ongoing Ongoing

factors for suicide.	Ensure new and existing spend is allocated based on suicide prevention evidence base, suspected suicide surveillance and findings from the Leeds Suicide prevention audit. To include; Leeds Suicide prevention grants Government Suicide prevention third sector grants	LCC PH (through contract with Leeds Community Foundation) VCFS	Work with Local Care Partnerships, Primary Care Networks and elected members in wards and communities where rates are higher, to deliver localised, targeted approaches. The delivery of targeted interventions in Leeds with outcome measures reported Annual report of Leeds grants provided to the SPSG highlighting the delivery of agreed outcomes towards the reduction of suicide rates in high-risk groups, as agreed with Leeds Community Foundation.	Annual
	Ensure tailored, settings-based approaches are taken to identifying those at risk and providing appropriate support and interventions. High quality suicide prevention policies and staff training are in place and implemented in the health and care sector across Leeds.	Primary Care LYPFT LTHT/LCH	Localised PCN activity developed and delivered. LYPFT Suicide and Self-harm prevention plan developed and implemented. Connections made with LTHT and LCH to better understand opportunities for suicide prevention in the workplace and for patients.	Ongoing TBC Ongoing

		Higher Education Settings	Encourage and support all Higher Education Providers in Leeds to meet the principles of good practice within the University Mental Health Charter, and to achieve a Charter award.	
		Prison and Criminal Justice Settings	Improve connections with prison and criminal justice settings in local area to understand suicide prevention approach, policies and training and identify opportunities for suicide prevention across the criminal justice pathway.	
		Leeds SSPG members	Suicide Prevention policies signed off and implemented.	
		WY ICB	Health and Care staff are identified and receive appropriate, sensitive and relevant training to prevent suicide	
Specific High-risk Groups Identified for 2024/25				
a) Men aged 40-49 and 60-69	Ensure ongoing support and resource for organisations and services to directly target and engage men who may be at higher risk.	LCC PH VCFS (MHU)	Review impact of Suicide Prevention Grant projects targeted at men and share intelligence to inform future work focused on men.	Annually – September

			Scope work across the city that is targeted at men and explore how to amplify and target further resource.	
b) People with mental health problems and/or those in care of mental health	Suicide and self-harm prevention plan(s) developed and in place with partners who engage with and support people with both common mental health problems and those living with a serious mental illness	SSPG members	Partners to be identified and supported to develop plans inline with national and local evidence base and data Maintain links with Crisis services and community mental health transformation to ensure Suicide Prevention is considered in future model development and service delivery	Jan 24 – Jan 25
c) People experiencing relationship breakdown and loss	Ensure suicide prevention support is built into existing work programmes and services to support those going through a relationship breakdown and/or loss.	SSPG members VCFS	Develop and deliver work programmes to support people going through relationship breakdown and/or loss. This may include (gender specific) peer support groups with counselling and legal support available. Awareness raising of issues faced by fathers also important in order for court agencies, schools, police, GPs to have greater awareness of needs and risks.	Ongoing
d) People with a previous suicide attempt or a history of self-harm	Develop a citywide self-harm group to identify and minimise harm and reduce stigma.	LCC PH and partners LCC PH	Develop action plan and report actions. Actions for Year 1 include: Conduct work to better understand current prevalence and demographics across the city.	June 2024 and ongoing Jan – June 24 Jan – Mar 24

		LCC PH LCC PH	Conduct insight to capture lived experience of those who self-harm to inform future action plan and interventions. Develop or consider existing offers and deliver training on self-harm for frontline workers across Leeds.	Apr 24 – Mar 27
e) children and young people	Suicide Prevention plan developed and agreed by CYP SP Sub Group	LCC PH	Confirm Terms of Reference, membership, outputs and outcome measures. Develop and implement CYP Suicide Prevention Action Plan Initial agreed pieces of work include: • Taking a Public Health approach to support organisations to develop understanding about suicide in CYP and develop skills to support those in crisis. Includes support for reviewing policies, staff training and promotion of crisis support offer. • Creating and promoting guide for schools who experience a death by suspected suicide of a pupil.	2024 3 year funded programme – Oct 23 - Sep 26 March 2024

			• Agreeing position statement regarding approach to suicide prevention within education settings.	October 2024
f) those with drugs, alcohol, gambling addiction(s)	Develop relationships with gambling and drugs and alcohol services to better understand existing processes and opportunities for service improvement.	LCC PH	Named representative of relevant services to sit on the LSSPG. Provision of deep dive / profiles for people with a history of drug and alcohol use who took/take their own life to be shared with services to map against existing processes and understand gaps.	March 2024
Develop and deliver targeted work programmes and/or raise awareness of risk and support to prevent suicide in groups where local data does not identify higher risk but national evidence and research shows under-representation and greater	Provide support and opportunities to develop and deliver work programmes aimed at but no limited to; LGBTQ+ people, transgender and non binary people, those from culturally diverse backgrounds, carers, veterans, people in the perinatal period, separated fathers, older people and autistic people.	SSPG members VCFS VCFS and LCC PH WYICB and LCC PH	Examples include; • Ensuring annual grants programme reflects Leeds population data • Suicide prevention training and/or briefings are provided focussing on unpaid carers. • Suicide prevention training and resources are shared through the perinatal partnership board/perinatal mental health programme	Ongoing March 2024 2024

isolation/poor wellbeing.				
Priority Three - Provide evidence-based information and support to those bereaved or affected by suicide				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Use ongoing surveillance to identify areas for proactive outreach and intervention	Ensure pathways are set up and deliver proportionate actions through the Leeds Suicide Community Response Plan to those affected by suicide.	LCC PH, West Yorkshire Police and wider partners where identified	Implement plan and collate postvention support actions. Cluster identification processes in place, tested and cluster response led if identified.	March 24 Ongoing March 2024 Ongoing
Provide a suicide bereavement service for those affected by suicide	Ensure the Leeds suicide bereavement service continues to meet the needs of those bereaved by suicide and delivers effective postvention peer support, including a focus on family approaches.	Leeds MIND and LCC PH	Quarterly monitoring demonstrating effective outcomes and KPIs met. Review and recommission the suicide bereavement service from Jan 2025 in line with the West Yorkshire funded service. Influence the West Yorkshire commissioned suicide bereavement	Quarterly - Reported to Leeds SPSG annually January 2025

	Support partners, such as Higher Education Providers, to have in place a strategic approach to suicide prevention, which includes clear guidance to mitigate the impact of a suicide.	Leeds MIND SSPG	service and ensure Leeds residents are supported. To include knowledge and awareness of appropriate services and referral and signposting pathways set up	Quarterly monitoring – annual report shared with SSPG Ongoing

Priority Four – Reduce Access to the Means of Suicide				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Public places	Ensure high risk locations are identified and appropriate actions are taken to prevent future suicides.	The Samaritans and partners LCC PH and SSPG members	Consider the development of a high-risk locations suicide prevention sub-group with noted actions reported and fed back. Lead ongoing deep dive and action planning to prevent future deaths if a location is noted in the suspected suicide surveillance data and/or if West Yorkshire Police share suicide attempt data.	March 2024 Ongoing

	Work in partnership with settings and organisations with ownership of high-risk locations to continue to monitor and implement actions to mitigate risk Develop principles, guidelines and policy(s) to minimise harm by the safe and sensitive removal of memorials across LCC and partners.	LCC PH and SSPG members The Samaritans LCC – PH and SSPG members	Maintain relationships with British Transport Police, Network Rail, National Highways and Prisons. Provide support to audit and action evidence-based initiatives to mitigate risk. Current work includes mapping and delivery of interventions and opportunities at known high risk locations. Connections to be strengthened and continued with Highways, British transport Police and LCC City centre and Regulatory services. Principles and Guidelines or Policy to be tested, adopted and implemented	Ongoing – annual report to the LSSP Group Jan – March 2024 Ongoing March – September 2024
Mechanisms (e.g. ligatures)	Work in partnership with settings and organisations to reduce access to mechanisms e.g. ligatures.	SSPG Members	Continue to review mechanism risk management policies and share learning across relevant organisations.	Ongoing
Pharmacological	Work with partners to reduce access to pharmacological means of suicide.	SSPG Members LYPFT LTHT	Explore opportunities to prevent medicines stockpiling and promote	Ongoing

		Primary Care	staff training on specific risks i.e. risks of helium use to end life. Explore and develop opportunities to reduce access to pharmacological means of suicide, by following safe prescribing practices for pain killers and antidepressants.	Ongoing
Catalysts e.g. drugs and alcohol	Understand profiles of those who have used drugs and alcohol as part of their suicide and work in partnership with services to understand opportunities to mitigate risk further.	LCC PH	Work with Substance Misuse Services to implement action to reduce suicide risk for those in contact with services.	Jan 24 – Jan 25

Priority Five – support the media in delivering sensitive approaches to suicide and suicidal behaviour				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Promote sensitive and appropriate reporting	Ensure system wide comms leads are confident, knowledgeable and skilled in sensitively reporting.	LCC Comms The Samaritans	Resources shared and promoted with comms leads and media outlets for sensitive reporting. Sensitive language guide used as a reminder to anyone taking about	January 2024 and Annual Review

			Suicide. Creating Hope through Language Training session to be scheduled for Leeds Comms team to support colleagues in their role in reducing this impact of harmful reporting.	Ongoing March 2024 and repeated as need identified
	Reduce the impact of negative, stigmatising or harmful reporting on suicide across all platforms including online	The Samaritans and OHID National Union of Journalists and LCC PH	Report negative or insensitive reporting to the Samaritans. Launch and promote guidance for journalists developed by LCC PH and the National Union of Journalists	Ongoing March 2024

Priority Six – Make suicide prevention everybody's business				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Suicide Prevention Training	Provide and promote relevant and targeted suicide prevention training to front line staff to ensure confidence and skills in identifying and supporting those at risk	WY ICB LCC PH	Deliver Papyrus SPOT, SPEAK and ASIST to those working with high risk groups Monitor and support the Being You Leeds service to include the delivery of relevant training to those working with high risk groups Support other providers of training to be aware of Leeds resources and support Work with Leeds Survivor Led Crisis Service to implement commissioned training focussed on skilling up CYP workforce and improving understanding of crisis support. Promote uptake of other relevant training opportunities for frontline workers.	Contract until Summer 2024 Ongoing Ongoing

Suicide Prevention Champions	Promote the West Yorkshire Suicide Prevention Champions campaign to create a network of individuals across different sectors and communities in Leeds with knowledge and skills around suicide prevention.	WY ICB LCC PH and partners	Support (a minimum of or an annual target of) 194 people in Leeds to become suicide prevention champions, one for every life lost reported in the 2019-21 suicide audit; each having completed the Zero Suicide Alliance suicide prevention training.	March 2024
Comms	Work with partners from across Leeds and West Yorkshire to promote relevant and appropriate suicide prevention campaigns, particularly targeting groups at the highest risk of suicide.	LCC PH LCC comms and LSPN	Ensure targeted and system-wide delivery of the West Yorkshire ICB 'Check In With Your Mate' campaign in September (World Suicide Prevention Day). Promote additional campaigns where appropriate	Sept 2024 Ongoing

There are many sources of support for anyone with concerns around Suicide

- Mindwell provides information on support available on mental health and wellbeing Home - MindWell (mindwell-leeds.org.uk)
- Leeds Suicide Bereavement Service provides support for anyone affected or bereaved by suicide Suicide Bereavement Services - Leeds and West Yorkshire - Leeds Mind

West Yorkshire
Suicide Prevention

CREATING HOPE THROUGH LANGUAGE

Why? Research shows:

- The words we choose matter.....Language is powerful!
- Talking about suicide can help protect someone
- Non-stigmatising, compassionate language is important

Alongside the language, remember

- Don't avoid conversations through worry you'll say the wrong thing
- Show you are listening
- Find a quiet place without disturbances
- Try not to cut the conversation short
- It's ok to slip up from time to time
- You can find out more information at suicidepreventionwestyorkshire.co.uk

SAY: Died by suicide, lost their life to suicide, took their own life.

AVOID: Commit/committed suicide.

The word 'commit' could imply suicide is a sin or crime.

SAY: Died by suicide, fatal suicide attempt.

AVOID: Succesful or completed suicide.

It can frame a very tragic outcome as an achievement or something positive.

SAY: Suicide attempt, survived a suicide attempt.

AVOID: Failed or unsuccessful suicide attempt.

Failed or unsuccessful can imply the opposite would be a positive outcome.

SAY: ...is thinking of suicide, ...is feeling suicidal, ...is experiencing suicidal thoughts or feelings

AVOID: ...is suicidal.

Helps to avoid defining someone by their experience with suicide.

AVOID: ...is feeling suicidal because of/took their own life because...

The reasons for someone thinking of or taking their own life are complex so it is important not to speculate.

AVOID: Cry for help.

Suicide attempts must be taken seriously. Describing an attempt as 'cry for help' dismisses the intense emotional distress someone is experiencing.

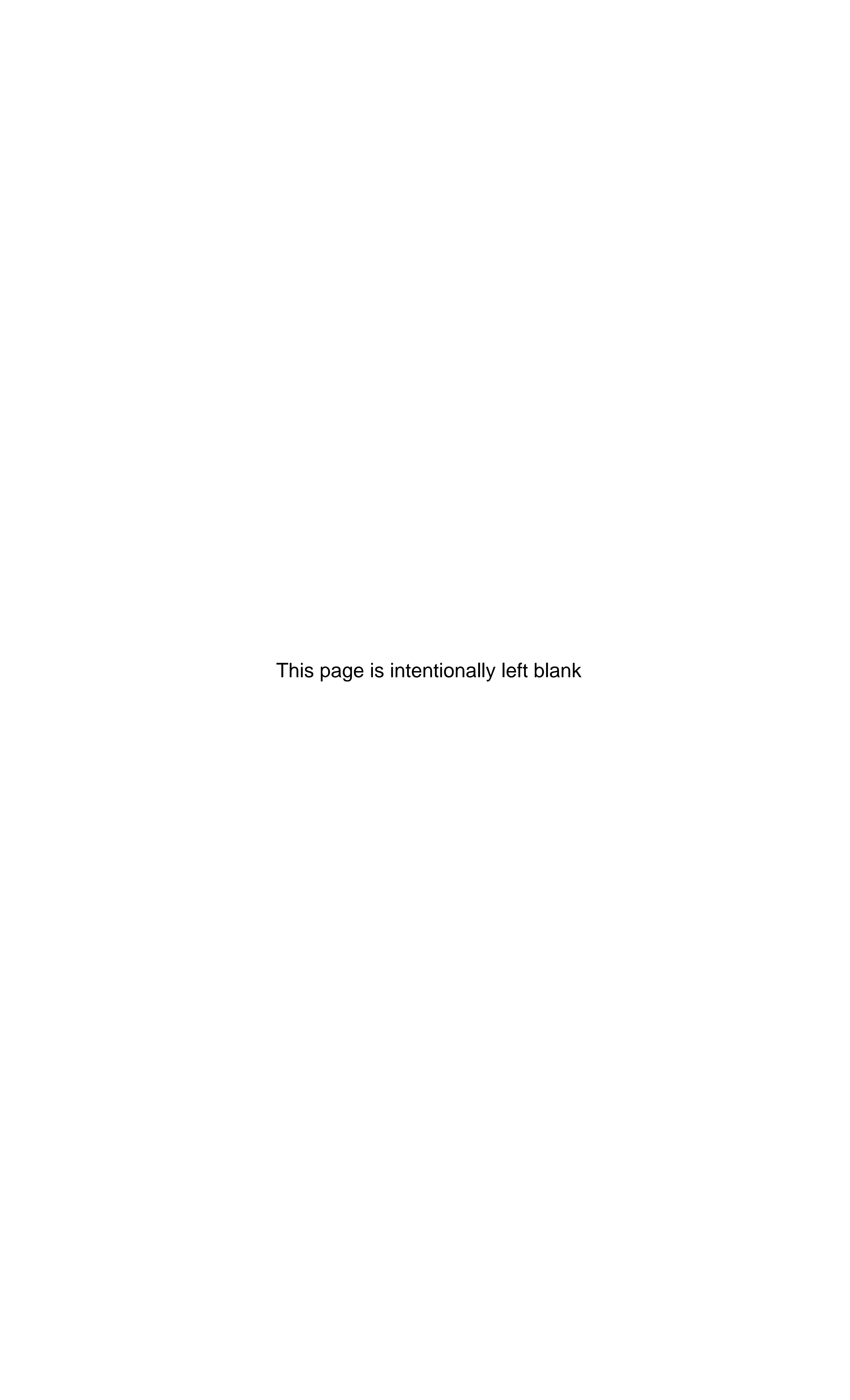
SAY: Are you having thoughts of suicide?/are you feeling suicidal?/have you been thinking about killing yourself?

AVOID: You're not going to do anything silly are you?/Are you thinking of ending it all?/You're not going to top yourself are you?

This is to show that you are prepared to talk about suicidal thoughts and feelings and take it seriously. It's important to be direct. Using the word suicide shows people you are ok with them talking about it too and that you are there to listen.

Information has come from:

https://shiningalightonsuicide.org.uk/wp-content/uploads/2021/04/Language-guide-for-talking-about-suicide.pdf
https://www.researchgate.net/publication/333390095_Language_Use_and_Suicide_An_Online_Cross-Sectional_Survey
https://www.researchgate.net/publication/237011391_Suicide_and_Language_Why_we_shouldn't_use_the_'C'_word
https://psycnet.apa.org/record/2021-22428-001
https://media.samaritans.org/documents/Samaritans_Media_Guidelines_UK_Apr17_Final_web.pdf



This page is intentionally left blank

Leeds
Health & Wellbeing
Board

Report author: *Sharon Foster*

Report of: Health Protection Board

Report to: Leeds Health and Wellbeing Board

Date: 21st March 2024

Subject: Health Protection Board Report

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

Leeds Health Protection Board (HPB) report 2023 of the Leeds Health Protection.

The report provides:

- Progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- Achievements of the health protection system including the local system response to new and emerging infectious diseases including Mpox, and CPE (a type of superbug which had not previously been seen at such a scale).
- An outline of the rapid and comprehensive response to infectious disease outbreaks particularly impacting on families experiencing high levels of poverty and social deprivation, scabies, for example.
- A spotlight on the work of two key health protection partners in the city, Bevan and the Leeds City Council resilience team.

#TeamLeeds

Recommendations

- Note the progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- Note the case studies highlighting the approach to managing significant infectious disease outbreaks in the city.
- Note the key achievements, and targets for 2024, setting out recommended actions for the next 12 months.
- Consider and comment on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city.

1. Purpose of this report

1.1 The purpose of the HPB report is to share the work and progress made of the Health Protection System for 2023. This report provides the Executive Board with an outline of the fifth report of the Leeds Health Protection Board since it was established in June 2014.

2. Background information

2.2 The role of the Leeds Health Protection Board, chaired by Director of Public Health, is to undertake the nationally mandated duties to protect the health of the population as laid out in Health and Social Care Act 2012.

2.3 The Secretary of State expects the DPH to cooperate closely with the UKHSA, NHS and other partners to have coordinated health protection preventative plans, local cooperation agreements and clarity on roles and responsibilities, overseen by the Leeds Health Protection Board (HPB). This is to ensure there are robust and resilient health protection arrangements in place to protect the health of the population.

3 Main issues

3.1 The Health Protection Board report:

- Outlines progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- Presents the achievements of the health protection system including the local response to new and emerging infectious diseases including Mpox, and CPE (a type of superbug which had not previously been seen at such a scale).
- Highlights the rapid and comprehensive response to infectious disease outbreaks particularly impacting on families experiencing high levels of poverty and social deprivation, scabies, for example.

- Shines a spotlight on the work of two key health protection partners in the city, Bevan and the Leeds City Council resilience team.
- Shows progress made in all priority areas identified in 2022; this is a positive step forward for health protection in Leeds.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 There has been no direct consultation or engagement work carried out for the production of this report. Each priority work programme outlined in the report takes a collaborative approach working across organisations and communities with a specific focus around health protection issues for vulnerable groups and reducing health inequalities.

4.2 Equality and diversity / cohesion and integration

4.2.1 The HPB has been working to get beneath the headlines to better understand the real areas of concern for Leeds relating to health protection. We will continue to monitor the health status of our population in relation to health protection priorities.

4.2.2 The emerging health protection priorities that require focused attention disproportionately affect those living in social deprivation, displaced populations and people seeking asylum.

4.2.3 The approach outlined in the report focuses on a commitment to evolve, innovate and address health protection challenges through working with communities, addressing health inequalities, workforce development and collaborative working.

4.3 Resources and value for money

4.3.1 There are no direct resources/value for money implications arising from this paper.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal or access to information implications of this report.

4.5 Risk management

4.5.1 The HPB works to continually strengthen our approach to understanding the health protection risks in Leeds; this process is managed through the Health Protection Board.

5 Conclusions

This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities. The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance. The aim of the work of the Leeds Health Protection Board is to ensure that the population of Leeds, irrespective of their circumstances, are protected from infectious and non-infectious environmental health hazards and, where such hazards occur, minimise their continued impact on the public's health. The HPB does this by working collaboratively to prevent exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources. The approach outlined in the report focuses on a commitment to evolve, innovate and address health protection challenges through working with communities, addressing health inequalities, workforce development and collaborative working.

6 Recommendations

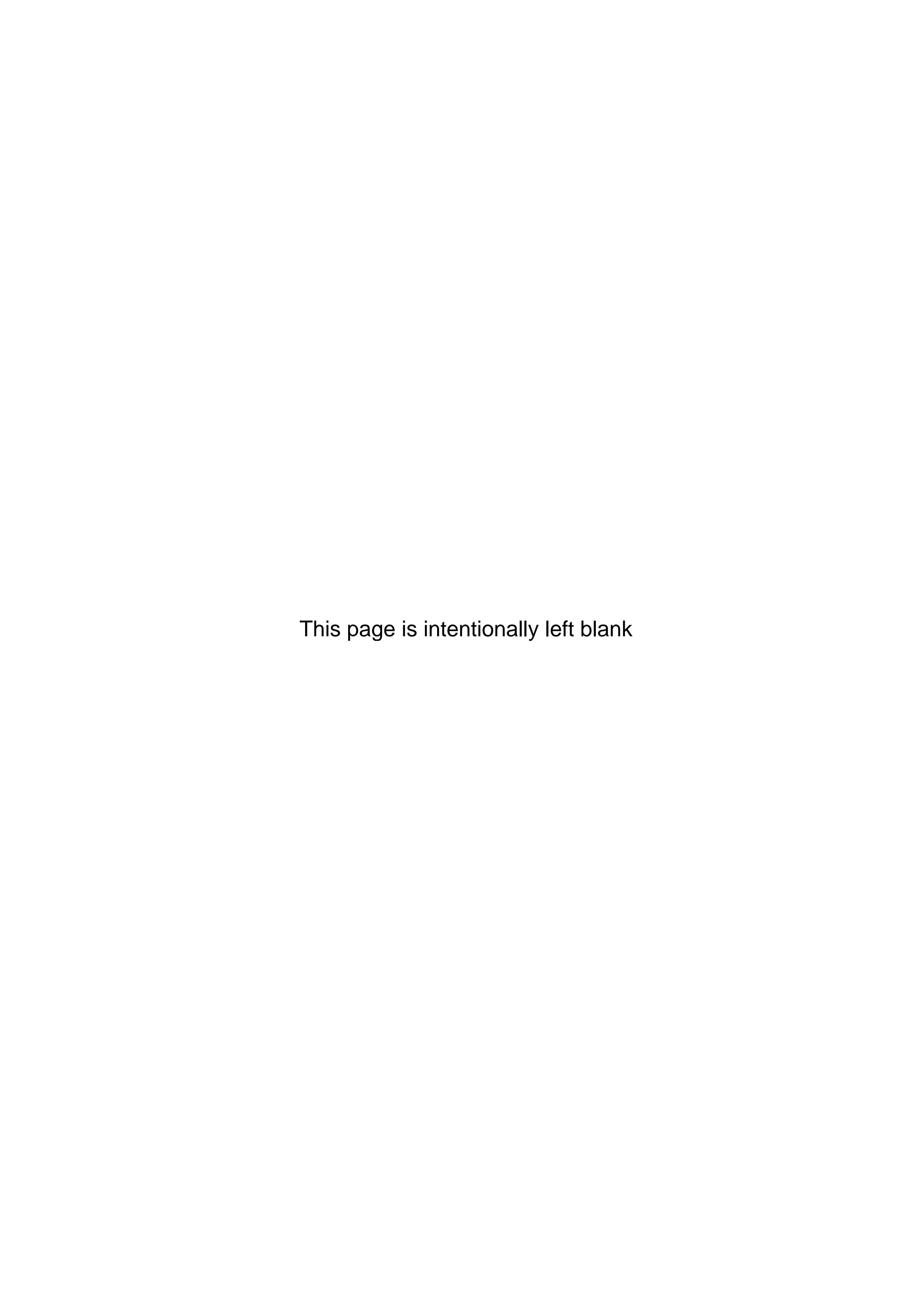
The Health and Wellbeing Board is asked to:

- Note the progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- Note the case studies highlighting the approach to managing significant infectious disease outbreaks in the city.
- Note the key achievements, and targets for 2024, setting out recommended actions for the next 12 months.
- Consider and comment on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city.

7 Background documents

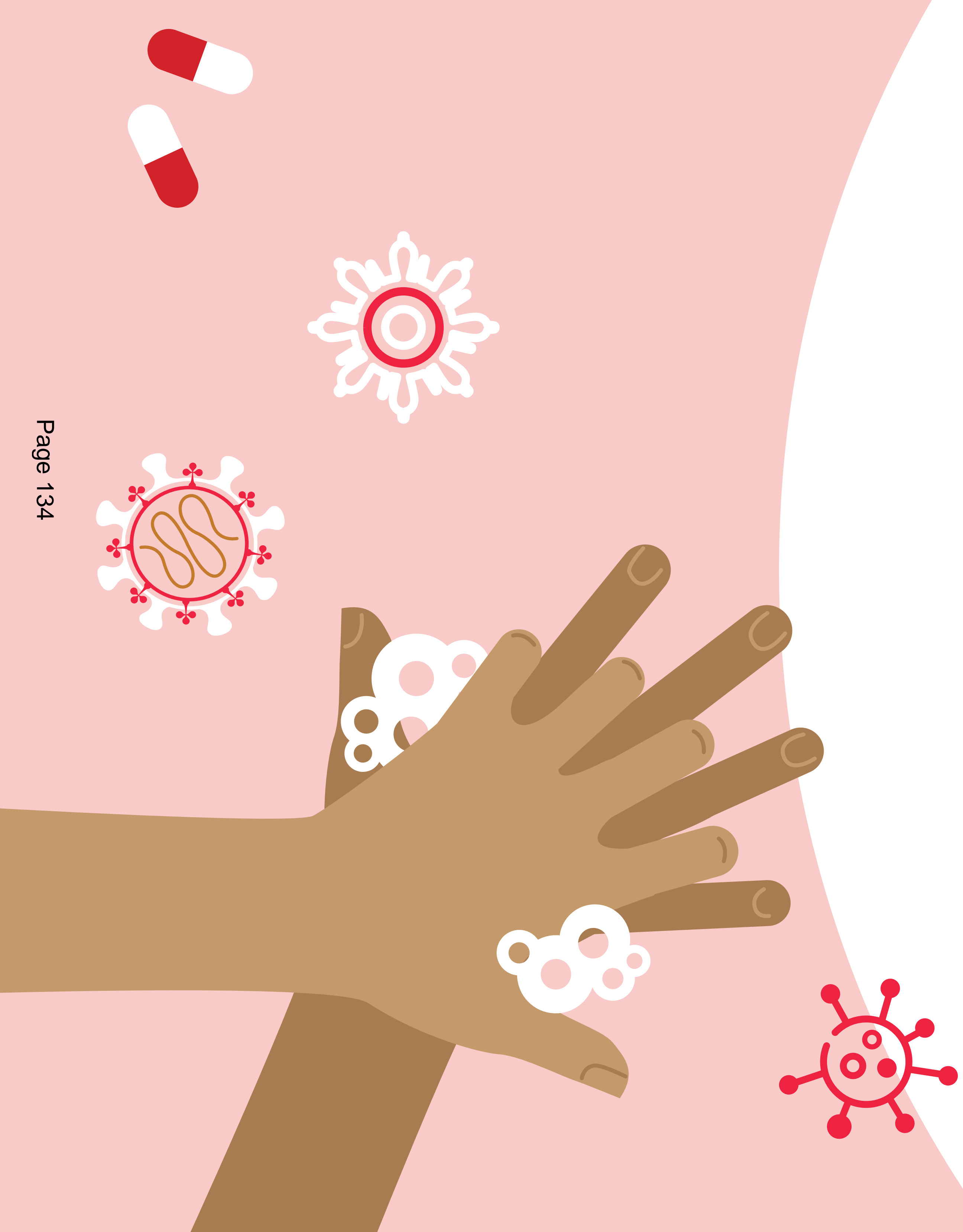
- Appendix 1: Health Protection Board Report 2023

THIS PAGE IS LEFT INTENTIONALLY BLANK


This page is intentionally left blank

Leeds Health Protection Board Report 2023

Contents



Foreword 3

ORGANISATION SPOTLIGHT

- Bevan Healthcare 4
- Leeds City Council - Resilience & Emergency Team 6

CASE STUDIES

- Mpox 8
- Scabies 9
- Measles 10
- Carbapenemase-producing Enterobacterales (CPEs) 11

PRIORITIES

- Adverse weather 12
- Air quality and health 14
- Antibiotic resistance 16
- Cancer screening 18
- Public Health Intelligence 20
- Health Care Associated Infections (HCAIs) & Sepsis 21
- Tuberculosis (TB) 23
- Childhood vaccinations and immunisations 25
- Adult vaccinations and immunisations 27

Acknowledgements 29

Foreword

Welcome to this year's Leeds Health Protection Board report which provides an overview of progress made against the Health Protection Board priorities, alongside showcasing case studies and highlighting our approach to managing significant infectious disease outbreaks in the city.

Due to the success of the Covid vaccination programme, COVID-19 now is not what it used to be, and we can thankfully start to move on from the pandemic. We have learnt valuable lessons including an even greater appreciation of the power of community, community leaders and their role in infection prevention.

This report presents the fantastic achievements of the Health Protection system in Leeds and the effective and efficient approaches to prevent, detect and mitigate health threats to the Leeds population.

We have shone a spotlight on the work of Bevan (a West Yorkshire based social enterprise service for highly vulnerable people) and Leeds City Council's Resilience and Emergency Team (RET). Bevan, despite the increasing demand for their service, have worked tirelessly to meet the needs of those with poor health and complex risk factors. RET provide the logistical support and plans for major outbreaks / natural disasters and are an integral partner for health protection.

This year has not been without its challenges. We've seen new and emerging infectious disease outbreaks including Mpox and CPE, a type of superbug which had not previously been seen at such scale. Reports of scabies have increased impacting families experiencing high levels of poverty and social deprivation. All this against a backdrop of rising energy costs which have exacerbated inequalities, the war in the Ukraine displacing populations and increasing numbers of people seeking asylum.

Globally, climate change and antimicrobial resistance (AMR) continue to present new risks which we will need to be able to prepare, adapt and respond to. Climate change poses significant challenges contributing to the spread of infectious disease, extreme weather events such as flooding and heatwaves, as well as the quality of the air we breathe. AMR is a critical threat to health protection as it reduces the effectiveness of antibiotics and other antimicrobial drugs. This poses challenges in treating infections and increases the spread of infection. These health threats do not affect everyone equally, people in underserved communities or who have other vulnerabilities suffer the worst outcomes.

As a Board we will continue to adapt our priorities where necessary and develop robust work programmes. This will mean we are able to evolve, innovate and address future health protection challenges. To underpin this approach, we will ensure that there is a strong evidence base, a commitment to community engagement, and a strong emphasis on workforce development and collaborative working. This will ensure that people are consulted, supported and cared for with compassion and kindness.

I would like to express my thanks for the huge amount of work that has happened throughout this year and the ongoing efforts from across the city to ensure Health Protection continues to be prioritised. I look forward to working with partners and communities in the coming year.

Victoria Eaton

Director of Public Health, Leeds.
Chair of the Health Protection Board.

Bevan Healthcare

Who we are and what we do

Bevan are a pioneering social enterprise established in 2011 and now widely regarded as being at the forefront of health and wellbeing services for highly vulnerable groups who face social barriers to accessing care. Bevan operate across West Yorkshire and our patients include:

- Refugees and Asylum Seekers
- People experiencing homelessness or who are insecurely housed
- Sex workers
- Gypsy Romany and Traveller groups

Many Bevan patients have complex needs, have experienced trauma and or have addiction and or mental health issues. We take a holistic approach to healthcare and our work is informed by the social determinants of health model.
We pride ourselves in a responsive and person led approach – finding compassionate solutions for individuals that benefit both the individual and the system as a whole.

We are a social enterprise which enables us to respond to the needs of our patients in a responsive way and to evolve our services with the changing needs of the patients we serve. As a social enterprise any profits we make are invested back into services for our patients.

People experiencing homelessness in Leeds

COVID and influenza vaccination programmes have continued to be delivered via the Bevan outreach services, targeting rough sleepers and those in temporary/ emergency accommodation.

Following consultation, Bevan partnered with Leeds Community Healthcare NHS Trust to provide a homeless outreach wound care clinics across the city in locations such as Forward Leeds hubs and on our outreach bus which has led to better wound outcomes and contributes to the prevention and early identification which can lead to significant invasive infection such as Group A Step.

Bevan's hepatitis C outreach clinic has engaged with a significant number of individuals with known hepatitis C and facilitated increased levels of successful treatment. This has a potential positive impact not only on the individual but also to the wider at-risk population in the city with reduced viral exposure in the community. The service and wider outreach team, continue to provide opportunities for hepatitis C testing in a variety of settings.

People resettled or seeking asylum in Leeds

All those newly arriving to a Leeds contingency accommodation site are offered a comprehensive health assessment including a physical and mental health screen, examination if required and opt-out screening for active and latent TB, HIV, syphilis, chlamydia, gonorrhoea, and hepatitis B and C. Alongside the GPs, nurses and healthcare assistants, Bevan occupational therapists and social prescribers are there to provide occupational and wellbeing support to those in contingency accommodation.

Contingency (e.g. hotel) accommodation has seen a significant number of scabies cases, often unrelated cases , who come to the city with infestation and significant symptoms. The Bevan Migrant Health Team provide an early detection and treatment of those with scabies to reduce the risk of onward transmission within the accommodation as well as provide treatment and symptomatic relief for those affected.

All those coming to a contingency accommodation site in Leeds are offered vaccination for measles, mumps, rubella, diphtheria, tetanus, polio alongside any other vaccinations suggested as per the national schedule. From our experience, most asylum seekers coming into Leeds from non-Bevan cities come with no vaccination history. Concerns continue around diphtheria and measles outbreaks in these settings and Bevan work hard to increase vaccination uptake in this population.

Bevan Healthcare

Challenges / Risks

The last year has brought several challenges for Bevan services in Leeds. As we work with a range of inclusion health cohorts, we have split challenges/risks into 2 core cohorts we work with:

People experiencing homelessness in Leeds

Increased numbers of rough sleepers in Leeds since COVID-19 and the end of the 'everybody in' policy has led to services at Bevan being stretched and reduced levels of engagement. The increased cost of living has impacted everyone but has disproportionately affected those experiencing homelessness as well as other inclusion health groups.

People resettled or seeking asylum in Leeds

The significant increase in the number of people seeking asylum in the UK has been highly publicised, and one of the challenges faced when providing health and wellbeing services to asylum seekers is the highly political arena in which Bevan operate. An often less than favourable political and media environment can lead to unrest in communities where asylum seekers are housed. Political decisions relating to claiming asylum in the UK, such as the 'Rwanda policy' and more broadly, the Illegal Migration Act 2023, can add further pressure to the mental health and wellbeing of those cared for, and make for a more challenging arena to operate in professionally.

York Street Health Practice, the Bevan inclusion health specialist GP practice, has seen a significant increase in those registered with the practice who are resettled or seeking asylum, and our Migrant Health Team have responded by conducting an increased number of health assessments, adding strain to existing services at short notice.

Focus for 2024/25

- Continued engagement with the wider system to discuss vaccine access and hesitancy among inclusion health groups.
- The risk of infectious diseases amongst vulnerable communities remains a significant concern. Bevan will continue to work in partnership to mitigate the risks and support in outbreak response.
- To continue to be a trusted organisation for vulnerable groups who have barriers to accessing health care.
- To advocate for vulnerable groups within the wider health protection system.

Links

https://www.gov.uk/government/collections/illegal-migration-bill

Resilience & Emergency Team Leeds City Council

Role of Emergency Planning in Health Protection

Emergency planning plays a proactive role in health protection by ensuring that communities and healthcare systems are prepared to respond effectively and collaboratively to various emergencies, such as natural disasters, disease outbreaks, or terrorist attacks. In the context of health protection, the four phases of emergency management are shown below:

As a Leeds Health and Care system, emergency planning is integral to Health Protection. This organisational spotlight will provide an oversight of the approach taken by Leeds City Council's Resilience and Emergencies Team (RET) to delivering the legislative duties under the Civil Contingencies Act 2004 (CCA04) for Leeds City Council through planning and delivering emergency response.

Emergency management

Risk Assessment:

Identifying potential health threats and vulnerabilities within a community. This assessment helps in understanding the specific risks that need to be addressed in emergency plans such as extreme weather, outbreaks, pandemics and port health plans.

Preparedness:

To develop, implement and review plans (including business continuity plans) to ensure health and care systems and wider partners understand their roles and responsibilities and have the necessary skills and resources to respond to emergencies. This includes scenario planning, stockpiling supplies and establishing robust communication systems with partners.

Response:

During an emergency response the priority is to protect life and property. Actions throughout the response phase aim to mitigate negative impact and safeguard public health. Response interventions can include providing emergency shelter, supplies and warning and informing the public during times of emergency.

Recovery:

Recovery is the process of rebuilding, restoring and rehabilitating the community following an emergency. The Local Authority lead on the recovery process after the emergency services have completed the response phase.

At all phases of emergency management, it is vital to collaborate with various agencies, organisations, and local authorities to share resources, expertise, and information.
Working together enhances the overall response and ensures a comprehensive approach to health protection during emergencies.
An example of this is the Local Resilience Forum (LRF).

Emergency Preparedness (all plans) & LRF

A review of the approach to emergency planning in Leeds City Council took place in 2022 which included a new management system, as well as workforce development training for those involved in incident response plans.

Collaborative Working

- Two business continuity risk workshops were held with Adult Social Care Home Care and Care Home providers focussed on which services would continue operating in the event of a power cut. The workshops identified further actions required to support lessons learnt from the exercise. The workshop won an award for Service Delivery at the ALARM'S Annual Risk Management awards.
- Further work was undertaken with Public Health and Adult Social Care to ensure the availability of a vulnerable person's list in the event of an incident requiring evacuation due to incidents such as severe weather or planned or unplanned power outages.

Resilience & Emergency Team Leeds City Council

Partnerships - The Local Resilience Forum (LRF)

A LRF is a multi-agency partnership that brings together local public services including emergency services, local authorities, the NHS, the Environment Agency to plan and prepare for emergencies.

One crucial aspect of their work includes health protection especially during health protection crisis like pandemics.

The Local Resilience Forum aims to:

- plan and prepare for localised incidents and catastrophic emergencies,
- identify potential risks and types of hazards that might affect the region,
- produce emergency plans to either prevent or mitigate the impact of any incident on their local communities,
- deliver training and exercises to test the plans,
- ensure staff in all organisations are kept up to date and provides advice,
- provide information and assistance to the public, business community and voluntary organisations.

The RET team are an integral part of the West Yorkshire LRF and co-ordinate local involvement in exercises and planning processes. For example, in 2022/23 the LRF had a heavy focus on National Power Outage (NPO) and central government rolled out Exercise Mighty Oak to test a response to this situation.

Heatwave

In 2022 Amber and Red Heat alerts were issued for most of the UK by the MET Office. Lessons on the Council's response to the heatwave were identified and a Silver planning group was formed. The group established working protocols to guarantee the safety of our workforce and delivery of services during periods of prolonged intense heat in the future.

Winter Mortality

Public Health data is used to forecast excess deaths. In January 2023, due to an increase in deaths over the winter period, the West Yorkshire Excess Deaths Plan was activated. The activation meant that there was mutual aid across all hospital trusts and mortuary capacity was managed, mitigating the risk of contracting in additional storage support. This approach is now the adopted Business Continuity measure within West Yorkshire Association of Acute Trusts.

CASE STUDY

Exercise Ripario – Rest Centre Exercise

In September 2022, a live exercise was held to test the Reception Centre Plan, which would be activated in the event of an emergency to provide shelter and welfare provision for those who were unable to return to their homes; this includes emergency prescribing nurses and social work support. The exercise included how welcome companion animals could be included in the reception centres due to the mental health support they provide to people who have experienced a traumatic event. The provisions to look after the welfare of those animals contributed to LCC being awarded a Gold Pawprint Award by the RSPCA in the category of Contingency Planning.

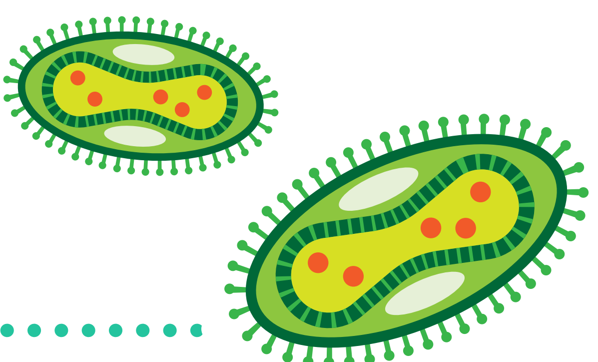
Links

Preparation and planning for emergencies: responsibilities of responder agencies and others - GOV.UK (www.gov.uk)

Focus for 2024/25

- All Leeds City Council Business Continuity Plans are being assessed against international standards and necessary updates are made in annual reviews.
- The Mass Fatalities and Excess Deaths plan for Leeds will be reviewed in line with new plans in West Yorkshire.
- The LCC Severe Weather Plan will be reviewed, to include learning from the heatwave of 2022 such as how alert and warning systems are communicated.
- Review of the Reservoir Inundation Plans with internal and external stakeholders.
- Triggers under the Leeds Major Incident Plan will be reviewed. A new approach will be established for declaring an emergency and notifying key officers that a Strategic Coordination Group meeting has been called.

Mpox



What is the infection?

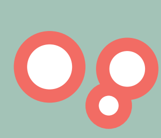
Mpox (formerly known as Monkeypox) is a rare viral infection most commonly found in west or central Africa.

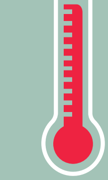
Mpox does not spread easily between people unless there is very close skin to skin contact (such as direct contact with infected skin lesions e.g. during sexual contact).

Mpox is usually self-limiting but severe illness can occur especially in those with other co-morbidities or are immunocompromised.

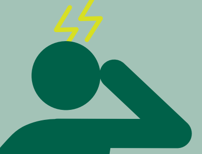
Mpox symptoms

People with mpox often get a rash, the incubation period is 5-21 days. During this time, a person does not have symptoms and may feel fine.





Rash (similar to chicken pox) | fever | aching muscles

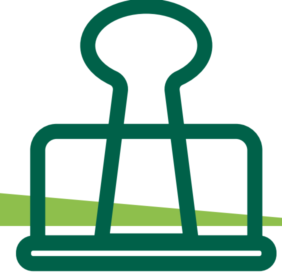


headache | swollen lymph nodes

An individual is contagious until all the scabs have fallen off and there is intact skin underneath.

Achievements

- Quick response: this was vital to enable suspected cases to be swabbed safely with effective IPC measures for staff. This enabled us to help neighbouring cities in the first few days.
- Collaboration: the collaboration between stakeholders (management of cases and vaccinations) enabled us to work faster with a wider response across the whole city. It created sustainable partnerships for further work beyond Mpox with longevity.
- Flexible and adaptable response: the outbreak was fast paced with everchanging guidance; therefore flexibility was crucial.
- Cross organisation: the partnership working brought many organisations together who had formerly not been in communication. The impact of this was wider than Mpox itself.
- Regular communication: the Mpox group met initially twice weekly to ensure all stakeholders were engaged in problem solving, innovating together and keeping in close communication.



CASE STUDY

CASE STUDY

Between May 2022 to September 2023, >3700 Mpox cases were diagnosed in the UK amongst men who have sex with men (MSM) unrelated to travel. Transmission appears to have been linked to large European festivals such as Pride events.

This put unprecedented pressure on the health system and required new collaborations, partnership working and a flexible response (in a health system still recovering from Covid).

The Leeds Sexual Health service (LSH) in partnership with the Leeds Teaching Hospital Trust Infectious Disease team (LTHT ID) mobilised within 24 hours of the BASHH (British Association for Sexual Health and HIV) webinar alerting sexual health services to the outbreak. An isolation chamber was created at LSH, PPE was acquired from LTHT ID wards, guidance was created for staff and a new phone triage system was implemented to identify suspected cases.

Rapidly, a citywide Mpox weekly meeting was created, led by LTHT and supported by the LTHT Emergency Planning Team. This brought together stakeholders across the city including: LTHT (ID, Occupational Health, Dermatology, Virology), LCH (Leeds Sexual Health, Infection Prevention Control), UKHSA, Leeds City Council, Yorkshire Mesmac and Leeds Local Care Direct.

A system wide pathway was set up to identify suspected cases, test partners (LSH), results management, inpatient support for cases who needed admission, virtual ward support for those isolating at home and vaccination of Mpox contacts (between LSH and LCH IPC) as well as occupational vaccination of at risk healthcare workers. More than 115 patients were swabbed, 26 positive cases were identified and there were no deaths.

A programme of vaccination for MSM (Smallpox vaccination) who have casual / multiple partners was launched by the NHS. LSH and LCH IPC worked together, using support and transferable learning from the LCH Covid Vaccination Team, to develop a responsive vaccination programme across the city using data searches to target eligible patients via text message (across LSH, Yorkshire Mesmac and the LTHT HIV service) and online booking of appointments. 1856 vaccinations were given in Leeds, the highest in North East & Yorkshire.

Partners involved: Leeds Sexual Health, LTHT Infectious Disease, LCH Infection Prevention Control, LCH Covid vaccination team, Yorkshire & Humber UKHSA, Leeds City Council, Yorkshire Mesmac

Scabies

What is the infection?

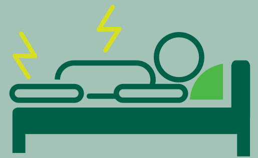
Scabies is a common and very itchy skin rash caused by a mite called Sarcoptes scabiei, which are smaller than a pinhead. They are usually spread by direct skin-to-skin contact from someone who already has scabies and sometimes, but rarely, from shared clothing, towels or bedding.

Page 141

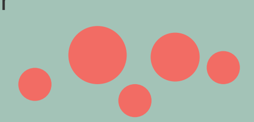
Medication is for the individual and all close contacts. There is a need for individuals to follow very detailed application instructions to ensure the treatment is effective. Additional control measures such as washing bedding and towels at high temperatures is also required.

Scabies symptoms

Intense itching, especially at night



Raised rash or spots often found in the skin folds.



The spots may look red. They are more difficult to see on dark skin, but you should be able to feel them.

Achievements

- Despite Scabies being a non-notifiable disease, community action was essential, due to the multiple layers of inequalities that the families were experiencing.
- The local surveillance system and strong partnership working was able to identify the increased levels of Scabies circulating in the community and the impact it was having on families.
- Through working with partners, a national shortage of the first line treatment cream Permethrin was identified. Working closely with the Leeds ICB Medicines Optimisation Team, Leeds was able to secure a supply to support local increases. Escalation processes are in place for any future concerns.
- Bespoke written and audio resources were developed for the families who did not speak English as their first language and were shared amongst the community through trusted partners.
- Through the engagement with these families, partners have been able to develop relations to promote other health and social care advice including promoting vaccines.

Links

More information about the work of community champions can be found: https://cdn-doinggood.b-cdn.net/wp-content/uploads/2023/10/Community-Champions-Summary.pdf

CASE STUDY

In April 2023, Leeds City Council's Health Protection team were notified by partners through their Single Point of Contact (SPOC) alert system of an increase in Scabies cases within the community. Primary care data was used to gather further insight and it supported the local surveillance from partners.

Through this data, a specific area of the city was identified as having an increased number of people living with Scabies. Those identified with Scabies in this area were living with high levels of multiple deprivation which presented additional complexities for the managing the infection.

What was the system response?

Leeds City Council's Health Protection team co-ordinated a meeting to address partners concerns and identify local interventions to support those affected. The meeting identified several barriers that the community were experiencing. Issues raised included:

- lack of awareness of Scabies
- low levels of GP registration for diagnosis and treatment
- cost of prescriptions
- shortage of first line treatment (Permethrin)
- how to apply treatment cream correctly
- non-English speaking and low literacy levels
- reduced access to other control measures such as washing machines and cleaning products

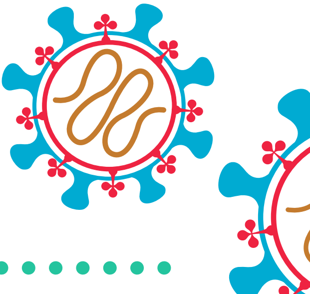
Interventions

- A bespoke leaflet was designed about scabies, how to reduce transmission and how to apply Permethrin treatment cream. Close working with the Leeds City Council Gypsy Roma Traveller Team and Early Help Duty and Advice Team meant that these leaflets were simplified and translated into several community languages. The information was also recorded in an audio file in 3 languages so that the messages could be shared via Whatsapp.
- Leeds Community Healthcare's Infection Prevention Control team supported the development of training for the local workforce to raise awareness of Scabies and how to direct people to treatment and support.
- The local Primary Care Network, GP confederation and wider community networks were integral to raising awareness of Scabies circulating in the community. Briefings were undertaken with the Executive Member for Adults and Health.
- The Leeds Integrated Care Board Medicines Optimisation Team worked closely with Community Pharmacy West Yorkshire to include Permethrin treatment cream in the Pharmacy First scheme to support those from low-income families. Due to insight into the number of people not registered with primary care, the scheme was also developed to be accessed by those not registered with a GP.
- A training workshop was delivered to 51 local professionals and community champions to provide support to families, including information on where to access treatment and answer any questions.
- Local support services were available to access white goods, cleaning kits and additional bedding for the affected families.

CASE STUDY

Partners involved: - Leeds City Council – Public Health, Gypsy Roma Traveller (GRT) Team and Families First Team - Leeds GP Confederation - Leeds ICB – Data Quality and Medicines Optimisation – Community Pharmacy West Yorkshire - UKHSA – Community Champions Programme

Measles



What is the infection?

Measles is a highly infectious viral infection that can be a serious illness, especially in young children, pregnant women, and individuals with weakened immune systems.

Measles is one of the world's most contagious diseases, yet it is preventable with the Measles, Mumps and Rubella (MMR) vaccination. In the UK children receive two doses of the MMR vaccine as part of the routine childhood immunisation schedule.

The UK Measles and Rubella elimination strategy was launched in 2019 which highlights the national ambition to achieve and sustain the World Health Organisation target of 95% coverage for two doses of the MMR vaccine in five-year-olds. Achieving 95% MMR vaccination uptake is enough to generate herd immunity, which will protect those who are not able to be vaccinated, such as babies under 1 years old and stop measles circulating.

"Just one person with measles can infect nine out of ten people who have not had the MMR vaccination."

Achievements

- A clear plan has been developed which has provided clarity for partners on roles and responsibilities and a clear process if a response to an outbreak is required.
- Agreed commissioning responsibilities and arrangements for specific parts of the local response.
- Agreements in place for data sharing.
- Gaps in knowledge and processes have since been addressed.
- Continued focus on increasing MMR uptake and raising awareness of Measles.

"Measles is one of the world's most contagious diseases"

– Measles (who.int)

Preparing for a measles outbreak in Leeds

With the backdrop of lower vaccination rates and the increase of Measles cases nationally, health and community partners came together to consider the local response in the event of a community outbreak.

Several scenarios were discussed to identify the roles and responsibilities of partners to:

- Lead and oversee the local response.
- Provide contact tracing support.
- Confirm commissioning responsibilities for catch up vaccinations.
- Discuss principles for community engagement activity.
- Agree the responsibilities and scope for communications.

CASE STUDY

Measles cases are rising in England

NHS

Make sure your child is up to date with their MMR vaccinations

CASE STUDY

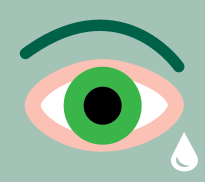
National uptake of the MMR vaccine has continued to decline over the last decade and these rates were exacerbated by the COVID-19 pandemic. Nationally, coverage of the first dose of MMR vaccine in 2-year-olds has dropped below 90% and coverage of 2 doses of MMR vaccine in 5 year olds in England is currently 85.5%.

10% of children under 5 are not fully protected from measles and are at risk of catching and spreading it.

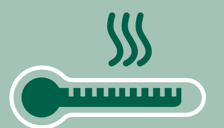
Measles is a notifiable disease in England, which means that health professionals must inform local health protection teams of probable or confirmed cases. From 1 January to 31 July 2023, there were 141 laboratory confirmed measles cases in England compared to only 54 cases in the whole of 2022. In Leeds there have been a small number of individual cases with no outbreaks identified to date.

Partners involved: Leeds NHS ICB – Medicines Optimisation, emergency planning - NHS England - UK Health Security Agency – Local Health Protection Team - Leeds Community Healthcare – Infection Prevention and Control team -Leeds City Council – Public Health, Emergency Planning, Children and Families, Health & Safety Teams, communications - Third sector representation - College and University representatives

Measles symptoms

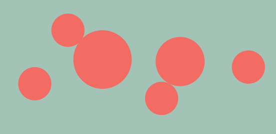


Red, sore watery eyes



High temperature

Cough



Rash (a few days after cold-like symptoms)

Carbapenemase-producing Enterobacterales (CPEs)

What is the infection?

Carbapenemase-producing Enterobacterales (CPEs) are antibiotic-resistant bacteria. They can live harmlessly in the human gut without making people unwell and spread person-to-person without symptoms developing (i.e. when a person is said to be a 'CPE carrier'). However, CPEs can also cause serious infection in a small proportion of people, for example if CPE are found in the blood stream or urinary tract. CPE infections are difficult to treat due to the bacteria carrying resistance to common antibiotics. KPC-producing Klebsiella oxytoca is a type of CPE which caused an outbreak at Leeds Teaching Hospitals Trust (LTHT) in the Summer of 2022. Two strains were identified in the Specialty Integrated Medicine Clinical Service Unit at St James' University Hospital; LEEDPKL-7 and LEEDPKL-8.

CPEs are a relatively rare cause of infection in Leeds and it is unknown how many people in the West Yorkshire population are CPE carriers. Risk factors for CPE include being in hospital abroad or in areas in the UK where CPE is more common, or being in contact with someone who has CPE. In Leeds Teaching Hospitals NHS Trust, CPE has been seen in a small number of unwell patients over the past decade, but it has not been a significant risk to health.

CASE STUDY

The Speciality and Integrated Medicine (SIM) Clinical Service Unit (CSU) at SJUH was involved in an outbreak of CPE (KPC-producing Klebsiella oxytoca) that began in July 2022 affecting several hospital wards. A major outbreak control group (MOCG) management process was used to identify the clinical and epidemiological risks and to develop mitigating actions to control the spread of CPE. A key focus of the outbreak investigation was to screen a large number of people to identify all patients with CPE so that further transmission could be prevented.

By the time the outbreak was closed in March 2023, 1000s of patient screening samples had been tested and a total of 41 patients were confirmed to be KPC positive. 4 patients carried the organism in clinical samples and 37 in screening samples only.

The last positive case occurred on 22 December 2023. By the time the outbreak was closed, a detailed education and training programme had been shared and CPE admission and surveillance screening had been implemented in LTHT.

When the MOCG was formed, all key stakeholders were invited (see below).

This included the Leeds UKHSA field operations team who kindly supported with epidemiological investigations, and strong representation from the Leeds community teams.

Of the 41 positive cases

39 with KPC Klebsiella oxytoca, Of the 39 K. oxytoca patients, 24 patients had the LEEDPKL-8 strain and 15 patients had LEEDPKL-7 strain on molecular typing.

1 KPC Klebsiella pneumoniae and

1 who isolated a KPC E coli.

Partners involved: Nursing teams – IPC – Microbiology – Pathology – CSM's – General Managers/ Heads of Nursing on-call – Relatives – Leeds Community Healthcare NHS Trust – Leeds & York Partnership Foundation Trust – Leeds City Council – UKHSA UK Health Security Agency field – LTHT Executive team

Achievements

Strict infection prevention measures were implemented in LTHT including ward cohorting, high intensity CPE screening and cleaning. A core element of outbreak management was education and training for all staff groups working on the wards. This included face to face teaching, a CPE video and written information for staff and patients. In addition to posters on the wards, visitors were included in the educational aspect to prevent further spread of CPE.

Given the outbreak occurred in the elderly care population, collaborative working between hospital and community teams was essential from the outset. As CPE was relatively unknown amongst colleagues in social care, there were concerns for safe patient discharge processes. Additional support was required to share knowledge of the precautions needed to prevent transmission. Two teaching sessions facilitated by the Leeds Community Healthcare NHS Trust, supported by LTHT, were attended by over 60 colleagues within the community, to outline the pathway for CPE positive and exposed patients. This was offered face to face and via teams to both managers and staff and the training was circulated to all care providers in the community.

Lessons learnt

- CPE is a growing threat to the provision of safe healthcare globally, nationally and locally.
- Collaborative working across Leeds Teaching Hospitals and Leeds Community Health led to the control of a large CPE outbreak.
- Education and training materials were shared and adapted for different staff groups in health and social care. This laid the foundation for a joined up approach to control transmission of CPE in the elderly care population.

Adverse weather

Current position

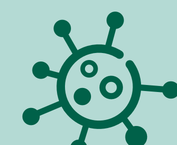
There are many reasons for the increased risk to ill-health during hot and cold weather including:

- physical hazards such as snow and ice

- poor-quality housing and particularly cold homes, mould and damp

- increased risk of dehydration, heat exhaustion and heatstroke

- increased risk of heart attacks and strokes



- higher frequency of circulating infectious diseases

- malfunctioning or inappropriate appliances to heat homes may lead to increased risk of carbon monoxide poisoning

- increases in the cost-of-living and the impact that food and fuel poverty can have on health

Page 144

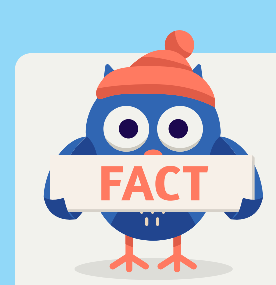
Adverse weather such as heatwaves and cold spells can have a significant impact on people's health, with experts predicting that adverse and extreme weather events will continue to become more frequent.

Whilst adverse weather can affect anyone, some people are particularly at risk including older people (aged 65 and above), young children, people with underlying health conditions and those that are pregnant.

In 2023, the UK Health Security Agency (UKHSA) launched the National Adverse Weather and Health Plan (AWHP) which includes recommendations that areas need to put in place to reduce the health effects of adverse weather on communities and build resilience.

The Leeds Weather Health Impact Group (WHIG) is an internal Leeds City Council working group; they work to ensure a co-ordinated approach to preventing weather related ill health with three key priorities:

> 93% reported feeling warmer and more comfortable in their home, with 61% reporting using their heating less than before the intervention by Care and Repair
>
> – Feedback from recipients of the Leeds Care and Repair service.



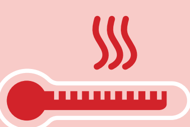
To keep warm and well the room where you sit should be 21°C and your bedroom should be 18°C.

1. Prevention and management of adverse weather-related illness, infections and ill health.
2. Support people living with frailty to reduce vulnerability to poor health during periods of adverse weather.
3. Mitigate the health impacts of cold and heat.

Heatstroke Symptoms

Unwell after resting 30 mins in cool

Hot skin but not sweating



Fast breathing

Very high temperature

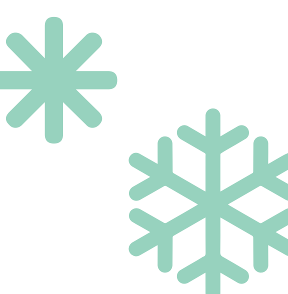
Seizure or fit

Fast heartbeat

confusion lack of cordination

Loss of consciousness

Adverse weather



Achievements

Delivered 22/23 to protect vulnerable people from the hazardous impacts of adverse weather:

- Home Plus (Leeds) enables and maintains independent living through improving health at home
- Active Leeds Health Programmes
- Lunch clubs
- Winter grants
- Neighbourhood Network Schemes
- Community Infection Prevention and Control service (LCH) provide support, advice and outbreak response to community settings.

Winter 22/23

80+
lunch clubs delivered across the city to tackle loneliness and isolation amongst older people.

220
referrals to Active Leeds for 'Strength and Balance' sessions.

Home Plus has supported:

670
people to return home from hospital.

894
households assisted to reduce fuel poverty through visits.

2,500
people supported to reduce falls risk

Leeds Winter Warmth offer

1116
households received direct assistance to address fuel poverty. 68% had at least one person living in the household with a long-term condition which could be exacerbated by living in a cold environment.

164
winter warmth packs distributed by West Yorkshire Fire Service to 133 households deemed most at risk from harm from cold home living. 61% of which were given to a household with at least one resident over the age of 60.

Risks

- increase in hospitalisation due to cold weather including ill-health and falls.
- higher frequency of circulating infectious diseases during winter months, such as flu, COVID, and norovirus as well as physical hazards such as snow and ice.
- increased risk of carbon monoxide poisoning due to people using malfunctioning or inappropriate appliances to heat their homes.
- Due to damp and cold homes, mould is more likely to occur which increases the risk of respiratory illness

Challenges

- There is an increasing number of people who are affected by the CoL crisis, particularly vulnerable groups including older people and people on lower incomes, with many facing the decision of whether to eat, or heat their homes.

Focus for 2024/25

- Prevention and management of adverse weather-related health outcomes
- To ensure collectively that our summer and winter preparedness plans are in place to prevent the major avoidable effects on health during periods of adverse weather
- Continue to use the AWHP and action cards as a framework of best practice to inform our response to adverse weather events
- Encourage people who are eligible to get their flu and COVID-19 vaccine
- Ensure Public Health messages, services and initiatives are reflected in the system wide winter preparedness plan
- To reduce health inequalities by targeting interventions and services for those who are more vulnerable

WYFRS and partners delivering winter warmth packs

Air quality and health

54 of every 1000 deaths that occur in Leeds can be attributed to air pollution.

– (Fingertips, 2021).

Current position

Air pollution remains the largest environmental health risk in the UK and there are no safe levels of the main pollutants of concern. Last year's Chief Medical Officer (CMO) annual report (2022) focused on air pollution and the need for public health action to reduce exposure and contributions to indoor and outdoor pollution.

There are two primary pollutants of concern for Leeds:

- Nitrogen dioxide (NO_2) of which the main source is vehicle emissions and the burning of other fossil fuels.
- Particulate matter (PM_{10} and $PM_{2.5}$) There are a number of sources of particulate matter. A small proportion of the concentrations of PM that people are exposed to come from naturally occurring sources such as pollen, sea salt and airborne dust. A third of all PM in the UK is from sources outside of the UK. However, around half of UK concentrations comes from domestic wood burning and transport emissions.

Source: Clean Air Strategy, 2019

In 2022, outdoor air quality in most of Leeds met the UK's air quality objectives and has remained at similar levels since 2021.

Leeds City Council plans to revoke five out of six current Air Quality Management Areas in the city. These are areas where the pollution levels have previously exceeded the UK standards.

An Air Quality management area is:

"geographical areas where air pollution levels are, or are likely to, exceed national air quality objectives"

Partnership approach to mitigate the impact of Air Pollution

The Leeds Air Pollution and Health Group is a citywide multi-agency partnership, involving partners from Environmental Health; NHS; Housing; Highways and Transportation; University of Leeds; Climate, Energy and Green Spaces, and is accountable to the Leeds Health Protection Board and Leeds Health and Wellbeing Board. The partnership ensures a collaborative approach for action, planning and prevention to address the health impact of air pollution on health across Leeds.

Air Pollution & You

Air pollution can worsen symptoms connected to respiratory health conditions. But there are things we can all do to help.

Clean Air Hub

Air pollution affects everyone but there are inequalities in exposure and the greatest impact on the most vulnerable:

- Pregnant women
- Children and young people
- Those with cardiovascular and/ or respiratory disease
- Older people (aged 65 and above)
- Those living in areas of deprivation with long-term health conditions*
- Early years settings, schools, care homes, and hospitals.

Protect yourself when high air pollution is forecast

Everyone can be harmed by dirty air but those most at risk are

- People with heart or lung conditions
- Pregnant women
- Older people
- Children

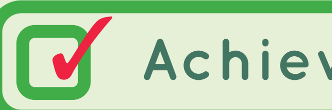
Making simple changes on days when poor air quality is forecast can reduce your risk of becoming ill or worsening existing health conditions.

Sign up here

to receive email alerts and official public health advice when high levels of air pollution are forecast in Leeds. This free service is provided by Leeds City Council.

To find out more about air quality in Leeds visit www.leeds.gov.uk/cleanair

Air quality and health



Achievements

Partners have worked together on the following initiatives to support this agenda:

- Publishing a Leeds air quality Health Needs Assessment (HNA) and developing citywide recommendations based on the findings.
- Co-developed the air pollution alerts system with council and health partners, launched on Clean Air Day 2022. The system alerts subscribers by email when 'High' or 'Very High' pollution episodes have been forecast by the Met Office.

Further monitoring

- Working with the University of Leeds on their Sensing Leeds network to expand the number of Purple Air particulate matter sensors across the city; this will increase our understanding of pollution trends across both urban and rural areas.
- Collaboration between West Yorkshire Combine Authority (WYCA), the 5 districts and the Universities to deliver a Defra funded Particle Information Improvement Project (PIIP) between April 2023 - 2025 to provide a regional iMCERT PM monitoring network, detailed data analysis, public data dashboard and health messaging via the WYCA website.

Workforce Development

- 'Want to Know More About…' training webinars and the development of a training video resource aimed at the wider public health workforce to increase understanding about air pollution and health.
- Co-organised an accredited national conference 'Every Breath You Treat' aimed at health professionals and clinicians to help encourage meaningful conversations about air pollution and health as part of routine appointments and clinical assessments.
- A workshop was held in March 2023; this allowed collaboration with stakeholders to develop key recommendations for local activity and interventions that mitigate the risk of poor health because of air pollution.

Resources

- Distributed 7000 patient-friendly leaflets to all GP surgeries in Leeds for those with respiratory health conditions.
- Created and distributed business cards and posters to support clinicians and encourage sign-up to the air quality alerts system.
- Ensuring public health messages are kept up to date and shared via the Clean Air Leeds website: leeds.gov.uk/clean-air.

Projects

- Projects with local schools, including supporting a primary school to access air quality monitors and sensors, lesson plans, and resources.

Links

www.gov.uk/government/news/we-can-and-should-go-further-to-reduce-air-pollution-says-chief-medical-officer

https://observatory.leeds.gov.uk/wp-content/uploads/2023/08/2023-Leeds-Air-Quality-Health-Needs-Assessment.pdf

Focus for 2024/25

- Building on the CMO 2022 report and the local HNA, a refreshed action plan for the Air Pollution and Health Group will be developed. This will include:
  - Strengthening the wider public health and health workforce development offer.
  - A greater focus on communication and engagement with people who have a higher risk to the short and long-term effects of air pollution.
  - Strengthening our current data position and understanding of air quality and health outcomes.
  - Prioritising key activity and guidance on indoor air pollution.
- A successful bid with Leeds Older People Forum to develop workshops on air pollution for staff and volunteers attending Neighbourhood Networks and developing tailored resources for the older population.
- Working closely with housing colleagues, third sector colleagues and frontline workers to understand and tackle indoor air pollution within people's homes.
- Working with clinicians in primary care and acute settings to raise awareness of the health impacts of indoor air quality, especially addressing children and asthma working through the Asthma Friendly school and Asthma Bundle of Care initiatives.

Risks

- Despite complying with UK standards on air quality, there are no safe levels of air pollution.
- To improve air quality beyond than local interventions, a whole systems approach is required, including support from national government through policy and investment.
- People with long term conditions are not always informed about the risks to their health from air pollution to make informed decisions.

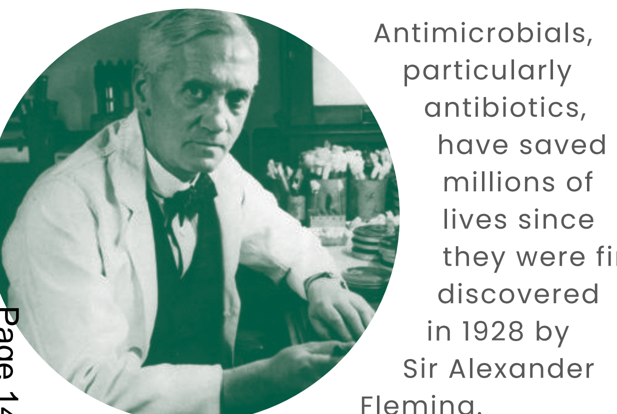
Challenges

- Air Quality is the largest environmental health risk in the UK which shortens lives and contributes to chronic illness.
- Communities and partners are unaware of small behavioural changes to improve their air quality.

Antibiotic resistance

AMR is a global issue with The World Health Organisation (WHO) declaring it as one of the top 10 global public health threats facing humanity and establishing a twenty-year global AMR action plan (2014).

Current position



Antimicrobials, particularly antibiotics, have saved millions of lives since they were first discovered in 1928 by Sir Alexander Fleming.

Page 148

Mainstream use and access to Penicillin G in the mid 1940's marked the beginning of the 'antibiotic revolution' which many generations have since benefited from enormously; improving the health of the population and reducing deaths associated with infection. But no new classes of antibiotics have been discovered since the 1980s. This, together with the increased and inappropriate use of the drugs we already have, means we are heading rapidly towards a world in which our antibiotics are no longer effective. We need to act now to make sure that our children and future generations continue to benefit from these life-saving medicines.

AMR is one of the top 10 priorities within the UK governments National Health and Social Care's risk register. The UK has set a 20-year Antimicrobial Resistance ambition: by 2040 we will live in a world where antimicrobial resistance is effectively contained, controlled, and mitigated.

The ambition is supported by a 5 Year Action Plan (2019-2024) which has 3 key areas of focus.

1

Reducing the need for and unintentional exposure to antimicrobials – reducing infections both in humans and animals, encouraging good infection prevention and control within environments and better food safety.

2

Effective use of antimicrobials – effective use of antibiotics in humans, animals and agriculture, surveillance and monitoring of prescribing, AMR in humans and animals

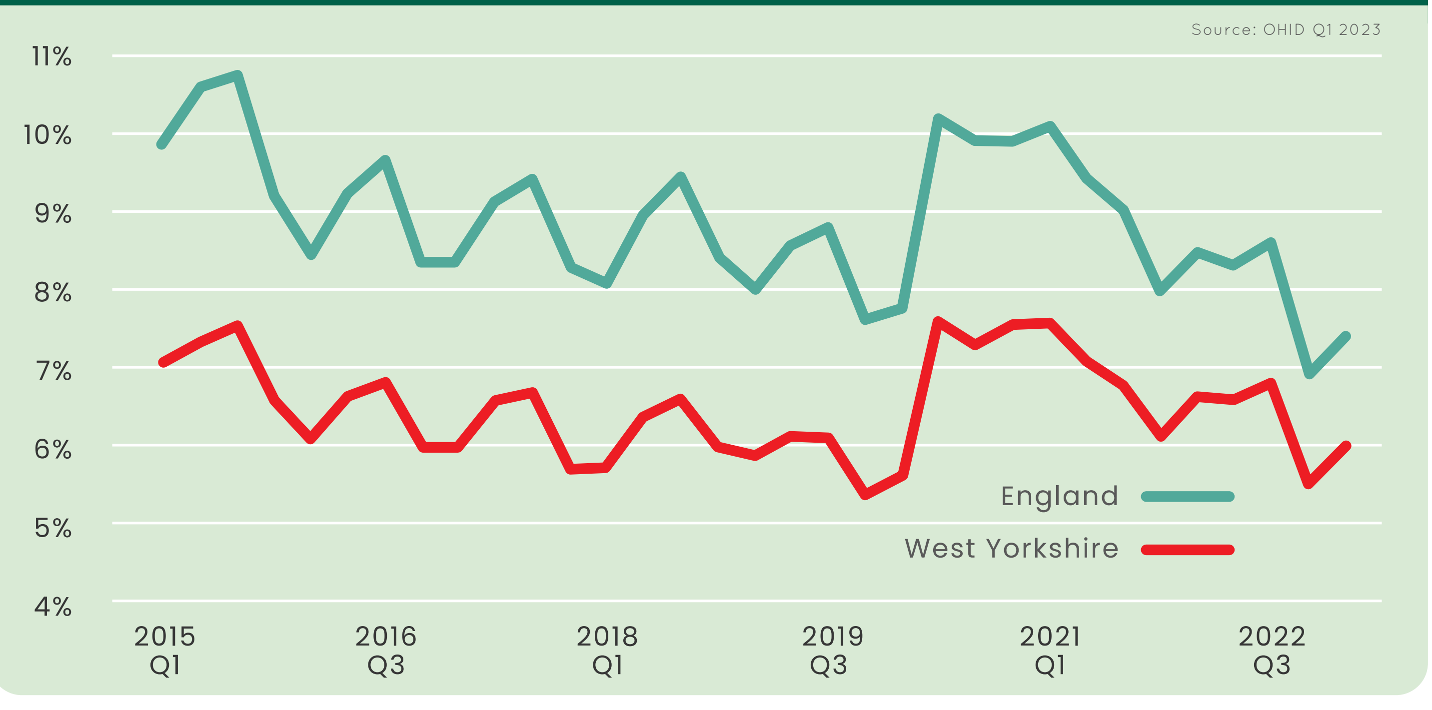
3

Investment in diagnostics, alternative therapies, vaccines, and interventions ensuring that there is parity in access to these and quality assurance of AMR health products.

The Leeds AMR Strategic Group is driven by a collective commitment to tackle AMR within our city.

Leeds:
It's time to take antibiotic resistance SERIOUSLY.

Percentage of broad-spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter for West Yorkshire ICB –15F



Antibiotic resistance

> By 2040, our vision is of a world in which AMR is effectively contained, controlled and mitigated.
>
> – DHSC, The UKs vision for AMR by 2040 and 5 year national plan

Achievements

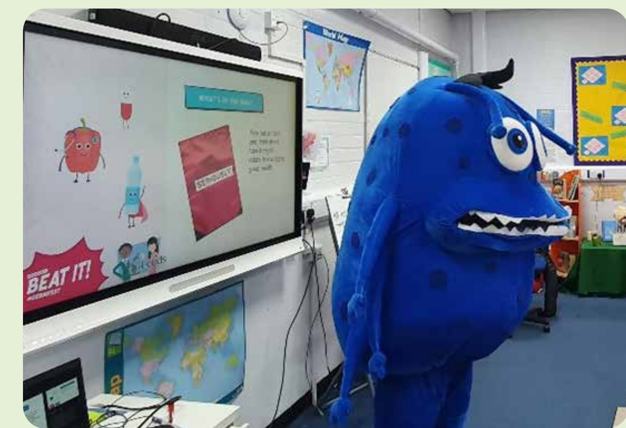
Primary Care

Leeds GPs and Pharmacists are part of the forward thinking Lowering Antimicrobial Prescribing (LAMP) initiative: receiving regular antibiotic practice level prescribing data which are discussed and reviewed within peer review sessions twice yearly. Sites with prescribing rates higher than the national target are supported to formulate an improvement plan.

The overall percentage of broad-spectrum antibiotic prescribed in Leeds is lower than the average national rate (OHID Q1 2023).

Community engagement and education

The 'Seriously Resistant' campaign has continued to develop since it was introduced in 2016 with the aim of raising awareness of AMR and to educate people on what action they can take to make positive changes. The campaign has been designed to engage different audiences over the years including, students, older people, and families with young children as well as healthcare professionals and in high antibiotic prescribing areas of the city.



Beat It Schools Sessions

In November 2022 the 'Beat It' school sessions were launched as part of World Antibiotic Awareness Week. The Leeds City Council Health & Wellbeing team have developed an interactive education session to increase knowledge of AMR and preventative measures. This session has been delivered to 79 primary schools which are located in the 5 highest antibiotic prescribing areas of Leeds, equating to 35% of all primary schools.

Community education packs

Community education packs have also been developed which aim to provide community leaders and third sector partners with practical resources for engaging their services users around antibiotic use and how to stay healthy and well. Key community settings have been identified for the distribution of resources.

Challenges

- Managing national incidents when they occur which require antibiotic treatment and will impact prescribing levels. e.g. Invasive Group A Streptococcal / Scarlet Fever in children in Dec 22.
- To raise awareness of the importance of AMR within the community and clinical settings.

Risks

- Continue to see higher GP prescribing rates than the NHS target.
- Increasing infections which are harder to treat and increases in the rise of diseases spreading, severe illness and death.

Links

https://www.leedsccg.nhs.uk/news/leeds-residents-urged-to-take-antibiotics-seriously-this-world-antibiotic-awareness-week-2/

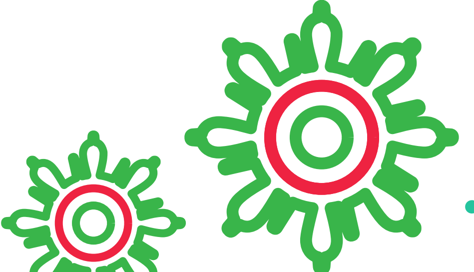
https://www.westyorksrd.nhs.uk/waaw-blog-6

Focus for 2024/25

1. Continue to co-ordinate and deliver the Leeds AMR priorities through the Leeds Strategic Group ensuring collaboration with other local and regional strategic groups.
2. A continued focus on community engagement and education. To include delivering Phase 2 of the 'Beat It' school campaign.
3. Work with community pharmacy to further develop and promote the antibiotic amnesty scheme which encourages members of the public to hand in unused antibiotics and remove them from public circulation and potential inappropriate use.
4. Continue to work together as system partners to fully understand the complexities and barriers around antibiotic prescribing both within primary and secondary care where targets are not currently being met.

Cancer screening

> Early detection saves lives.
>
> – www.nhs.uk



Cancer Awareness training delivered to Migrant Community Networkers

Current position

Cancer screening saves lives by helping to spot cancer in its earliest stages when treatment is more likely to be successful. Later diagnosis often results in poorer outcomes for patients and increased costs to the health and care system. In the UK, there are currently 3 national screening programmes for breast, bowel and cervical cancer.

There is a clear approach to cancer screening in Leeds through the Cancer Prevention, Awareness and Increasing Screening Uptake workstream of the Leeds Cancer Programme. This is led by Public Health, Leeds City Council and made up of a broad range of partners from across the Health and Care system in Leeds.

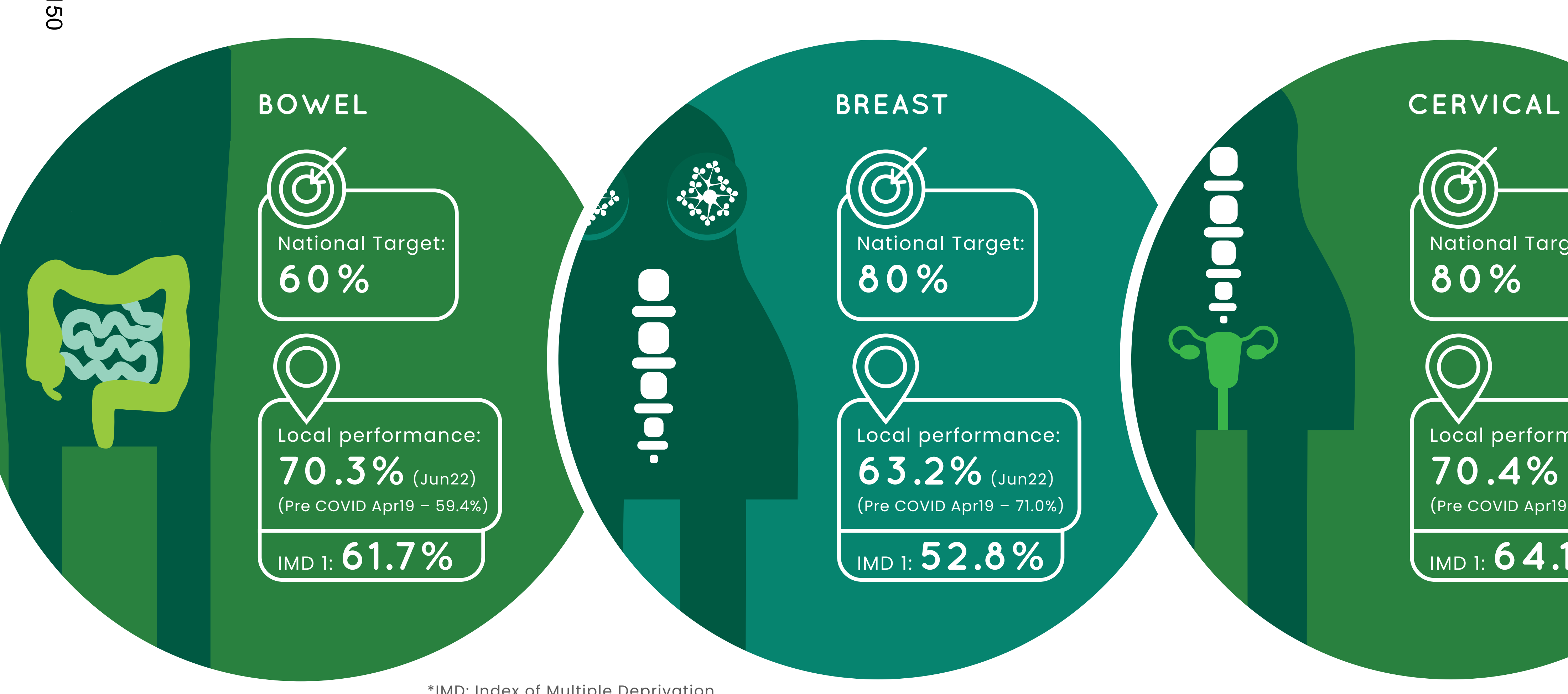
The workstream aims to;

- To facilitate work which contributes towards preventing cancer
- To raise awareness of signs and symptoms of cancer
- To increase uptake of the three national cancer screening programmes (breast, bowel and cervical)
- To narrow the gap in cancer health inequalities through a targeted approach in areas of highest deprivation and with specific groups where cancer outcomes are poorer

Evidence shows that people living in deprived areas and certain groups including people with Learning Disabilities, Severe Mental Illness (SMI) and Culturally Diverse Communities are less likely to access cancer screening, have lower awareness of cancer signs, symptoms and risk factors and are more likely to die earlier from cancer than people living in non-deprived areas.

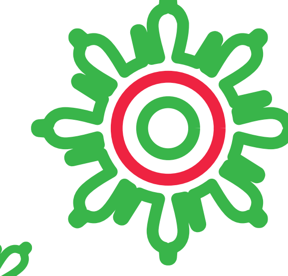
The data demonstrates that Leeds is exceeding national targets for bowel screening and uptake rates are higher than they were pre covid. For breast and cervical screening, Leeds uptake rates are significantly below the national targets and have declined from pre-COVID-19 rates. This decline aligns with national trends although it is likely that the rate of this decline has been lower than it would have been had we not had the broad range of structures and programmes in place to mitigate against these impacts. For all three screening programmes uptake is lower in the most deprived areas of Leeds (IMD 1) compared to the Leeds overall performance.

Leeds Cancer Screening Uptake rates:



*IMD: Index of Multiple Deprivation

Cancer screening



Achievements

Commissioning of services

Across Leeds, there is a three-pronged approach to raising awareness, increasing cancer screening uptake and improving cancer outcomes in Leeds.

1

The Leeds Health Awareness Service: commissioned by Leeds City Council which takes a community engagement approach to raising awareness around cancer prevention, signs and symptoms and encourages uptake of screening. The service is targeted in areas of highest deprivation and with specific groups where cancer outcomes are poorer.

2

Primary Care Cancer Screening Champions programme: commissioned by Leeds ICB targets the most deprived practices in Leeds where screening uptake is lowest; with an aim of increasing bowel and cervical screening uptake.

3

The Primary Care Network (PCN) Cancer Care Co-ordinator programme: commissioned by Yorkshire Cancer Research and the Leeds GP Confederation, designed to achieve accelerated uptake of the three national cancer screening programmes. Cancer Care Co-ordinators cover the 8 most deprived PCNs in Leeds.

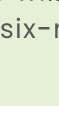
Partnerships

Three health inequality task groups have been established which focus on cancer and learning disabilities, severe mental illness (SMI) and culturally diverse communities. Examples of activity developed and delivered through the task groups include:

- Development of a GP bowel screening flagging pathway for people with learning disabilities and bowel screening training for frontline workforce
- Delivery of a co-produced creative arts project to raise awareness around ways to reduce cancer risk for people with learning disabilities.
- Provision of cancer messaging training to 18 Migrant Community Networkers, from 11 different communities, who then delivered 25 local events with their own communities.
- Commissioned a piece of insight work into the barriers and enablers to accessing screening for people with SMI to inform further work.

Sharing best practice and learning

In June 2023 we hosted a joint event between the three health inequality task groups. This was the first time the groups had come together to share learning, challenges and to learn from one another. The event was a great success and as a result these will continue to run on a six-monthly basis.



Risks

- The impact of the COVID-19 pandemic has continued to result in a local and national downward trend in cancer screening uptake, particularly for breast and cervical screening.
- Cancer screening saves lives by diagnosing cancer in its earliest stages. The decline in screening uptake has the potential to impact on delayed diagnosis and cancer staging, increase premature mortality and to further widen the cancer health inequalities gap.

Challenges

- To continue to mitigate against the impact of COVID-19 through the continued partnership approach to delivering a broad range of interventions.
- System wide financial pressures and uncertainties are a potential risk but as a system we will continue to work collaboratively to ensure that we make the best use of the resources that we have.

Focus for 2024/25

- We remain committed to continue to build on and develop the excellent partnership approach we currently have in place to increase cancer screening uptake.
- We will continue to take a targeted approach to optimise cancer screening uptake in areas of higher deprivation and among specific groups where screening uptake is lower.
- We will drive forward at pace, the delivery of targeted activity through the three health inequality task groups. We will also support the development of enhanced collaborative working across the three health inequality task groups.
- We will continually strive to develop new and innovative approaches to increasing screening uptake, sharing our best practice and learning.
- We will provide Public Health leadership and expertise to newly developing programmes of work including supporting LTHT colleagues with the targeting, accessibility and promotion of the newly re-launched open access chest x-ray clinics (symptomatic) and implementation of the National Lung Health Check programme (asymptomatic).
- We will continue to influence the system for improved data at a granular level which will enable us to target activity more effectively and to measure the impact of our interventions.

Public Health Intelligence

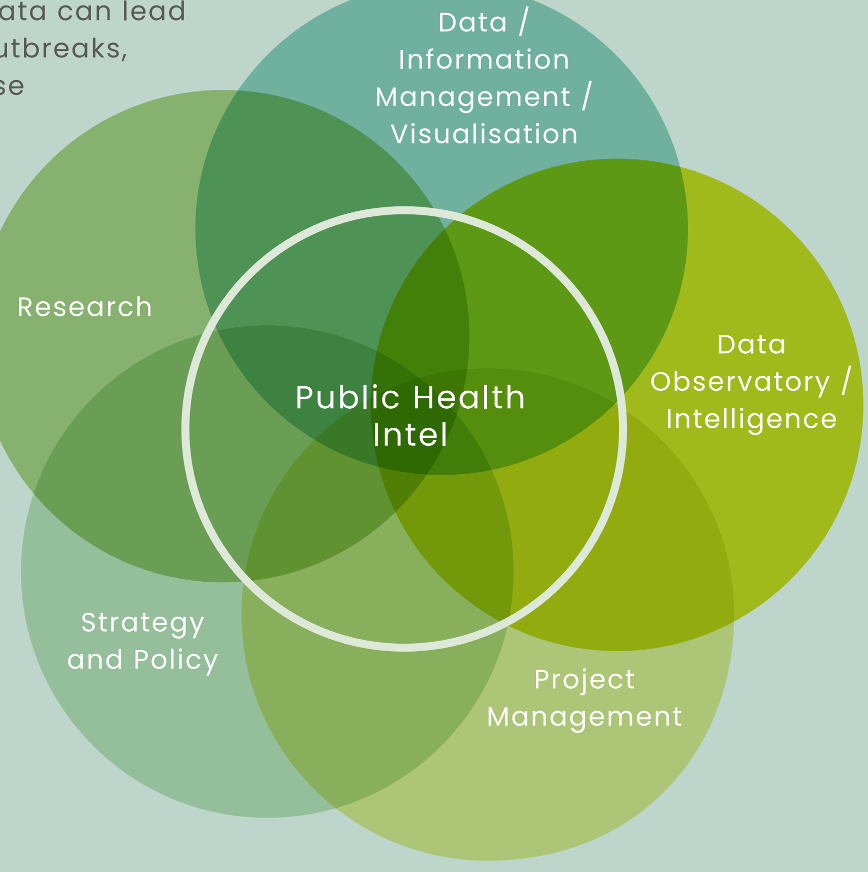
> It is a capital mistake to theorize before one has data
>
> – Sherlock Holmes

Current position

Data serves as the foundation for evidence-based decision-making, enabling effective health protection strategies, efficient resource allocation, and improved overall public health outcomes. The Public Health Intelligence (PHI) team provide:

- Support to manage the local surveillance system to monitor the prevalence and spread of diseases. Timely and accurate data can lead to early detection of outbreaks, enabling rapid response and interventions.
- A data dashboard which measures progress against the Boards' priorities to assess the effectiveness of public health interventions.
- data analysis and intelligence which is essential for designing targeted interventions and preventive measures to reduce the incidence of diseases.
- insight and challenge through the provision of cross-cutting intelligence to inform preventative and strategic work programmes.

Support in outbreak situations to identify at risk populations and areas where necessary to support evidence-based approaches.



Achievements

- Development of a Health Protection tracking and reporting system which provides citywide surveillance for infectious diseases in a range of settings (early years, schools, care homes, community).
- Data provided to support the Infectious Diseases Review & Response (IDRR) meeting. This is a partnership meeting which reviews surveillance data for infectious diseases in Leeds settings.
- Provided data on HIV, TB and Hepatitis to support the Fast Track City initiative.
- Provided key information for the Air Quality Health Needs Assessment.
- Supported vaccination programmes through:
  - Tracking Flu and COVID vaccination uptake in Care Homes
  - Developing and updating the COVID Vaccine dashboard
  - Providing local MMR vaccination uptake analysis in response to rising measles cases

Risks

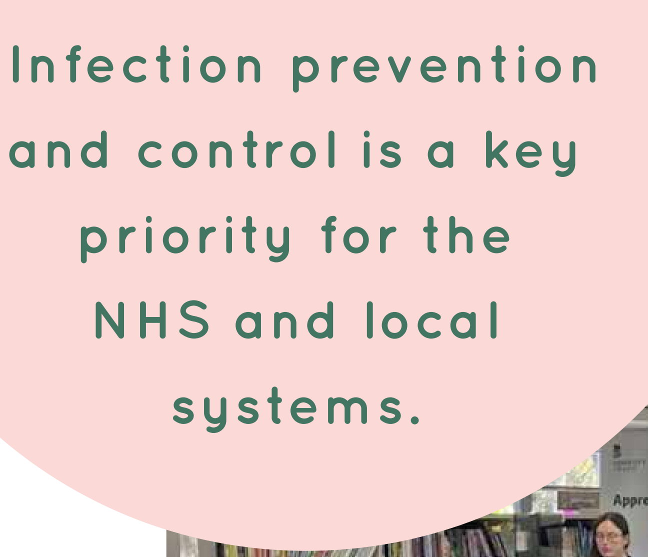
- **Data collection dependency**
  Data used to support the health protection system comes from various sources. For example, there can be technical difficulties in updating COVID vaccine data from GP systems which can cause delays in information provision to partners and stakeholders.
- **Delays to the HP STAR dashboard**
  The HPSTAR system is currently refreshed manually on a daily basis to ensure there is accurate surveillance for the city. There is an ongoing challenge to ensure that the system remains effective and continued updates are possible.
- **Access to infectious diseases data from regional and national teams**
  The Public Health Intelligence team access regional and national data sets to understand inequalities and develop targeted bespoke interventions. However, these data sets are owned and governed by other organisations such as NHSE and UKHSA and the data does not always align with local footprints.

Focus for 2024/25

- To review, update and refresh the Health Protection Board dashboard.
- To continue to review and improve the quality of the data reports for the IDRR meeting.
- To continue to provide input into working groups to support the Boards' priorities.
- To continue to develop the HP Star system to ensure it meets the needs of the local Health Protection system.
- Ongoing support for citywide vaccination programmes.

Health Care Associated Infections (HCAIs) and Sepsis

Infection prevention and control is a key priority for the NHS and local systems.



Sepsis

Sepsis deaths are preventable and one of the key challenges is recognising the early signs, allowing for early diagnosis and early treatment.

Sepsis is a life-threatening condition that arises when the body's abnormal immune response to an infection injures its own tissues and organs. It can lead to shock, multiple organ failure and sometimes death, especially if not recognised early and treated promptly. Sepsis can be triggered by any infection including chest and urinary tract infections. According to the Sepsis Trust, in the UK, there are around:

250,000 cases of sepsis

50,000 deaths

80,000 people left with life-changing after-effects

200,000 hospital admissions per year due to sepsis

estimated to cost the NHS up to **£2 billion**

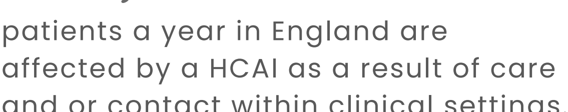
costs the wider economy **£11 billion**

Page 153

Current position

Healthcare-associated infections (HCAIs)

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

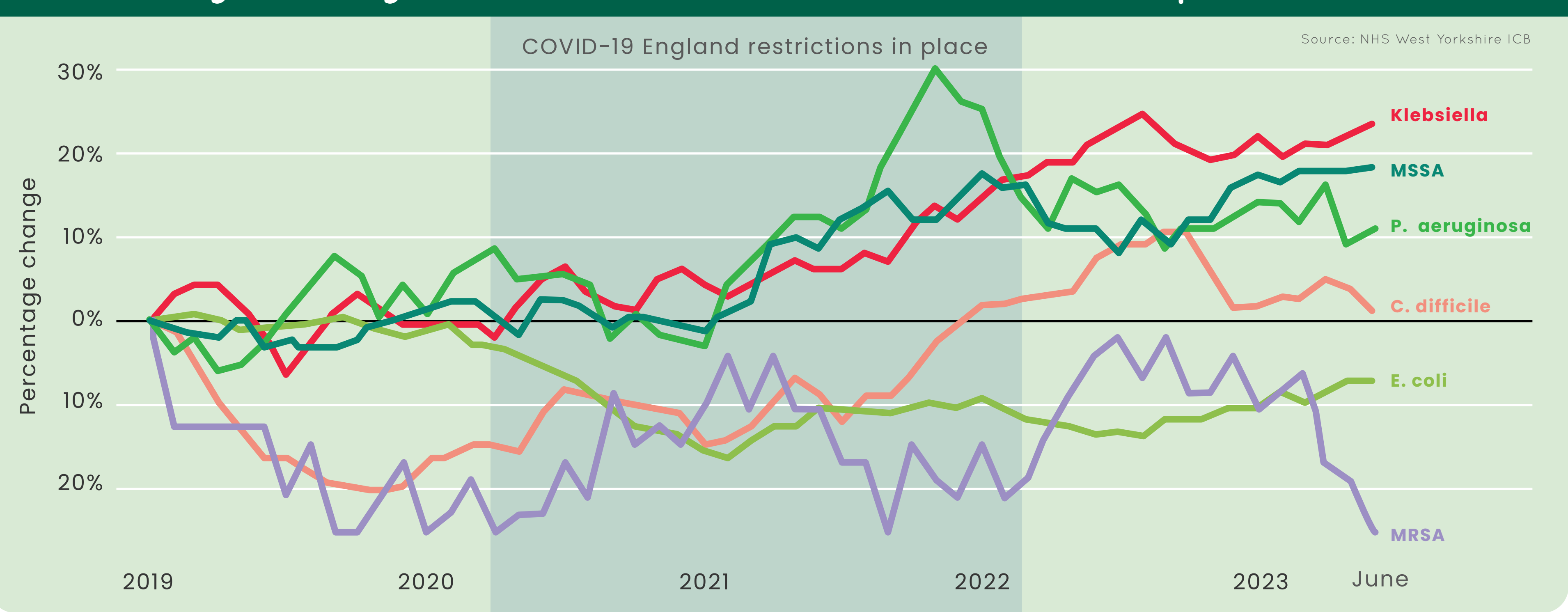


300,000 patients a year in England are affected by a HCAI as a result of care and or contact within clinical settings.

The term HCAI covers a wide range of infections. The most well-known include those caused by Meticillin-resistant Staphylococcus aureus (MRSA), E. coli and Clostridium difficile (C. difficile). HCAIs pose a serious risk to the health of patients, staff, and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected.

On a West Yorkshire footprint, since the onset of the COVID-19 pandemic, we have seen a slight increase in cases of Klebsiella, Meticillin-sensitive Staphylococcus aureus (MSSA), P. aeruginosa and C. difficile above baseline. Rates of MRSA and E. coli have remained stable.

Percentage change in 12 month HCAI case counts compared to baseline



HCAI and Sepsis

The current position for HCAI and Sepsis:

- Healthcare providers are responsible for monitoring, escalation, and response to HCAI's within their individual organisations. Each provider is responsible for feeding into the Patient Safety Incident Response Framework (PSIRF).
- West Yorkshire Integrated Care Board (ICB) provides regional strategic leadership on HCAI's, utilising quarterly HCAI data, produced by UKHSA to monitor trends and exceedances.
- In Leeds, the West Yorkshire ICB provide local system leadership and oversight on HCAIs and a multi-agency HCAI group has been established.
- Infections are more prevalent in urban areas; Leeds is the largest city in West Yorkshire and the seventh largest in England. Infections rates for MRSA, Klebsiella and P. aeruginosa are comparable to West Yorkshire and England averages.
- All cases of MRSA, C. difficile and E.Coli are investigated to establish the likely route cause, potential gaps in IPC and learn lessons on how future cases might be prevented.
- LCH IPC team provide proactive support, advice and audits for care homes and other vulnerable community settings.
- Locally and regionally, several campaigns have been developed by partners to raise awareness of how HCAI's can be prevented but also identified early. Initiatives include I Spy E. coli, I Spy Sepsis, Restore2, and Gloves Off.

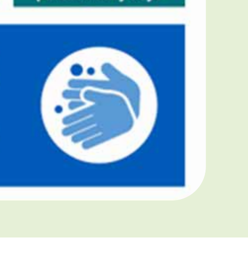
Achievements

- Leeds Community Healthcare planned and delivered with partners, The I Spy Sepsis Conference on 20th March 2023. Speakers presented on a variety of topics including the patient journey, sepsis and learning disability, Restore2, inequalities and sepsis and antimicrobial resistance (AMR).
- Local co-ordinated campaigns aligned to Infection Prevention Week and World Sepsis Day.
- The Leeds Sepsis Group has been established to bring together key system partners to contribute towards the development of a citywide reduction plan and continue the development and distribution of resources that support the prevention and early detection of Sepsis.

- The UK Health Security Agency and NHS England launched the Urinary Tract Infection (UTI) public awareness campaign in October 2023 which seeks to improve public recognition of how to prevent UTI's, recognition of signs and symptoms and when to seek help. One of the main messages around prevention of UTI's is to drink at least 6-8 cups of fluids a day to boost hydration which can include water, squash, milk and tea and coffee.

Gloves Off

Don't use gloves (unless you are at risk of infection or contact with blood or bodily fluids) when:



Risks

- Health Care Associated Infections and Sepsis are preventable causes of severe ill health and in some cases death. Vulnerable groups such as older people, babies and children and people with learning disabilities are at higher risk of becoming ill or dying from a HCAI or Sepsis.
- We need to continue to ensure that prevention messages and resources are shared and are accessible to all health and care partners especially partners working with vulnerable groups such as care homes, home care providers and third sector partners within the community.
- Continue to develop existing multi agency groups which provide an opportunity for system partners to come together on a regular basis to discuss HCAIs and Sepsis data, identify increases in rates and undergo 'deep dive' exercises to understand any common causes to inform prevention initiatives.

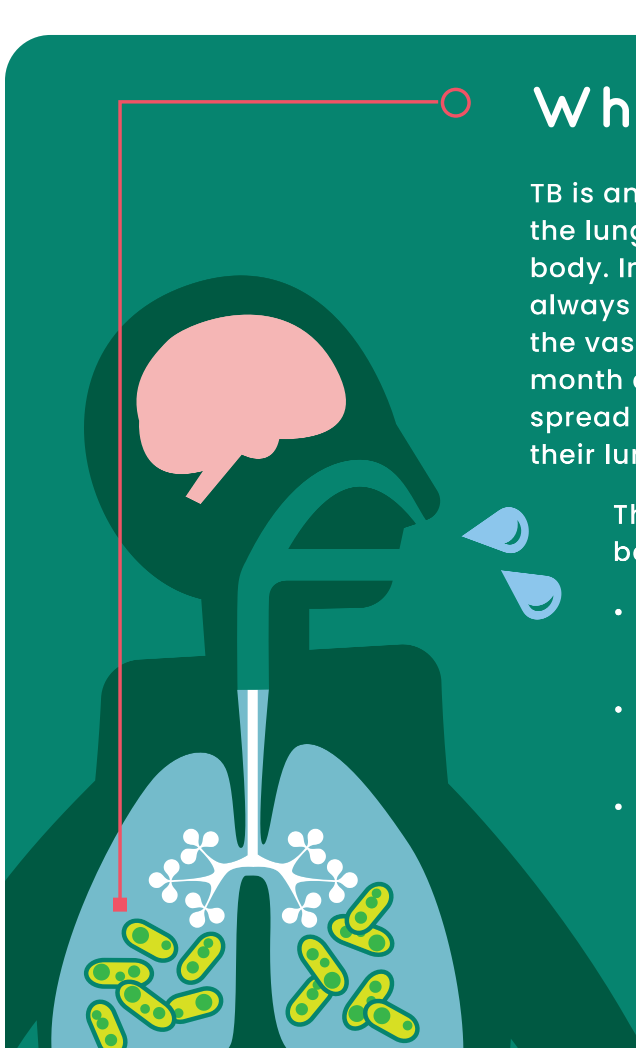
- Continue to provide additional community microbiology capacity via LTHT to support HCAI workstreams.

Focus for 2024/25

- Closer partnership working, particularly among overlapping workstreams such as Antimicrobial Resistance - awareness of initiatives and sharing best practice.
- Working with local and regional partners to monitor and implement reduction plans for infections such as MSSA, E. coli & C. difficile.
- Additional work to understand the data from an inequalities perspective and identify gaps.
- Further expand initiatives such as I Spy E. coli, I Spy Sepsis, Restore2 working with other partners and settings.
- Establish a co-ordinated hydration working group and campaign.
- Build on existing workforce training and community engagement.
- Focus on infection Prevention and Control provision in vulnerable settings.
- Gloves off campaign.

Tuberculosis (TB)

Modern anti-TB drugs are effective and in nearly all cases TB patients are no longer infectious and feel much better after the first two weeks of treatment. It is vital that people are able to take the medication they are prescribed.



What is TB?

TB is an infectious disease that usually affects the lungs but can also affect other parts of the body. Infection with the TB bacteria may not always develop into TB. When TB does develop, the vast majority of cases are curable with a six-month course of specific antibiotics. TB is usually spread through the air when a person with TB of their lungs or voice box coughs or sneezes.

The following people have a higher risk of being infected:

- Those in very close contact with an infectious case
- Those born or having lived in a country with a high incidence of TB
- Those whose immune systems are weak e.g., those on cancer treatments or with HIV infection
- Those with a social risk factor for TB include living in poor-quality or overcrowded housing, homelessness, drug and/or alcohol dependency.

Page 155

Current position

TB is a preventable and treatable disease that disproportionately affects vulnerable and disadvantaged populations. Certain groups, such as migrants, ethnic minority groups, and those with social risk factors such as homelessness or a history of imprisonment are more affected. The UK has one of the highest incidence rates of TB of any Western European country. Recent local data indicates that the TB incidence rate for Leeds is stable.

Latent TB infection (LTBI) testing

Leeds participates in the national NHS England testing and treatment LTBI programme, where high risk populations are systematically tested in areas of high TB incidence. The Leeds Community Healthcare NHS Trust TB team work collaboratively with Bevan Healthcare and local universities to identify local populations and engage them in testing. A West Yorkshire LTBI subgroup meets regularly and there is a dedicated regional co-ordinator to support this work. The group is working with NHS England to improve capturing LTBI testing and treatment activity across the region.

CASE STUDY

Helping people stay on treatment

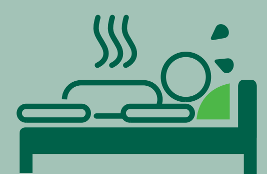
The Leeds Community Healthcare NHS Trust TB team have identified barriers for patients accessing healthcare and treatment, and successfully applied for £180 of bus scratch cards and £400 vouchers for mobile data from the LCH Charitable Fund. These simple interventions ensure that patients feel valued, supported and their socio-economic difficulties are acknowledged during TB treatment ensuring that limited provision is available to support the most vulnerable patients.

TB diagnosis and NHS treatment is free to all people living in the UK, regardless of their immigration status.

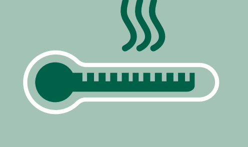
Typical symptoms of active TB

Persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody

Weight loss

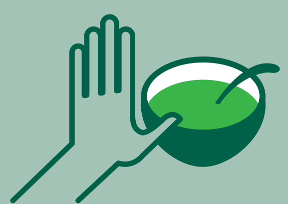


Night sweats



High temperature

Tiredness / fatigue



Loss of appetite

Swellings in the neck

Tuberculosis (TB)

Achievements

Community engagement and resources

- Community engagement and awareness raising including successful sessions held at St. George's Crypt and York Street to engage populations with social risk factors of TB, for example those who are homeless, and with drug or alcohol misuse.
- Ongoing use and review of a pathway to support people with No Recourse to Public Funds to access housing and support to ensure they can adhere to TB treatment effectively.
- TB communications are promoted via GP bulletins every 3 months; BCG and new entrant screening updates are provided throughout the year.
- TB awareness posters are now present in Leeds Teaching Hospital Trust (LTHT) Emergency Departments to support staff with the signs and symptoms of TB.
- Marking World TB Day 2023 with a stall at Kirkgate Market to engage people, bus shelter advertisements across the city and information on the Millennium Square screen.
- Engagement with universities and hosting a stall at Leeds Freshers Week.

- In February 2023, Leeds signed up to being a Fast Track City: a global partnership initiative that confirms the city's commitment to reducing the transmission of HIV, viral hepatitis, and TB.

Workforce development

- Delivery of TB awareness training and webinars to third sector and Council teams, including Want To Know More About… sessions.

Outreach and clinical delivery

- Re-established the TB clinic at Leeds Student Medical Practice.
- Screening invite to Ukrainian families with children under 5 years, as per UKSHA guidance, remains ongoing.
- Further engagement planned with the Leeds 0-19 Service regarding raising awareness of new entrant latent TB screening for families.

CASE STUDY

Outreach and community engagement in Armley

This six-month project funded a community development worker, based at Touchstone, to work alongside the LCH TB team and raise awareness of TB in Armley with White British men aged 40 and over, with a history of substance misuse, street-sleeping or 'sofa surfing'. Armley had been identified due to local data indicating a rise in TB cases in the area.

The worker developed partnerships between clinical and community projects, groups and organisations who are in direct contact with these men. Organisations felt involved and informed but also reassured through learning about causes of infection and transmission.

"Everyone seemed to welcome the support and was happy to receive the cards".

Focus for 2024/25

- Expanding awareness raising and community engagement in areas of Leeds where there are communities at higher risk, for example Harehills and Armley, via a range of methods including community radio promotion and advertisements.
- Strengthen the visibility of TB in the city and the role elected members can play with championing this agenda and communicating effectively to constituents.
- Strengthening the Leeds Fast Track Cities initiative and building relationships between partners to support workforce development, opportunities, and integrated screening where appropriate, and identify funding opportunities.
- Focusing on GP registration as a fundamental means of early detection and prevention of TB, particularly in communities most at risk of TB.
- Continue to implement and communicate the housing options for those who are homeless and/or have no recourse to public funds, working closely with Adult Social Care and Leeds City Council Housing.

Risks

- Taking anti-TB medication in the wrong dose, intermittently or for too short a time can result in the development of drug resistance making the disease much harder to treat and significantly increasing the patient's risk of long-term complications or death. Treatment for drug resistant TB can last up to two years.
- In order to be invited for latent TB screening, people must be registered with a GP. However, vulnerable groups more at risk of TB, for example refugees and asylum seekers and those who are homeless, are likely to face additional barriers to accessing primary care.

Challenges

- There is likely to be an increased demand for the acute and community TB services due to higher levels of migration in the coming years, particularly from countries with high TB incidence.
- Continued awareness raising to help promote the difference between latent and active TB and the importance of screening.

Childhood Vaccinations and immunisations

Vaccinations are the most effective way to prevent against infectious diseases and protect the population against ill health. In the UK, vaccines are routinely offered to protect and prevent against infections across the lifecourse to reduce infection associated morbidity and mortality. Globally, the World Health Organisation (WHO) estimate that vaccinations prevent 4-5 million deaths per year.

> 4-5 million deaths per year are prevented worldwide due to vaccinations.
>
> – World Health Organisation

Life course vaccination schedule

Pregnant Women

- Pertussis (Whooping Cough) - from 16 weeks
- Flu and Covid (during season)

Babies under 1 year old

8 weeks
- 6-in-1
- Rotavirus
- MenB

12 weeks
- 6-in-1 (2nd dose)
- Pneumococcal
- Rotavirus (2nd dose)

16 weeks
- 6-in-1 (3rd dose)
- MenB (2nd dose)

Children aged 1 – 15 years

1 year old
- Hib/MenC (1st dose)
- MMR (1st dose)
- Pneumococcal (2nd dose)
- MenB (3rd dose)

3 years 4 months
- MMR (2nd dose)
- 4-in-1 pre-school booster

12–13 years
- HPV vaccine

14 years
- 3-in-1 teenage booster vaccine
- MenACWY

2–15 years
- Flu every year until children finish Year 11*

*eligibility informed by JCVI guidance

Adult Immunisations

65 years and over
- Flu and Covid vaccine every year (dependant on JCVI)
- Pneumococcal and Shingles vaccine (if turned 65 after 1 Sept 2023)

70-79 years
- Shingles vaccine (if turned 65 before 1 Sept 23)

https://www.nhs.uk/conditions Avaconations/nha

Current position

Vaccination rates have fallen over several years and additional disruption caused by the Coronavirus (COVID-19) pandemic, beginning in March 2020, is likely to have caused some of the decreases in vaccine coverage seen in 2020/21 and 2021/22 compared to earlier years.

It is important that vaccination coverage returns to levels recommended by the WHO of 95% for all childhood immunisation programmes. Working alongside NHS England, we continue to ensure that the NHSE Leeds Immunisation Health Improvement Plan has a clear focus on reducing inequalities and setting clear priorities around ways to increase vaccine uptake.

This year, there has been a focus on data informing practice, engagement with primary care and clear community focused resources to support partners to promote vaccines.

Childhood Vaccinations and immunisations

Achievements

Low uptake of child and adolescent immunisations

Data

- Data has been analysed to identify areas of Leeds with low uptake of child and adolescent immunisations.

Communications and outreach

- Digital inclusion project for Year 9 immunisations – see case study
- Community outreach work in children centres / family events E.g. Community outreach work in children centres to raise awareness of the importance of childhood vaccinations and provide guidance on how to register with local GPs.
- Engagement with education settings from early years to universities to raise awareness of the UK immunisation schedule and the importance of vaccinations.
- Primary and secondary school bulletins for staff and parents have been developed and shared.

Primary Care support

- Easy read translated invitation letters and audio files have been created for Primary Care to share with patients. This was created in 5 community languages of Arabic, Bengali, Urdu, Romanian and Tigrinya, based on the recorded top 5 (after English) spoken languages of patients within the PCN.
- Vaccine health inequalities template designed for primary care to identify priorities and implement actions to ensure equitable access.
- Best practice guidance is being developed to ensure practices are aware of interventions they can implement to support increasing uptake. E.g. call and recall processes.

Case Study

A pilot project to address the impact of digital exclusion on consent for year 9 immunisations demonstrated that easy read non digital resources served as a reminder about vaccinations, which increased the consent rate. Consideration on the roll out of this to a further 13 schools with less than 40% uptake will be a focus for 2024. This project is in partnership with the School Aged Immunisation Service (SAIS) and 100% Digital Leeds.

Risks

- With low uptake of MMR immunisations, there is a higher risk of a measles outbreak.
- Parents / carers are not aware that children have outstanding vaccinations.

Challenges

- To reinforce the importance of vaccinations to prevent infectious diseases leading to morbidity and mortality.
- Ensuring patients have equitable access to primary care vaccination appointments
- Prioritising vaccinations for families with complex needs.
- Instances of vaccine fatigue, vaccine hesitancy, vaccine misinformation/ disinformation

Focus for 2024/25

- To focus on increasing vaccination uptake year on year to address areas with low or declining uptake of routine immunisations.
- To work with Primary Care Networks to identify good practice and opportunities to improve patient access.
- To increase MMR uptake across Leeds with particular focus on communities of low uptake. To do this we will use both data insight as well as community engagement to inform approaches to improve uptake.
- To embed learning from the digital inclusion project and expand across the city where consent rates are low.
- To develop delivery models to increase uptake of maternal pertussis immunisations.
- To ensure that NHSE Health Improvement Plan includes approaches to address the needs of under-represented groups.

Adult vaccinations and immunisations

> Vaccines are the tugboats of preventive health.
>
> – William Foege

Current position

Vaccinations for adults are crucial for preventing and controlling infectious diseases, protecting both individual and public health. The UK adult routine vaccination programme includes the delivery of the Shingles and Pneumococcal vaccine. COVID-19 and Influenza vaccinations for adults are also recommended by the Joint Committee of Vaccination and Immunisation.

Local and regional data is used to develop evidence-based approaches to develop interventions to increase uptake amongst all vaccinations. There is a continued focus on operational delivery, engaging with communities of low uptake and the most vulnerable cohorts.

Leeds adult immunisation approaches

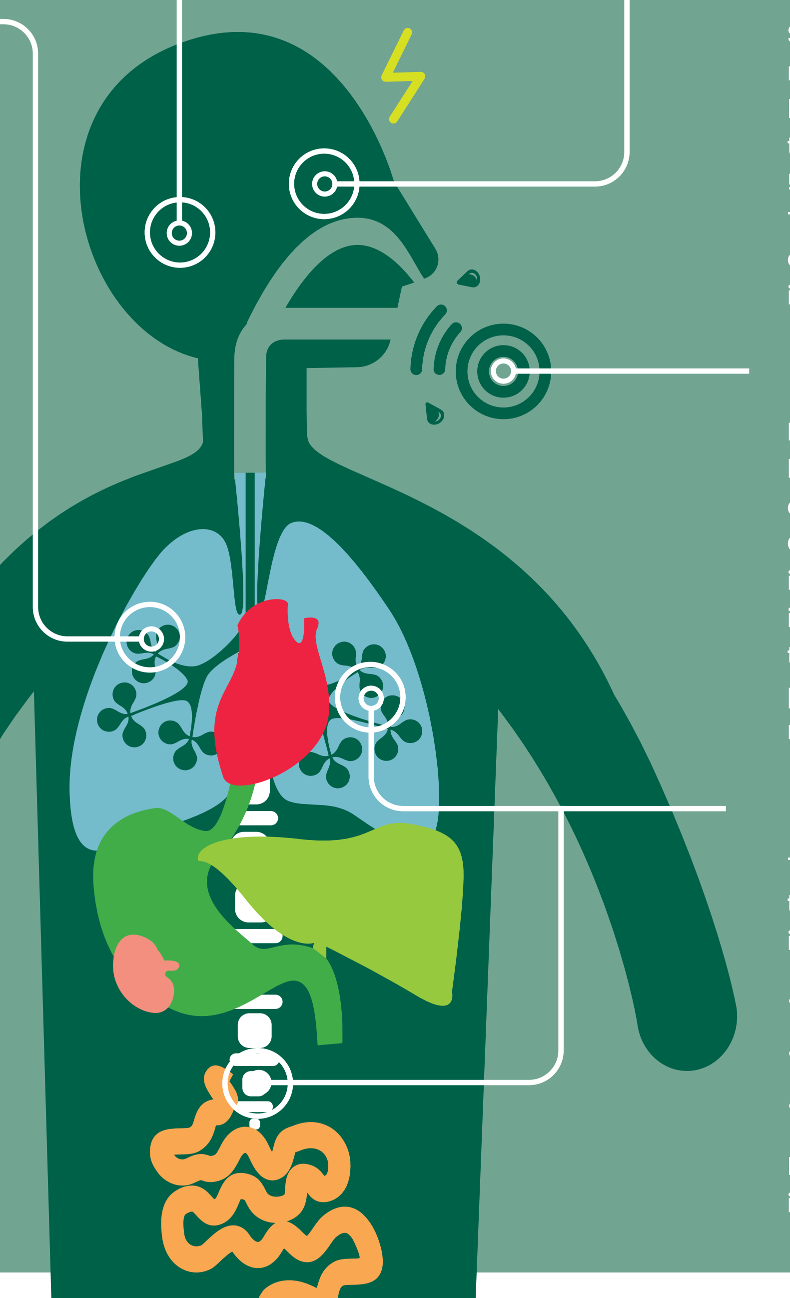
The Leeds approach uses local and regional data, evidence-based approaches, and the latest guidance to develop interventions to increase uptake amongst all vaccinations, focussing on operational delivery, engaging with communities of low uptake and the most vulnerable cohorts.

Adult vaccinations and immunisations

COVID-19 and Influenza vaccination

In 2022/23 flu vaccinations prevented around 25,000 hospitalisations in England. Even with this success, the health impact of each flu season remains severe; estimated to be responsible for over 14,000 excess deaths and tens of thousands of hospitalisations. Seasonal flu vaccination remains a critically important public health intervention to reduce illness, deaths and hospitalisation associated with flu. Flu vaccination is safe and effective and is offered every year through the NHS.

COVID-19 also remains a significant threat to public health, particularly to pregnant women, older people, and those in vulnerable groups who are at higher risk of getting seriously ill. Evidence shows that those who take up the offer of a vaccine are more likely to have milder symptoms and recover faster, cutting their risk of being hospitalised and reducing pressure on the NHS.



Shingles

Shingles is a common condition that causes a painful rash. It can sometimes lead to serious problems such as long-lasting pain, hearing loss or blindness. It is offered to adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system. The shingles vaccine reduces the risk of getting shingles or for those that do, symptoms may be milder, and the illness is shorter.

Pertussis (Whooping cough)

Pertussis rates have risen in recent years and newborn babies are at the greatest risk. Pregnant women can help protect their babies by getting vaccinated. Getting vaccinated while pregnant is highly effective in protecting babies from developing whooping cough in the first few weeks of their life. The immunity from the vaccine will pass through the placenta and provide passive protection until they are old enough to be routinely vaccinated at 8 weeks old.

Pneumococcal

The pneumococcal vaccine helps protect against some types of bacterial infections that can cause serious illnesses such as:

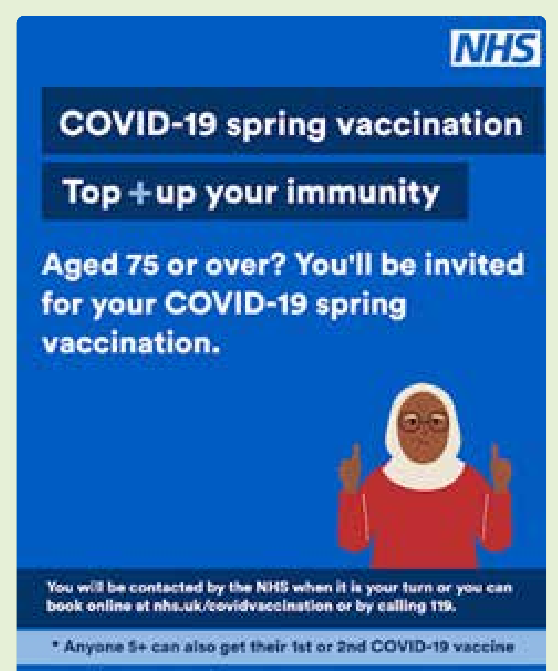
- meningitis (an infection in the brain and spinal cord)
- sepsis (a life-threatening reaction to an infection)
- pneumonia (an infection in the lungs)

It is recommended for people at higher risk of these illnesses and adults aged 65 and over.

Adult vaccinations and immunisations

Achievements

- A comprehensive communications plan targeting communities with low uptake and the most vulnerable. This has involved local teams working with regional and national colleagues, utilising shared resources and learning.
- Working with 3rd sector organisations and partners, including delivering webinars and training to promote vaccination and address barriers.
- Key vaccine training and resources have been developed for community champions to equip them with the right information to have meaningful conversations in the community.
- Easy read resources, targeting people with learning disability, English not first language and lower literacy.
- Radio adverts in community languages.



- Community outreach clinics in areas of lower uptake, provision or access.
- Community engagement events.
- Social media, Millennium Square and Kirkgate market awareness raising initiatives and campaigns.
- Local co-ordinated campaigns aligned to Infection Prevention Week and World Immunisation Week.
- Shingles and Pneumococcal Toolkit developed for primary care.
- ICB proactively working with lower uptakes GPs and sharing good practice from higher uptake GPs.

Case Study

CASE STUDY

Leeds Community Healthcare delivered an outreach vaccination offer for care settings. This additional delivery option for staff aimed to support the protection of their most vulnerable client base and reduce inequalities of vaccine access.
As vaccination remains the best intervention to prevent influenza and COVID-19, there is a need to increase the uptake within all eligible groups, protect at risk groups and reduce the pressure on health and care systems. Evidence indicates that increased awareness and improved access increases staff vaccination uptake and reduces the risk of infection to patients, residents, clients, visitors, staff, and family members. It also ensures a reduced risk of care home closures and increases the quality of care provided.

With this approach, in the winter 2022/23 campaign, 601 influenza and 532 COVID-19 vaccinations were delivered to care home and home care staff at their place of work. This represents a significant number of social care staff vaccinated through this unique offer.

Risks

- Uptake in some cohorts remains low, such as pregnant women and at-risk groups with long term health conditions.
- Promoting uptake in health and social care staff remains a challenge. Low uptake in these professions can put others, including the most vulnerable, at risk.
- Vaccine hesitancy: Concerns of misinformation about vaccines may have led to hesitancy, hindering vaccination efforts.

Focus for 2024/25

- Continued focus to increase uptake of the seasonal vaccination programmes amongst social care staff to include communications, training packages and workforce development.
- To further embed learning from the planning and co-delivery of COVID-19 and Influenza.
- Use data and community insight to develop a clear understanding of vaccine uptake across the life course. Utilise this to identify trends to and develop bespoke work to improve uptake including inclusion health groups.
- Build best practice from locally developed interventions and share evidence-based approaches.

Acknowledgements

Thank you to all those who have contributed to this report, your enthusiasm, dedication, commitment, and knowledge are outstanding, and this report is evident of all your hard work.
My thanks go to all my colleagues across the Health Protection system;

- Bevan Healthcare
- Community Pharmacy West Yorkshire
- Leeds Academic Institutions
- Leeds City Council
- Leeds Community Health care
- Leeds Community, Voluntary and Faith Sector
- Leeds GP Confederation
- Leeds NHS Integrated Care Board
- Leeds Teaching Hospital Trust
- Leeds York Partnership Foundation Trust
- NHS England
- NHS West Yorkshire Integrated Care Board
- UK Health Security Agency

Victoria Eaton

Director of Public Health, Leeds.
Chair of the Health Protection Board.

This page is intentionally left blank

Leeds
Health & Wellbeing
Board

Report author: *Caron Walker, Chief Officer/Consultant Public Health*

Report of: Chief Officer, Consultant/Public Health

Report to: Leeds Health and Wellbeing Board

Date: 21st March 2024

Subject: Pharmacy Provision in Leeds

Are specific geographical areas affected?	☒ Yes	☐ No
If relevant, name(s) of area(s):	See appendix 1.	
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

This report provides an update about the current position of the Health and Wellbeing Board in relation to its role in pharmacy provision.

It is the responsibility of the Board to conduct a three yearly Pharmaceutical Needs Assessment (PNA). The current assessment for Leeds ends in September 2025 and plans are being drafted to commission a further PNA with the work scheduled to start in autumn 2024.

This is an extensive piece of work with Public Health Intelligence that includes collating and analysing all prescription and dispensing data for the city, mapping all pharmacy services, locations and opening hours across Leeds (including changes in demographics, housing developments, regeneration projects), formal consultation with the public and stakeholders, reviewing responses and publishing a report within this timescale.

The role of the Board also includes having an agreed process for pharmacy related notifications of changes in provision across Leeds and ensuring these notifications are shared and acted on. When NHS England receives pharmacy related notifications such as applications, changes to hours of service and closures, they ask for comments from the relevant Health and Wellbeing Board. These notifications also help to inform the PNA.

It is particularly important to ensure an effective PNA as pharmacies are a cornerstone of the ‘left-shift’ move to early intervention and care closer to home with interventions for

#TeamLeeds

common conditions (cold and flu, BP measurement, advice on conditions that can be managed via self-care) increasingly delivered in pharmacies.

Recommendations

- To note the responsibilities of the HWB in relation to pharmaceutical service provision in Leeds
- To consider the information within the notification log, which will be shared with the HWB six monthly as described above, ahead of each public meeting
- To agree the proposed process outlined in this paper in regularly updating the HWB of changes to pharmaceutical service provision in Leeds.

1 Purpose of this report

1.1 This report provides an update about the current position of the Health and Wellbeing Board in relation to its role in pharmacy provision. The duties of the Health and Wellbeing Board in relation the Pharmaceutical Needs Assessment is further noted in this paper alongside an overview of the proposed process of regularly assessing pharmacy provision in Leeds. The HWB is further asked to consider the information within the notification log, which will be shared with the Board on a six monthly basis ahead of each public meeting

2 Background information

2.1 Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update pharmaceutical needs assessments. The Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessment (PNAs) to Health and Wellbeing Boards (HWBs), becoming effective from 1st April 2013. The PNA is created to assess pharmaceutical services and outline how the provision of those services can meet the health needs of the Leeds population for a period of up to three years.

2.2 The current PNA for Leeds covers the period of 2022-2025. This PNA looked at the provision of pharmaceutical services across Leeds and assessed whether the needs of the population were being met and identified any potential gaps in service delivery. The full report can be found here: LEEDS PNA 2022 -2025.

Duties of the Health and Wellbeing Board

2.3 After a PNA has been published, the HWB has specific duties. In summary the HWB must:

- Publish PNAs on a three-yearly basis
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes and;

- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

3 Main issues

Regular updates to the HWB

3.1 In Leeds, pharmacy related notifications such as applications, changes to hours of services, provision and closures are sent by West Yorkshire ICB and received by the Public Health Intelligence team. Our current process for doing this is:

- An email is forwarded from the Public Health Intelligence team to the Health and Wellbeing shared mailbox.
- The email is then saved, and the information is logged by the Health Partnerships Team on to a regularly updated spreadsheet.
- The email is then forwarded onto the Leeds ICB Medicines Optimisation team for consideration of any issues arising from the closure/opening/change to service (with reference to the PNA) and advise Health Partnerships of their advice
- Health Partnerships record the ICB Medicines Management advice
- The advice from ICB Medicines Management will be shared with Public Health Intelligence
- Consideration will be made, in conjunction with Public Health Intelligence and wider public health, decide whether a Supplementary Statement is required. All information received will inform the local Pharmaceutical Needs Assessment.

It is proposed that moving forward the Leeds HWB is updated of pharmaceutical services provision every six months , including:

- All logged pharmacy notifications will be shared with the Health and Wellbeing Board ahead of each public Board meeting.
- there will be a short recurring slot on the agenda for noting the Pharmacy Provision in Leeds Summary.
- This item will come as a C paper, items for noting, unless there are key strategic changes such as a significant impact from a provider closing key services.
- Within this, Board members are asked to note the information provided and will have the opportunity to share any comments.

Resources

3.2 Public Health Intelligence will deliver much of the work in supporting the PNA report, including compiling the data. A small Steering Group comprising Public Health Intelligence, NHS Medicines Optimisation, Community Pharmacy West Yorkshire and a public health consultant will oversee the report.

3.3 Consistent with the approach of the PNA 2022-25 and recognising the level of detail required to support an effective PNA, specialist support will be provided to develop and support with drafting the refreshed PNA.

4 Health and Wellbeing Board governance

4.1.1 Consultation, engagement and hearing citizen voice

4.1.2 Existing process of consultation is outline in section 3 of this report.

4.1.3 Consultation process regarding PNAs are well established and will be followed including in relation to engaging with relevant stakeholders and the draft refreshed PNA made available for comments before final assessment as consistent with Regulations.

4.2. Equality and diversity / cohesion and integration

4.2.1 The impact on diverse communities highlighted in the PNA will be considered. This will enable us to respond fully to meeting the needs of a changing and increasingly diverse population.

4.3. Resources and value for money

4.3.1 Public Health Intelligence will deliver much of the work in supporting the PNA report, including compiling the data. A small Steering Group comprising Public Health Intelligence, NHS Medicines Optimisation, Community Pharmacy West Yorkshire and a public health consultant will oversee the report.

4.3.2 Consistent with the approach of the PNA 2022-25 and recognising the level of detail required to support an effective PNA, specialist support will be provided to develop and support with drafting the refreshed PNA.

4.4. Legal Implications, access to information and call In

4.4.1 There are no legal implications, and the report is not subject for call in.

4.5. Risk management

4.5.1 Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update pharmaceutical needs assessments.

4.5.2 The Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessment (PNAs) to Health and Wellbeing Boards (HWBs), becoming effective from 1st April 2013.

4.5.3 The relevant steering group highlighted in this report will work to ensure the Pharmaceutical Needs Assessment is completed on time, to the required standard and compliance as in the above Acts.

5 Conclusions

This report provides an update about the current position of the Health and Wellbeing Board in relation to its role in pharmacy provision.

The duties of the Health and Wellbeing Board in relation the Pharmaceutical Needs Assessment is further noted in this paper alongside an overview of the proposed process of regularly assessing pharmacy provision in Leeds.

The HWB is further asked to consider the information within the notification log, which will be shared with the Board on a six monthly basis ahead of each public meeting.

6. Recommendations

- To note the responsibilities of the HWB in relation to pharmaceutical service provision in Leeds
- To consider the information within the notification log, which will be shared with the HWB six monthly as described above, ahead of each public meeting
- To agree the proposed process outlined in this paper in regularly updating the HWB of changes to pharmaceutical service provision in Leeds.

7. Background documents

- Appendix 1 – Pharmacy notifications log.

THIS PAGE IS LEFT INTENTIONALLY BLANK

Pharmacy Closures & 100hr reduction 2024/25 - 20.02.2024

Background

1. The number of pharmacy closures has increased year on year.

2. This could be attributed to a number of issues such as depleted workforce, staff sickness and increased costs leading to premises being no longer commerically viable.

3. The NHS (Pharmaceutical and Local Pharmaceutical ServThe NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 came into force 25 May 2023. These were introduced in response to the increased temporary suspensions in the provision of pharmaceutical services, related pressures and to protect exisiting service provision.

4. One amendment included that 100hr contractors can apply under paragraph 26(1)(a), Schedule 4 to reduce the total number of core opening hours from 100 to 72 and above. The aim being that this will give contractors greater control and flexability over their opening hours and reduce the impact of rising business costs.

Purpose

5. The purpose of this information is to build on the information for 2023-24 and provide a summary of the contractors that have submitted a notification to close their premises in 2024/25 and have applied successfully to reduce their 100hrs.

6. To continue to support Health and Wellbeing Boards in the sharing of this information so that they can understand the impact of all closures on the recently published Pharmaceutical Needs Assessments.

7. To provide assurance that closures and amended Regulations applications are dealt with in accordance with the Regulations ensuring that patients are kept informed of the provision of pharmaceutical services.

Summary

8. To date, 5 pharmacies have notified WYICB of their intention to close their premises between April-March 2024/25

9. Of the 5 closures, 4 100hr pharmacies and 1 is a 40hr closure which is part of a consilidation application

10. This is broken down by place;

Leeds	1 (x1 40hr)
Kirklees	
Bradford	3 (x3 100hr)
Calderdale	1 (x1 100hr)
Wakefield	

11. To date, 56 pharmacy contractors have notified NHS England of their intention to reduce their hours.

12. This is broken down by place as follows and is correct as at 20.02.2024

Place	number of 100hr contractors	number of applications	percentage
Bradford	21	19	90%
Leeds	17	16	94%
Calderdale	7	7	100%
Kirklees	10	9	90%
Wakefield	6	5	83%
Total	61	56	92%

Leeds Pharmacy Closures 2024/25

Background

1. The number of pharmacy closures has increased year on year.

2. This could be attributed to a number of issues such as depleted workforce, staff sickness and increased costs leading to premises being no longer commerically viable.

Purpose

3. The purpose of this information is to provide a summary of the contractors that have submitted an application to close the premises in 2024/25.

4. To continue to support Health and Wellbeing Boards in the sharing of this information so that they can understand the impact of all closures on the recently published Pharmaceutical Needs Assessments.

Summary

5. Leeds HWB currently have 165 pharmacy contractors broken down into:
    136 Community Pharmacies
    10 Distance Selling Pharmacies
    17 100hr Pharmacies of which 16(94%) have reduced their hours to 72 or above
    2 located in a 15,000sq meter retail development

6. To date, 1 pharmacy contractor has notified the WY ICB of their intention to close their premises between April-March 2024/25.

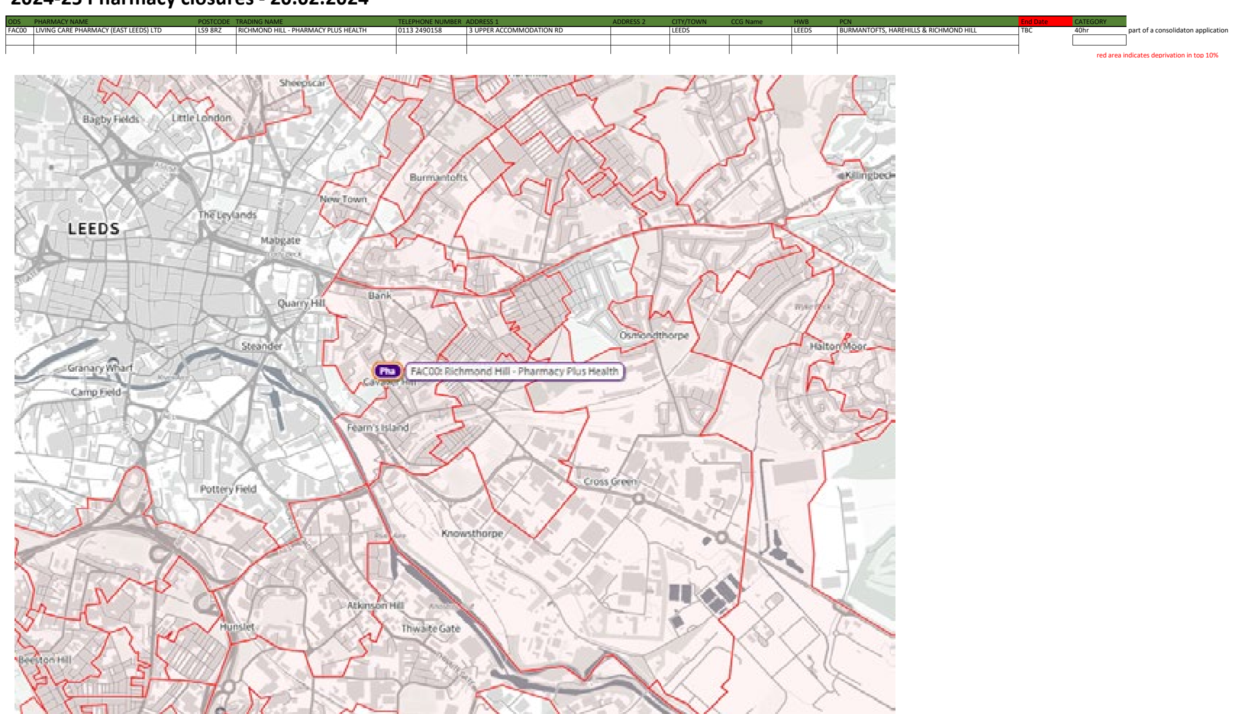
7. The one closure is a 40hr pharmacy which is part of a consilidation application.

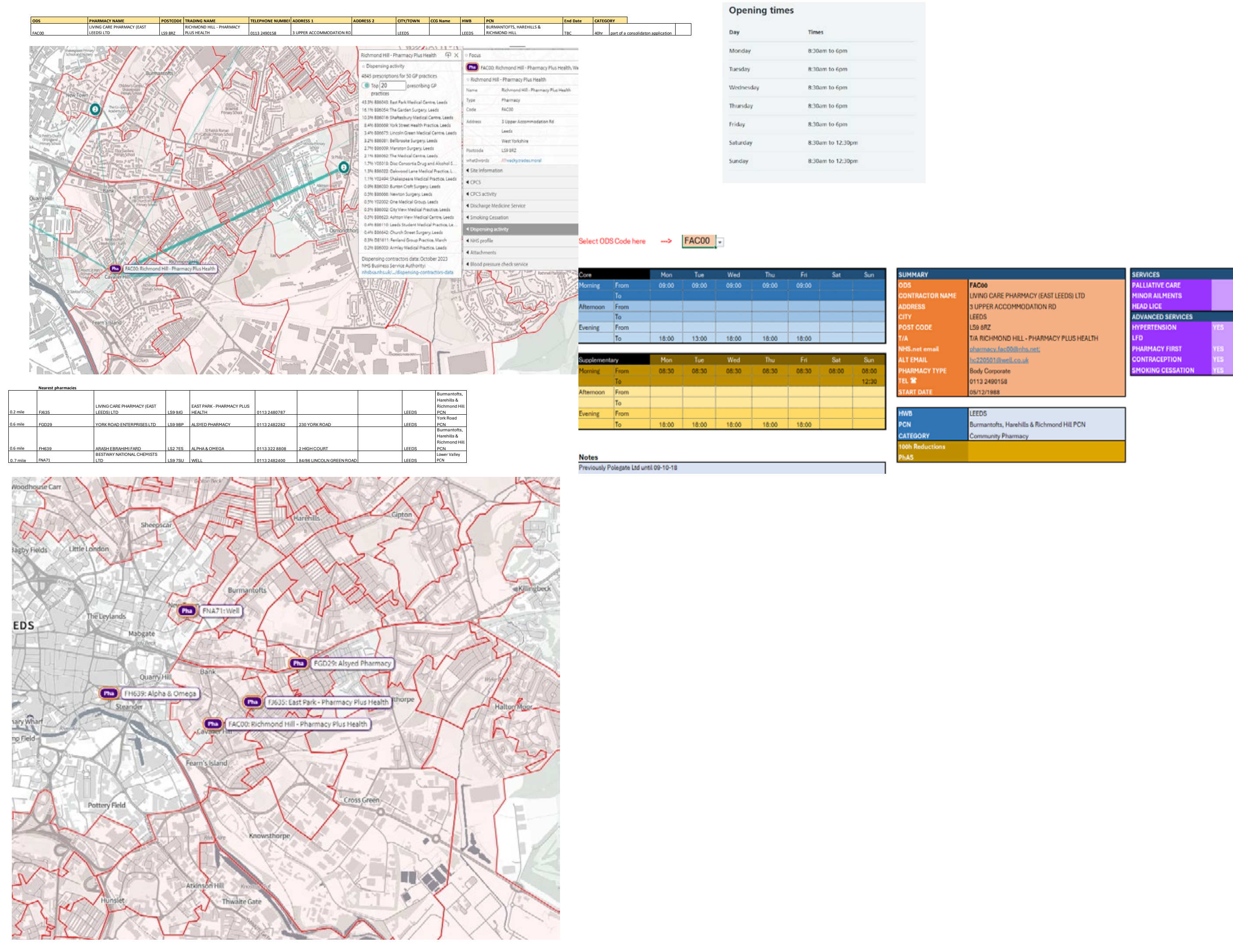
2024-25 Pharmacy closures - 20.02.2024

ODS	PHARMACY NAME	POSTCODE	TRADING NAME	TELEPHONE NUMBER	ADDRESS 1	ADDRESS 2	CITY/TOWN	CCG Name	HWB	PCN	End Date	CATEGORY
FAC00	LIVING CARE PHARMACY (EAST LEEDS) LTD	LS9 8RZ	RICHMOND HILL - PHARMACY PLUS HEALTH	0113 2490158	3 UPPER ACCOMMODATION RD		LEEDS		LEEDS	BURMANTOFTS, HAREHILLS & RICHMOND HILL	TBC	40hr

part of a consolidaton application

red area indicates deprivation in top 10%





ODS	PHARMACY NAME	POSTCODE	TRADING NAME	TELEPHONE NUMBER	ADDRESS 1	ADDRESS 2	CITY/TOWN	CCG Name	HWB	PCN	End Date	CATEGORY		
FAC00	LIVING CARE PHARMACY (EAST LEEDS) LTD	LS9 8RZ	RICHMOND HILL - PHARMACY PLUS HEALTH	0113 2490158	3 UPPER ACCOMMODATION RD		LEEDS		LEEDS	BURMANTOFTS, HAREHILLS & RICHMOND HILL	TBC	40hr	part of a consolidaton application	

Opening times

Day	Times
Monday	8:30am to 6pm
Tuesday	8:30am to 6pm
Wednesday	8:30am to 6pm
Thursday	8:30am to 6pm
Friday	8:30am to 6pm
Saturday	8:30am to 12:30pm
Sunday	8:30am to 12:30pm

Select ODS Code here ---> FAC00

Core		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	From	09:00	09:00	09:00	09:00	09:00		
	To							
Afternoon	From							
	To							
Evening	From							
	To	18:00	13:00	18:00	18:00	18:00		

Supplementary		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	From	08:30	08:30	08:30	08:30	08:30	08:00	08:00
	To							12:30
Afternoon	From							
	To							
Evening	From							
	To	18:00	18:00	18:00	18:00	18:00		

Notes

Previously Polegate Ltd until 09-10-18

SUMMARY	
ODS	FAC00
CONTRACTOR NAME	LIVING CARE PHARMACY (EAST LEEDS) LTD
ADDRESS	3 UPPER ACCOMMODATION RD
CITY	LEEDS
POST CODE	LS9 8RZ
T/A	T/A RICHMOND HILL - PHARMACY PLUS HEALTH
NHS.net email	pharmacy.fac00@nhs.net;
ALT EMAIL	hc220501@well.co.uk
PHARMACY TYPE	Body Corporate
TEL ☎	0113 2490158
START DATE	05/12/1988

HWB	LEEDS
PCN	Burmantofts, Harehills & Richmond Hill PCN
CATEGORY	Community Pharmacy
100h Reductions	
PhAS	

SERVICES	
PALLIATIVE CARE	
MINOR AILMENTS	
HEAD LICE	
ADVANCED SERVICES	
HYPERTENSION	YES
LFD	
PHARMACY FIRST	YES
CONTRACEPTION	YES
SMOKING CESSATION	YES

Nearest pharmacies

0.2 mile	FJ635	LIVING CARE PHARMACY (EAST LEEDS) LTD	LS9 9JG	EAST PARK - PHARMACY PLUS HEALTH	0113 2480787			LEEDS	Burmantofts, Harehills & Richmond Hill PCN
0.6 mile	FGD29	YORK ROAD ENTERPRISES LTD	LS9 9BP	ALSYED PHARMACY	0113 2482282	230 YORK ROAD		LEEDS	York Road PCN
0.6 mile	FH639	ARASH EBRAHIMI FARD	LS2 7ES	ALPHA & OMEGA	0113 322 8808	2 HIGH COURT		LEEDS	Burmantofts, Harehills & Richmond Hill PCN
0.7 mile	FNA71	BESTWAY NATIONAL CHEMISTS LTD	LS9 7SU	WELL	0113 2482400	84/86 LINCOLN GREEN ROAD		LEEDS	Lower Valley PCN