

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.

Digitalisation's Impact on Emergency Services

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% of 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.