
HEALTH AND WELLBEING BOARD

Meeting to be held in
Council Chamber, Civic Hall, Leeds LS1 1UR on
Thursday, 28th April, 2022 at 1.20 pm
(Pre-meeting for Board Members at 1.00 pm)

MEMBERSHIP

Councillors

S Arif S Golton N Harrington
J Dowson
F Venner (Chair)

Representatives of Clinical Commissioning Group

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group
Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Victoria Eaton – Director of Public Health
Cath Roff – Director of Adults and Health
Sal Tariq – Director of Children and Families

Representative of NHS (England)

Anthony Kealy - NHS England

Third Sector Representative

Pat McGeever – Health For All

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Paul Money – Chief Officer, Safer Leeds
Supt. Dan Wood – West Yorkshire Police

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>WELCOME AND INTRODUCTIONS</p>	
2			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>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)</p> <p>(*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)</p>	
3			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

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 22nd February 2022 as a correct record.

7 - 12

9

BIG LEEDS CHAT '21: WHAT DID WE HEAR? FINDINGS AND PROPOSED GOVERNANCE OF THE 10 BIG LEEDS CHAT STATEMENTS

To consider the report of the Chief Executive Officer, Leeds Healthwatch, and the Chief Officer Health Partnerships which introduces the final report of the 2021 Big Leeds Chat (BLC) and to agree and support the proposed recommendations for future governance alignment of the Ten Statements for action.

13 - 90

10			<p>DEVELOPING THE NHS LEEDS CCG ANNUAL REPORT 2021-22</p> <p>To consider the report of the Communications Lead, NHS Leeds CCG on the process of developing the NHS Leeds CCG Annual Report 2021-22.</p>	91 - 98
11			<p>LEEDS HEALTH PROTECTION BOARD REPORT</p> <p>To consider the report of the Health Protection Board which provides an update on key Health Protection Board priorities, achievements and areas of focus for 2022/23. This item will also look back at what the health protection system helped to achieve in the Covid-19 response and other significant infectious disease incidents experienced in the city.</p>	99 - 142
12			<p>LEEDS ANCHORS HEALTHY WORKPLACES (WORKING CARERS) - FOR INFORMATION</p> <p>To note for information the report of the Leeds Anchors Healthy Workplaces (Working Carers) Sub-Group which provides an update on progress to improve support for working carers following an earlier report to Health and Wellbeing Board in September 2020.</p>	143 - 154
13			<p>ANY OTHER BUSINESS</p>	

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.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

TUESDAY, 22ND FEBRUARY, 2022

PRESENT: Councillor F Venner in the Chair

Councillors C Anderson, S Arif and J
Dowson

Representatives of Clinical Commissioning Group

Jenny Cooke – NHS Leeds Clinical Commissioning Group
Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group –

Directors of Leeds City Council

Cath Roff – Director of Adults and Health
Jane Maxwell - Head of Safeguarding

Representative of NHS England

Anthony Kealy

Third Sector Representative

Pip Goff – Forum Central

Representatives of Local Health Watch Organisation

Hannah Davies
Dr John Beal

Representatives of Local NHS Providers

Cathy Woffendin – Leeds and York Partnership NHS Foundation Trust

Representatives of Leeds GP Confederation

Dr Jim Barwick

35 Appeals against refusal of inspection of documents

There were no appeals.

36 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

37 Late Items

There were no late items.

38 Declaration of Interests

There were no declarations.

39 Apologies for Absence

Draft minutes to be approved at the meeting
to be held on Thursday, 28th April, 2022

Apologies for absence were received on behalf of Victoria Eaton, Thea Stein, Dr Alistair Walling, Superintendent Dan Wood, Councillor Norma Harrington, Councillor Mary Harland, Tim Ryley, Pat McGeever and Dr Sara Munro.

Councillor Caroline Anderson, Councillor Jane Dowson, Jenny Cooke and Cathy Woffendin were all in attendance as substitutes.

40 Open Forum

No matters were raised on this occasion.

41 Minutes

RESOLVED – That the minutes of the meeting held on 6 December 2021 be confirmed as a correct record.

42 Health Starts at Home - Improving Health Through Better Housing for All

The report of the Director of Communities, Housing and Environment and the Director of Adults and Health informed the Board about the emerging Health and Housing programme of work as well as wider conversations about the new housing strategy and ideas that were being discussed as part of scoping for the new city ambition and the Marmot programme. The paper sought input from the Board on how the programme could better support the Health and Wellbeing Strategy by improving health through housing and by engaging a wider group of strategic and operational stakeholders.

Tony Cooke, Chief Officer, Health Partnerships and Maddie Edwards gave the Board a presentation.

Key issues highlighted included the following:

- The need for people to live in homes that promoted health and were sustainable and stable.
- The need for investment in housing, particularly for vulnerable people.
- Impacts of poor housing on health.
- Health issues and support for homeless people.
- Aims of the new Housing Strategy:
 - Affordable Housing Growth
 - Improving Housing Quality
 - Reduce Rough Sleeping and Homelessness
 - Creating Sustainable Communities
 - Improving Health Through Housing
 - Age Friendly Housing
- Investment in council housing to improve energy efficiency.
- Council House Growth Program.
- Introduction of Private Sector Licensing.
- Provision of Extra Care Housing.
-

In response to questions from the Board, the following was discussed:

- Consulting young people and children was essential and a youth Housing Area Panel was to be trialled.
- Improvements in areas where selective licensing had been introduced.
- Home visits could be used to identify issues such as hoarding and self neglect. There were no longer visits to 100% of tenants but vulnerable tenants were prioritised.
- Further information was requested on passive housing. Reference was made to energy efficiency work that has helped people to reduce bills.
- The areas selected for selective licence had a large number of private landlords. Work carried out was not just in relation to the housing stock but to support the people living there with issues such as employment and training. The proposed registration scheme would operate differently. If the selective licensing scheme was successful and funding was available, it would be hoped to extend it.
- Dental care for homeless people – the Board was asked to support, in principle, the provision of Dental Services for homeless people and ask NHS England to implement this as soon as possible.
- There was a large waiting list for housing and even those who were high priority were waiting up to two years. There was currently a low turnover of properties.
- A Key part of the Health and Housing Programme was a training programme which included early intervention to identify people's needs.
- Concern that selective licensing would lead to tenants picking up the cost of improvements through increased rents.

RESOLVED –

- (1) That a Housing representative be invited to join the Health and Wellbeing Board.
- (2) That the Health and Wellbeing Board supports strengthened connections between housing and health strategies and closer alignment and integration between teams working across housing and health services.
- (3) That the proposed Health and Housing programme priorities be noted, particularly:
 - The work programme for housing and health
 - The potential creation of a Good Home Agency
 - The development of a Health and Housing 'Breakthrough Project'
 - Focusing on housing as part of the Marmot City work

43 A Listening City - Moving to Collective Action

Draft minutes to be approved at the meeting
to be held on Thursday, 28th April, 2022

The purpose of the report of Team Leeds Health and the Care People's Voices Group was threefold:

1. To ask the Board to ensure the new collaborative involvement culture that our PVG has fostered through its workstreams is core to our developing local integrated arrangements; mandated under forthcoming legislation. This approach is rooted in listening to people and hearing the voices of those facing the greatest health inequalities.
2. To set out key themes which have emerged from the recent Big Leeds Chat and other people's voices work; and to invite the Board to agree how the governance to ensure that action is taken against each of the themes.
3. Paper notes system commitments made on two areas where we have heard consistent feedback from people: communication and inequalities.

Hannah Davies, Healthwatch Leeds and Pip Goff, Forum Central gave the Board a presentation.

Key issues highlighted included the following:

- The need to have people's voices at the centre of health and wellbeing decision making.
- Moving from collective listening to collective action.
- Focus on involving people with greatest health inequalities.
- Connecting involvement to decision making.
- Working together -
- A shared city wide workplan – bringing people together and decision making.
- Local people's voices to be heard in Local Care Partnerships.
- The voice of staff was also essential.
- The role of people's voices in governance.
- Use of Healthwatch and 3rd Sector experience and involvement.
- Listening to action – allocation of themes to forums; reporting back to Health and Wellbeing Board; reporting back to public including through the Annual Health and Wellbeing Report.
- The need for communication, co-ordination and compassion.
- Use of plain English and making communication available to all including digitally excluded.
- Actions needed to address health inequalities.

Further discussion included the following:

- A suggestion that communication be brought as a future agenda item for the Board.
- It was right to use the various forums and their expertise but it was essential that there were arrangements for reporting back.
- Ways of measuring the communication process. These included using people's experiences, complaints and casework reviews. Systematic metrics were being developed which could also provide information. Further examples were given including the success of communication during the vaccination programme.
- How involved people were with regards to their own care and the understanding of their care.
- The Allyship Programme and Reaching out to more marginalised people – the need to provide feedback from the programme.

RESOLVED –

1. HWB is asked to support the workstreams recommended by PVG and to help shape our citywide involvement culture by:
 - Receiving regular updates on the PVG's work
 - Support and endorse progress within its various workstreams
 - Note and support the progress in embedding people's voices into future system governance
2. HWB is asked to take action on the insight gathered through the Big Leeds Chat by:
 - Using the insight to directly inform and influence the refresh of the Leeds Health and Wellbeing Strategy (LHWS) and the developing Best City Ambition
 - Provide the public with direct feedback around the actions and work taken on each of the insight's themes
 - For each theme, allocate a lead forum and ask it to report back to the HWB on a regular basis on progress
3. Organisations represented at the HWB are asked to:
 - Take the commitment made at the HWB into organisations
 - To support and champion Board actions within represented organisations and in partnership on a citywide basis.

44 Leeds Health and Care Quarterly Financial Reporting

The report of the Leeds Health and Care Partnership Executive Group provided the Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report. The report was for the period ending December 2021.

RESOLVED – That the M9 partner financial positions be noted.

45 Date and Time of Next Meeting

Thursday, 28 April 2022 at 1.30 p.m.



Report of: Hannah Davies, CEO, Leeds Healthwatch, Tony Cooke, Chief Officer Health Partnerships

Report to: Leeds Health and Wellbeing Board

Date: 28 April 2022

Subject: Big Leeds Chat '21: What did we hear? Findings and proposed governance of the 10 Big Leeds Chat Statements

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

Summary of main issues

The Big Leeds Chat (BLC) 2021 was a broad multi-event conversation with the public in Leeds. It covered all aspects of their health and wellbeing inevitable touching on experience of Covid and wider determinants of health. The discussions brought senior decision makers together with citizens in their communities or through groups of people meeting with common interests ('communities of interest'). This paper introduces the Big Leeds Chat 2021 Report which will be published shortly. The rich conversations are summarised across ten BLC Statements for Action by the Board and the paper highlights governance proposals for each BLC Statement.

Recommendations

The Health and Wellbeing Board is asked to:

- Welcome the Big Leeds Chat Report, including feedback from decision makers, and support wide dissemination of the final report
- Consider the findings of the BLC '21 and note actions against the ten BLC Statements identified by citizens
- Agree and support the proposed governance for each BLC Statement

1. Purpose of this report

- 1.1 The purpose of this paper is to introduce the final report of the 2021 Big Leeds Chat (BLC). The report identifies ten themes from the conversations held with members of the public in community settings. The report proposes ten Big Leeds Chat Statements for action.
- 1.2 The second purpose of this paper is to make recommendations about how future governance aligns with the BLC Statements for action. The proposed accountability and reporting approach were agreed in principle at the previous Health and Wellbeing Board. This paper proposed specific accountability groups and linking arrangements for the ten themes identified in the Big Leeds Chat report.

2. Background information

- 2.1 Since 2018 Leeds has undertaken an annual “Big Leeds Chat”. This has evolved from an original single half day event held in the Leeds central market space to a set of 43 conversations (‘chats’) taking place with both geographical communities and communities of interest. These took place at a number of venues between September and November, 2021.
- 2.2 The Big Leeds Chat whilst organised and staffed by Leeds health and care system provides an opportunity to listen to people on their own terms, in their own settings and in an open approach. This is complementary to but distinct from specific service consultation approaches. The approach is uniquely characterised by bringing senior decision makers in face-to-face discussion with citizens in a semi structured community-based discussion. The second unique feature is that the approach is rooted in a #TeamLeeds approach. The chats and conversations take place with decision makers representing holistically our health and care system. Decision makers and BLC colleagues set aside obvious organisation identification or background for the chats, for instance through wearing Big Leeds Chat branded T-shirts.
- 2.3 The final report reflects on the previous themes identified in BLCs as a chance to compare how common themes have been identified since 2018. From these and conversations held in 2021 ten BLC Statements for action have been identified.
- 2.4 Decision makers present at each chat were invited to identify the service, policy and strategic actions for improvement that could be taken from what they had heard. These are recorded and summarised in the report. The final report categorises these into 15 areas of change. These will be shared both with those taking forward the ten Statements for action and with those supporting broader services change in the city, principally through our population health outcomes, care delivery and quality assurance approaches.
- 2.5 The final report identifies the range of venues and groups who held a chat and details the rich summary of quotes and perspectives recorded.
- 2.6 A diverse range of groups and venues took part including local events, groups representing people with a disability, groups representing specific ethnicities,

intensive housing support services, groups working with children and young people, groups representing people with mental health concerns and LGBT+ young people.

- 2.7 The detailed locality information contained in the report is being used in ongoing local conversations, particularly within our Local Care Partnerships to help shape local responses.
- 2.8 The report will be published as a partnership document using Health and Wellbeing partnership shared branding. The report has been developed through a working group comprising Leeds' People's Voices Team with health and care partners part of the authoring process. The BLC is coordinated and led through Leeds Healthwatch who have led the writing group and finalised the report.

3. Main issues

- 3.1 In February 2022 Health and Wellbeing Board (HWB) agreed to consider the final report of the Big Leeds Chat 2021 and agreed an approach to supporting resulting actions. The approach is to identify suitable lead groups or bodies who may hold accountability for progress with the Statements.
- 3.2 It is proposed that the Health and Wellbeing Board through the Chair formally ask each group for action against each of the ten Statements.
- 3.3 The proposed governance agreed is that for each Statement, a lead forum is allocated (where appropriate) and asked to report back the following on a regular basis to the HWB:
- Is there a plan/strategy to ensure that as a city, Leeds is working on this?
 - Is there an implementation plan that is tracked and measured to ensure progress on each of these themes?
 - Does it understand the variance and gaps in terms of ensuring that the themes are being addressed in all communities in Leeds?
 - Updates on what progress is being made in each of the communities against each of these themes.
- 3.4 There is an expectation of reporting back to the Board 12 months from now on progress.
- 3.5 For some of the Statement areas, governance is less clear, is in development or will need collaboration between a number of existing groups. Therefore, the proposals below represent a recommended best outset position.
- 3.6 The ten Big Leeds Chat Statements and recommendations for governance are below. The detail of each Statement is contained in the BLC final report appended to this paper:

3.7 The Ten Big Leeds Chat Statements

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

3.8 Recommendations for Governance

3.9 1 - Make Leeds a city where children and young people's lives are filled with positive things to do.

- 3.10 It is proposed the HWB ask the Children and Young People's Partnership (sitting under the Leeds Safeguarding Children's Partnership) to lead on this area. The link to the HWB would be through Saleem Tariq, Director of Children and Families.
- 3.11 **2 - Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.**
- 3.12 It is proposed that a number of groups need to take action in this area collectively including locality working structures such as Community Committees, Local Care Partnerships, neighbourhood teams, third sector groups. It is proposed this priority is held directly by the Board in the first instance. It is proposed that the Board Voluntary, Community and Social Enterprise (VCSE) representative, Pat McGeever, CEO, Health for All, take a leadership role in this area. Developments in community service provision across the city may also support future governance.
- 3.13 **3 - Make Leeds a city where people can connect with services face-to-face when they need to.**
- 3.14 The Person Centred Care Group is leading on the improvements in people's experiences of health and care. Leading on improving our 3 'C's: Communication, Compassion and Coordination. The actions proposed as priorities for the group include prioritising accessible information standards, better shared decision making, and better communication. The link to the Board will be through the chair of the Group, Jim Barwick, CEO of Leeds GP Confederation.
- 3.15 **4 - Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.**
- 3.16 The CCG has recently appointed a new Director (Gaynor Connor) who is responsible for two key strategic improvement programmes: primary care and same day response. Access to General Practice is a cross cutting workstream for the two programmes and as such it is proposed that Gaynor becomes the Senior Responsible Owner for 'GP access' as a recognised theme from the Big Leeds Chat. Gaynor will work closely with the Leeds GP Confederation.
- 3.17 **5 - Make Leeds a city where each individual community has the local facilities, services and amenities they need.**
- 3.18 Local area planning approaches exist to reflect local views and needs for a variety of local spaces, community resources, retail, housing, green space and other considerations. It is proposed the link to the Board will be through James Rogers, Director of Communities, Housing and the Environment. Further advice will be sought on the role of neighbourhood support teams and support for Community Committees on governance for this statement.
- 3.19 **6 - Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.**

- 3.20 The Safer Leeds Partnership leads on work to tack antisocial behaviour and coordinate approaches to crime and harm reduction. It is proposed that this group lead on action with regard to this statement. The link to the Board is Paul Money, Chief Officer of Safer Stronger Communities.
- 3.21 **7 - Make Leeds a city where services acknowledge the impact of the pandemic on people’s mental health and where a varied range of service- and community-based mental health support is available.**
- 3.22 Leeds Mental Health Partnership Board is a forum comprised of people with lived experience, commissioners and providers of mental health services and is the strategic board for mental health in Leeds. As such it leads on actions to ensure Leeds is a mentally healthy place for all, with suitable services for those that need them. It is proposed that actions for this statement are overseen through the Board. The Board is chaired alternately by Cath Roff, Director of Adults and Health, Leeds City Council and Helen Kemp, CEO, Leeds Mind. As a member of the Health and Wellbeing Board, it is proposed that Cath Roff is to act as the link to the Board for this work.
- 3.23 **8 - Make Leeds a city where there are affordable activities that enable everyone to stay healthy.**
- 3.24 The Chats focused significantly on the costs of physical activity. The multi-agency Physical Activity Partnership Board will lead on increasing access to physical activity and associated areas such as active travel. It is proposed this Board lead on governance for this area. The link to the Board will be agreed as the Chair of the Physical Activity Board is established. Links may also be created with the Mostly Healthy Population Health Board and the Active Travel and Healthier Streets partnership as relevant to this statement.
- 3.25 **9 - Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.**
- 3.26 Leeds City Council Parks and Countryside Department lead on the strategy for Leeds parks and green spaces. It is proposed that this action is led through links with council officer colleagues in this area including Sean Flesher, Chief Officer Parks and Countryside and Mike Kinnear, Development Manager, Communities, Housing and the Environment.
- 3.27 **10 - Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.**
- 3.28 West Yorkshire Combined Authority (WYCA) is the transport authority and oversees the provision of bus services across the district. Leeds City Council, as Highway Authority works closely with WYCA and bus operators in respect of providing the necessary infrastructure and is represented on the Leeds Bus Delivery Board where service provision and relevant issues are discussed. It is proposed this Board provides governance in relation to bus transport issues raised. Leeds City Council has recently approved a new transport strategy with promoting public transport and active travel (see above under statement 8) key to

future transport plans for the city. It is proposed that the link officer to the strategy is Gary Bartlett, Chief Officer for Highways and Transportation.

3.29 It is proposed with the agreement of Health and Wellbeing Board that the Chair confirms the above recommended arrangements by letter with relevant colleagues.

3.30 The BLC report identifies that progress on the ten Statements will be collated in 12 months time and presented to Health and Wellbeing Board.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The BLC is a central mechanism for engagement and hearing citizen voice on perceptions of health and wellbeing and a focus of the report is how this results in city action.

4.1.2 The BLC has developed as an approach to ensure a diverse mix of venues, groups and conversation approaches which has made it more inclusive. The BLC does not purport itself to be a representative sample of population opinion and is less accessible to some groups. Therefore it needs to be read alongside other engagement and citizen voice approaches.

4.2 Equality and diversity / cohesion and integration

4.2.1 The BLC is a key route to understanding perspectives those experience health inequalities. The range of voices includes communities of interest who help share perspectives from those that public services find it harder to reach.

4.3 Resources and value for money

4.3.1 The recommended governance are groups and meetings that are already in place and no specific new resourcing to enable these is required.

4.3.2 Resourcing to meet the 10 statements will be consideration in the first instance by the relevant groups identified within their current resource envelopes.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal implications of this report.

4.5 Risk management

4.5.1 There are no specific new risks identified by this report.

5. Conclusions

- 5.1 The “What did we learn at the Big Leeds Chat 2021?” is a collation of conversations about what matters to people in Leeds in terms of staying healthy and happy, two years on from the start of the COVID-19 pandemic.
- 5.2 It provides valuable insight to guide service development and support the wider strategic aims of improving wellbeing and reducing health inequalities.
- 5.3 Many diverse voices from communities across Leeds were heard. Direct contact with city senior decision makers resulted in recommended actions to change services and strategies. These were recorded and are included in the report.
- 5.4 Ten ambition statements are presented and these are rooted in themes consistently raised by citizens over the three years of the BLC.
- 5.5 The Health and Wellbeing Board has previously agreed a governance approach through relevant boards and groups to seek planning, updates and progress reports on the ten statements identified.
- 5.6 Further recommendations based on the statements including consideration of best fit are made in this paper for approval by the board.
- 5.7 Further development of these arrangements will be needed based on experience of how governance is working. Reporting approaches to the Board will be tailored to each Statement. All Statements will update on progress to the Board in 12 months time.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Welcome the Big Leeds Chat Report, including feedback from decision makers, and support wide dissemination of the final report
- Consider the findings of the BLC ‘21 and note actions against the ten BLC Statements identified by citizens
- Agree and support the proposed governance for each BLC Statement

7. Background documents

- 7.1 “What did we learn at The Big Leeds Chat 2021” (report draft)

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

Wider determinants of health across housing, communities, transport, tackling crime, and access to physical activities are significant drivers of health inequalities. Actions in these areas are opportunities to redress the inequities of health outcomes in the city. The Big Leeds Chat targeted all areas of Leeds and included those communities of interest who often experience the greatest inequalities.

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

Markers of high-quality health and care systems include systemic use of people voice and opinion at the population as well as service user level. Leeds wants and needs to be a system that listens to and are responsive to people views on their communities and what will improve health outcomes in them.

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

The Big Leeds Chat indicates significant appetite from citizens for communities which are inherently health creating, preventative of ill health and improve the efficiency and access to health services when needed.

Future challenges or opportunities

The Board will receive an update on progress of this work in 12 months time.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	

What did we learn at the Big Leeds Chat 2021?

A collection of conversations about what matters to people in Leeds in terms of staying healthy and happy two years on from the start of the COVID-19 pandemic

DRAFT

Contents

Foreword

What is the Big Leeds Chat?

How the Big Leeds Chat developed in 2021

How we wrote this report

Glossary

What we learnt at previous Big Leeds Chats

What people told us in 2021: the 10 Big Leeds Chat statements

Next steps for the Big Leeds Chat

Part I: Taking Action: Decision Makers' Ideas for Change

Part II: The Conversations

Acknowledgements

DRAFT

Foreword

“The Big Leeds Chat is a key event in the diary for all the people involved in planning health and care services. This is an opportunity to go out into all the local communities in Leeds, listen to people and understand how we become the best city for health and wellbeing. Starting in 2018, there have been three Big Leeds Chats, each one changing and adapting to grow, strengthen and make sure we are hearing everyone’s voice in Leeds, both in the different places that people live and with the city’s many different communities.

The idea of the Big Leeds Chat is very simple: we want to put the people of Leeds at the heart of health and care decision making. As well as all the work happening to listen to people’s experiences, we believe it’s vital that services listen directly to people, in their communities. So for each Big Leeds Chat, we have gone out together, not as different organisations, but as one team who all work to make health and care services better in Leeds. This is Team Leeds, and we are there to do the listening. We have gone directly into the centre of communities rather than expecting people to come to meetings, from markets to coffee mornings and parks to community groups all across Leeds. And we have gone to listen - to really listen - about what makes a good, happy and healthy life, and understand what needs to be done differently.

This autumn, as we emerged out of lockdown, we thought it was really important to listen to people about their experiences. Ambitiously, in times of COVID we strove to develop the Big Leeds Chat even further and go far and wide, having over 40 Chats in communities across Leeds. This is by far the most we have ever had. We met so many brilliant and inspiring people who live and work in their communities, acting together to make them the best places to live. We heard a lot about the strength and resilience of each of those places, but also the challenges they are facing in health and care.

We hope you enjoy reading this report. It tells the story of where we went, the people we met and what is important to them in terms of health and wellbeing in Leeds. Importantly, it tells the story of what our decision makers took away and how they will use this information as we move forward to become the best city for health and wellbeing.

Finally, a big “thank you” to all the people who donned their yellow Big Leeds Chat t-shirts and who spoke with us, and to the decision makers and chat

makers who joined us on the tour. We will now go on to use this insight to shape health and care services in the future.”

Cllr. Fiona Venner

DRAFT

What is the Big Leeds Chat?

In Leeds we have an ambition, led by our People's Voice Team¹, to make sure the voice of people is at the heart of all levels of health and care planning. Most especially, we want to ensure that residents experiencing the greatest health inequalities are at the heart of everything we do. This is essential if we are to achieve the ambition in our Health and Wellbeing Strategy² to improve the health of the poorest the fastest.

The Big Leeds Chat is an innovative, citywide approach to support this ambition. It brings senior leaders from across the health and care system together with the public as one #TeamLeeds, so that they can listen to people's experiences around health and wellbeing, in the broadest sense of the term, and find out what matters most to them.

How the Big Leeds Chat developed in 2021

The first Big Leeds Chat included more than 500 conversations in Kirkgate market in October 2018. A year later, we again called in at Kirkgate market (which was even busier than the year before), and we also worked with Local Care Partnerships³ and settings such as food banks to get out into Leeds' many communities.

By 2021, the world had changed a lot, and we knew it was more important than ever that we get out to listen to people, given the way the pandemic had deepened health inequalities across the country. We connected up with Local Care Partnerships to organise a local Big Leeds Chat in each area, as well as Community of Interest groups and young people's organisations. In keeping with our ambition, we wanted to hear from as broad a range of people as we could, not least those who had faced some of the toughest circumstances over the past 18 months.

All in all, 43 chats were had from September through to November, involving dozens of decision makers and chat makers⁴ who came along from every health and care organisation to support the conversations.

¹ See Glossary.

² <https://www.leeds.gov.uk/plans-and-strategies/health-and-wellbeing-strategy>

³ See Glossary.

⁴ See Glossary.

Date	LCP or community group	Location
4 th September	Woodsley & Holt Park LCP	OPAL, LS16
11 th September	Armley LCP	Armley Moor, LS12
15 th September	Association of Blind Asians	Roundhay Park, LS8
18 th September	Beeston & Middleton LCP	Beeston Festival at Crossflatts Park, LS11
20 th September	Bramley, Wortley & Middleton	Fairfield Community Centre, LS13
22 nd September	Morley LCP	Groundwork/Morley Festival, LS27
23 rd September	Morley LCP	Groundwork/Morley Festival, LS27
24 th September	Morley LCP	Groundwork/Morley Festival, LS27
25 th September	HATCH LCP	Reginald Centre, LS7
25 th September	Otley & Aireborough LCP	Festival of Kindness, LS21
25 th September	York Road LCP	The Old Fire Station, Gipton, LS9
28 th September	West Leeds LCP - Bramley	Bramley Shopping Centre, LS13
28 th September	West Leeds LCP - Pudsey	Pudsey, LS28
30 th September	BME Dementia Touchstone Service	Online
30 th September	Crossgates LCP	Crossgates Shopping Centre, LS15
4 th October	LS25 LS26 LCP	Net Building, Garforth, LS25
4 th October	LS25 LS26 LCP	Halliday Court Sheltered Housing Complex, Garforth, LS25
5 th October	LS25 LS26 LCP	St Mary the Less, Allerton Bywater, WF10

5 th October	LS25 LS26 LCP	Cross Hills Court Sheltered Housing Complex, Kippax, LS25
5 th October	LGBT+ group	Mill Hill Chapel, LS1
6 th October	Youth Matters Group	Swarcliffe Community Centre, LS14
7 th October	BLC Online Chat	Online
7 th October	HATCH LCP	Leeds Polish Centre, LS7
8 th October	Otley & Aireborough LCP	Aireborough Leisure Centre, LS20
11 th October	Leeds Student Medical Practice & The Light	One Mill Street, Leeds City Centre, LS9
13 th October	Woodsley & Holt Park LCP	Burley Lodge Centre, LS6
14 th October	Your Space	Jamyang Buddhist Centre, LS11
14 th October	LGBTQ+ Leeds Youth Service	West Leeds Activity Centre, LS12
15 th October	Woodsley & Holt Park LCP	All Hallows Church, LS6
18 th October	MindMate Ambassadors Meeting	Community Hub, John Lewis, LS2
19 th October	Digital Workshop: Young People (10-18 years old)	Online
21 st October	Youth Club	Swarcliffe Community Centre, LS14
21 st October	Wetherby LCP	Wetherby Town Hall, LS22
25 th October	Vocal Girls	Jones Haughton Accountants, LS2
26 th October	West Leeds Men's Network	Bramley Community Centre, LS13
26 th October	Central LCP	Meanwood Valley Urban Farm, LS7
26 th October	Barca Youth Group	Fairfield Community Centre, LS13
27 th October	Growing Rooms	Armley, LS12
28 th October	Seacroft LCP	Old Seacroft Chapel, LS14
10 th November	HATCH LCP	Little London, LS7
13 th November	Social Group	Feel Good Factor Leeds, LS7

16 th November	Men's Group	Feel Good Factor Leeds, LS7
------------------------------	-------------	--------------------------------

How we wrote this report

This report was written by the Big Leeds Chat working group. It is based on the notes made by the professionals who went out to each of our local areas and community settings.

At each Big Leeds Chat event, chat makers and decision makers teamed up into pairs to have conversations with people. As they did so, they each made notes, with the chat makers recording what people told us, and the decision makers recording their own reflections about the conversation and how we could make Leeds the best city for health and care.

Decision makers and chat makers asked people the following three questions:

1. How has it been for you over the past 18 months?
2. What things would help you improve your health and wellbeing?
3. What could make your area a happier and healthier place to live?

The working group identified key themes from all the notes gathered each day. The chat makers' notes are summarised in Part 2 of this report, and the decision maker feedback in Part 1.

If you would like to see the full set of notes for any Local Care Partnership or Community of Interest, please contact the People's Voices Team.⁵

Glossary

Chat maker: Chat makers are professionals working in health and care in Leeds. They volunteered to facilitate the conversations we had in each Local Care Partnership and Community of Interest. As well as recording what people told us (see Part 2 of this report for details), they helped the day run smoothly.

Decision maker: Decision makers are professionals working in health and care in Leeds who led the conversations with people at each Big Leeds Chat. Their jobs give them the opportunity to shape health and care services in the city. Their reflections are set out in Part 1 of this report.

⁵ <https://healthwatchleeds.co.uk/>

Local Care Partnership: Local Care Partnerships are designed to offer “joined-up working to deliver local care for local people, working in and with local communities”.⁶ There are 19 across Leeds, and they are organised geographically.

Community of Interest: Communities of Interest are groups of people who share an identity. In Leeds, the Communities of Interest network enables “two-way communication between the public sector and third sector organisations that represent communities facing health inequalities”.⁷

People’s Voices Team: The People’s Voices Team brings together involvement leads from across health and care organisations to work together as one team. It was set up by the Leeds Health and Wellbeing Board to help improve involvement across the city and avoid duplication. Our shared aim is to put people’s voices at the centre of health and care decision making in Leeds, and in particular the voice of people living with the greatest health inequalities.

Leeds Health and Wellbeing Board: The Health and Wellbeing Board is a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the community sector and Healthwatch Leeds, which represents views of the public. It helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest.

Third sector: The third sector is a term used to describe non-profit organisations that aren’t part of either the public or private sectors. An alternative name for it is the “voluntary and community sector”.

What we learnt at previous Big Leeds Chats

At the Big Leeds Chats in 2018 and 2019, there were a lot of shared themes about what matters most to people, although there were some differences too. Below is a very quick summary of what people told us at those two Big Leeds Chats.

The Big Leeds Chat 2018

What do people love about Leeds?

⁶ <http://inspiringchangeleeds.org/local-care-partnerships/>

⁷ <https://forumcentral.org.uk/communities-of-interest/>

1. Living in a big city
2. People in Leeds are friendly
3. Being able to go shopping into the city centre and use places like the market
4. Living in a diverse city with different cuisines and cultures
5. Having access to the green spaces in Leeds and the countryside nearby

What do people do to keep themselves healthy?

1. Diet
2. Exercise and fitness
3. Spending time with family and friends
4. Accessing GP practices
5. Lack of time and motivation makes it difficult to take part in healthy activities.

What do people think we need to do to make Leeds the best city for health and wellbeing?

1. Cost
2. Public transport
3. Information
4. Environment
5. Healthcare
6. Employment
7. Communities
8. Housing
9. Education

The Big Leeds Chat 2019

What do you love about where you live?

1. Community
2. Green space and close to countryside
3. Shopping and places to eat
4. Culture & entertainment
5. Easy to get around
6. Public services & facilities

What do you do to keep healthy?

1. Self-directed exercise
2. Exercise class/centre
3. Healthy diet
4. Family & community
5. Self-care
6. Hobbies and interests
7. Avoiding alcohol & smoking
8. Work
9. Engaging with health services

How can we make Leeds the best city for health and wellbeing?

1. Better transport
2. Be more inclusive and have communities that talk to each other
3. Improve health and care services
4. More health education and promotion
5. Look after the environment
6. Improve community facilities & public spaces
7. Tackle poverty and homelessness, and improve housing
8. Make gyms, exercise classes and other services more affordable
9. Deal with crime
10. Less unhealthy fast food

What people told us in 2021: the 10 Big Leeds Chat statements

Based on the conversations our decision makers and chat makers had across the city, we have put together ten statements representing the top ten things people told us would make Leeds a happier and healthier place to live.

1. Make Leeds a city where children and young people's lives are filled with positive things to do.

If there was one topic that came up more than any other in our Big Leeds Chats, it was that children, young people and families would love to see more things they could get involved in with their fellow residents. People credited families as playing such an important role in keeping each other going during the hardest days of the pandemic, but keeping everyone entertained and stimulated hasn't always been easy. People said they would like to see Leeds nurture families through everything from playgrounds to playgroups, youth clubs and skate parks – but these need to feel like safe and welcoming places, as the fear of antisocial behaviour can make provision seem inaccessible. Children's and young people's services are more than a niche concern to the people who joined the Big Leeds Chat – they are the hallmark of a city that cares for every family.

2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.

People of all ages told us how important it was they got the chance to connect with their friends, neighbours and fellow Leeds residents. Knowing they aren't alone is an important way that people keep well – but they need activities to be affordable, easy to get to and, at least some of the time, in person rather than online. The third sector plays a hugely valued role in organising ways for people to get together and be each other's support, and residents said they would love to see it do more and receive the investment it deserves. Some of the time, people weren't looking for organised activities but somewhere they could just be with others. Inviting local buildings and green spaces were another important factor identified in a good community scene. A lot of people who spoke to us told us they were volunteers, and it was clear from the amazing response to calls for volunteers during the early days of the pandemic that Leeds residents are more than willing to give their time – they just need the structures to be able to do so.

3. Make Leeds a city where people can connect with services face-to-face when they need to.

Residents of all ages have been getting online more during the pandemic – but, across Leeds, many people told us this has left them with a real hunger to connect with others in person. While we did hear from people who were digitally excluded, we also heard from those who can get online and on the phone regularly but don't necessarily think remote services would always work for them. Although, for some, phone and digital contact can be handy, people told us they had also found it doesn't always provide for the personal connection they value when they are looking for support with their health. Because the move to remote delivery has coincided with a time where people say they've found it harder to access services, there is a real danger that people see remote health and care services as "second-class" and a way of offering less, not more, care.

4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.

Over the pandemic, people across Leeds told us they felt it had got harder and harder to book GP appointments. The issue seemed to be particularly prevalent in certain areas. It's clear from people's comments just how much they value their GP, so when it feels like a trial to get through the front door, they can be left feeling disconnected from a valued source of help and, at worst, left to cope alone by public services. Conversely, when people did feel supported by services, this could make a real difference to their wellbeing.

5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.

During our Big Leeds Chats, people told us about much-loved local venues, organisations, parks and so on, and they were keen to talk about their area or community. However, we also heard about what can go wrong if services are a long way away from people, including for those living in outlying areas which were only incorporated into Leeds a few decades ago. People also told us how local areas could quickly lose their appeal when the shops, pubs and so on which give locals a reason to be there shut down. It's worth bearing in mind that, although these 10 statements are relevant to all our Chats, each of the latter had its own unique topics. In Bramley, for instance, people regularly flagged up problems with unsuitable housing, while people in Wetherby talked

about concerns services couldn't cope with a fast-growing population. When we're developing services and initiatives, it seems that a locally focussed approach really does matter to people.

6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.

People in many areas and communities in Leeds talked about how they worried they might become a victim of crime or antisocial behaviour when they go out into their local area, and this makes it all the more daunting for them to use the public spaces and facilities that support their health and wellbeing. People of all ages - but perhaps most notably children and young people - said they were less likely to get out into our parks and leisure facilities if they were worried about what might happen. On the other hand, some also suggested that issues are caused in part by young people not having enough things to keep them busy and feeling positive. One solution people often suggest is more, and more visible, police.

7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.

Our chats often touched upon how lockdowns and the loneliness they wrought had affected people's mental wellbeing and confidence, and some people said it's not going to be easy for everyone to "go back to normal". All kinds of groups – whether men, women, children or young people - have felt the effects, and sometimes people suggested that targeted work should be in place to support residents to reach out for help. We heard how some people had struggled to get the treatment they wanted for their mental health from services, but we also heard a lot of interest in "non-traditional" ways of keeping well, such as friendly, welcoming community activities organised by the third sector and peers. Sometimes, people suggested these activities be mental health-focussed but, often, people said just having a way to be social was key.

8. Make Leeds a city where there are affordable activities that enable everyone to stay healthy.

While many people in Leeds said they would love to exercise more at leisure centres and facilities, sometimes this is out of reach because it's too expensive, especially when we factor in other costs like getting a bus. Free activities such

as walking have been a big part of how people have kept well during the pandemic. It's also worth noting that people were much more likely to tell us they would like to exercise than change their diet, and smoking and drinking rarely came up in our conversations.

9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.

People in Leeds love our many parks and see them as a crucial resource for keeping us all well (although residents in our more deprived areas sometimes said they were less likely to have them on their doorstep). Not only are parks a beautiful community venue, people noted how they offer the chance to connect with nature, walk, run and play. Residents told us how it saddens them when green spaces aren't cared for or feel unsafe, with littering, graffiti and anti-social behaviour sometimes driving away people who would otherwise access them.

10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

When bus services are unreliable or infrequent, or they require people to change multiple times, it's more than an annoyance – it shrinks Leeds residents' worlds, especially if they are older, less mobile or poor. It also makes accessing health and care services all the more difficult.

What next for the Big Leeds Chat?

Leeds' residents have told senior leaders and decision makers what would make our city a happier, healthier place to live. Now it's time to plan how we act on what we have learnt and figure out what we still don't know about different parts of and communities in the city. Really positively, as soon as the Chats were finished, decision makers were using the information that they had heard and taking it into their work. Each Local Care Partnership is working through what it can do to make changes in its local area based on what people told us. The information has also already been used by Leeds City Council as it develops its Better Lives Strategy around what a good life looks like for people with care and support needs, and in the ongoing work and planning to improve mental health services and make Leeds a great city to live in for our mental health.

In addition, however, and new for this year's Big Leeds Chat, we wanted to develop stronger processes for turning what we heard into action. As part of this, we call on our health and care boards and organisations to work with our 10 Big Leeds Chat statements so that, in a year's time, they can tell residents how they have acted on people's experiences to make Leeds the city we all want it to be. In Part I of this report, we also include some of the ideas for making Leeds a happier and healthier place that decision makers had following on from their Big Leeds Chats. We hope these serve as a useful starting point for boards and organisations as they look to make change.

The 10 Big Leeds Chat statements are:

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can connect with services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.

7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city where there are affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

In March 2023, we will be producing a “what happened next report” to give a summary of all the work taking place in Leeds around the 10 key statements and, importantly, what it means for people in Leeds.

DRAFT

Part I: Decision Makers' Ideas for Change

As we have said, the Big Leeds Chat isn't just about listening – most importantly, it's about taking action based on what people in Leeds have told us.

With this in mind, following on from their Big Leeds Chat we asked decision makers what their initial ideas were to make Leeds a happier and healthier city.

15 key themes came out of their responses, which serve as a useful starting point for discussions about how we can take action based on what people told us.

1	Adapt services to improve people's experiences	26%
2	Renew our focus on children & young people	23%
3	Communicate about services and community groups	17%
4	Make sure the community sector can offer a comprehensive, well-supported range of services	15%
5	Protect and maintain public space	15%
6	Refresh our ethos or focus to suit new priorities	13%
7	Develop tailored provision for specific groups of people	12%
8	Review how people access mental health support & what people need to be able to access to keep well	9%
9	Help people to feel safer in the community	9%
10	Invest in local areas and their community sectors	6%
11	Make sure everyone can access a safe, suitable home	6%
12	Foster a culture of listening in services	6%
13	Design public transport better for the people who use it	6%
14	Work together as a system to improve people's experiences	4%
15	Make good employment a driver for health and wellbeing	2%

1. Adapt services to improve people's experiences

We got more comments about ways to change services for the better than any other topic. All kinds of suggestions were made, but many fell into four categories. In no particular order, they were:

Make accessing primary care easier, expanding capacity where necessary.

"GP is key to people's satisfaction with NHS and it seems we have a mismatch between demand and capacity. Also people don't like new booking systems which suggests debate or change needed."

"What can be done to improve access to GPs and dental services reduce waiting times for appointments"

"Look at ways to improve access to GP services or provide / promote alternative ways to access care. e.g. this couple spoke very highly of drop-in blood clinic at Chapel Allerton as an alternative to GP appointment."

Find a way to accommodate people who want to be seen in person by services.

"Feedback was that online support not that helpful. But easy access and quick response very important."

"Digital inclusion for school aged children. Ensure no children are left behind"

"Certainly need to get the balance between efficiency of phone work versus face to face."

Identify gaps in staff training and make sure services feel well-staffed.

"Mental health training for reception staff and training on delivering a triage - particularly for individuals who have prior mental health struggles"

"Would like to see more nurses / less managers."

Make fitness activities more affordable.

"Look at fitness facilities and how we enable access to those who are less confident in their abilities, or unable to afford fitness access"

"Improve access to exercise & community activities for working people on low wages."

Here are a few of the other, very diverse ideas the decision-makers had during their Big Leeds Chats about how services could be changed for the better:

“Social work stability - young person with social worker who regularly changes so has to repeatedly start again in building relationships and trust”

“Serious look at NHS equipment reuse”

“Leeds Care record usage. Person held records and not repeating tests/assessments”

2. Renew our focus on children & young people

Develop more things for children, young people and families to do, and take action to make existing provision feel more accessible.

“Promote local groups in Bramley - definite need and demand for groups aimed at teenagers.”

“Invest/look at better ways to solve the problem of families not being able to access healthy living activities.”

“As a city, make 'Think Family' a reality rather than talking about it but not going beyond statutory services”

“Lots of issues with young children unable to socialise, i.e. under 5s. Wants more evening family activities.”

Identify more opportunities for the city to listen to young people’s needs.

“Need to engage with young people - what do they want?”

“More patient experience activity with young people to ensure needs are met”

Tackle young people’s digital exclusion and offer young people the option to interact with professionals in person, rather than remotely.

“Digital exclusion very important for elders and young people / schools.”

“Access to mental health support services, especially for young children/child. Need face to face support for young people/post natal mums. Listening to first-time mums and taking on board their concerns and anxieties.”

Provide more preventative and awareness-raising work around mental health.

“Embedding MH awareness earlier, i.e. in schools.”

“Opportunities for young people to explore and hear about mental health and services, its impact and services available.”

3. Communicate about services and community groups

Communicate more about health and care services and their availability.

“I think we really need to make clear to the population what all the services are/what they are called, what they can/can't treat. Back to basics. Also people still have no idea what primary care networks are. Concepts like the BLC are a godsend.”

“Clearer messages on what is now open”

“Consider communications around healthcare options to improve understanding of users and make pathways clearer: social media/ videos/ leaflet drops etc.”

Communicate more with people about what's available to keep them healthy and well in their local area and community.

“Be much more proactive about what services are available. Maintain the contact by different media on a regular basis.”

“Better promotion of social prescribing and benefits.”

“Promote availability of exercises & importance of this to maintain wellbeing - active lifestyle & meeting friends”

“Advertise different services to people in the community - GroundWork. Poster information leaflets within the practice”

Provide broader communications about what the city is trying to do and other positives, as well as more targeted communications for young people.

“Children need to be informed as much as adults. Tap into their ideas.”

“Education and communication with young people”

“Promote good/positive news stories”

“Continue supporting health equality. Sharing this to the public so they know what the city is trying to achieve.”

4. Make sure the community sector can offer a comprehensive, well-supported range of services

Make sure there are peer support groups and groups for specific populations.

“Support groups for people in same situations.”

“Bespoke groups that improve and maintain general health and wellbeing in line with local needs and demand. Promote local groups in Bramley - definite need and demand for groups aimed at teenagers.”

“The value of peer support for different health conditions is critical so they should be protected.”

“Support for groups and activities for learning disabled people - crucial and affirming”

Organise events and spaces that bring people together, celebrate the positives happening in local areas and give residents a chance to hear about the community groups available to them.

“consider how we work better to get people to be able to access opportunities to be social and outside. Work closer with social prescribing and more community events to showcase groups etc.”

“more events like Morley arts festival. More community spirit.”

Support the third sector, including smaller and grassroots organisations.

“Mens Sheds are a godsend, company and support for one another. It's got to stay at GroundWork.”

“Prevention of mental health through 3rd sector activities are critical.”

“community centres crucial and need to be affordable.”

“Encourage smaller organisations/grassroots to thrive & support these locally as they offer community connectivity & local support.”

“Really consider how we are systematically funding & supporting community activities - play schemes, older people as these are key to wellbeing & health of community.”

Protect the assets that are already out there in the community, including the assets we don't traditionally see as community venues but serve as a much-valued place for people to get together.

"Making it comfortable to people to get out and about. Protecting the social infrastructure of communities such as groups of churches, pubs etc."

5. Protect and maintain public space

Protect parks and outdoor spaces, which are so important to people's health and wellbeing.

"Park crucial - value of the parks during the pandemic - Continue improvements and sustain the facilities"

"Maintain the fantastic work the parks department does Highlight the importance of parks and green spaces"

Keep parks tidy and well-maintained so they're used to the full.

"People want/appreciate nice, tidy areas on their doorstep. Focus has to be on upkeeping our areas to a quality standard"

Make public space accessible and welcoming to residents with different needs, with things like benches, attractive shops and so on.

"More benches in Bramley shopping centre so individuals can sit and chat - community vibe which would be most welcomed."

6. Refresh our ethos or focus to suit new priorities

Focus on new priorities that need to be tackled, such as digital exclusion.

"Digital exclusion very important for elders and young people / schools."

"Supporting equal access to IT."

"Consider neighbourhood assets & geography as barriers to healthy lifestyles and isolation"

"Consider how we can reduce health inequalities and increase exercise opportunities for people on lower incomes."

"Prevention needs to be higher up list"

“Invest/look at better ways to solve the problem of families not being able to access healthy living activities.”

Adopt a new approach or ethos, centred on people’s real experiences.

“Be compassionate.”

“Physical and MH are as important as each other.”

“Tackle isolation in a person centred way”

Recognise how COVID has had a lasting impact on people.

“Look at how COVID has affected peoples mental health- people are still frightened about close interactions.”

“Recognising breadth and complexity of experiences for someone with COVID.”

7. Develop tailored provision for specific groups of people

Gear services more effectively to older people’s needs.

“Invest in 3rd sector. Activities to keep older healthy people healthy and stimulated.”

“To have a discrete focus on older people and older peoples issues in health and social care planning. To continue to work with health professionals and support them to improve access and develop their workforce to meet the needs of older people.”

“More activities for older people to help get them out of the house. Transport to help those unable to come out unaided. Unkempt local areas and mend seating near Black Elders , as there is nowhere to sit. Mental & physical health are both important for community health.”

Adapt spaces for people with disabilities and wheelchair users.

“More accessible city for those who are wheelchair users - particularly city centre and better access/experience of visiting the shops.”

“Housing not suitable for disabled scooters.”

“Very few disabled parking. More accessible shops for disabled locals. Shop inspection by council to make sure enough space for disabled.”

“Door to door local transportation for disabled people.”

Look again at provision in services and beyond for children and adults with learning disabilities and autism.

“Support for groups and activities for learning disabled people - crucial and affirming”

“Trust especially with special needs children is difficult to build. Services not set up to build these relationships. Mental health of the young person and the family suffers immensely.”

“Review support services for people with autism and their families.”

Support women and new mothers more effectively.

“Need face to face support for young people/post natal mums. Listening to first-time mums and taking on board their concerns and anxieties.”

“Focus on young mums is so important.”

8. Review how people access mental health support & what wider provision people need to keep well

“Review mental health services and their waiting lists”

“Mental health training for reception staff and training on delivering a triage - particularly for individuals who have prior mental health struggles”

“Need more opportunities for people to discuss mental health.”

9. Help people to feel safer in the community

“How do we make people/families feel safe in the area they live? Concerns about not wanting children to play outdoors because of safety - 'the local areas limits freedom'.”

“Ensure we keep investing in activities & support for families to reduce crime & anti-social behaviour.”

10. Invest in local areas and their community sectors

“Identify investments: we need more fantastic community venues like New Wortley. The Old Fire Station that brings diverse people together.”

“Jobs and skills, investments in Armley. Jobs are the key to everything.”

“Invest in 3rd sector.”

11. Make sure everyone can access a safe, suitable home

“Access to housing needs to improve.”

“Tackle housing crisis”

12. Foster a culture of listening in services

“Engage at grassroots and be seen to engage”

“Make listening a part of all professional practice - enable community organisations to act as constant listening posts - so things can be fed in and out more readily.”

“More patient experience activity with young people to ensure needs are met”

13. Design public transport for the people who use it

“More flexible bus services at peak time.”

“Help connect Otley & be aware of Leeds centric services as transport issues raised.”

14. Work together as a system to improve people’s experiences

“Makes me more determined to work with the whole system to improve the current situation”

“Focus on those schools that are failing - question what more can the health and care system do with this and don't just leave to the domain of the education services.”

15. Make good employment a driver for health and wellbeing

“Think about workforce opportunities of people wanting to make career changes.”

“Employment is crucial”

DRAFT

Part II: The Conversations

DRAFT

Association of Blind Asians

We met with the Association of Blind Asians at Roundhay Park, in north Leeds. The association has been improving the lives of people from Black and Minority Ethnic communities with visual impairments since 1989.

We met **6 people** during our Big Leeds Chat.

What did people at the Association of Blind Asians say?

The people we met from the ABA had had quite mixed experiences of the pandemic, although on the whole they had felt pretty isolated and, in some cases, were still finding it tough to get out of the house. Sometimes, people were worried about catching the virus.

A couple of people had struggled to get the help they needed from the GP and hospital.

What they would love to see is more affordable activities to get involved in, as well as more venues for people to get together. They had all kinds of ideas for activities they would like to do, including crafts, trips out and exercise classes.

What next steps did our decision-makers take away from their chats?

“We can have more impact on population health by supporting community based groups - this group have had diabetes awareness, dietitian, etc. courses. They practice yoga, have learned to use Zoom and are very keen to learn more.”

“Constantly evaluating whether key messages are likely to reach women like these - what can be done to make people FEEL included - and feel like their inclusion is WANTED.”

Armley

The Big Leeds Chat roadshow took us to Armley Moor for the Armley Festival. We were thrilled to be at this free community event, among stalls, live music, arts, crafts, theatre and food from around the world.

We met **24 people** during our Big Leeds Chat in Armley.

What did people say in Armley?

The mental health impact of the pandemic was felt keenly in Armley, and lots of the people we met at the fair told us how lonely they had been. Armley residents would like to be supported with this in different ways. Some suggested that organised activities and more informal, social ways of learning how to take care of themselves would be a really positive way of making a change to people's mental health, while others interested in or had good experiences of more traditional routes.

A lot of people said that street drinking and antisocial behaviour were problems that needed to be addressed in Armley. Many acknowledged that there needed to be more help for people struggling with alcoholism.

Not everyone in Armley had found it easy to get help from their GP, and a couple of locals told us how they had been on a waiting list for heart treatment (for 3 years in one person's case). When people felt services weren't there for them, this could amplify their distress – but, equally, when people did feel supported, it made a big difference.

People suggested that more (and better used) community spaces and events would make Armley happier and healthier, with some pointing out that there was very little for young people in the area.

What next steps for Armley did this chat inspire in our decision-makers?

“Think about support networks for 40-60's.”

“Jobs and skills investments in Armley. Jobs are the key to everything.”

“Embedding MH awareness earlier, i.e. in schools. Outdoor events and using resources already in place to promote health and wellbeing. Ensure equitable access to schemes.”

“Think about how we could redevelop volunteer exchange.”

DRAFT

Bramley, Wortley & Middleton

We visited a vaccine clinic at Fairfield Community Centre for our Big Leeds Chat in Bramley, Wortley & Middleton.

We met **51 people** during our Big Leeds Chat.

What did people say in Bramley?

People in Bramley have had real trouble getting in touch with the GP over the pandemic, and they've been particularly concerned that face-to-face appointments haven't been available. Phone contact just hasn't measured up to seeing the doctor in person for many of the people who chatted with us. This has contributed, for a few people, to a feeling of being left to cope alone – although it's worth pointing out that when help has been given to people during lockdowns, it has been very warmly received.

A lot of the people we chatted with in Bramley told us their mental and physical health wasn't good, and in some cases made worse by isolation and anxieties around catching COVID.

One of the things people most commonly told us they would like to see in Bramley is more services for children and young people. Some people believe this dearth of things to do is a contributing factor to the antisocial behaviour that came up in a lot of people's comments. Antisocial behaviour also has the knock-on effect of making some families reluctant to let their kids go out. Crime – including knife crime and drug-dealing – is something the people of Bramley are keenly aware of.

More people in Bramley than elsewhere explained how their house wasn't right for them, and some described how it was hard to get the Council to solve this issue.

A lot of people said they would benefit from a better bus service in Bramley, and there was a real outcry that benches where locals could once rest and relax had been taken away.

What next steps for Bramley did this chat inspire in our decision-makers?

“I think we really need to make clear to the population what all the services are/what they are called, what they can/can't treat. Back to basics. Also people still have no idea what primary care networks are. Concepts like the BLC are a godsend.”

“Improving public transport. Would like more shops filled in the Bramley retail park and better integration of communities.”

“Not enough facilities in Bramley for young people e.g. bowling, sports centre & snooker”

DRAFT

Carers Leeds' Dementia Carer Support Group

For this Big Leeds Chat, we headed to Carers Leeds' support group for people looking after someone living with dementia.

What did people say at the Dementia Carer Support Group?

The members of the support group said that the last several months had been "horrible". They had missed face-to-face contact, and they said they had been left feeling "helpless" or "worthless" because there had not been enough support for carers. The group's members would like to feel more valued for the work they do keeping their loved ones safe, and they would love to be able to place more trust in services (both NHS and Council-based) to help them with daily tasks.

The group said it would be helpful if services were more sensitive to carers' circumstances. One example they gave was Leeds City Council sending invoices addressed to relatives who had died months previously with the word "deceased" next to their name, which can be very upsetting for family members to read.

They praised Carers Leeds for the "amazing support" they provide, saying they wouldn't be able to carry on without the organisation.

They pointed out that caring for loved ones when out and about in public could be made easier, not least due to vehicles being parked on pavements. Sometimes the attendees had even had to push wheelchairs onto roads!

The group members said they would feel safer outside if there were an increased police presence, and there was agreement there needs to be better street lighting. They also thought that having fewer takeaway shops would make Leeds a happier and healthier city.

What next steps did this chat inspire in our decision-makers?

"The importance of dignity and respect. Considering the caring workforce into 21/22 - how do we get the right caring workforce?"

Central Leeds

We headed to Meanwood Valley Urban Farm to speak to people in Central Leeds.

18 people joined this Big Leeds Chat.

What did people say in Central Leeds?

On the whole, the pandemic and everything that it entailed, from looking after kids at home to work, isolation and dealing with life events alone, had been a real drain on people in Central Leeds. Some of the people who chatted to us told us how tough it had been for children and parents when schools, nurseries and services shut their doors. Working from home had been a painful transition for some, although others credited work as the thing that kept them relatively well during the pandemic.

People would love to see more activities that get local residents (and families in particular) out of the house, meeting each other and being physically active. To do this, what people in Central Leeds need is more green space, as well as some more affordable venues that aren't too far away.

A handful of people also mentioned that it had been hard to get help from the GP, and that what they really wanted was face-to-face appointments.

What next steps for Central Leeds did our decision-makers take away from their chats?

“Support groups for people in same situations, like single parents, and help for people who are finding it hard to get back out of covid”

“More things like Light Night and child friendly provision that is outdoors”

Children & Young People's Digital Workshop

We caught up with some of the children and young people who make up Leeds' Youth Council to hear what was on their minds.

About **15 young people** joined us to chat over Zoom.

What did people say at the Children & Young People's Digital Workshop?

At the workshop, we heard how a lot of the young people had found the pandemic quite frightening and difficult at first. Some stayed at home, but others whose parents were key workers kept going to school, which had been tough because most of their friends weren't there. On the whole, however, they had adapted over time.

The group had a whole range of ways they keep healthy and well, including meditation, keeping hydrated and playing music. Getting enough sleep was very important to a lot of the young people.

The people at this Big Leeds Chat also shared lots of ideas about what Leeds could do to help everyone stay happy and healthy. Some people said that making green spaces feel tidier and more welcoming would mean that people would want to get out more, especially if there were more attractions such as swings. They said it was important young people had a choice of activities to go to, including things that didn't mean you needed a lift to get there and back. One idea the group suggested was a Harry Potter treasure hunt. However, they said it was just as important that people got to hear about activities, because not all the information is getting out there at the moment. Making sure children and young people had downtime after school was another suggestion, as was starting the school day a little later.

What next steps did our decision makers take away from their chats?

"Respect views of children. People adapted really well but there has been an impact. Physical and MH are as important as each other. Thinking positive and having fun is critical. Children need to be informed as much as adults. Tap into their ideas."

Crossgates

We joined forces with a health and care fair at the Cross Gates Shopping Centre to catch up with people in LS15.

We met **15 people** at the Crossgates Big Leeds Chat.

What did people say in Crossgates?

One of the most common topics of conversation to come up in Crossgates was how difficult it was to get a GP appointment. People often felt phone or remote appointments were no substitute when they were offered. While we did hear praise for services such as the hospital, from time to time we also heard about long waiting lists for specialist treatment, as well as how hard it can be to get loved ones' mental health needs taken seriously.

Family was another big part of our chats in Crossgates. Oftentimes, family had been a huge source of practical and emotional support during the dark days of lockdown (as had neighbours and schemes such as Crossgates Good Neighbours), and people were grateful for the help sons and daughters provided when they had kids of their own to look after. But loved ones and their troubles could be a source of worry too.

There was a sense that the shops in Crossgates had become less interesting in recent times, which made making the trip in less worthwhile. The locals who chatted to us suggested that changing this would make the area happier and healthier, and there were also a few requests for more things for children and young people to do. People had very mixed views about public transport in Crossgates, with some saying it didn't work for them.

What next steps for Crossgates did our decision-makers take away from their chats?

“Keep investing in neighbourhood networks”

“Look at ways to improve access to GP services or provide / promote alternative ways to access care. e.g. a couple spoke very highly of drop-in blood clinic at Chapel Allerton as an alternative to GP appointment.”

“Look at fitness facilities and how we enable access to those who are less confident in their abilities, or unable to afford fitness access. Reduced rates; local free support targeted to engage and offered with budget advice to sustain.”

“Realising that it is not just older people who struggle with access issues – it’s across all age groups”

“Need to promote support available to carers more widely so that people access it if needed.”

DRAFT

Feel Good Factor Men's Group

The Big Leeds Chat headed to the Feel Good Factor men's group, which took place in the organisation's base in Chapeltown.

What did people at Feel Good Factor's Men's Group?

At the Feel Good Factor men's group, people told us that they didn't feel some areas got the same care and attention as other, more affluent parts of the city. The men felt that roads could be better planned in Harehills so there was less congestion, and they would also like to feel safer when they were out and about.

DRAFT

Feel Good Factor Social Group

Feel Good Factor's social group meets regularly on a weekend, giving members the chance to catch up with friends.

About **15 people** joined us for this chat

What did people say at Feel Good Factor's Social Group?

At this Big Leeds Chat, people told us how much of a lifeline Feel Good Factor had been during the pandemic, including for people living alone. They would love to see the lunch clubs that stopped during lockdowns brought back, as well as shorter waiting lists for really useful community services like gardening and decorating.

People's mobility had been affected by not getting out, as well as their mental wellbeing. The group hadn't found it easy to get through to their GP surgeries to book appointments, and they had struggled to get face-to-face care in particular. They said they hadn't been able to get more routine treatment, and there was also a perception that things like screening were happening in some areas but not others.

People told us that they'd had trouble getting appointments and paying for dental work, to the extent that they'd put off getting the treatment they needed. They pointed out that they couldn't do anything about this situation because they knew they wouldn't find another dentist to take them on.

In all our conversations about accessing health and care, there was a feeling that people had to fight to get the help they needed, as well as acknowledgement that not everyone is able to do that. People talked about services using COVID as an excuse for reducing what they offered.

People at Feel Good Factor said that more reliable public transport which gave them access to different parts of the city (and the free bus which used to circulate around the city centre) would help them improve their health and wellbeing, as would being able to use bus passes before 9.30am. They said they loved getting outdoors, but they worried about slipping on leaves.

Garforth

To meet people living in Garforth and the surrounding area, we heard from people at NET (Garforth), the Halliday Court Sheltered Housing Complex (Garforth), the Community Room at St Mary the Less (Allerton Bywater) and the Cross Hills Court Sheltered Housing Complex (Kippax).

53 people joined us for the Big Leeds Chats in Garforth.

What did people say in Garforth?

Loneliness was one of the most common lockdown experiences people told us about in Garforth. The company of family, but also friends from organisations such as Garforth NET, meant a lot to people and was sorely missed. This was all the more difficult for those residents dealing with bereavement or caring for unwell loved ones.

There was a sense in a number of our conversations with people in Garforth that they saw it as their responsibility to “cope” and look after themselves as best they could. A lot of locals said walking had helped them stay well, although some also commented that there weren’t enough affordable, accessible exercise classes. There certainly were issues around not being able to get through to the GP surgery on the phone, although they weren’t brought up quite as often here as in other areas.

Garforth NET was roundly praised for the essential moral and practical support it gave people at a time when little other help felt available to some residents.

Although by no means everyone who chatted with us in Garforth was of retirement age, the downsides of getting older were a big part of our conversations. More public benches and loos came up in several chats as something that could help make Garforth healthier and happier. Getting out and about is even more important when you consider that some people told us their mobility had got worse over lockdown, and a bus service that’s genuinely accessible to less mobile would get local residents one step closer to being able to do just that.

Growing Rooms

We went to Growing Rooms, a hostel run by St George's Crypt, to meet the residents for this Big Leeds Chat.

What did people say at Growing Rooms?

The switch to remote ways of staying in touch with each other and services was a big topic of conversation at Growing Rooms. Although there was acknowledgement that the internet offered some advantages, there was also a strong sense that person-to-person contact was a really important way of keeping people healthy and happy. This was why isolation had been so tough for some of Growing Rooms' members, and there was worry that we might end up back in lockdown again.

Growing Rooms' members wanted to see more people with lived experience of addiction and other issues working for health and care services. At the moment, barriers that get in people's way when they want to find health and care work include expensive tuition fees and past convictions. There was a strong sense that people who plan health and care services weren't connected enough to those of us who use the NHS.

People also talked about mental health services and how they didn't always have a sophisticated understanding of addiction, which made them less effective. Waiting lists were felt to be long, and there wasn't enough of the aftercare recovering addicts need to keep clean. It was suggested that better data sharing between services would be helpful to fill in the gaps between that exist at the moment (although people also acknowledged that this could be tricky given the stigma around addiction).

The person-centred care that Growing Rooms offers was felt to be really important.

People thought free access to leisure services and public bike schemes, as well as better public transport, would make Leeds healthier and happier, as well as more green spaces in the city centre in particular.

What next steps did our decision-makers take away from their chats?

“Sometimes a GP might prescribe a drug rather than linking a person to services such as Growing Rooms, potentially due to (i) lack of awareness of the option, (ii) lack of understanding of the background of the service user, (iii) insufficient emphasis on the value of mental wellbeing. Routes into the service and signposting were also difficult. Support beyond these 12 step programmes is crucial – it’s more than treatment, it’s what happens after. People need homes, jobs and support to access these.”

“Linking voices from service users to decision makers is tricky but important”

DRAFT

Chapelton, Burmantofts, Harehills & Richmond Hill

We went to the vaccine clinic in the Reginald Centre and a coffee morning at the Polish Centre for our Big Leeds Chats in the Chapelton, Burmantofts, Harehills & Richmond Hill (or “HATCH”) area of the city.

42 people joined us for these Big Leeds Chats.

What did people say in Chapelton, Burmantofts, Harehills and Richmond Hill?

Access to primary care services (including dentists) was what people in Chapelton, Burmantofts, Harehills and Richmond Hill told us about more than anything else. Some people commented that they needed to get back to seeing their health professionals face-to-face. Similarly, lots of people really valued the chance to get together with friends, neighbours and the wider community. They would love to get back to face-to-face activities which are rooted in the community but made possible by the third sector and other services.

Some said getting out with other people helped keep them mentally well, so it perhaps wasn't surprising that the isolation of lockdown had taken a toll on people's mental health in Chapelton, Burmantofts, Harehills and Richmond Hill.

People often spoke about the role family had played over the pandemic. In many cases, people said how much they had missed relatives, while others explained they had moved in with others for support over lockdown. They often credited family for keeping them going, but at times they noted that a certain amount of strain had been put on them and their relationships.

Given how key family has been to people in Chapelton, Burmantofts, Harehills and Richmond Hill, it's no surprise children were another important theme. There were concerns that children hadn't had enough to do over lockdown, and an often-repeated suggestion that more provision to keep kids occupied would improve local people's lives.

What next steps for HATCH did our decision-makers take away from their chats?

“We need to really consider how we are systematically funding & supporting community activities”

“Family getting on despite lots of challenges. Impact on 2 year old not socialising & having nursery opportunities. Love of local community but identifying that children need things to do so not on our roads & older people so not isolated”

“People are still scared and suffering from anxiety. Elderly struggle to access services. Digitally isolated elderly need support.”

“More activities to support elderly. Access to transportation for disabled people.”

“The importance of having community wellbeing activities that people can link into will influence my work”

DRAFT

Leeds Student Medical Practice

We went to One Mill Street to meet the people who live and work in this student accommodation.

We met **12 people** at this Big Leeds Chat.

What did people say at Leeds Student Medical Practice & The Light?

One of the things people most commonly told us at Leeds Student Medical Practice & The Light was that connecting with people in person, rather than virtually, was vital to their wellbeing. A number of people said studying online had been harder than studying on site, and there was a real hope that events like the Big Leeds Chat which give people a reason to meet would get back into full swing.

Healthy eating and exercise were two of the main ways people wanted to stay healthy and happy.

What next steps did our decision-makers take away from their chats?

“Feedback was that online support not that helpful. But easy access and quick response very important.”

“Continue to share access information about primary care services”

LGBT+ Adults

We headed to the LGBT+ Coffee and Cake Café session at Mill Hill Unitarian Chapel during the Big Leeds Chat roadshow.

15 people joined us for a chat.

What did people at the LGBT+ Coffee & Cake group say?

One of the things people at the Coffee & Cake group said was that they would love to have more opportunities to meet people, especially after all the isolation of lockdown. It would be great to see more LGBT+ friendly venues and groups out there for people to join – and, importantly, attend in person. Not everyone at the Coffee & Cake group had a computer or smartphone, and those who did often said how important face-to-face contact was regardless.

Difficulties with getting a GP appointment were another common thread in our chats. There was a lot of acknowledgment that the pandemic had been an emotionally tough time for many and, although the group felt they'd largely coped, one person had really struggled to get the mental health support they needed.

A lot of people told us how their working lives had changed during the pandemic, from redundancies to new jobs and changing workloads, ways of working and shifts.

Morley

Groundworks hosted our Big Leeds Chats in Morley over three days. As well as popping into the courses going on at Men in Sheds and Women in Sheds, we ventured out onto the streets of Morley and called into the Arts Festival.

65 people joined us for our Big Leeds Chats in Morley.

What did people say in Morley?

People in Morley told us about the trouble they had had accessing health and care more than anything else. Although it wasn't universal, people often felt it was very difficult to get through to GP surgeries (let alone secure a face-to-face appointment), especially when they weren't internet users. Occasionally, people felt GP receptionists were obstructive, and noted that they had heard about others going to A&E because primary care hadn't attended to them. Long waiting lists for specialist treatment have also taken their toll on some.

Isolation was another key pandemic experience for people in Morley. The locals with mental health needs who chatted with us often felt remote provision hadn't given them as much support as they needed. Having the chance to connect with others around shared activities is an important way of staying happy and well for Morley residents.

There was also a strong sense that there needs to be more for young people and families to do. The wider context to this, as people described it to us, was that Morley didn't have enough to bring locals of all ages together as a community. People were tired of antisocial behaviour (which they sometimes linked to children not having enough to keep them busy) and petty crime, but also of a high-street that was losing its shops and appeal. Other ways in which people felt shared space could be improved were more regular and reliable bin collections, less congestion and fewer cars parked on pavements.

When people do have the chance to get together and feel part of local life, it can clearly make a difference to their lives.

What next steps for Morley did this chat inspire in our decision-makers?

“Need more opportunities for people to discuss mental health. Consider how we work better to get people to be able to access opportunities to be social

and outside. Work closer with social prescribing and more community events to showcase groups etc.”

“Supporting GP practices to increase availability and increase access to those that need.”

“Stop building on football / playing fields. More people = increase in services? Lack of NHS dentists”

“Men in Sheds are a godsend, company and support for one another. It's got to stay at GroundWorks.”

“There is a lack of funding for small projects offering wellbeing, i.e. women & men in sheds – Groundworks.”

“Be much more proactive about what services are available. Maintain the contact by different media on a regular basis.”

“We could look at how we communicate the triage process. Make pathways and health options clearer i.e. walk in pharmacy.”

“Look at how COVID has affected people’s mental health - people are still frightened about close interactions. Improve services for mental health/ social interactions.”

Otley & Aireborough

We went to the Festival of Kindness and Aireborough Leisure Centre to chat with people living in the Otley area.

We caught up with **6 people** at these Big Leeds Chats.

What did people in Otley & Aireborough say?

People in Otley and Aireborough told us about the trouble they'd had accessing health services during the pandemic. GP surgeries were an important one, with people finding remote appointments really quite alienating. Dentists and baby clinics were also mentioned. Locals in Otley and Aireborough would appreciate more communication about what's reopening and when.

People also talked about the great things fitness and leisure schemes offer at the moment, as well as the ways they can be improved.

Finally, we heard that bus services needed to be improved, with better links around the local area.

What next steps for Otley & Aireborough did our decision-makers take away from their chats?

“Should there be a consistent approach to primary care access as different surgeries do different things?”

“We certainly need to get the balance between efficiency of phone work versus face to face.”

“GP is key to people's satisfaction with NHS and it seems we have a mismatch between demand and capacity. Also people don't like new booking systems which suggests debate or change needed.”

“Clearly people are really keen to exercise and public services like Aireborough Leisure Centre are clearly valued. However, how do we increase different ways people can exercise at a time of funding constraints?”

Pudsey

We went to Pudsey market and park as part of our tour of West Leeds.

13 people joined us for this Big Leeds Chat.

What did people say in Pudsey?

Three topics came out of our conversations very strongly when the Big Leeds Chat called in at Pudsey.

The first and most prominent was how hard it's been to get support from the GP, and face-to-face support in particular. In some cases, things had got so difficult that people had the impression that the health service wasn't functioning as it should anymore, and people wanted more doctors to be hired. We also heard that mental health services hadn't been prompt enough in every case.

Second, people told us that it didn't always feel safe to be out and about in Pudsey, and they wanted more, and more reactive, policing.

Third, Pudsey residents would like the area to be a little friendlier to young children and families, with more things for them to do.

What next steps for Pudsey did our decision-makers take away from their chats?

"GP face to face appointments being increased. People feel they are being fobbed off with phone appointments."

"Inter-generated work. Work with nature & music. Renovate/improve the skate park."

Seacroft

The Big Leeds Chat went to the LS14 Trust's activity groups to connect with people living in Seacroft.

21 people took part in this Big Leeds Chat.

What did people say in Seacroft?

People in Seacroft often told us about how the pandemic and its lockdowns had changed their lives. For some, it had provided a welcome break from life's usual stresses but, for others, the isolation had only worsened their mental health. A few local people said they would like mental health support but were struggling to get it.

Families and children came up a lot in our conversations in all kinds of ways, and there was a real appetite for more things for parents and children to do together. Sometimes what people wanted was a shared place to "just be".

Something else that would make Seacroft a happier, healthier place to live, according to the residents we spoke to, was safer streets. Neighbours knowing each other and getting involved in the activities that are already making a difference to people's lives was another popular idea.

Touchstone's BME Dementia Service

Touchstone's BME (Black and Minority Ethnic) Dementia Service provides specialist support to people from ethnic minorities living with memory problems or a dementia diagnosis, as well as their carers.

What did people say at the BME Dementia Service?

Some of the people at the BME Dementia Service told us how the loneliness and isolation of the pandemic had really impacted on their mental health. Because they didn't all know how to use the phone or computer, they had struggled to stay in touch with family, although most had now learnt the computer skills they wanted. A few also said they had been having problems with their physical health because they hadn't been able to go on gentle walks or attend their regular groups.

Most people said they feared COVID and preferred to stay indoors, with two saying they haven't been out since March 2020. The Zoom exercise classes and social group meetings organised by Touchstone have been a "blessing".

A couple of people spoke about dentists only offering partial work (such as a check-up and clean but not fillings). Most of the group members said they would like GP surgeries to resume face to face consultations, or at least offer the option to older people and those with English as a second language, as not everyone is able to get online. Three people spoke about the difficulties they had in booking an appointment; they talked about experience where, when they finally got through to reception after much waiting, they were asked to call the next day as there were no appointments left. Many have family members who have to take time off work to help them make calls or go to appointments with them.

Most people would like to return to some form of normality and have local groups run as they did previously, but they were afraid that, with winter was approaching, they would be homebound. One person said they would like home help as they suffer with a lot of joint pain and were finding it more and more difficult to do daily tasks at home. Some said a culturally appropriate befriending service would be good, as well as somewhere local for older people to meet for a chat and cup of tea.

Young people at Swarcliffe Youth Club, Mindmate and Barca

The Big Leeds Chat roadshow took us to Swarcliffe Youth Club, Mindmate and Barca, where we got the chance to hear what would make young people happier and healthier.

More than **20 young people** came to these Big Leeds Chats.

What did young people at Swarcliffe and Barca say?

On the whole, a lot of the young people who talked to us at Swarcliffe Youth Club and Barca had found life during the pandemic boring. It had been tough to learn over the internet, partly because it was harder to focus away from school. Some people felt they had really fallen behind as a result. Other things that made school (and life more generally) harder were a lack of private space at home and difficulties getting hold of a computer. Some young people were loving getting back into school, although others had found the transition hard, and a number of those we spoke to had been part of 130 students excluded en masse over a uniform violation.

A few of the young people had lost loved ones during the pandemic.

Crime and anti-social behaviour were a big part of lots of our chats around the city, but never more so than with the young people in Swarcliffe and Barca. There were a lot of worries about knife crime, but another thing that discouraged people from going out was intimidating groups of older teenagers.

The young people who chatted with us really valued the chance youth club gave them to get together somewhere safe and welcoming. They'd like to see more kinds of organisations like these, as well as a skate park and some well-lit areas where they can meet friends.

What next steps did our decision-makers take away from their chats?

“Digital inclusion for school aged children. Ensure no children are left behind.”

“Focus on those schools that are failing - question what more can the health and care system do with this and don't just leave to the domain of the education services.”

“Young people all living in overcrowded homes and reportedly no schooling throughout lockdown. Think about study support areas within community facilities.”

DRAFT

Vocal Girls

Vocal Girls is a group of young women who get together to make sure girls' and young women's voices are a key part of the Women Friendly Leeds campaign.

6 people joined us for this Big Leeds Chat.

What did the young people at Vocal Girls say?

The young women at Vocal Girls agreed that getting access to the GP, dentist, mental health services and sexual health had been hard. They felt that GP receptionists could sometimes be abrupt and generally unhelpful, and when they did manage to get an appointment, it was often too short. Just registering with a dentist was difficult, not least because of the steep joining fees, and some people had been dumped by surgeries for supposed non-attendance. Some people hadn't been able to see a dentist in years and were stuck on waiting lists, and those needing hospital treatment for long-term conditions or support from sexual health clinics had had to wait for many months.

The young women we met felt there was an over-reliance on prescribing medication for mental health concerns. More social prescribing was suggested as a good complement to more traditional mental health treatment models, although they added that it could be made more accessible than it is right now.

We also heard how the young women would like health education in schools to be improved. They would like to see a lot more discussion about healthy relationships and consent, and they think the way information about STIs is presented is counterproductive. There was also a lot of discussion about how schools were insensitive to girls' needs when they had their period.

The girls also suggested that education about things like applying for jobs, finances, tax and writing CVs needed to be available for people well into adulthood.

People also wanted to see more for young people to do, including cheaper leisure centres, as well as better, more reliable public transport and safer cycle lanes.

LGBT+ Youth

The Big Leeds Chat went to the LGBTQ+ Youth Service at West Leeds Activity to join in the conversation.

What did young LGBT+ people say at the West Leeds Activity Centre?

The young people at West Leeds described the past 18 months as an “emotional rollercoaster”. This wasn’t the case for everybody, but lockdowns had been very difficult when families weren’t supportive of the young people’s sexuality.

People often said they didn’t like school because of bullying, but that online learning had been very hard or impossible to engage with too.

The LGBT+ young people at West Leeds talked about social media and the negative effects it could have on mental health, although it was also an important way for them to keep in touch with friends.

Support from community organisations had been a big positive during the pandemic and had helped the young people to stay mentally well. On the whole, traditional mental health services hadn’t been felt to be as helpful. People would love to see more offers around mental health targeted more specifically at groups of people to help them make the first step towards care and treatment, as well as shorter waiting lists at CAMHS.

More LGBT+ friendly community youth groups were another way we could make Leeds happier and healthier for the young people in West Leeds. They would also like to see youth group leaders get support with their digital skills so these are as up to date as their own, as well as opportunities to do non-competitive sports and learn fun and practical skills.

West Leeds Men's Network

The Big Leeds Chat roadshow headed to Bramley Community Centre to meet the West Leeds Men's Network run by Barca. The group meets regularly so members can share conversation over a cup of tea and a biscuit.

About **10 people** joined us for this Big Leeds Chat.

What did people at West Leeds Men's Network say?

Mental health was an important topic for the men at the Men's Network – both their own and their loved-ones. Lockdowns and the pandemic had been tough for some (although others noted upsides like the peace and quiet that let them hear birds singing).

Some of the group had found online services and platforms a really useful way to look after their health, but there was a lot of acknowledgement that many people aren't able to use digital options at the moment.

A number of people in the group said they had had a tough time getting support from primary care options like GP surgeries and 111, in part because appointments seemed scarce. A couple of the men also told us that they had either lost the one-to-one support they had once had, or the path they had to follow to get one-to-one support had felt quite complicated.

What next steps did our decision-makers take away from their chats?

“Why do charities have to justify their funding? and continually bid for funds? What about their services users?”

“Access to GP and triage - frustrating to repeat same situation/story every time. Digital appointments and booking system doesn't always work for some individuals”

“Mental health - opportunities to talk (not specific services).”

Wetherby

We went to Wetherby Town Hall.

42 people joined us for this Big Leeds Chat.

What did people say in Wetherby?

By far and away the biggest health and care issue people in Wetherby told us about was a lack of access. Often this meant getting through to the GP surgery to book an appointment (although a few people also told us they'd been waiting for secondary care for some time). For many in Wetherby, being able to see the GP face-to-face was an important part of connecting with primary care. There seemed to be a sense that remote care was part of a general scaling-back of GP availability.

That said, a few people also took pains to say how good their surgery had been over the pandemic. Whichever angle people approached primary care access from, one thing was consistent: people clearly placed a huge amount of value on their GP.

Some people mentioned that they were worried new housing would put a strain on overstretched infrastructure, including healthcare and already unpleasantly congested roads. It was very much felt that public transport needed improvement, not least because of the air pollution afflicting the area and its residents.

A few people also mentioned how expensive housing was in Wetherby, expressing the hope that cheaper options would be made available.

Finally, six of the people we spoke to in Wetherby told us about a bereavement they had suffered since the start of the pandemic. For this and other reasons (not least isolation), some people's mental health had declined in recent months. For Wetherby residents, getting mental health support often means travelling to Leeds or York – which can entail relying on a bus service few seem to have confidence in.

What next steps for Wetherby did this chat inspire in our decision-makers?

“Mental health support group required for Wetherby”

“[Wetherby needs] more flexible bus services at peak time”

“Need to consider how we link cross-border”

DRAFT

Woodsley & Holt Park

The Big Leeds Chat roadshow took us to OPAL, Rainbow Junk-tion and Little London. OPAL supports older people to live happy, healthy, informed lives in their own homes while Rainbow Junk-tion is an independent pay-as-you-feel community café that aims to reduce food waste, feed hungry people and build community.

A total of **23 people** took part in these Big Leeds Chats.

What did people say in Woodsley and Holt Park?

During our chats at OPAL, Rainbow Junk-tion and Little London, we heard a lot about how the pandemic had put a strain on people's mental health. The isolation and uncertainty really took its toll on many, although a few others said that working had helped them keep a much-needed sense of stability.

Parents told us about how hard the pandemic had been on children and young people's mental health, and it had been tough keeping them entertained during the long days of home-schooling. People would like to see much more for locals of all ages (but especially children and families) to do in the area, and thought organised spaces and activities might be a really useful and sensitive way to support everyone to look after their physical and mental health.

Housing is an issue for local people in Woodsley and Holt Park. Sometimes, lockdowns had shown up the inherent difficulties of house shares and closely packed housing units, with residents with less space seeing their relationships with neighbours and housemates come under strain. Other people shared that their house wasn't suitable to their needs, but they'd found other options unaffordable or they hadn't been given high enough priority by Housing Options to have a chance of moving any time soon.

It was clear that lots of Woodsley & Holt Park residents loved to see local people coming together to support one another, and some of the people we spoke to told us they were volunteers for community organisations.

What next steps for Woodsley & Holt Park did this chat inspire in our decision-makers?

“I heard about the isolating impact of pandemic and the challenges of non face-to-face mental health support. We need to consider how we support those who feel isolated, especially in terms of access to telephone/remote services.”

“Consider neighbourhood assets & geography as barriers to healthy lifestyles and isolation”

“Power of volunteering. Woman was so active because she lives alone.”

DRAFT

York Road

We went to the Heritage Day celebrations at Gipton Old Fire Station to meet up with local residents.

23 people joined us at this Big Leeds Chat.

What did people say in the York Road area?

On the whole, people in the York Road area felt they'd more or less "managed" during the last 18 months (although that wasn't universal, of course). Home-schooling was widely agreed to have been hard, and many of the people who chatted with us had kept working throughout the pandemic. Sometimes, job changes and home-working had made life a little easier, although long hours meant some people didn't have as much time as they'd like to look after themselves through things like exercise and social clubs.

One key downside people had noticed in recent times, however, was trouble getting primary care. While again there were exceptions, a number of residents told us getting to speak with a GP had been very difficult, and a couple of residents said NHS 111 hadn't worked for them at all.

People were particularly keen to see more spaces and activities to keep young people happy and well, with some saying it would be great to have more mental health support for everyone, children in particular. Two people also said men would benefit from more support.

There was a widespread feeling that community centres and groups were hugely valuable to everyone's wellbeing. In fact, a couple of people told us they had been coming to Gipton Old Fire Station for 40 or 50 years, and some called in on a near-daily basis.

What next steps for the York Road area did this chat inspire in our decision-makers?

"Improve access to exercise & community activities for working people on low wages."

"Check how health visitor access has been in Leeds - do we know?"

“Identify investments: we need more fantastic community venues like the Old Fire Station that brings diverse people together.”

“Ensure we keep investing in activities & support for families to reduce crime & anti-social behaviour.”

DRAFT

Your Space Leeds

Your Space Leeds is a project run by Mindwell in Holbeck to offer social groups, walking groups, workshops and healthy living activities.

15 people joined us for this Big Leeds Chat.

What did people say at Your Space?

One of the key things people at Your Space felt would help their health and wellbeing was community groups. Some people told us they felt there needed to be more for young children and their parents in particular, while others explained how important opportunities to socialise and get out of the house were to their mental health. Some people had managed to stay in touch with friends and loved ones online during the pandemic, but others pointed out that they preferred face-to-face conversations or couldn't use the internet at all.

There was also interest in activities that would help people improve their English and other skills.

We heard about worries about crime in the area discouraged people – especially women – from going out at night, with some pointing out it was important activities felt safe to go to. Sex work and drug crime were the two worries people cited the most.

The challenges of looking after children at home during lockdowns while also balancing work and other commitments came up in a number of our conversations at Your Space. Work – both the positives it offered during lockdowns but also worries about finding it – came up particularly often during our chats at Your Space. People sometimes talked about ongoing money worries, as well as how much they had valued the help they had had from their community during lockdowns.

What next steps did this chat inspire in our decision-makers?

“Access to MH support services, especially for young children/child. Need face to face support for young people/post natal mums. Listening to first-time mums and taking on board their concerns and anxieties.”

“Significant concerns about:

- Access to MH services and support
- Safety in the local area - feel vulnerable as a lone women (with a young child) when outdoors, even in daylight.”

DRAFT

Acknowledgements

We would like to say a huge “thank you” first and foremost to the hundreds of people who joined in the Big Leeds Chat 2021 all around the city. Yet again, the people of Leeds were extremely generous with their time, thoughts and ideas, and we hope to do you all justice with the work we do as a city following on from your conversations with us.

Huge thanks also to all the decision makers and chat makers who gave their energy and time to make the Big Leeds Chat happen in 2021. It was no mean feat to go out and do over 40 chats at a time when we were all still dealing with the effects of the pandemic, so we are immensely grateful to all the professionals who took part at what was a very busy time.

And finally, thank you to you for reading this report! We hope it fuels your own ideas for making Leeds a happier and healthier place to live.

DRAFT

This page is intentionally left blank



Report of: Penny Allison, Communications Lead, NHS Leeds CCG

Report to: Leeds Health and Wellbeing Board

Date: 28 April 2022

Subject: Developing the NHS Leeds CCG Annual Report 2021-22

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

Summary of main issues

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale. As part of this, one of the requirements is for CCGs to review their contribution to the local joint health and wellbeing strategy and to consult with the Health and Wellbeing Board in preparing them.

The NHS Leeds CCG annual report includes analysis of its contribution to the Leeds Health and Wellbeing Strategy 2016-21 as part of the performance analysis section of the annual report. This analysis is included in section 1.2.7 of the report.

As national timescales do not align with the Leeds Health and Wellbeing Board meetings, this report outlines the process to be followed in para 2.5 in line with what was agreed for the previous years, to ensure that HWB members are appropriately consulted.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the process to develop the NHS Leeds CCG draft annual report.
- Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

1 Purpose of this report

- 1.1 The purpose of this report is for the Health and Wellbeing Board to note the process of developing the NHS Leeds CCG Annual Report 2021-22 as national timescales do not align with the Leeds Health and Wellbeing Board meetings

2 Background information

- 2.1 NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.

- 2.2 The annual report has three sections:

- Performance Report, including an overview and detailed analysis
- Accountability Report, including a corporate governance report, CCG members' report, statement of the Accountable Officer's responsibilities, governance statement and remuneration and staff report
- Annual Accounts

- 2.3 One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

- 2.4 To fulfil this requirement, NHS Leeds CCG will include in its draft annual report for 2021-22 a section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' which the Board members will be consulted on. We have a well-established process for collating and presenting this information. When benchmarking with other CCGs, we are confident we provide the most comprehensive update that showcases our contribution to help deliver the ambitions of our health and care system.

- 2.5 As NHSE national timescales do not align with the Leeds Health and Wellbeing Board meetings, the following process will be followed, in line with what has been agreed for previous years, to ensure that HWB members are appropriately consulted:

- 11 April 2022 – Executive Member to be briefed on the draft performance report
- 12 - 22 April 2022 – Health and Wellbeing Board members to receive the draft performance report via email to provide comments/feedback.
- 26 Apr 2022 – The NHS Leeds CCG draft annual report to be submitted to Department of Health and Social Care
- 28 Apr 2022 – Draft annual performance report to be retrospectively noted at HWB meeting.

3 Main issues

- 3.1 NHS Leeds CCG considers effective partnership working to be fundamental to the way we do our business and will reflect this throughout our annual report.

- 3.2 NHS Leeds CCG is represented on the Leeds Health and Wellbeing Board. We actively supported the Joint Strategic Assessment (JSA) to identify the current health and wellbeing needs of local communities and highlight health inequalities to improve the health of the poorest the fastest.
- 3.3 We consider ourselves to be full partners in commissioning health and care services for the benefit of local people, actively supporting the 12 priority areas of the Leeds Health and Wellbeing Strategy 2016-21.
- 3.4 Members will be given the opportunity to contribute to this year's annual report. as outlined in the process for para 2.5.
- 3.5 Although CCG annual reports follow a formal prescribed framework, in keeping with previous years, we will also publish a more accessible summary version that reviews some of our achievements, how we have involved citizens and how we have allocated our budget.

Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 All CCG annual reports must demonstrate how they have met their statutory duty to involve the public in our commissioning activity. The guidance, for reference purposes, is as below.

“Please explain how the CCG has discharged its duty under [Section 14Z2 of the NHS Act 2006 \(as amended 2012\)](#) to involve the public (individuals and communities you serve) in commissioning activities and the impact that engagement activity has had. This includes designing and planning, decision-making and proposals for change that will impact on individuals or groups and how health services are provided to them. It is a statutory requirement to demonstrate how this duty has been met in your annual report.”

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The annual report will include a contribution from our equality lead demonstrating how the CCG has met its duty to the equality, diversity and inclusion agenda. The CCG annual report will also aim to demonstrate how NHS Leeds CCG contributes to reducing health inequalities either through the work of the Health and Wellbeing Board or through local schemes, often at neighbourhood level, through its member GP practices.

4.3 Resources and value for money

- 4.3.1 The CCG annual report will be a published document that provides an open and transparent reflection on our performance over the year. It also offers taxpayers the opportunity to see how we have made use of our publicly-funded resources.

4.4 Legal Implications, access to information and call In

- 4.4.1 There are no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 A risk register is held and regularly monitored by NHS Leeds CCG.

5. Conclusions

5.1 The process in developing the NHS Leeds CCG draft annual report for 2021-22 will aim to ensure that the Leeds Health and Wellbeing Board are still engaged in a timely manner when national timescales do not align with Leeds Health and Wellbeing Board meetings. This gives members a chance to contribute to this particular statutory requirement as part of the wider prescribed set of guidelines that govern the preparation and presentation of the CCG annual report.

6. Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the process to develop the NHS Leeds CCG draft annual report.
- Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

7. Background documents

7.1 NHS Leeds CCG draft annual performance report 2021-22. The CCG's contribution to the Leeds Health and Wellbeing Strategy is described in section 1.2.7

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

The annual report of NHS Leeds CCG will highlight joined up working to reduce health inequalities, outlining plans, targets and achievements.

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

The annual report provides a narrative on how NHS Leeds CCG has worked in partnership to help create and sustain a high-quality health and care system.

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

The annual reports outlines how the CCG is working in partnership across the Leeds health and social care economy as part of the wider ICS and Leeds Plan process.

Future challenges or opportunities

Not Applicable

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	

NHS Leeds CCG Annual Report 2021-22

1.2.7 Health and wellbeing strategy

In accordance with section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007, we have consulted with members of the Health and Wellbeing Board before completing and submitting this section of our annual report.

The Health and Wellbeing Board has prioritised improving the health of the poorest the fastest and has an ambition to be the best city for health and care. The Leeds Health and Wellbeing Strategy 2016-21 is rooted in connecting people, communities and places and a social model of health. This means that we recognise the role of the wider determinants of health alongside the need for excellent health services.

The CCG has played a key role in delivering the strategy. We have a strong partnership with a greater focus on prevention, early support and care closer to where people live where appropriate to do so. We have supported and led on a number of local programmes that link in with the NHS Long Term Plan – for example local care partnerships – and we have part funded the city's neighbourhood networks and older people's networks in the community.

Together with Leeds City Council, we commission services in an integrated way, have several joint appointments and our working cultures and practices are increasingly aligned. Tackling health inequalities is embodied in our commissioning strategy and supported by the CCG Governing Body – there is more information about this area of our work in section 1.2.5. We played a key role in developing the city's [health inequality framework](#). We have also employed staff to specific roles within the organisation to support this area of work, including a specific clinical lead GP role for health inequalities and named leadership within strategy and planning.

However, despite some fantastic work to date, good health and prosperity in our city is still not felt by all. Health inequalities were already worsening before coronavirus but the pandemic has significantly and disproportionately impacted the physical and mental health of some groups and communities more than others. Although, as a system there are areas where we have got things right and are making a difference, we would like to learn from these things and do more of them in a systematic way.

We know that addressing health inequalities is no longer about doing the 'extra things' but about a focus on inequalities in everything we do. Improving health services needs to happen alongside achieving financial sustainability, making the best use of the collective resources, and working more purposefully in an integrated way to ensure we improve the health and wellbeing of the people of Leeds. As well as a shared ambition, we need a clearly defined and shared work programme to collectively own and deliver. This work programme also needs people-centred outcomes and indicators that are jointly owned and which can be used to measure our success not just in the here and now but also improving the health and wellbeing of the Leeds population over a longer time period.

In November 2019, the CCG committed on behalf of the city's health and care partners to lead the development of the 'Left-shift Blueprint' as one of the contributions towards delivering our collective partnership ambition. During the past 12 months, we have engaged with partners and the public to develop this strategy and have started to put it into action. Now called the [Healthy Leeds Plan](#), it sets out how health and care services will be delivered in Leeds over the next five years. It describes the health outcome ambitions we are aiming to improve, along with measures that will help us demonstrate how we are making progress. For all of our objectives, we aim to be as good, if not better, than the England average and to reduce the gap between Leeds and deprived Leeds by 10%. There is more information about the plan in section 1.1.5 on page x.

The development of the Healthy Leeds Plan is just the start of our integration journey. As the CCG makes the transition to becoming the Leeds Office of the West Yorkshire Integrated Care System (ICS) in July 2022, we will continue to play a key role in the Leeds health and care partnership. Our focus will be on working with all our health and care partners to deliver the plan, making a real change to the people living in our communities and addressing the health inequalities that currently exist, so that we can achieve our citywide vision of being 'a healthy and caring city for all ages where people who are the poorest improve their health the fastest'.



Report of: The Health Protection Board

Report to: Leeds Health and Wellbeing Board

Date: 28 April 2022

Subject: Leeds Health Protection Board Report

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

Summary of main issues

The purpose of this report is to update the Health and Wellbeing Board on key Health Protection Board priorities, achievements and areas of focus for 2022/23. The report will look back at what the health protection system helped to achieve in the Covid-19 response and other significant infectious disease incidents experienced in the city.

The role of the Leeds Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2015). Since 2014 the Leeds Health Protection Board, chaired by the Director of Public Health, has been leading programmes of work focusing on identified emerging health protection priorities for Leeds. It was agreed by the board in 2020 to amend the responsibilities of the board to reflect the priority of managing the pandemic response.

Throughout the Covid-19 Pandemic, from the first confirmed case in Leeds to 'Living with Covid', the health protection system, under the governance of the Health Protection Board has developed the Local Outbreak Management plan, providing solid and consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The system has provided evidence based and coordinated action as the pandemic unfolded, providing intelligence led decision making, mobilising services to minimise transmission and protect the most vulnerable.

In addition, the Leeds Health Protection Board has worked to ensure that arrangements are in place to protect the health of communities, meeting local health needs across Leeds through the development of robust assurance frameworks. This includes associated reporting systems, strengthened governance arrangements, development of the Leeds outbreak and pandemic plans and weekly updates to system leaders on surveillance of circulating infections.

The Board continues to monitor the health status of our population in relation to other key health protection priorities many of which have been exacerbated by Covid-19. The emerging health protection priorities that require focused attention disproportionately affect those people living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics, the impact of Covid-19 and health inequalities when planning programmes and monitoring progress on priorities.

The Board identified that good progress has been made in all priority areas prior to the pandemic but that Covid had deepened inequalities and impacted on the progress made. The Board recommended that the following priorities are taken forward as a health protection system.

Health Protection Board priorities for 2021-2023:

- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To review the Leeds outbreak plan
- To tackle antibiotic resistance in Leeds
- To Increase uptake of childhood immunisations in areas of low uptake
- Increasing uptake of Flu and Covid vaccination
- Reduce excess winter deaths in Leeds

Recommendations

The Health and Wellbeing Board is asked to:

- Endorse the Health Protection Board's report.
- Note and discuss the key progress made against the priorities previously identified in the 2018 Health Protection Board report.
- Support the new priorities identified by the Health Protection Board for 2021/23.
- Consider and comment on how the Health and Wellbeing Board 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 this report is to update the Health and Wellbeing Board on key Health Protection Board priorities, achievements and areas of focus for 2022/23. The report will look back at what the health protection system helped to achieve in the Covid-19 response and other significant infectious disease incidents experienced in the city.
- 1.2 Throughout the Covid-19 Pandemic, from the first confirmed case in Leeds to 'Living with Covid', the health protection system, under the governance of the Health Protection Board has developed the Local Outbreak Management plan, providing solid and consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The system has provided evidence based and coordinated action as the pandemic unfolded, providing intelligence led decision making, mobilising services to minimise transmission and protect the most vulnerable.
- 1.3 Covid-19 has exposed the deep inequalities that exist between different population groups and areas in Leeds. A wider system approach was mobilised targeting outbreak prevention interventions for people who had been worst affected by the virus, including people from ethnic minority communities and those living in the most deprived areas. The Marmot review 'Building Back Better' along with local intelligence is used to inform proactive activities across the city with the focus on health inequalities which aim to improve the health of the poorest fastest

2 Background information

- 2.1 In March 2014, the Leeds Health and Wellbeing Board agreed to establish the Leeds Health Protection Board in line with Department of Health recommendations. The role of the Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2014).

The Board undertakes the Leeds City Council duties under the Health and Social Care Act 2012 to:

Be assured of the effective and efficient discharge of its health protection duties;

Provide strategic direction to health protection work streams in ensuring they meet the needs of the local population;

Provide a forum for the overview of the commissioning and provision of all health protection duties across Leeds.

The Board is chaired by the Director of Public Health. Members represent Leeds City Council services including Environmental Health, Resilience and Emergency, and Adults and Health. Other organisations represented include Public Health England, NHS Leeds CCG, GP Confederation, Leeds Teaching Hospitals (LTH), Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Health Trust (LCH), and NHS England. Each organisation has a responsibility and

accountability for the city's health protection risks and the key performance indicators. Regular updates are provided on key areas;

- Communicable Disease Control
- Infection Prevention & Control
- Environmental Health
- Emergency Preparedness, Resilience and Response
- Screening
- Immunisation

3 Main issues

- 3.1 The Leeds Health Protection Board report is the first report since the onset of the Covid-19 pandemic and provides an overview of the Health Protection Board Covid-19 response, status of wider priorities focusing on protecting people of Leeds including infectious diseases, environmental hazards and other threats to health. This report will highlight the current position, key achievements and targets for the period of 2020- 2022, with recommended actions for the next 12 months.
- 3.2 The COVID-19 pandemic has placed unparalleled demands on the health protection system, our response has vividly demonstrated our resilience and ability to respond in a fast paced, rapidly accelerating situation responding innovatively with rigor and going the extra mile with determination and grit.
- 3.3 Many services faced unprecedented disruption including social care, care homes, education settings and workplaces. Our strong and robust health protection arrangements in Leeds were able to be scaled up to respond at pace, rapidly building on existing system.
- 3.4 As we move into this next phase of 'Living with Covid-19' the Health Protection Board will continue to prioritise and work with communities as the focus moves towards protecting those most vulnerable to Covid. This includes encouraging people to adopt safer behaviours by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as flu or a common cold.
- 3.5 It is also critical that the Board recognises the impact of Covid-19 on deepening inequalities and works to address this whilst also developing confidence in our communities to return to working and socialising differently and safely. As a Board, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.
- 3.6 Whilst we learn to live with Covid-19 it is important to remember that the pandemic is not over. As we transition into this next phase we need to continue to be vigilant for new variants and surges and be ready to respond whilst also

prioritising wider health protection priorities such as increasing childhood vaccination uptake, tackling TB, and addressing the health impacts of poor air quality. We will continue to work closely with our UK Health Security Agency colleagues locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.

- 3.7 As we have seen through Covid-19, there is inequality in the level of risk that different individuals and groups are exposed to. Health Protection risks and issues reveal these inequalities, just as Covid 19 has done. This report is a reminder of the range of communicable disease and environmental risks which we need to address as part of Covid Recovery.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 Health Protection Board membership includes representation from third sector organisations representing local populations.

4.2 Equality and diversity / cohesion and integration

- 4.3 While there are no direct Equality/Diversity/Cohesion or integration implications of this paper, all organisations concerned are actively involved in work in this area, and the raising of the standard of quality care in the city contributes directly to access and equality issues. In addition, some migrant population groups can bear a disproportionate burden of infectious diseases, this has been particularly evident during the pandemic and also relevant for TB, HIV, hepatitis A and B. The Health Protection Board has ensured that programmes are designed to meet the specific needs of migrant population groups in Leeds working with the Leeds Migrant Health Board, third sector, interpreting services and specialist services.

4.4 Resources and value for money

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

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 Health Protection Board works to ensure that they continually strengthen their approach to understanding the health protection risks in Leeds. The Health Protection Board, as a sub-group of the Health and Wellbeing Board, has an assurance role to ensure that the city identifies health protection risks across the system and agrees plans to mitigate against these risks. The Board ensures that the system is prepared to respond to health protection risks, for example, the Covid 19 pandemic. The Board utilises a robust evidence base to inform the

health protection system when managing risk and tackling health and wellbeing inequalities.

5 Conclusions

The Board continues to monitor the health status of our population in relation to other key health protection priorities many of which have been exacerbated by Covid-19. The emerging health protection priorities that require focused attention disproportionately affect those people living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics, the impact of Covid-19 and health inequalities when planning programmes and monitoring progress on priorities.

The Board identified that good progress has been made in all priority areas prior to the pandemic but that Covid had deepened inequalities and impacted on the progress made. The Board recommended that the following priorities are taken forward as a health protection system.

Health Protection Board priorities for 2021-2023:

- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To review the Leeds outbreak plan
- To tackle antibiotic resistance in Leeds
- To Increase uptake of childhood immunisations in areas of low uptake
- Increasing uptake of Flu and Covid vaccination
- Reduce excess winter deaths in Leeds

6 Recommendations

- Endorse the Health Protection Board's report.
- Note and discuss the key progress made against the priorities previously identified in the 2018 Health Protection Board report.
- Support the new priorities identified by the Health Protection Board for 2021/23.
- Consider and comment on how the Health and Wellbeing Board 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

7.1 Health Protection Board Report 2022

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

The growing health protection challenges such as Covid-19 and other emerging infectious diseases, air pollution and antimicrobial resistance are driven by a diverse range of factors from environmental change, urbanisation and the widening gaps between the least and most deprived communities. These health protection threats to health are not equally shared; marginalised populations experience extremes of poor health due to a combination of poverty, social exclusion and increased burden of risk factors.

The Health Protection Board has been working to focus on the emerging health protection priorities that require focused attention and which disproportionately affect at risk groups and those living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics and the impact of health inequalities when planning programmes and monitoring progress on priorities.

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

The Health Protection Board works to create a high quality health and care system through an established assurance framework and health protection dashboard where risks and gaps are addressed; through the provision of leadership to deliver a one system approach; coordination of the health protection system to establish clear roles and responsibilities and assessment of emerging trends which can be assessed and communicated to system leaders to inform priority setting.

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

The Health Protection Board helps to have a financially sustainable system through ensuring there is emphasis on collaboration between organisations when commissioning and planning health protection programmes, promoting cross-sectoral partnerships that help create healthy and resilient people and communities and agreeing joint priorities, gaps, risks and plans to address.

Future challenges or opportunities

Health Protection Board priorities for 2021-2023:

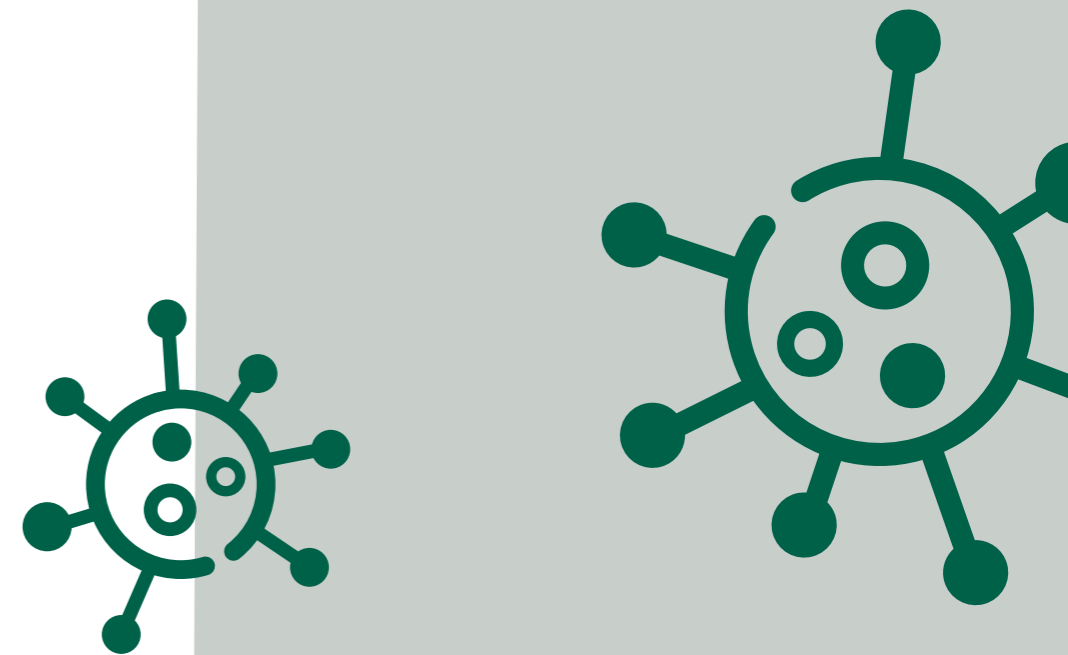
- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To review the Leeds outbreak plan
- To tackle antibiotic resistance in Leeds
- To Increase uptake of childhood immunisations in areas of low uptake
- Increasing uptake of Flu and Covid vaccination
- Reduce excess winter deaths in Leeds

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

This page is intentionally left blank

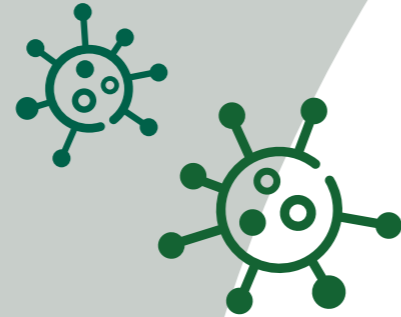
Leeds Health Protection Board Report 2022



teamleeds



Contents



Foreword	3
Introduction	4
Leeds City Council Health Protection Team	5
UKHSA role	7
Environmental Health Service	8
Infection Prevention and Control Service	10
The Health Protection Covid-19 response	12
Covid-19 vaccination uptake	15
Health Protection incident response	17
Hepatitis A outbreak in a school	17
Avian influenza incident	18
Tackling antibiotic resistance	19
Air quality and health	21
Winter wellbeing	23
Reducing TB	25
Childhood immunisation	27
Cancer screening	29
Influenza vaccination	31
Acknowledgements	33

Foreword

This Leeds Health Protection Board report is the first report since the onset of the Covid-19 pandemic. It provides an overview of the Health Protection Board Covid-19 response as well as the status of wider priorities focusing on protecting the people of Leeds including infectious diseases, environmental hazards, and other threats to health. This report will highlight the current position of health protection in Leeds, key achievements, and targets for the period of 2022-2023, setting out recommended actions for the next 12 months.

Page 111 The Covid-19 pandemic has placed unparalleled demands on the health protection system. Our collaborative response has vividly demonstrated our resilience and ability to respond in a fast-paced, rapidly accelerating situation. We have stepped up to the challenge innovatively and with rigor, going the extra mile with determination and grit.

Throughout the pandemic, many services faced unprecedented disruption including social care, care homes, education settings and workplaces. Our strong and robust health protection arrangements in Leeds were able to be scaled up to respond at pace, rapidly building on existing systems.

I am incredibly proud of our response to this public health emergency and how the health protection system and local communities worked together to protect the most at risk from Covid-19.

As we move into this next phase of 'Living with Covid-19', the Health Protection Board will continue to prioritise and work with communities as the focus moves towards protecting those most vulnerable to Covid-19. This includes encouraging people to adopt safer behaviours by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as influenza or a common cold.

It is also critical that the Board recognises the impact of Covid-19 on deepening inequalities and works to address this whilst also developing confidence in our communities to return to working and socialising differently and safely. As a Board, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.

While we learn to live with Covid-19 it is important to remember that the pandemic is not over. As we transition into this next phase, we need to continue to be vigilant for new variants and surges and be ready to respond whilst also prioritising wider health protection priorities such as increasing childhood vaccination uptake, tackling TB, and addressing the health impacts of poor air quality. We will continue to work closely with our UK Health Security Agency colleagues locally and nationally to monitor the local position, manage outbreaks and respond to any new variants of concern in line with national and local guidance.

As we have seen throughout the pandemic, there is inequality in the level of risk that different individuals and groups are exposed to. Health protection risks and issues reveal these inequalities, just as Covid-19 has done. This report is a reminder of the range of communicable diseases and environmental risks which we need to address collectively as part of the recovery of the Covid-19 pandemic.

Victoria Eaton

Director of Public Health



Introduction

Purpose of this report

The purpose of this report is to update the Health and Wellbeing Board on key Health Protection Board priorities, achievements and areas of focus for 2022/23. The report will look back at what the health protection system helped to achieve in the Covid-19 response and other significant infectious disease incidents experienced in the city.

Recognising that the Health Protection Board has membership from across the health protection system, this report will take the opportunity to shine a spotlight on four key areas of the health protection system to aid understanding of how different parts of the system work together and contribute to health protection. In future reports we will take the opportunity to focus on the other parts of the health protection system including the vital role of the third sector, who are a new member of the Health Protection Board.

The Health Protection Board first identified health protection priorities in 2015 for Leeds and reviews these regularly to ensure that partnership activity remains focused. A work plan and dashboard have been developed and endorsed by members of the Board. 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 through a health protection indicators report.



Background information

In March 2014, the Leeds Health and Wellbeing Board agreed to establish the Leeds Health Protection Board in line with Department of Health recommendations. The role of the Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2014).

The Board undertakes the Leeds City Council duties under the Health and Social Care Act (2012) to:

- Be assured of the effective and efficient discharge of its health protection duties;
- Provide strategic direction to health protection work streams in ensuring they meet the needs of the local population;
- Provide a forum for the overview of the commissioning and provision of all health protection duties across Leeds.

The Board is chaired by the Director of Public Health. Members represent Leeds City Council (LCC) services including Environmental Health, Resilience and Emergency, and Adults and Health. Other organisations represented include UK Health Security Agency (UKHSA), NHS Leeds Clinical Commissioning Group (CCG), GP Confederation, Leeds Teaching Hospitals Trust (LTHT), Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Health Trust (LCHT), and NHS England.

In 2021, as the pandemic unfolded, the Health Protection Board reviewed the membership to include third sector representation recognising the significant role of the third sector in working with communities through community engagement approaches, supporting people to isolate, build confidence and gain access to testing and vaccinations.

Each organisation has a responsibility and accountability for the city's health protection risks and the key performance indicators. Regular updates are provided on key areas;

- Communicable Disease Control
- Infection Prevention and Control
- Environmental Health
- Emergency Preparedness, Resilience and Response
- Screening
- Immunisation

Health Protection Board Covid-19 response

Throughout the Covid-19 pandemic, from the first confirmed case in Leeds to 'Living with Covid-19', the health protection system, under the governance of the Health Protection Board, has provided solid and consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The system has provided evidence-based and coordinated action as the pandemic unfolded, providing intelligence-led decision making, mobilising services to minimise transmission and protecting the most vulnerable.

Covid-19 has exposed the deep inequalities that exist between different population groups and areas in Leeds. A wider system approach was mobilised, targeting outbreak prevention interventions for people who had been worst affected by the virus, including people from ethnic minority communities and those living in the most deprived areas. The Marmot review 'Building Back Better' (2020) along with local intelligence is used to inform proactive activities across the city with the focus on health inequalities which aim to improve the health of the poorest fastest.

Health Protection Board priorities for 2022-23

- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To review the Leeds Outbreak Plan
- To tackle antibiotic resistance in Leeds
- To Increase uptake of childhood immunisations in areas of low uptake
- To Increase uptake of influenza and Covid-19 vaccination
- Reduce excess winter deaths in Leeds

Health Protection Board priorities going forward

The Board continues to monitor the health status of our population in relation to other key health protection priorities, many of which have been exacerbated by Covid-19. The emerging health protection priorities that require focused attention disproportionately affect those people living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics, the impact of Covid-19 and health inequalities when planning programmes and monitoring progress on priorities.

The Board identified that good progress has been made in all priority areas prior to the pandemic but that Covid-19 had deepened inequalities and impacted on the good progress made. The Board recommended that the above priorities are taken forward as a health protection system.

Leeds City Council Health Protection Team



The Public Health Health Protection Team are part of the Adults and Health Directorate within Leeds City Council. Their role contributes to the delivery of the outcomes of the Leeds Health and Wellbeing Strategy and supports the implementation and delivery of the Best Council Plan and the Leeds Inclusive Growth Strategy.

The service is led by the Director of Public Health and their role is to ensure strong and robust Health Protection system leadership with effective outbreak management processes are in place to monitor disease, prevent harm and protect the health of the population of Leeds.

The team works in close partnership with a range of key partners such as the UK Health Security Agency, Environmental Health, Emergency Planning, NHS screening, vaccination and immunisation teams; NHS England public health commissioning team; NHS Leeds Clinical Commissioning Group; Leeds Community Healthcare Trust (Infection Prevention and Control), local health, social care and third sector providers.

Throughout 2021/2022, the team has focused heavily on responding to demands of the Covid-19 pandemic through providing strategic advice, guidance and updates to the wider system, developing and managing strong surveillance systems, coordinating a robust outbreak management response, and proactively using evidence-based approaches to develop interventions to support the most vulnerable.

Page 113

Health Protection

Our Golden thread and main priorities



Communicable Disease Control and Infection Control

Ensure a cohesive, proactive, and responsive Infection Prevention and Control System that is able to respond to outbreaks and incidents



Tackling Antibiotic Resistance

Lead partnership action to improve appropriate use of antibiotics, in order to protect their effectiveness in the future



Tackling Tuberculosis

Improve awareness in order to increase screening and treatment targeting under-served populations



Emergency Preparedness, Response and Resilience

Develop and test plans for public health emergencies and incidents ensuring they are coherent with local NHS plans



Air Pollution and Health

To ensure a collaborative approach for action to address impact of air pollution on health



Vaccination and Screening Programmes

Working collaboratively to ensure the safe and effective delivery of vaccination and screening programmes prioritising under-served populations

Principles and Purpose

- Cross Council and external partners
- Prepared, Ready and Resilient
- Reducing Inequalities
- Assurance
- Surveillance
- Responding
- Management and Leadership
- Prevention and Early Detection
- Evidence Based

Leeds City Council Health Protection Team

Focus for
2022-23

Alongside supporting the reset and recovery across the system from the Covid-19 pandemic, the Leeds City Council Health Protection Team will continue to focus on the team priorities;

Achievements



- Developed new surveillance and reporting systems and processes to review trends in data, monitor outbreaks, and kept key partners updated regarding the most recent surveillance and data, what actions are being taken and key messages to share.



- Proactively worked with a wide range of existing and new partners throughout the pandemic to coordinate outbreak management response processes across the city by prioritising support for high-risk settings and protecting the most vulnerable.
- Provided advice and guidance to the wider system and managed an enquiries inbox, providing high quality and timely responses to enquiries received.
- Played a vital role in the supporting the development and delivery of the

Covid-19 vaccination programme in Leeds through coordination of the 'Leaving No One Behind' programme. This programme focused on supporting vaccine uptake for those in areas of deprivation, social inclusion groups and those who are most at risk from illness and mortality from Covid-19.

- Led the local response to the national test and trace service.
- Worked in partnership with regional and national colleagues to ensure a coordinated Covid-19 response.
- Provided an intelligence led deployment of testing services ensuring they were accessible for our local communities.
- Played a pivotal role in the response to variants of concern with surge testing and surge vaccinations.
- Provided leadership to hundreds of incident management meetings for complex Covid-19 outbreaks, supporting services to implement control measures preventing further spread into the community.
- Established systems to respond to large volumes of enquiries from the public, wider workforce and Elected Members providing evidence based and current advice in extraordinary circumstances.



1. To provide Health Protection assurance and leadership to the wider system.
2. To ensure that Leeds has a competent surveillance and enquiry system for managing communicable diseases.
3. To maintain effective prevention, incident and outbreak response including treatment programmes for all communicable diseases of local concern.
4. To ensure that health protection work programmes are embedded in local systems to support reducing health inequalities.
5. Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations.
6. Ensure a cohesive proactive and responsive infection prevention and control system is in place that is able to respond to outbreaks and incidents.
7. Tackling Blood Borne Viruses.
8. Ensure Leeds has one system approach to improve appropriate use of antibiotics in order to protect their effectiveness.
9. Ongoing Covid-19 Response and Management.
10. To optimise the role of Leeds City Council in increasing uptake of vaccination and screening in areas of deprivation and underrepresented groups.
11. To ensure a collaborative approach for action to address impact of air pollution on health.
12. Reducing the impact of adverse weather on health.



UKHSA role

Who we are and what we do

The UK Health Security Agency (UKHSA) was created in 2021 by combining the health protection functions of Public Health England (PHE) with NHS Test and Trace. The merger brought together our world-leading public health science and expertise, cutting-edge capabilities in data analytics and genomic surveillance, and at-scale testing and contact tracing capability.

The regional Health Protection Teams (HPTs) have remained in place through the transition and the Yorkshire and Humber HPT have built a strong relationship with Leeds City Council and other local partners. This partnership working allows UKHSA to take a strategic view of the wider public health system while providing support and guidance tailored to local needs.

This goes beyond outbreak response and includes proactive and preventative work linking with health improvement, as we know that those individuals and communities with existing inequalities often also have the biggest burden of health protection challenges.

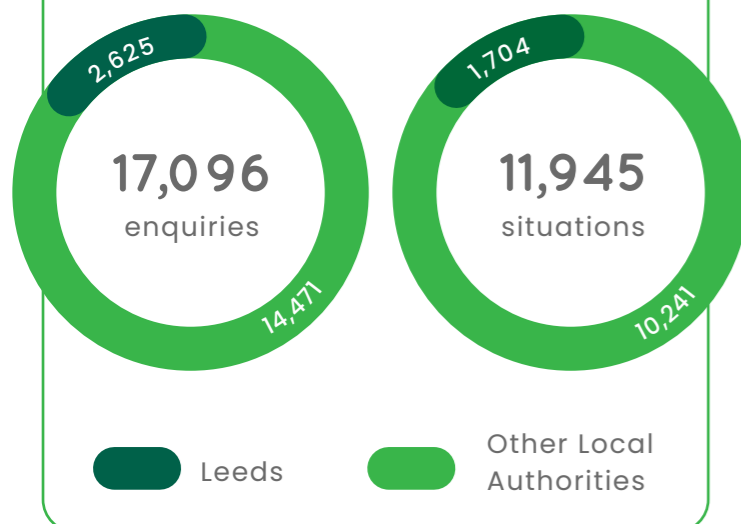
Covid-19 response

The Covid-19 pandemic placed unprecedented demands on the HPT. The situation necessitated a rapid expansion of the team and the implementation of new structures and data flows, all in the context of a highly dynamic situation and frequent changes to national guidance. Since the pandemic began the team have dealt with just under 17,000 enquiries and managed 12,000 situations. As the largest population centre in Yorkshire and Humber, a significant proportion of these were in the Leeds area. We've worked closely with the local authority and other local health partners to monitor the local position, manage outbreaks, minimise spread, and keep schools and other settings open when possible while protecting the clinically vulnerable.

Avian Influenza

The past few months have seen the UK record a high level of avian flu (H5N1) incidents. Yorkshire and Humber was one of the most affected regions with over 40 incidents reported. Although often associated with rural areas, large urban areas like Leeds are also at risk, particularly from wild birds in parkland or nature reserves. We've worked with the local authority, Clinical Commissioning Group and pharmacies to produce a comprehensive Avian Influenza response plan for Leeds, meaning that exposed individuals can be monitored and get the prophylaxis they require 7 days a week.

Covid-19 enquiries and situations managed by the UKHSA Yorkshire and Humber Health Protection Team



Priorities going forward

Transition

Building a new organisation has been a complex task and there has been much work ongoing over the last few months to integrate systems, processes, ways of working and policy. This work will continue, including developing further the network of local, national and international relationships needed to promote health security.

The aim is that within the year UKHSA will complete its transition process and become a fully established organisation.

Covid-19

Although restrictions have been lifted in line with the Living with Covid framework, Covid-19 rates remain high in the community. While we have much better protections with vaccinations and treatments, we will still need to be vigilant. In particular UKHSA will continue to develop surveillance and genomics capabilities and technologies to identify and analyse Variants of Concern early and respond rapidly to reduce transmission. UKHSA will also work with local partners and the NHS to take action to reduce inequalities from the impact of Covid-19 on different communities and ensure that all members of the community are (as far as possible) equally protected from the disease.

AMR

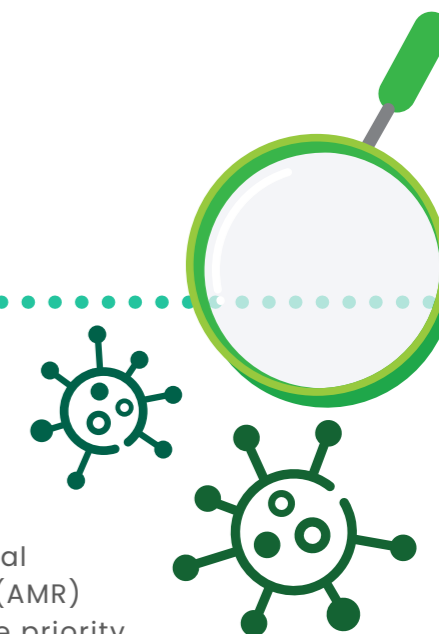
Antimicrobial resistance (AMR) is one of the priority areas for UKHSA. We will be supporting the government's goal to contain and control AMR through delivery of the commitments in the UK National Action Plan for AMR 2019 to 2024, including international commitments. Leeds has already been extremely proactive in this area, with the recent re-establishment of the antimicrobial stewardship (AMS) steering group.

Air Quality

UKHSA's remit also extends to environmental threats, and air quality is another priority area, as described in the cross-government Clean Air Strategy. UKHSA will lead a programme of work supporting the strategy, including developing the evidence base on air quality impacts on health, improving how these are communicated and supporting behaviour change at local, regional and national levels.

Health Inequalities

The Covid-19 pandemic has highlighted, and in some cases exacerbated health and social inequalities. We also know groups of lower socio-economic status are consistently at higher risk of infectious diseases, AMR, and lower vaccination rates. UKHSA will work closely with our sister agency the Office of Health Improvement and Disparities (OHID), Integrated Care Systems (ICSS) and local partners to build a whole system approach to health protection that does not just focus on specific diseases, but the people and communities they affect.



Environmental Health Service



Leeds City Council Environmental Health Service

Public health is at the heart of all environmental health action and aims to help individuals and communities to stay safe and well by protecting them from threats to their health and wellbeing, as well as improving their quality of life. The Environmental Health Service works to make healthy choices the easy choices, and to reduce inequalities in health.

The Coronavirus pandemic, along with growing public awareness, and greater scientific understanding, of the impacts of the physical, built and natural environment on human health, have pushed environmental protection up the public and political agenda.



Page 116

Leeds City Council Environmental Health Service – Our Role

The Environmental Health Service continue to deliver a wide range of statutory and regulatory functions including:



Food safety and integrity

There are 8,234 food businesses in Leeds, the third largest food authority in the country.



Health and safety

The Environmental Health Service are responsible for enforcing health and safety regulations at approximately 17,500 commercial premises across Leeds, including shops, offices, restaurants, warehouses, nurseries, animal petting farms, fitness clubs, tattooists, and body piercers.



Air quality monitoring and pollution control

There is a network of monitoring sites across Leeds providing local data on a range of airborne pollutants.



Animal health and welfare

As well as regulating welfare conditions at kennels, equestrian centres and dog breeders, the service is also responsible for ensuring the health of livestock entering the food chain.



Infectious disease investigation and control

Leeds is one of the only local authorities in the country which has a Communicable Disease Control Nurse embedded within the Environmental Health Service. This ensures rapid and joined up action to identify and prevent the spread of infectious diseases.



Regulating the built environment and large-scale events

The Environmental Health Service act as the consultee to Planning Services on environmental protection and public health issues such as air quality, noise, dust, vibration, odour and light nuisance that may be caused by, or impact on proposed developments.

Environmental Health Service



Risks

As a major regional economic centre, Leeds is a growing and expanding city, with several major infrastructure projects and large-scale developments. This growth leads to expanding pressures on Environmental Health Services from the increased number of food, commercial, and workplace premises the authority is required to inspect and regulate. There is also the concurrent increase in premise licence applications, nuisance complaints, requirements to regulate industrial activities, and monitor increasingly stricter limits on air quality in the city. Work is ongoing within the service, with the support of partners, to ensure resources are in place to meet service demands.

Achievements

The Environmental Health Service played a key role in the city's Coronavirus Outbreak Management Plan, supporting workplaces and organisations to maintain safe working environments and ensuring compliance with Covid-19 safe measures and restrictions. During the course of the pandemic the service responded to 2,200 Covid-19 enquiries from the public and local businesses.



2,200
Covid-19 enquiries from the public and local businesses

The Service committed to ensuring every workplace and organisation experiencing an outbreak could access support and advice on infection prevention and control. Working with partners within the Council, UKHSA, and the NHS our officers physically visited over 250 workplaces and organisations with ongoing outbreaks, ranging from Small and medium-sized enterprises to large manufacturing operations, offices, Universities, Further Education colleges, schools, and prisons. The service provided essential support to ensure outbreaks were controlled, workers were protected, and hundreds of businesses were enabled to continue to supply key services, products, and infrastructure.



Focus for 2022-23

Building on and consolidating effective partnerships will be key in delivering the shared vision for protecting and improving public health in Leeds:

- **Air Quality** – Working with partners to make better use of air quality monitoring data to provide forecasts and health alerts to Leeds residents, especially those most affected by poor air quality
- **Lead exposure in children** – Liaising with UKHSA and LCC partners to identify and remove sources of lead in the home in cases of children most at risk and presenting with signs of elevated blood/lead levels
- **Continue to support health protection strategies** and contingency planning linked to animal health including avian influenza and AMR
- **Supporting the Leeds Food Network**, promoting access to nutritious and affordable food and providing food safety training to people working in food banks
- **Living with Covid-19** - To develop action plans to mobilise a rapid response in the event of localised outbreaks

Infection Prevention and Control Service



Current position

Leeds Community Healthcare (LCH) NHS Trust continues to place infection prevention at the heart of safe care and clinical practice, and we are committed to a “zero tolerance” approach to preventable healthcare associated infection. Throughout 2021/2022 the Infection Prevention and Control (IPC) Team have worked tirelessly in response to the Covid-19 pandemic and the waves of infection that were experienced with reference to Omicron. LCH IPC Team have worked in close partnership with the Health Protection Team at Leeds City Council, with a ‘Cooperation Partnership Agreement’ in place detailing the commissioning arrangements.

During 2021 the IPC Team was restructured and upskilled to meet the service demand due to the impact of Covid-19. This has seen a 50% increase in staffing levels and as a result of this a wide provision of specialist knowledge and support has been provided to the healthcare economy of Leeds.

Page 118

Achievements

Throughout the past year the team have mobilised a 7-day service to support and work with care delivery staff both working within LCH and the wider health economy, to promote a clear message emphasising the importance of safe infection prevention practice, in specific response to the pandemic.



We have continued to build the strong foundation we have in place prior to the pandemic around collaborative working, in response to testing, providing Covid-19 vaccinations and liaising with colleagues in public health at Leeds City Council in relation to outbreaks. The team supported with ad hoc vaccination events such as ‘Women’s Only’ events and a ‘Taxi Driver’ initiative.



50%
increase in
staffing levels



Alongside many of the normal activities we undertake we have continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for.

Throughout the year we have supported and provided specialist advice to LCH staff as well as other providers such as schools, nurseries, care homes, workplaces and many more.



Infection Prevention and Control Service

Achievements



The IPC team celebrated national Hand Hygiene in May 2021 where the team met with members of staff and patients across the trust to share positive messaging around the effectiveness of hand hygiene. In October 2021 we launched National IPC Week covering many topics including; sharps safety, sepsis, influenza and the gram negative blood stream infections (GNBSI's) agenda and improved hydration.

In January 2022 the IPC team vaccinated 62% frontline staff for influenza. Innovative methods were used to engage with staff as well as a booking service to provide a safe environment for uptake of the vaccine.

62%
frontline staff
had flu vaccine



Throughout 2021 the IPC team have continued to provide an enhanced service to Care Homes and Adult Social Care. During the undulating months and peaks of infectious periods the team have supported up to 80 locations at any one time with active outbreaks of staff and or residents testing positive for Covid-19.

80
locations supported
at any one time



Training and education was a fundamental basic provision to care homes during this period to ensure they had the relevant skills and knowledge base and as part of the enhanced structuring of the service an 'IPC Clinical Educator' was appointed.



Focus for 2022-23

The prevention of Healthcare Acquired Infection is a key priority for Leeds Community Healthcare IPC Team. It will remain a priority to continue to enhance the partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with Leeds City Council. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders and keeping the patient at the centre of healthcare delivery.

Risks

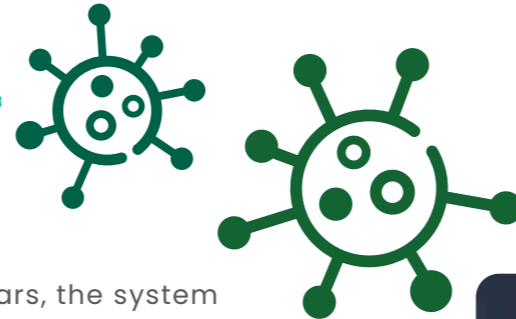
- Hand hygiene
- Reinforce that IPC is "everyone's responsibility" across the healthcare economy
- Hydration Awareness
- Promote the I-Spy E.coli Campaign and overall strategy around GNBSI's reduction
- Address seasonally important issues such as influenza and Norovirus
- Sepsis and Deterioration
- Highlight sharps safety compliance, both organisationally and with the general public
- PPE and Fit testing provision
- Environmental audits and continued use of Medical E-Governance (MEG)
- Resetting training to support services during the pandemic



The Health Protection Covid-19 response

The past two years have been like no other. Covid-19 has more than ever demonstrated the importance of cross system working, building on existing robust systems and services to protect the people of Leeds.

- Victoria Eaton, Director of Public Health Leeds.



Current position

The Covid-19 pandemic has been an unprecedented situation, posing the biggest challenge ever to health protection in Leeds.

Over the last two years, the system has been required to navigate its way through surveillance, testing, contact tracing, isolation and vaccines while also addressing health inequalities and focusing on those communities most at risk. The pandemic exposed health inequalities and exacerbated existing ones; those already experiencing hardship were much more directly affected and the impact of social isolation was magnified.

The Leeds Outbreak Management plan

The Leeds Outbreak Management plan was developed as a whole system response to the pandemic to prevent the transmission of Covid-19 through a combination of interventions and measures to minimise harm, keep people safe, protect vulnerable people and minimise poverty and inequalities. The plan was overseen by the Leeds multi-agency Covid-19 response and recovery arrangements, with the Director of Public Health at the heart, along with the Health Protection Board.

From the first confirmed case in Leeds to the current time, the health protection system has provided consistent leadership through intelligence-led decision making, co-ordinating and supporting incident management meetings, delivering infection prevention advice and supporting and mobilising services to minimise transmission and protect the most vulnerable.



In February 2022 the National Government announced the strategy 'Living with Covid-19', outlining how they will continue to protect and support citizens from Covid-19 whilst ensuring resilience and maintaining contingency capabilities. It included guidance on testing and encourages safer behaviours.

It is critical to develop confidence in our communities. The success of the vaccination programme in Leeds, together with access to treatments, means that we are able to move to a proportionate approach. However, the emergence of new variants will be a significant factor in determining the future.

The key facts about COVID-19 explained.

The latest guidance made simple for people across Yorkshire and the Humber

Book your free PCR test

Get your free COVID-19 vaccine

Plan and prepare for self-isolation



Vaccination

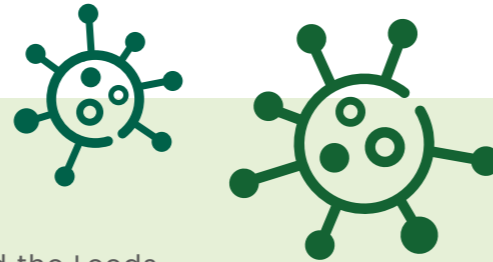
Protect yourself and others from COVID-19.

Vaccines explained

About COVID-19 vaccines

Book your free vaccine

The Health Protection Covid-19 response



Achievements

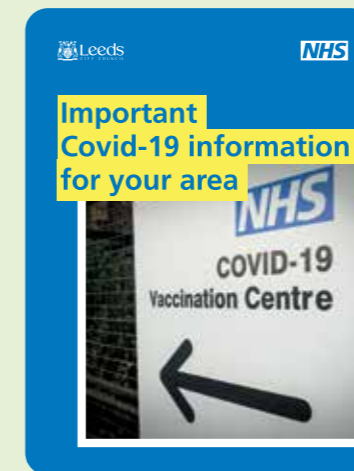
- Rapidly recruited to and scaled up the Leeds Community Health Trust Infection Prevention and Control Team, LCC Environmental Health and LCC Health Protection teams to ensure a resilient local health protection function.
- Led the system response to reduce the impact of significant outbreaks in care homes, education, and workplace settings through a robust incident management system.
- Developed an intelligence-led testing strategy with the deployment of mobile testing including pop-up testing facilities and surge testing to respond to local community need. New technology was harnessed to increase laboratory testing capacity and reduce turnaround time for results.



- Established the Leeds Contact Tracing Service to contact people who had not been contacted through the national NHS Test and Trace system to offer support to isolate.
- Worked with trusted community organisations to support people to isolate, ensure effective community engagement working with communities to support people and to address barriers.
- Used innovative thinking and new technologies to develop a local surveillance system that informs a timely response to outbreaks and incidents (HP STAR – Surveillance, Tracking and Reporting).
- Provided daily surveillance and reporting of Covid-19 cases and incidents to system leaders to aid rapid decision making.
- Provided proactive infection control training and support to schools, nurseries, and care homes to build confidence in the workforce.
- Developed Joint Working Agreements including surveillance reporting with all six local universities, education establishments, vulnerable high-risk settings, UK Health Security Agency, LCC Public Health, Leeds Clinical Commissioning Group and local support services.
- Established the Communities of Interest Network as a response to Covid-19, supporting third sector organisations to work together to address health inequalities.



- Worked with trusted community organisations to support the development and dissemination of messaging to ensure the community voice was heard and barriers were addressed, ensuring a more efficient targeting of resources.



- Interpreted rapidly emerging public health evidence to protect staff working in high-risk and vulnerable settings.
- Led the development of a LCC Public Health Single Point of Contact system and process for the system to alert us of incidents and outbreaks.
- Delivered an inclusive and accessible vaccine programme with a focus on health inequalities 'Leaving no one behind', with delivery of the first local Covid-19 vaccine dose on 8th December 2020.



STAY HOME PROTECT THE NHS SAVE LIVES

To the householder,

Are you finding it hard to get help and support?

During this Coronavirus pandemic, Leeds City Council is working with Voluntary Action Leeds and local organisations to provide additional support to ensure everyone is able to get the help they need.

Am I eligible for help?

You can receive help and support from us if you do not have family or friends that can help and –

- You are finding it difficult to leave your home to shop for food, medicines and other essentials
- You are an individual or family that is self-isolating due to a member of the household feeling unwell (high temperature and/or new persistent cough).
- If you can afford to pay for your essentials then you should pay. However, we do have arrangements in place for those that cannot afford to pay.
- You have a health condition and have been advised by the NHS to self-isolate
- You have been advised to stay home in line with national guidelines

For all other Coronavirus help and advice please visit www.leeds.gov.uk/coronavirus

- By washing your hands for 20 seconds...
- By keeping a 2 metre distance...
- By wearing a face mask...
- By self isolating if you have symptoms...
- OPEN: You are keeping the businesses of Leeds open.
- Thank you for supporting the city. #TogetherLeeds

The Health Protection Covid-19 response

Focus for 2022-23

Achievements



2,200

Covid-19 enquiries from the public and local businesses regarding control measures, responded to by Environmental Health, who provided support to 250 workplaces to control workplace outbreaks and responded to 186 complex referrals from the Local Contract Tracing Service.



40+

outbreaks per day in care settings at the peak of the pandemic, which were responded to swiftly by **Leeds Community Healthcare NHS Trust Infection Prevention and Control Team**.



100

people a day offered support to isolate by **Leeds Contact tracing service**, established specifically to contact those who had not been contacted through the national NHS Test and Trace system.



254,2426

PCR tests cumulatively undertaken for Leeds as of 1st March 2022.



1,671

people were surge tested. This was facilitated by community door knockers to identify variants of concern.



Risks



Moving forward the emphasis will be on learning to live with Covid-19, balancing the relative risk of Covid-19 infection in a population with high levels of immunity from vaccination and natural infection, with the need to address deepening public health challenges and health inequalities.

We will need to consider the management of Covid-19 alongside other respiratory illnesses in high risk groups and settings and how best to integrate Covid-19 as part of a broader approach to outbreak prevention and management. This includes balancing the risks of social isolation for those previously shielding and increasing confidence and knowledge in antivirals and therapeutics.

Focus has now shifted to how best to protect high risk settings due to the high risk population and the environment itself, where transmission may happen due to mixing patterns/environment including care homes, home care, prisons, immigration centres, refuges and special educational settings.

There is much that is still uncertain including our long term immunity and the emergence of future strains and a solid testing infrastructure and clear guidance from the government will continue to be crucial. Covid-19 will remain unpredictable for the next 18 months to two years so we will need to remain vigilant in monitoring for:

- An increase in Covid-19 related hospitalisations
- An increase in Covid-19 intensive care admissions
- New variants of concern driving infection rates
- An increase in all age all cause mortality.

- To ensure people are supported as we move into 'Living with Covid-19' and that we respond with compassion and kindness and our Team Leeds ethos.
- Work with communities to build confidence and help everyone live with the virus safely.
- Health Protection Board to refresh roles and responsibilities for outbreak management and response across the system.
- To work closely with UKHSA locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.
- Proactively plan for scenarios including Covid-19 and Flu co-circulating, new variants of concern, surge in cases and be prepared to stand up a response within 5 days.
- Closely monitor local surveillance.
- In line with UKHSA guidance move towards mainstream integrated management of Covid-19 alongside other respiratory illnesses by the autumn.
- Focus long term community engagement and proactive messaging with communities in the context in which people live their lives.
- Ensure uptake of vaccinations is maximised in all communities and across all geographies including for Covid-19, Flu and childhood immunisations, providing intensive support and building confidence in those areas and social inclusion groups with low uptake.

#CovidVaccine is available for free on the NHS to those who will benefit, but please be patient



The NHS will start with those who need it most.



They will let you know when it's your turn to have the vaccine.



It's important not to contact the NHS for it before then.



Be kind to key workers and support the NHS



Covid-19 vaccination uptake

Current position

Key Dates

The Leeds vaccination programme has developed through a collaborative approach between partners to provide accessible vaccination opportunities for the population of Leeds.

8th Dec
First vaccine given in Leeds

24th Dec
All care home residents vaccinated by PCN

4th Jan
First second dose given in Leeds

Bilal vaccination centre began

Bespoke leaflet created for faith leaders to be able to share key messages within faith settings

Want to Know More training sessions developed for professionals to promote the vaccine

Vaccine clinic at Leeds City College with ESOL students

Letters written to dispersed migrants and refugees to promote the vaccine and other health care services

1 millionth vaccine administered

First workplace clinic

24th Sept
First booster dose given in Leeds

Outreach clinics in the community delivered by Bevan Healthcare to increase delivery in trusted venues in areas of low uptake

Evergreen group established

Workforce vaccinations started at Thackray Museum

Primary Care Network (PCN) delivery start to JCVI cohorts

Bevan Healthcare start delivering vaccine to social inclusion groups

Community Champions model and microgrants for community organisations implemented to support local conversations to promote uptake

Roving bus model started to take vaccine out to areas of low uptake

Leaving No One Behind group formed to address health inequalities

Women only clinics delivered after insight highlighted a local need

Community organisations host pop up stalls in areas of high footfall to promote vaccine and testing offer

York St John and BHI report produced on vaccine hesitancy

School vaccination programme initiated

Community pharmacy programme increases

Taxi driver clinics delivered at Woodhouse Community Centre, a further clinic was delivered in Jan 22

NHS Cultural Diversity post commenced



Citywide approaches

The first Covid-19 vaccination hub was set up by Leeds Teaching Hospital Trust at the Thackray Medical Museum to vaccinate health and care workers. As the programme widened to cater for the wider population, the hub was moved to Elland Road where over 450,000 vaccines have been delivered. Leeds and York Partnership Foundation Trust used a range of approaches such as; setting up a vaccination hub at The Mount for their staff and service users, deploying mental health and learning disability staff to deliver vaccines during home visits and in local trusted venues and developing bespoke resources for service user groups who have traditionally found it more difficult to access/engage in services. Community pharmacies have played a crucial role in providing a localised offer across a wider geographical coverage and have delivered approximately 300,000 vaccines.

CASE STUDY

Covid-19 vaccination uptake

Achievements



Leaving No One Behind programme

The Leaving No One Behind programme aims to reduce health inequalities by focusing on the following priority areas; enhanced support to Primary Care Network's in areas of deprivation, supporting uptake in culturally diverse groups, localised communications strategies to address misinformation and vaccine hesitancy, targeted work with those most vulnerable to Covid-19 (over 60s, clinically extremely vulnerable cohorts and those most at risk), and the development of a plan to increase uptake of 1st dose vaccines.

'Leave no one behind', a fundamental principle underlying the Sustainable Development Goals, emphasises **three core elements**



Identify and profile the poorest and most disadvantaged



Prioritise them in reform of and financing of social programmes



Close their gaps in life chances as a result

Read more at odi.org #movingLNOBforward



Outreach engagement

Numerous outreach models have been used to ensure communities have good access to the vaccine. Leeds and York Partnership Foundation Trust and partners set up the Roving Vaccination bus, delivering over 4,000 vaccines between March – October 2021. Bevan Healthcare, Public Health and third sector organisations worked collaboratively to deliver vaccines in accessible local settings such as outside convenience stores, in school car parks, One Stop Centres, faith settings and food banks. Bevan Healthcare also worked with local organisations to offer the vaccine to targeted communities including sex workers, Gypsy, Roma and Traveller communities, drug and alcohol service users, homeless people, refugees and asylum seekers.



Community engagement

Community engagement has been key to ensuring that we work with communities to listen to needs and respond accordingly. HealthWatch Leeds and Third Sector partners have collated regular insight from communities regarding how they have been feeling during the Covid-19 pandemic.

Primary Care Network (PCN) delivery

The 19 Leeds PCNs (made up of 92 GP practices) played a significant role, delivering over 825,000 vaccines as of March 2022. Innovative approaches were used to support vaccine uptake, such as applying age friendly principles in clinic delivery, utilising taxi funds to support access to clinics and hosting Facebook live information sessions. The Burmantofts, Richmond Hill and Harehills PCN set up a vaccine clinic at the Bilal Centre in Harehills, delivering over 22,000 vaccines since March 2021. The Bramley, Wortley and Middleton and Seacroft PCNs used community venues to provide accessible clinics in trusted locations.

The Community Champions programme, led by Forum Central, has developed a skilled bank of volunteers who widely promote Covid-19 and health related messages and Covid-19 grants have also been given to local organisations to help support and promote the vaccine in areas of low take up.



CASE STUDY

Risks

- Low uptake of the Covid-19 vaccine
- Unknown future funding and delivery arrangements for the programme
- Vaccine complacency and Covid-19 fatigue
- Changes in guidance and policy for the vaccine programme
- Influenza and Covid-19 co-circulating

Focus for 2022-23

- Transitioning to the next phase of the programme to Live with Covid-19 and ensure ease of accessing the vaccine for key priority groups.
- To work with communities to build confidence in the Covid-19 vaccine and wider vaccine programmes with a focus in priority neighbourhoods, over 60's, those who are immunosuppressed, people from culturally diverse groups and where English is not their first language, people living in precarious accommodation and migrant population groups.
- Work with Primary Care Networks (PCNs) to identify good practice and opportunities to improve patient access.
 - Planning for variants of concern and Surges.

Health Protection Incident Response



CASE STUDY

Hepatitis A outbreak in a school

What is Hepatitis A?

Hepatitis A is a virus that causes an acute infection of the liver. It is spread through the faecal-oral route with faeces most infectious during the late incubation period and the first week of symptoms. Travellers to endemic countries risk exposure via contaminated food and water, in which Hepatitis A Virus can survive for up to ten months. Secondary transmission is often seen in households, schools and nurseries. The incubation period from infection to presentation of symptoms is 15–50 days and the infectious period lasts from two weeks before the onset of symptoms until approximately one week after.

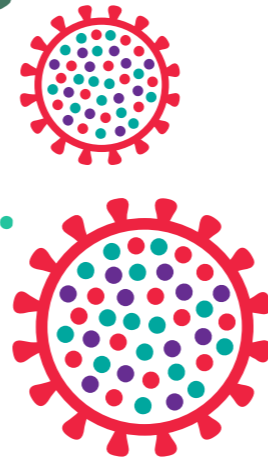
Symptoms vary by age, with younger children more likely to have no symptoms. Two thirds of children under 6 may experience diarrhoea and vomiting, one in ten will become jaundiced: a symptom more specific to infections of the liver.

In adults, three-quarters will experience jaundice, usually preceded by a flu-like illness. It is possible for symptoms to persist in a relapsing manner for up to a year. Hepatitis A Virus does not cause chronic infection, and infection confers lifelong immunity.

Most people will recover following mild symptoms; however, the infection can make people with existing clinical vulnerabilities very unwell.

Hepatitis A is now rare in the UK, but it is common in the developing world, with many cases associated with overseas travel. It is extremely prevalent in parts of Asia, Africa, and Latin America.

Early infection can be identified in blood and stool samples. Confirmation of Hepatitis A Virus is through detection of specific antibodies produced by the body to fight the virus in blood or salivary samples that persist for around three months after infection.



CASE STUDY

This outbreak involved six members of a household in Leeds – two adults and four children. All six family members had recently travelled to Afghanistan, where the Hepatitis A Virus is prevalent.

Following notification of two cases of Hepatitis A to the UK Health Security Agency (UKHSA) and given the epidemiological link (household contacts with travel history) between these two cases, an outbreak was declared in May 2021. Two further household members then developed symptoms shortly after and were confirmed cases of Hepatitis A Virus.

An Incident Management Team (IMT) was established involving a diverse range of members from UKHSA, Leeds City Council (LCC), NHS, and the school in which the children attended. All partners communicated and shared expertise effectively within the team.

As the prevalence of Hepatitis A is far higher in Afghanistan than the UK, it is most likely that 2–3 cases were a result of primary transmission in Afghanistan with 1–2 cases a result of secondary household transmission.

Initial hygiene and exclusion advice was provided to the cases and the immediate household, and Hepatitis A vaccination arranged for all household members.

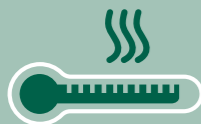
Close contacts in the school were identified and provided with information and advice through letters drafted by UKHSA and distributed to staff and parents/guardians by the school. All close contacts were also offered Hepatitis A vaccination – either via an immunisation session at the school or via their local GP. In total 32 higher risk close contacts (staff and children) were identified and all immunised.

Local GP surgeries were contacted to make sure they were aware of the situation. Those surgeries with registered close contacts who had been asked to have a vaccine with their GP were sent a letter outlining what the ask was and why it had been made.

LCC notified other local practices through the Clinical Commissioning Group (CCG), sharing a letter produced by UKHSA informing them of the situation. Wider communications beyond the school were not deemed necessary.

The outbreak was concluded when no evidence of further transmission within the school was known to the IMT. The IMT worked extremely well together, with all relevant members contributing to the successful outbreak response.

Hepatitis A Symptoms



Fever



Fatigue



Nausea



Loss of appetite



Jaundice (yellowing of the skin or eyes)



Stomach pain



Vomiting



Dark urine, pale stools and diarrhoea

Health Protection Incident Response



There is no bird flu vaccine – the seasonal flu vaccine doesn't protect against bird flu. Getting treatment quickly using antiviral medicine, may prevent complications and reduce the risk of developing severe illness.

Avian influenza incident

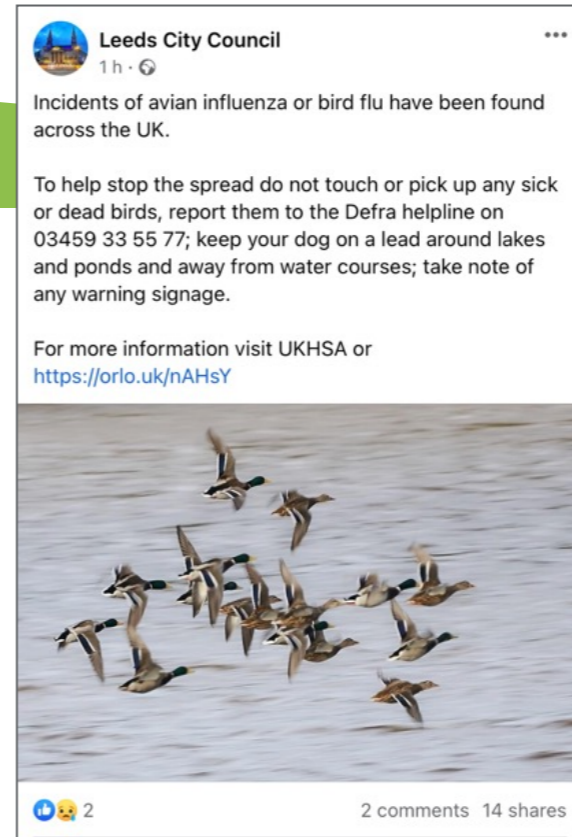
What is Avian Flu?

Avian flu, also known as bird flu, is a type of influenza that spreads among birds. The UK has recently been affected by outbreaks and incidents of the H5N1 strain of avian influenza in birds across the country. As a result, the Animal and Plant Health Agency (APHA) and the UK's Chief Veterinary Officer issued alerts to bird owners across the country to keep birds indoors and away from wild birds to limit the spread.

The risk to the wider public from avian flu continues to be very low; some strains of bird flu can pass from birds to people but this is extremely rare. In cases where it is spread to humans it is by close contact with an infected bird including touching infected birds/droppings, or killing/preparing infected poultry for cooking.

Achievements

Plans are in place to manage any suspected cases of bird flu in the UK. Leeds has an established multi agency plan for managing incidents of bird flu approved by the Health Protection Board in the form of a Standard Operating Procedure (SOP) – Responding to an Avian Influenza Outbreak. It has been created to facilitate the coordinating of partners to collectively respond to a local avian influenza outbreak on behalf of NHS Leeds CCG, Leeds City Council and UK Health Security Agency (UKHSA). In response to an outbreak, UKHSA may also convene an Incident Management Team (IMT) with the purpose of coordinating and managing the local response, with representation from key partners.



CASE STUDY

At the start of the year, the UK's chief vet urged poultry keepers to be vigilant as the country faced its largest ever outbreak of avian influenza. To date, there have been 83 cases of avian influenza H5N1 reported in England (UKHSA, March 2022).

Certain areas of Yorkshire were affected badly by Avian flu outbreaks; Thirsk has six sites where the virus has been found and in Whitby the decision was made for a Wildlife Sanctuary owner to cull approximately 440 birds to limit the risk of the disease spreading and to mitigate any potential risk to public health.

In January 2022, Leeds City Council confirmed an 'isolated number of cases' at Golden Acre Park, a beauty spot



covering 137 acres with a lake in the north of the city. This is the only incident we are aware of in Leeds and was concerning wild swans; however, the risk is relevant to all birds. Several press articles with urgent warnings calling for people not to pick up dead or sick birds were published locally.

A notice was put up in the park to inform the public of the virus, asking people to stick to designated footpaths and not to pick up any dead or visibly sick birds. The messages also specifically targeted dog walkers requesting they keep their dog on a lead around the lake and ponds and not to allow dogs into any of the water courses. Anyone who found dead wild birds was asked to report to the Defra helpline. More signage was erected at other larger parks in Leeds such as Roundhay Park, Pauls Pond and St. Aiden's for public awareness.

With direction from the Health Protection Board, the Health Protection Team developed a social media campaign consisting of basic messages to increase public awareness about avian flu in Leeds. Messages were agreed in collaboration with our partners – Environmental Health, CCG, UKHSA and LCC comms.

CASE STUDY

Avian flu symptoms

The main symptoms of bird flu can appear quickly and include:

Other early symptoms may include:



Tackling antibiotic resistance



Antimicrobial resistance (AMR) is the silent pandemic that is growing in the shadows. Before Alexander Fleming discovered penicillin in 1928, an infection from a simple cut could mean the end of life. Nearly 100 years later, the antibiotic safety blanket we live our lives with is being pulled from us.

- Aina Roca Barcelo

Current position

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.

The UK government has an Antimicrobial Resistance Strategy and Antimicrobial Resistance is on the Department of Health and Social Care's risk register. Action is required across all government sectors and society and antimicrobial stewardship is a national programme to take action to address drug resistant infections.

Leeds is fortunate to have national leaders in tackling antibiotic resistance working in the National Health Service, UK Health Security

Agency, Leeds Clinical Commissioning Group, Leeds University and Leeds City Council. Led by the Director of Public Health, these partners continue to work collaboratively to ensure that antimicrobial resistance continues to be a priority locally.

The graph below shows the number of antibiotic prescriptions prescribed in Leeds since November 2019. After the start of the pandemic numbers fell due to a fall in the number of people accessing GP services, however since summer 2021 numbers have risen again and we are now back at pre-pandemic levels. We will continue to monitor whether the pandemic has any longer term impact on antibiotic prescribing rates.

Leeds Antibacterials: Prescription Items per month



Leeds is part of the wider West Yorkshire Health and Care Partnership Integrated Care System Antimicrobial Resistance Steering Group – but we have also developed The Leeds Antimicrobial Stewardship Group for a local, place based, collaborative and system wide approach to address antimicrobial resistance in Leeds.



Tackling antibiotic resistance



Achievements

Due to the global Covid-19 pandemic, the Leeds antimicrobial stewardship meetings were paused for 18 months, although pockets of work continued within individual organisations.

The citywide meetings reconvened in October 2021 and the partners agreed to work together to relaunch the antimicrobial stewardship programme in Leeds and work collaboratively with the West Yorkshire and Harrogate Integrated Care System antimicrobial stewardship workstreams.

The first step undertaken locally in Leeds was to review and re-launch the antimicrobial stewardship action plan for 2019-2024. An updated draft has been developed and shared with the wider group for comment.



The first piece of work undertaken as part of the local action plan re-launch was to raise awareness and promote World Antibiotic Awareness Week (18th-24th November 2021). Here are some examples of the promotional work:

- The 'Seriously Resistant' campaign materials were shared across social media, staff bulletins and by community outreach teams by partners all across the city
- Winter wellness stalls were run by Infection Prevention and Control teams in high-risk areas
- Leeds Teaching Hospitals Trust are re-launching good antimicrobial stewardship practice including updating their guidelines, creating



'how to' guides and asking clinical directors to make pledges for the coming year

- A press release and blog post were arranged¹
- The Civic Buildings in Leeds were lit up blue on 24th November 2021 to mark the end of World Antibiotic Awareness Week



Help us keep antibiotics working:
seriouslyresistant.com

SERIOUSLY.

Footnotes

- ¹ <https://www.leedscg.nhs.uk/news/leeds-residents-urged-to-take-antibiotics-seriously-this-world-antibiotic-awareness-week-2/>
<https://www.westyorksrds.nhs.uk/waaw-blog-6>

Risks



Antimicrobial resistance is an increasingly urgent threat to global public health and remains one of healthcare's biggest challenges.

Antibiotics are becoming less effective as drug resistance increases which is leading to more infections that are difficult to treat.

The number of people who fall ill or die from infections will increase if we do not find effective tools to prevent and treat drug resistant infections and improve the access to appropriate use of existing and new antimicrobials.

We urgently need new antibacterials – however if we do not change the way that current antibiotics are used, then new antibiotics will soon become ineffective too.

Focus for 2022-23

The 3 priorities on the Leeds Action Plan are:

- Only taking antibiotics when needed to limit unnecessary use
- Promoting best practice when prescribing antibiotics to safeguard for the future
- Using research and technology to develop ways of working that support appropriate antibiotic use

Air quality and health

Clean air shouldn't be a privilege dictated by where you can afford to live but a right to which we are all entitled.

- Kevin de Leon

Current position

When we think of air pollution, we often think of smog and exhaust fumes – things we can see or smell. But air pollutants that are harmful to our health can also be invisible.

Urban air pollution is made up of particles and gases from natural and man-made sources. The two major components of air pollution are particulate matter (PM) and nitrogen dioxide (NO₂). Any amount of air pollution can damage our health.

The main sources of man-made PM are agriculture, the combustion of fuels (by vehicles, industry, and domestic properties) and other physical processes such as tyre and brake wear. Garden fires, wood burning stoves and BBQs also contribute to air pollution. Natural sources include wind-blown soil and dust, sea spray particles, and fires of natural materials.

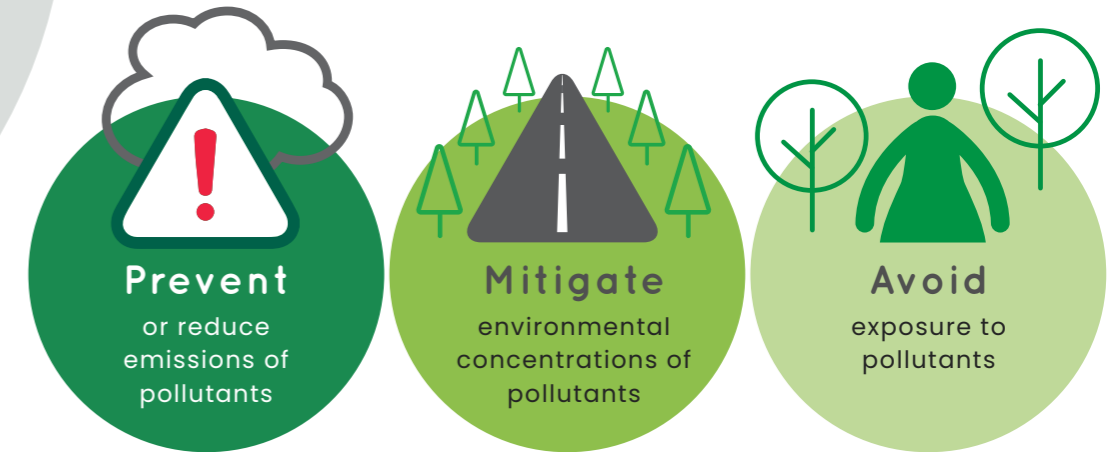
NO₂ emissions are largely the result of vehicles and transport, but other sources include power generation, industrial processes, and domestic heating.



Poor indoor air quality can be caused by heating and cooking at home, damp and mould, smoke and vapour, chemicals used for cleaning, and building materials.

The national Air Quality Standards Regulations require that the annual mean concentration of NO₂ must not exceed 40µg per cubic metre. The average annual mean concentration of NO₂ in Leeds is within these national standards. However, in 2021 the World Health Organisation recommended a new NO₂ emissions target of 10µg per cubic metre and a PM_{2.5} target of 5µg/m³.

Air pollution places an additional burden on many people and can be a contributory factor to morbidity and mortality.



Better Air Better Health

Improving air quality can deliver substantial health benefits. Reducing air pollution levels means reducing premature deaths and diseases from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases such as Chronic obstructive pulmonary disease and asthma.

Health effects of air pollution²

short-term effects

exacerbation of asthma

cough, wheezing and shortness of breath

episodes of high air pollution increase respiratory and cardiovascular hospital admissions and mortality

long-term effects

stroke

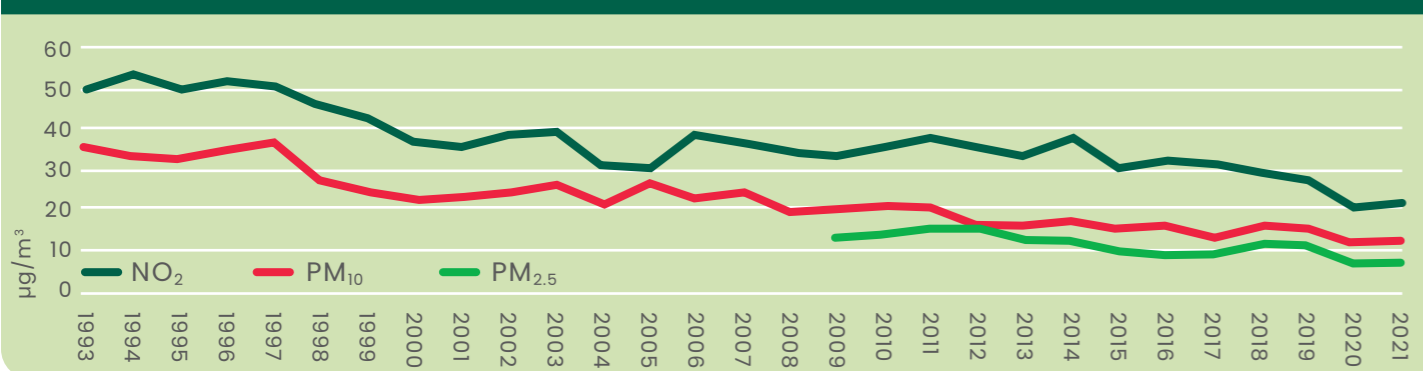
lung cancer

respiratory conditions

cardiovascular disease

reduced life expectancy

Leeds city centre pollution levels 1993-2021



Air quality and health



Achievements

The Health Protection Board supports national guidance on the role of Public Health in improving health outcomes in relation to air quality by:

- Being active in the **leadership and planning** for achieving improvements in air quality. This has included connections to active travel and reviewing the NHS vehicle fleet to identifying pollution reductions in Leeds.
- **Gaining a greater understanding of the local air quality profile** from air quality monitoring with local partners. The Board has developed a Leeds Atlas of the Strategic Health Asset Planning and Evaluation (SHAPE).

In partnership with the University of Leeds, Leeds City Council teams have secured several new monitors which can provide data on PM_{2.5} levels across the city.

- **Supporting the delivery of the Leeds City Council Air Quality Strategy 2021-2030.** The Leeds Air Pollution and Health Group has been recently re-established, with the aim of ensuring a collaborative approach for action to address the direct impact of air pollution on health in Leeds. Membership is cross-council and cross-sector.

The graph below shows the rapid growth of licensed plug-in cars and Light Goods Vehicles (LGVs) in different council areas according to the DVLA/Department for Transport.³



Risks

Air quality is the largest environmental health risk in the UK, shortening lives and contributing to chronic illness. Health can be affected both by short-term, high-pollution episodes and by long-term exposure to lower levels of pollution.

There are no safe levels of the main pollutants of concern (NO₂ and Particulate Matter) meaning that any reduction will achieve health benefits.

There is a clear public health case for continued action to improve air quality in Leeds as well as raising awareness about the health impact of air pollution to better inform key stakeholders, residents, and communities across the city to take action.

Focus for 2022-23

- Establish a greater understanding of the complex relationship between air pollution and health outcomes using a range of monitoring and reporting data.
- Raise awareness and promote to key health organisations the impact of air pollution on health and how they can contribute to this agenda.
- Communicate high pollution episodes to the public as well as health and social care services.
- Share evidence on air quality interventions for local government, public health, and the NHS to address the impact of air pollution on health.
- Educate health care professionals, schools' staff, parents and carers, workplaces across Leeds and the public on the impact of air pollution on health and mitigating actions to protect health.

By December 2021:

157

businesses/ organisations and



21

private hire drivers had trialled electric vehicles (EVs).



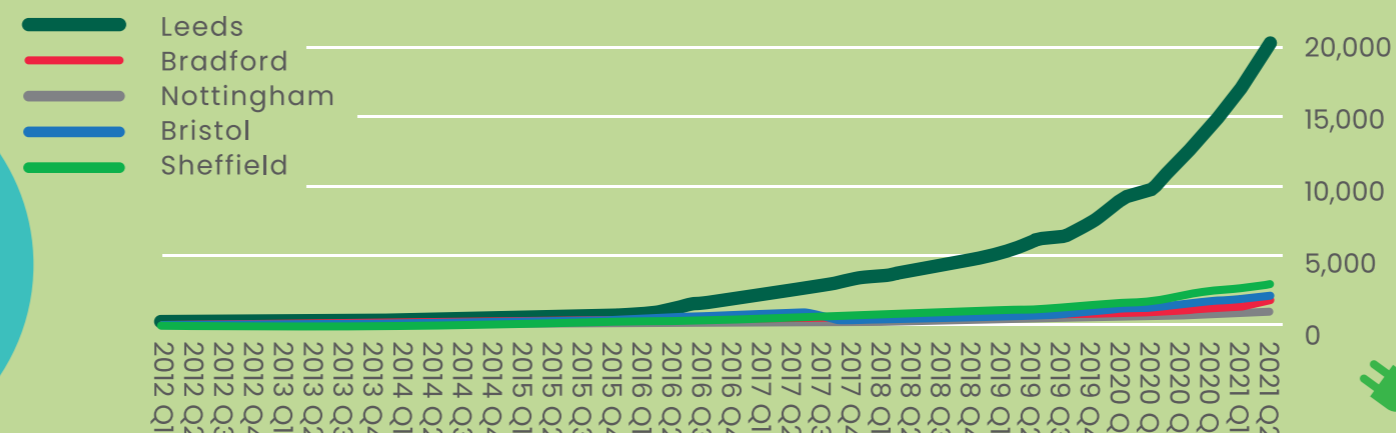
330,000

miles in EVs had been travelled in total, equating to an estimated carbon dioxide saving of over 70 tonnes.



Clean Air Leeds

Growth of licensed plug-in Vehicles³



Footnotes

- 1 Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869335/Review_of_interventions_to_improve_outdoor_air_quality_and_public_health-March_2020.pdf#:~:text=PHE%20carried%20out%20evaluations%20to%20distinguish%20between%20interventions,of%20interventions%20%28see%20Annexe%20A8%20for%20full%20details%29
- 2 Source: <https://ukhsa.blog.gov.uk/2018/11/14/health-matters-air-pollution-sources-impacts-and-actions/>
- 3 Source: <https://democracy.leeds.gov.uk/documents/s229404/Climate%20Emergency%20Report%20Appendix%20%20310122.pdf>



Winter wellbeing

Whilst extremely low temperatures can cause significant harm to health, even temperatures that appear to be mild (4°C–8°C) can have negative consequences for our health.

Current position

In addition to the increase in the number of deaths in England during the winter period, cold weather and drops in temperature increases the risk of heart attacks, strokes, lung illnesses, influenza and other diseases. People slip and fall in the snow or ice, sometimes suffering serious injuries. Winter weather can also impact on our mental wellbeing with people often experiencing depression and loneliness during colder months. There can also be an increased risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or poorly ventilated and worries of financial difficulties where energy and the cost of living is increasing.

Each year Public Health lead on a system wide winter prevention plan which aims to enable people to live healthier lives throughout periods of adverse and cold weather.

Key priorities:



Do you need energy or utility bill advice?

MIC MONEY INFORMATION CENTRE

Useful numbers for key services in Leeds, offering free, confidential and impartial advice on energy bills and utilities

Green Doctor
 ☎ 0113 238 0601
 ✉ greendoctorleeds@groundwork.org.uk
 🌐 www.groundwork.org.uk/services/green-doctor/

Money Buddies Energy Plus Service
 ☎ 0113 235 0276
 ✉ admin@egac.org
 🌐 www.moneybuddies.org.uk/services

Citizens Advice Leeds Energy Affordability Helpline
 ☎ 0800 448 0721
 🌐 www.citizensadvicingleeds.org.uk/energy-bills

Scope Disability Energy Support
 ☎ 0808 800 3333
 ✉ disability.energysupport@scope.org.uk
 🌐 www.scope.org.uk/disability-energy-support

Helping Leeds people with money problems

Achievements

Home Plus (Leeds)

Home Plus (Leeds) is a service aimed at enabling and maintaining independent living through improving health at home, helping to prevent falls and cold related health conditions.

From October to December 2021, Home Plus (Leeds) received over 1,000 referrals for the service, the vast majority of these (927) received some level of support with warmth in their home ranging from advice and assistance to repairs and servicing.



Fuel Poverty

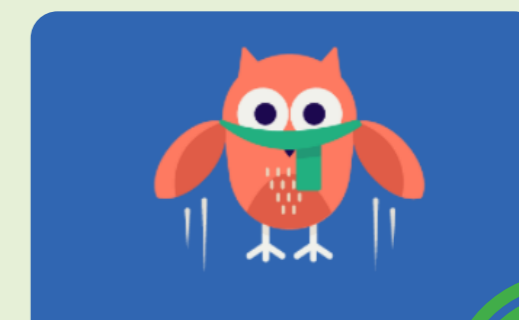
Leeds has been allocated an investment of £339,000 from the West Yorkshire Health and Care Partnership to work to tackle fuel poverty. Leeds has developed a new model for delivery to identify and support additional patients at risk of fuel poverty.

Winter Wellbeing Small Grants Scheme

For the tenth year running, Public Health provided funding to allow small/third sector organisations to develop projects in the community to meet the needs of those most at risk. In total, 37 applications were received with a total distribution of £54,031 in grants to the third sector.

Workforce Development Programme

A programme of resources was developed to support those working with people who may be at risk of negative impacts of cold to recognise, identify, signpost, and provide appropriate support. This year included online briefings alongside a short animation highlighting evidence-based interventions and services.



Walking tips for older people

Useful tips and advice from Age UK for helping older people safely walk more



Winter wellbeing



Achievements

Winter wellbeing Events

Part of a wider programme of work to help signpost and provide support to those most at risk to the negative impacts of cold.



Falls prevention - Strength and Balance

The Strength and Balance programme is delivered by Active Leeds and includes Strength & Balance Classes, Aqua Aerobics, Hydrotherapy and Thai chi. 6-week confidence building sessions across Leeds have been delivered.



75% of frontline organisations are concerned that there is a high risk that fuel debt will increase this winter as a direct result of the pandemic.

1/3 of British households are concerned about the health impacts of living in a cold home this winter and poor health associated with cold homes is likely to increase and contribute to widening inequalities in health for 2021. During winter 2022 we expect to see a detrimental impact on at risk groups due to the rising cost of energy and fuel leading to more people living in fuel poverty.

2.5m households across the UK said they were worried about paying their rent over the winter 2021, and 700,000 were already in arrears, according to the Joseph Rowntree Foundation.

* From Marmot Build Back Fairer



Risks

Cold weather presents risks to certain groups and the ongoing Covid-19 pandemic can add and pose additional risk to those who are clinically and socially vulnerable:

- people who are pregnant
- people living with frailty
- people with long term conditions including those with poor mental health
- those who are extremely clinically vulnerable
- children under the age of 5

On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year.

Focus for 2022-23

- To prevent and manage winter related diseases and infections in Leeds
- To support people living with frailty to reduce vulnerability to poor health during the winter period.
- To prevent the major avoidable effects on health in preparation for and during periods of cold weather in Leeds.
- To ensure Leeds has a skilled and confident system-wide workforce able to identify and signpost effectively based on evidence based, high impact interventions
- To reduce health inequalities by targeting interventions and services for those who are more vulnerable



Reducing TB



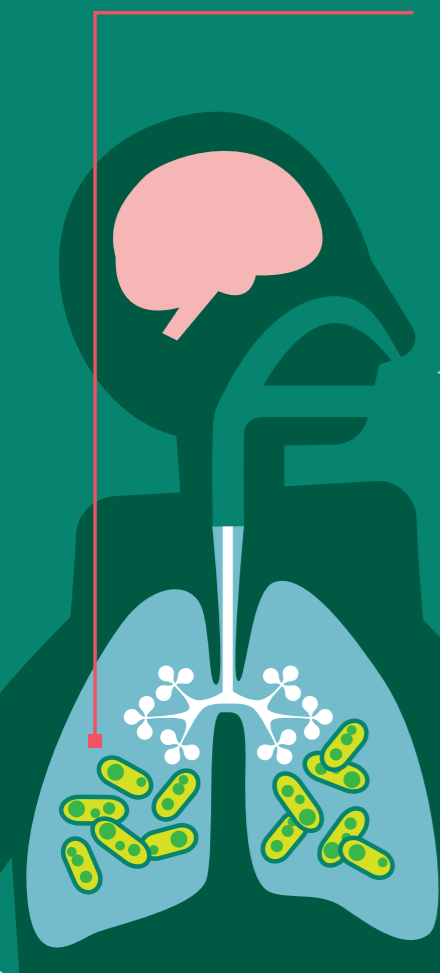
Tuberculosis (TB) remains a global health emergency affecting a quarter of the world's population. Rates in England remain some of the highest in Western Europe.

What is TB?

TB is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect other parts of the body. In most people, the body's immune system kills the bacteria and there are no symptoms. In some cases, the immune system cannot kill the bacteria but manages to prevent it spreading. The bacteria will remain; this is known as latent TB infection (LTBI). People with latent TB are not infectious to others.

Sometimes the infection can spread within the lungs or other parts of the body and symptoms will develop within a few weeks or months. This is known as active TB.

Risk factors for TB include previous TB contact; immunosuppression; living conditions (homelessness, poor housing); social risk factors (including drug and alcohol misuse, homelessness, and imprisonment); and country of birth or travel history. People born outside of the UK accounted for 72.8% of 2020 notifications (Tuberculosis in England Report, 2021). The LTBI programme tests new entrants to the UK based on certain eligibility criteria, e.g., born or spent more than 6 months in a high TB incidence country; entered the UK within the last 5 years (including entry via other countries).



Page 133

Current position

The number of Active TB cases recorded in Leeds in 2021 is 62¹; an average rate of 7.8 per 100,000, comparable to the 2020 England average of 7.3 per 100,000. Regions nearest to Leeds are seeing higher rates per 100,000 population (Bradford 13.2 and Kirklees 9.5 per 100,000 population).

Vaccination

This is now risk-based, targeting babies and children who are more likely to have had exposure to TB. BCG vaccination is no longer a universal offer.

Yorkshire and Humber: Latent TB Programme

(Leeds Laboratory, Leeds Teaching Hospitals Trust)

The table below tracks the target number of latent TB tests since the programme began and the achievement rate against the target. The numbers dipped significantly during Covid-19 (due to a pause in the programme and GPs not referring). However, as of December 2021 the number of tests has increased and are on track to reach the target; with a 56% achievement to date.

Leeds Activity Data

	2018/2019	2019/2020*	2020/2021	12021/2022**
Number of tests: TARGET (Annual)	432	432	432	432
Number of tests ACTUAL (Annual)	494	536	190	243
Number of tests: TARGET (monthly)	36	36	36	36
% Achieved	114%	124%	44%	56%

* As of February 2020 (March not recorded due to Covid-19)

** As of December 2021



TB is a potentially serious condition, however with treatment can almost always be cured with the right course of antibiotics, usually taken for 6 months.

Typical symptoms of active TB

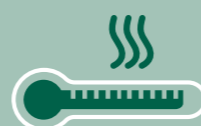
Persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody



Weight loss



Night sweats



High temperature



Tiredness / fatigue



Loss of appetite



Swellings in the neck

Footnotes

¹ Source: Tuberculosis in England: 2021 report (publishing.service.gov.uk)

Reducing TB



Achievements

- TB treatment, whilst effective, is often complex and prolonged. The use of Directly Observed Therapy enables the TB service to support patients to adhere to the drug regime and therefore achieve a successful outcome. During the last two years the TB service achieved a high success rate, with only one patient not completing.
- The TB service applied for charitable funds which enables the purchase of vouchers for food, transport etc. for patients requiring additional support.
- Extended the length of the TB clinic to reduce the number of patients on the waiting list.
- Increased the number of clinics for new entrant TB Screening and piloted a new location.
- Planned for the establishment of a more nurse-led focus for the management of LTBI patients, enabling clinical follow up for most patients to be with a nurse specialist rather than a doctor.
- The TB clinic maintained a normal service for suspected and diagnosed active tuberculosis cases throughout the Covid-19 pandemic.



- The latest data available shows that in patients who were drug sensitive, 89% had completed treatment. The remainder (11%) were lost to follow up, died or were not evaluated (this includes patients that have transferred out).



Case Study

In April 2021 the Health Protection Team (HPT) was notified of an active TB case in a nursery in Leeds. The index case had been at work whilst symptomatic (coughing, tiredness, and gradual weight loss) and there had been missed opportunities to diagnose earlier due to symptoms being thought to be Covid-19; despite there being a family history of TB. Once diagnosed, the initial focus was on timelines, identifying contacts of the case, screening assessments and route into services. Communication to parents was key and complex.

Nearly 90 children were screened with no positive results. 5 children under 2 years of age took up the offer of LTBI treatment. No adults screened were positive.

Learning from older TB outbreaks informed this system response. The Leeds TB team took a personalised and proactive approach to communicating with and providing assurance to parents – all agreed this was successful.

CASE STUDY

Risks



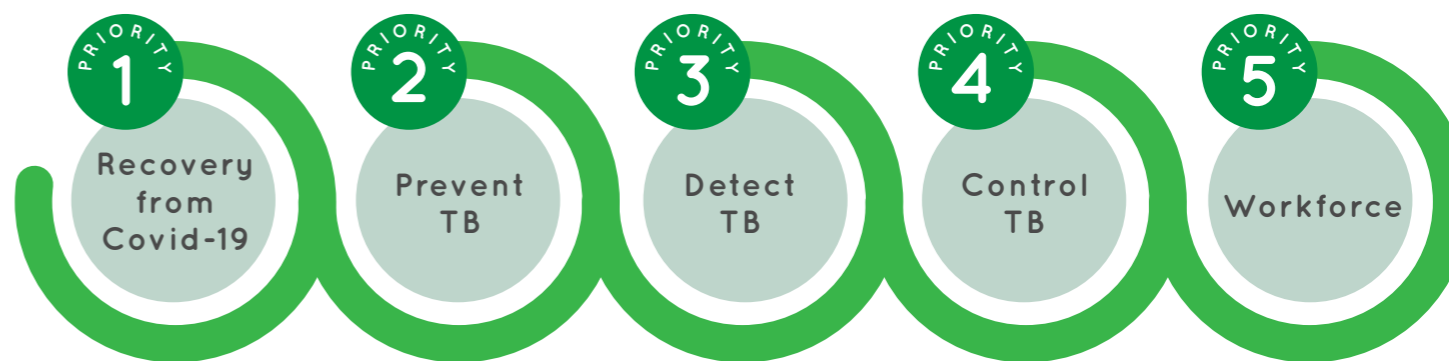
- Covid-19 has halted progress towards ending TB as screening rates and detection reduced.
- Reduced awareness about TB or symptoms being recorded as Covid-19, e.g., persistent cough that lasts more than 3 weeks could be TB related - 'Think TB'.
- Limited capacity to treat those identified with LTBI. Screening has re-started since the pandemic, resulting in higher numbers of positive patients awaiting treatment, who potentially may develop active TB.
- Challenges to treatment including drug resistance, compliance (patients build up resistance to certain medication).

Focus for 2022-23

Utilising the TB Action Plan for England, we will develop a Leeds TB Action Plan to drive our local priorities, focusing on raising awareness and targeted work for specific population groups.

- work to increase TB screening rates back to pre-Covid-19 levels. Joint screening and treatment awareness raising campaign alongside the Leeds TB team to coincide with World TB Day (24th March).
- develop an understanding of the data and sources of data to ensure a robust and resilient outbreak management and incident response. Work with Primary Care to 'Think TB'.
- increase numbers of those being screened and go on to effective treatment.
- partnership working which includes linking the TB work with other HP priorities such as migrant health and AMR.

Priorities for TB Action Plan for England 21-26



Actions for specific population groups (under-served populations, new entrants, drug resistant TB, paediatrics)

Childhood Immunisation

If people stop having vaccines, it's possible for infectious diseases to quickly spread again.

- www.nhs.uk

Current position

Vaccines are the most effective way to prevent infectious diseases and protect ourselves and our children against ill health.

4-5 million deaths per year are prevented worldwide due to vaccinations¹.

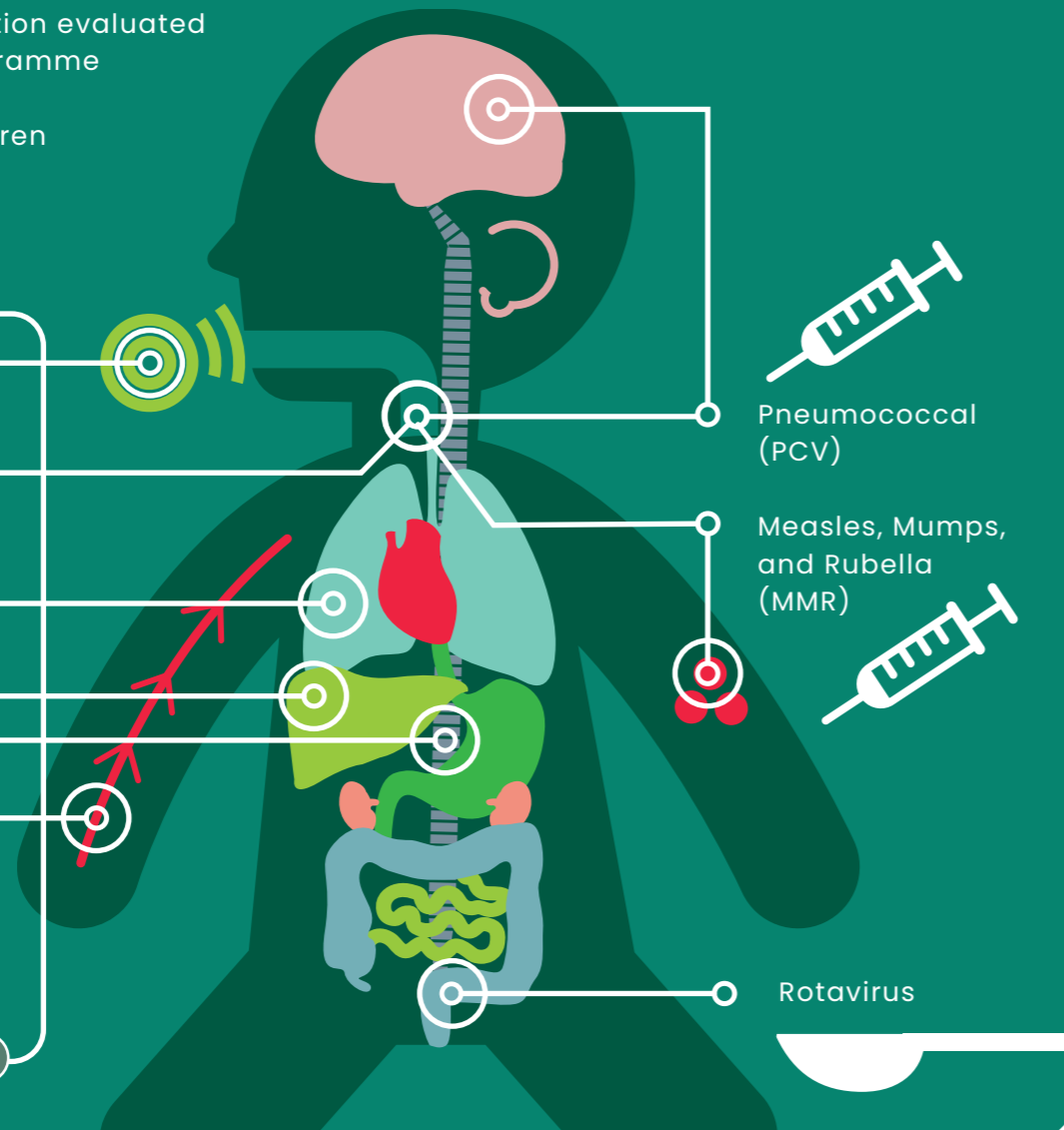


Page 135

The Cover of vaccination evaluated rapidly (COVER) programme involves all childhood vaccinations for children up to 5 years old. These include vaccinations for:

- whooping cough (pertussis)
- Diphtheria
- Hib (Haemophilus influenzae type b)
- Hepatitis B
- Polio
- Tetanus

6-1 hexavalent



Pneumococcal (PCV)

Measles, Mumps, and Rubella (MMR)

Rotavirus

In England, recent data from the UK Health Security Agency (UKHSA), shows that uptake for the 6-1 (hexavalent) vaccine (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), hepatitis B has dropped to 94.6%, below the World Health Organisation (WHO) recommendation of 95%. Data for Leeds also shows a similar trend with uptake beginning to fall below the 95% target.

In England latest UKHSA data shows MMR vaccination uptake has dropped to the lowest level in a decade. Coverage of the first dose of the MMR vaccine in 2-year-olds has dropped below 90%. Coverage for the 2 doses of MMR vaccine in 5-year-olds in England is currently 85.5%. This is well below the 95% WHO's target needed to achieve and sustain measles elimination. This means that more than 1 in 10 children under the age of 5 are not fully protected from measles and are at risk of catching it.

In Leeds, the most recent data shows that:

87.5%

have had the first MMR dose at 2 years old and

85.7%

have had two doses at 5 years old.

MMR 2yr

MMR 5yr

Early symptoms of measles can feel like a cold with a runny nose and a cough, sore red eyes (conjunctivitis) and a fever, but this is followed a few days later by a rash that spreads all over the body. There is no specific treatment for measles and

most children will feel better after 7 to 10 days; however, it can lead to more serious complications if left untreated, including serious illness and death.

Since the introduction of the measles vaccine in 1968 it is estimated that 20 million measles cases and 4,500 deaths have been prevented in the UK.



Achievements

The Leeds Immunisation operational group, with representation from Leeds City Council, NHS England, Leeds Community Health Trust (LCHT) and Leeds CCG have continued to meet throughout the pandemic.

Routine immunisations have continued to be delivered throughout the pandemic. Some Primary Care Networks (PCNs) and GP practices have continued to maintain excellent uptake throughout these challenging times.

The school immunisation team have continued to deliver teenage vaccinations in secondary schools. Community catch-up clinics have also been provided during the summer months to maintain uptake.



Childhood Immunisation

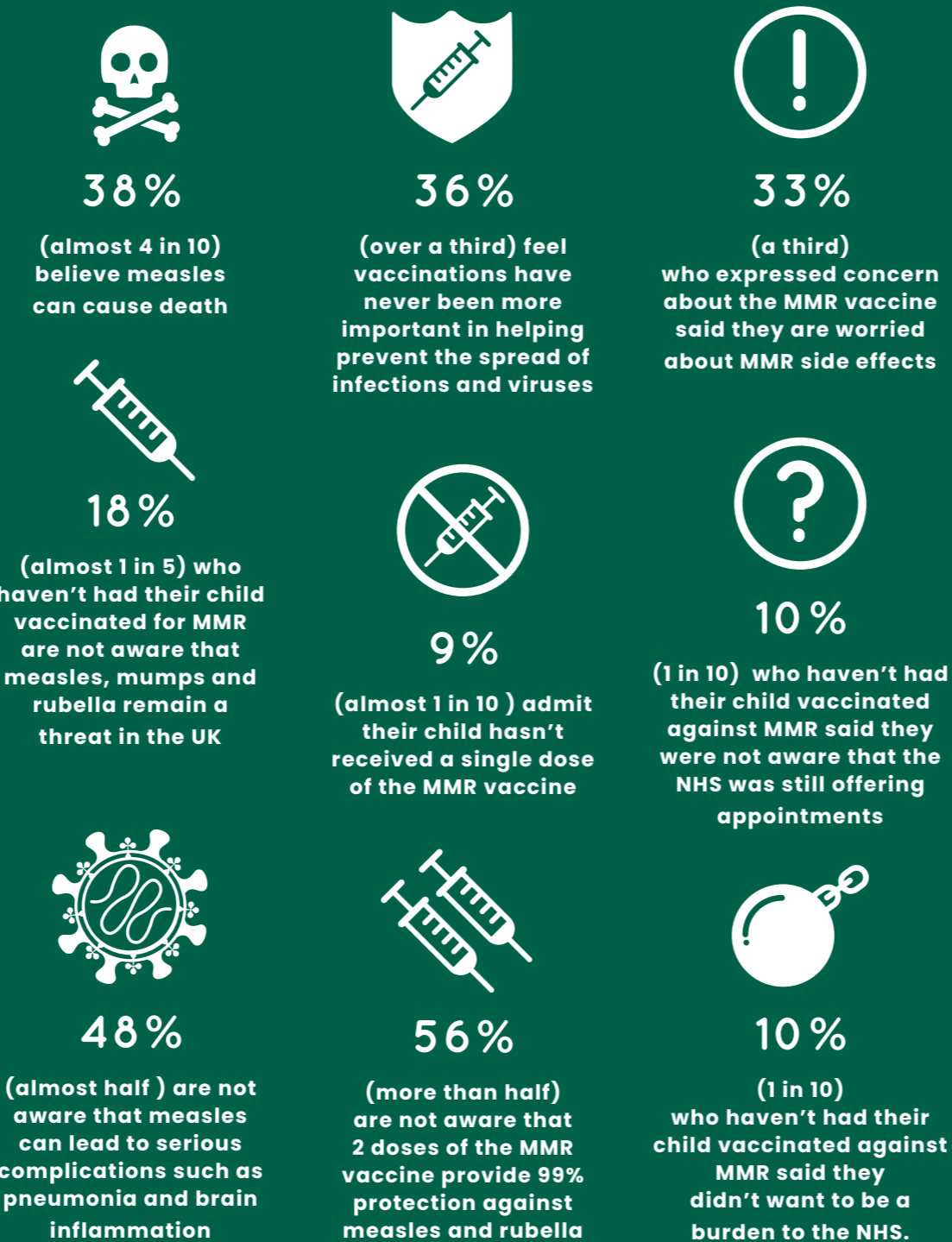


Risks

The Covid-19 pandemic appears to be having an impact on the number of children getting vaccinated, particularly in certain communities and populations. Indeed, since the start of the pandemic in March 2020, there has been a significant drop in the number of parents and carers getting their children vaccinated against MMR and taking up other childhood vaccines. This increases the risk of infection and community outbreaks. For example, measles is highly contagious so even a small decline in MMR uptake can lead to a rise in cases. As international travel resumes, it is more likely that measles will be brought in from countries that have higher levels of the disease and so it is important that we recover MMR vaccination rates to help prevent a rise in cases. The challenge remains to encourage parents and carers to keep up to date with their children's vaccines, increase awareness of the importance of vaccination and to increase uptake.

Due to the pandemic, awareness of the importance of routine immunisation may have decreased. There appears to be evidence of this with the MMR vaccine. New research commissioned by the Department of Health and Social Care (DHSC) and UKHSA, conducted by Census, shows that many parents are not aware of the risks that measles poses to their unvaccinated children.

Out of 2,000 parents and guardians of children aged 5 and under:



Immunisation helps to protect you from disease

It's really important children continue to receive the booster vaccines and MMR vaccine they are due at one year during the pandemic. These will protect them against several different serious infectious diseases. Make an appointment with your GP practice who



Focus for 2022-23

- Strengthen the Leeds Childhood Immunisation Action Plan to drive our local priorities, including awareness raising and targeted work for specific low uptake populations.
- Re-establish task and finish groups working with representatives from Leeds City Council, NHS England, LCHT and Leeds CCG.
- Optimise uptake in areas of deprivation and under-represented groups including those in precarious accommodation, migrant population, and communities where English is not their first language.
- Work with PCNs to identify good practice and opportunities to improve patient access. Support individual practices to focus on increasing year-on-year uptake and recognise this achievement if a lower uptake practice.
- Link in with nurseries, other childhood settings, schools, anti-natal groups and GPs to increase awareness, e.g. community events, primary schools and primary care to undergo targeted community work.

Footnotes

1 Source: <https://www.who.int/news-room/facts-in-pictures/detail/immunization>

Cancer screening

Early detection saves lives.

- www.nhs.uk



Achievements

A partnership approach

We have a well-established and strong partnership approach in Leeds, working together as a system to increase cancer screening rates, narrow the health inequalities gap and mitigate the impacts of Covid-19.

The Cancer Prevention, Awareness, and Increasing Screening Uptake workstream

led by Public Health, Leeds City Council is made up of a broad range of partners from across the Leeds Health and Care system. The key cancers which the workstream focuses on are breast, bowel and lung as these are the biggest contributors to premature mortality, and cervical given that this is a national screening programme where screening uptake rates are below target. All programmes of work take a targeted approach with the aim of reducing cancer health inequalities. This approach is informed by evidence and local strategic drivers such as the Leeds Health and Well-Being Strategy (2016-2021).

A **Cancer and Learning Disabilities task group** and **Cancer and Culturally Diverse groups task group** were established in early 2021. This has enabled us to co-ordinate and drive forward targeted activity to increase awareness and screening uptake within these groups.

Planning is underway to develop a **Cancer and Serious Mental Illness task group**.



Current position

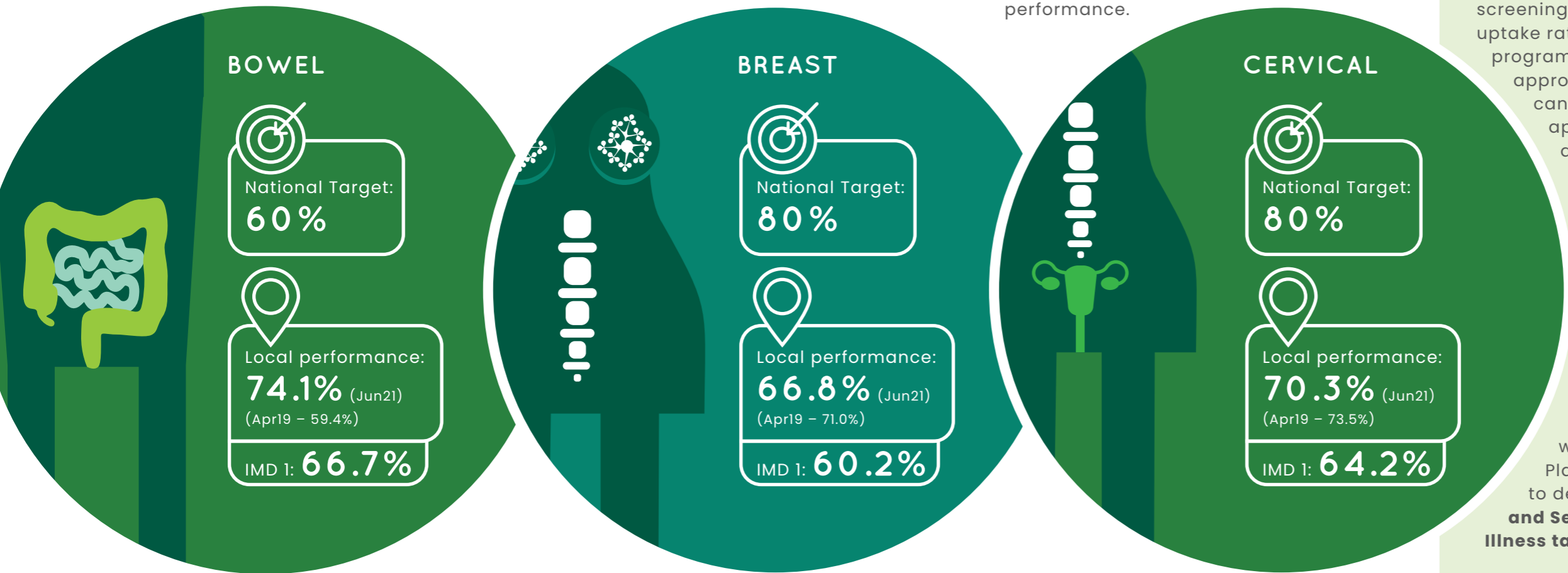
Evidence shows that people living in deprived areas and certain groups including people with Learning Disabilities, Serious Mental Illness and culturally diverse communities are less likely to

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 has continued to drive up rates despite the challenges of Covid-19. For breast and cervical screening, Leeds uptake rates are significantly below the national targets and have declined from pre-Covid-19 rates. For all three screening programmes uptake is lower in the most deprived areas of Leeds (IMD 1) compared to the Leeds overall performance.

Page 137

Leeds Cancer Screening Uptake rates:



*IMD: Index of Multiple Deprivation

Cancer screening



Achievements

1

The Leeds Cancer Awareness Service:

This is a community-based service commissioned by Public Health, Leeds City Council. The service aims to reduce cancer inequalities by raising awareness of the signs and symptoms of cancer and promoting and encouraging uptake of cancer screening services. This is achieved through local level outreach activity in areas of higher deprivation or among specific groups where cancer outcomes are poorer.

2

Primary Care Cancer Screening Champions:

Commissioned by NHS Leeds CCG and working in partnership with Public Health, Leeds City Council and Cancer Research UK, this programme targets the most deprived practices in Leeds where screening uptake is lowest with an aim of increasing bowel and cervical screening uptake. The champion is a member of the practice team with protected time to support and motivate people that have been invited but not taken part in the screening programme.

3

Cancer Wise Leeds:

As a partnership we were successful in securing £1.4 million from Yorkshire Cancer Research to develop a city-wide infrastructure of Cancer Screening and Awareness Co-ordinators. The co-ordinators have shared ambitions to increase screening uptake across all 3 national screening programmes. They work as part of Primary Care Networks (PCNs) and add value to existing screening and awareness-based interventions. Co-ordinators have a detailed understanding of local assets and needs and develop tailored activity and resources to meet needs.

A three-pronged approach to local provision

In addition to the partnership groups, we also have three core commissioned services / programmes aimed at improving cancer outcomes and addressing health inequalities. These are targeted at a community, GP practice and Primary Care Network level.

The targeted approach driven forward through the partnership groups combined with the range of complementary commissioned programmes has led to some very positive outcomes:

- In the year preceding Covid-19, we went from not achieving the national target for bowel screening uptake to exceeding it and were narrowing the gap between deprived and non-deprived Leeds. We have continued to drive up bowel screening uptake despite the challenges of Covid-19.
- Breast and cervical screening uptake declined nationally and locally due to the impact of Covid-19. 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.
- Insight gathered in a specific Leeds area through our commissioned programmes showed low cervical screening uptake related to appointments being offered during the working week. In order to address this an extended access Saturday cervical screening hub was established resulting in women accessing screening who would not otherwise have done so. The success of this pilot has now been shared across other PCNs through extended access schemes.
- The work led by Public Health within this workstream to address health inequalities has been commended by the Leeds Integrated Cancer Services Board (LICS) and held up as an exemplar not just across the Leeds Cancer programme but wider.



Risks



Cancer health inequalities existed prior to Covid-19 but the pandemic has posed risks of these inequalities being exacerbated. Cancer screening saves lives by catching cancer in its earliest stages but in the height of the pandemic, many people were unable to access routine screening, leading to backlogs in the system. This has the potential to impact on delayed diagnosis and cancer staging, increase premature mortality and to further widen the cancer health inequalities gap.

Focus for 2022-23

- Continue to build on and develop the excellent partnership approach to increasing cancer screening uptake currently in place Leeds.
- Continue to take a targeted approach in order to optimise cancer screening uptake in areas of higher deprivation and among specific groups where screening uptake is lower (Culturally Diverse Communities and adults with Learning Disabilities and Serious Mental Illness). This will be driven forward through specific action focussed task groups.
- Continually strive to develop new and innovative approaches to increasing screening uptake, sharing our best practice and learning.

Influenza vaccination



It was more important than ever to get the flu vaccination. More people were likely to get flu this winter as fewer people will have built up natural immunity to it during the Covid-19 pandemic.

- www.nhs.uk

Current position

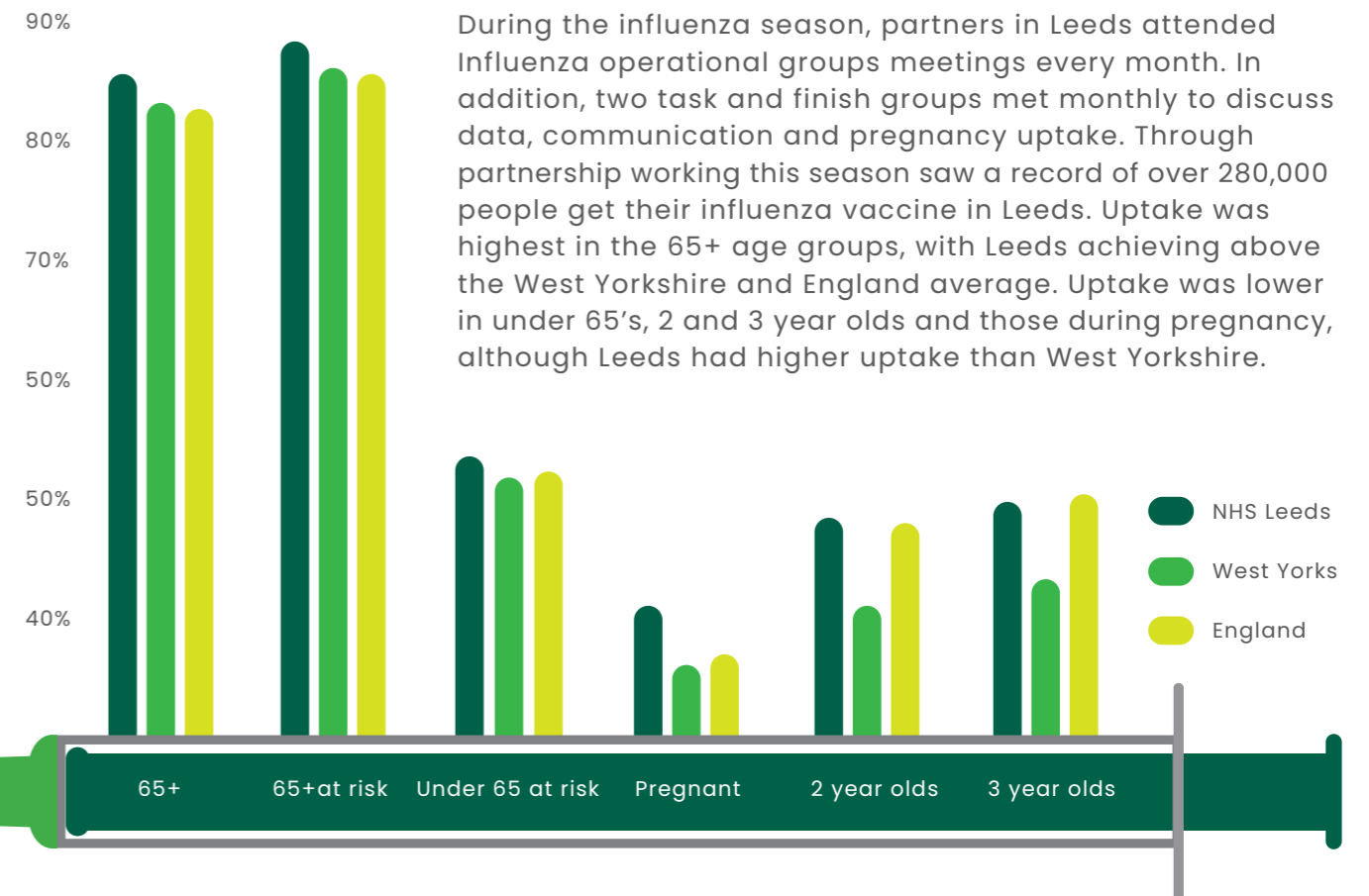
Seasonal influenza is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world. It represents a year-round disease burden, causing illnesses that range in severity and sometimes results in hospitalisation and death. Most people recover from fever and other symptoms within a week without requiring medical attention. However, influenza can cause severe illness or death, particularly among high-risk groups including the very young, the elderly, pregnant women, and those with serious medical conditions.

The influenza vaccine offers the best protection, and each year many people benefit from receiving the free vaccine. The vaccine is safe, effective and protects from potentially serious illness. Due to the constant evolving nature of influenza viruses, the World Health Organisation (WHO) continuously monitors the influenza viruses circulating in people and updates

the composition of influenza vaccines twice a year. Those eligible are urged to get vaccinated to protect themselves and the most vulnerable every winter.

This season the influenza vaccine was available to more people than ever including those who:

- are 50 years old and over (including those who will be 50 by 31 March 2022)
- have certain health conditions
- are pregnant
- are in long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk
- live with someone who is more likely to get infections (such as someone receiving certain treatments for cancer, lupus or rheumatoid arthritis)
- are frontline health or social care workers



During the influenza season, partners in Leeds attended Influenza operational groups meetings every month. In addition, two task and finish groups met monthly to discuss data, communication and pregnancy uptake. Through partnership working this season saw a record of over 280,000 people get their influenza vaccine in Leeds. Uptake was highest in the 65+ age groups, with Leeds achieving above the West Yorkshire and England average. Uptake was lower in under 65's, 2 and 3 year olds and those during pregnancy, although Leeds had higher uptake than West Yorkshire.

Page 139

Influenza symptoms

Influenza symptoms come on very quickly and can include:

- temperature of 38°C +
- aching muscles
- tired or exhausted
- dry cough/sore throat
- headache
- difficulty sleeping
- loss of appetite
- diarrhoea / stomach pain
- sickness

The symptoms are similar for children, but they can also get pain in their ear and appear less active.

Influenza vaccination



Achievements



299

out of 302 schools were visited, delivering 18,000 vaccinations.



4,000

children's parents were sent bespoke easy read letters within the 19 GP surgeries with the lowest immunisation rates for the previous year.



100%

schools were visited at least once, with 58 receiving a second visit to try and increase uptake.



1,700

people who have a learning disability and not yet had a influenza vaccination were sent accessible reminder letters to encourage them to seek the vaccine from their GP or pharmacy.



883

porcine free vaccinations were administered this year, which has proved very successful.



175,000+

vaccinations were delivered from September 2021. The CCG worked with lower uptake surgeries and shared good practice.



25

community clinics were run in venues across Leeds.



74/92

practices signed up to train community midwives to deliver the flu vaccination to increase uptake during pregnancy.



69%

of Leeds residents aged 65+ living in precarious accommodation were vaccinated. This was higher than the West Yorkshire average of 62%.



1,000+

vaccinations delivered to front line care home and Leeds City Council (LCC) staff through a collaboration between LCC and Leeds Community Healthcare Trust.



92,000

vaccinations were delivered in community pharmacies.



- Photos of Councillor Arif and the Lord Mayor receiving their influenza vaccines were shared across social media to increase positive media coverage.
- Promotional images were displayed on 20 designated bus shelters located within 200 metres of identified low uptake GP practices.
- A social media campaign was developed to target the specific high-risk cohorts and Primary Care Networks with lower uptake.
- Vaccines were promoted in children's centres, nurseries, and pregnancy groups in Primary Care Networks with low uptake.
- Fever FM community radio station broadcast influenza vaccine promotional material targeting South Asian communities broadcasted in both English and Punjabi.
- Vaccination promotion on the large screen in Kirkgate market over a 10-week period.

Risks



Influenza activity was lower during 2020/21 and 2021/22, largely because of the pandemic interventions such as shielding and social distancing. However, lifting restrictions and lower population immunity could mean that the population may be susceptible in future flu seasons.

In recent years, only around half of patients aged six months to under 65 years in clinical risk groups and fewer than this in pre-school, school, and pregnant cohorts have received the flu vaccine. Influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for mother. Although Leeds compared favourably to regional and national uptake it saw a fall overall from last season in this cohort.

Good vaccination uptake of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues, and family members. Low uptake in these professions can put others, including the most vulnerable, at risk.

Focus for 2022-23

- Increase influenza vaccine uptake in clinical risk groups because of the increased risk of death and serious illness in these groups.
- Optimise uptake in areas of deprivation and underrepresented groups including those in precarious accommodation, migrant population, and communities where English is not their first language.
- Work with Primary Care Networks (PCNs) to identify good practice and opportunities to improve patient access. Support individual practices to focus on increasing year-on-year uptake and recognise this achievement.
- Further support vaccination of frontline health and social care workers to protect them and reduce the risk of spreading influenza to their patients, service users, colleagues, and family members.

Acknowledgements

It is not possible to prepare a report without the support of other people. This report is no exception.

I would like to express my appreciation and thanks to all of you who have contributed.

Without your experience, insight, support and relentless commitment to health protection this report would not have been possible.

With too many individuals to mention I am expressing my thanks to the organisations and teams involved.

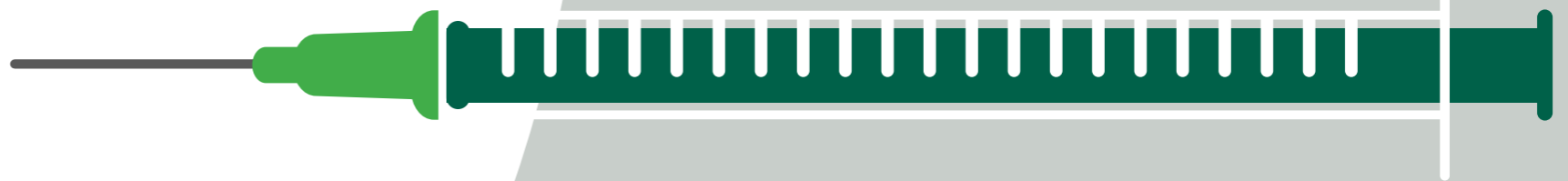
- UK Health Security Agency
- NHS England (West Yorkshire Screening and Immunisation Team)
- NHS Leeds Clinical Commissioning Group
- Leeds covid-19 Vaccination Board
- Infection Prevention and Control Leeds Community Healthcare Trust
- Leeds Teaching Hospitals Trust
- Leeds and York Partnership Foundation Trust
- Leeds Community Healthcare Trust
- Infection Prevention and Control Leeds Teaching Hospitals NHS Trust

- GP Confederation
- Third sector represented by Forum Central
- Health Protection Leeds City Council
- Emergency Planning Leeds City Council
- Public Health Leeds City Council
- Environmental Health Leeds City Council
- Public Health Intelligence Leeds City Council
- Adult Social Care Leeds City Council
- Communication and Marketing Leeds City Council
- Proof-readers

...and finally, a special thanks to Lindy Dark, our graphic designer, for her continued patience and excellent design skills.

Victoria Eaton

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



This page is intentionally left blank



Report of: Leeds Anchors Healthy Workplaces (Working Carers) Sub Group

Report to: Leeds Health and Wellbeing Board

Date: 28 April 2022

Subject: Leeds Anchors Healthy Workplaces (Working Carers)

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

Summary of main issues

The Anchors Healthy Workplace (Working Carers) sub-group considers Employers for Carers to be best practice and encourages organisations, to implement the following actions:

- Adopt the leadership commitment appended to this report
- Sign up to membership of Employers for Carers
- Roll out working carer e-learning module to all line-managers
- Promote 'Carer Aware' e-learning to all staff
- Introduce a working carers group or staff network
- Introduce a working carers passport scheme
- Consider applying for the Carer Confident benchmark
- Promote the Digital Resource for Carers for all staff
- Promote Employers for Carers for other employers in Leeds

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of this report and the progress of the work led by The Anchors Healthy Workplace (Working Carers) sub-group.

- Invite Health and Wellbeing Board members to support the approach outlined in this report including actions set out in paragraph 3.10 of this report.

1 Purpose of this report

- 1.1 This report provides an update on progress to improve support for working carers following an earlier report to Health and Wellbeing Board in September 2020.

2 Background information

- 2.1 Working Carers are people who balance their paid employment with providing unpaid care for a relative or friend who, because of health and care needs, would not be able to manage without that help.
- 2.2 Working carers often feel uncomfortable discussing their caring role in the workplace and many struggle to manage combining their caring role with employment. This can lead to valuable members of the workforce leaving work to care which has a significant impact on the carer, their family, employers, and the wider economy.
- 2.3 As the number of people providing unpaid care increases, so does the number of working carers. Carers UK now estimate that over a quarter of all workers are juggling work and care.
- 2.4 The report to Health and Wellbeing Board in September 2020 reinforced the fact that working carers are an integral part of the workplace and acknowledged that the level and type of support can be improved and built upon.
- 2.5 The report also set out relatively straight forward actions that could be developed in partnership going forward with a further update to be provided to the Health and Wellbeing Board in due course.

3 Main issues

- 3.1 The Anchors Healthy Workplace (Working Carers) sub-group was established to oversee next steps and included staff from Leeds City Council, NHS organisations in Leeds and Carers Leeds. Broadly speaking the sub-group considered:
- Policy and leadership commitment
 - Best practice
 - Training
 - Influencing and encouraging other employers
- 3.2 The Anchors Healthy Workplace (Working Carers) sub-group have developed a leadership commitment which is appended to this report. The commitment can easily be adapted by any organisation and sets out clearly an organisations recognition of, and commitment to, working carers.
- 3.3 Leeds City Council are members of Carers UK 'Employers for Carers' which provides access to best practice guides, toolkits and other resources which are up to date and together in one place. The membership model allows NHS

organisations in Leeds and employers with fewer than 250 employees to full membership benefits under the umbrella of the council's membership.

- 3.4 Line managers need to be aware of the issues working carers face, and to understand what is available to balance the needs of the business with those of the carer and other members of their teams. Employers for Carers includes a handbook for managers and an e-learning module which helps line managers to:
- understand caring and its impact
 - identify carers in the workplace and their needs
 - outline the business case for their support
 - understand the legal requirements for supporting carers
 - explore practical and sustainable ways in which you and your organisation can support them
 - understand the different nature of caring situations and the range of options available to managers
- 3.5 Employers for Carers also includes an e-learning module (Carer-Aware) which is designed to help staff identify themselves or others as carers and learn how to get support. It will also help line managers or other teams with employee wellbeing responsibilities to understand what carers may need in the workplace and how to best support them.
- 3.6 Many organisations now have a working carers group or staff network which can provide information, signposting and support as well as reaching out to working carers who might not realise they are caring, and enable them to access the network and other carers' support. Employers for Carers includes a toolkit for developing and sustaining a working carers network.
- 3.7 Many organisations are also introducing Working Carer Passports which are essentially a record of a conversation between a working carer and their line manager about caring responsibilities and the ways that the organisation will support the working carer. Employers for Carers includes a toolkit for introducing a working carers passport scheme as well as case studies from organisations that have implemented a scheme previously.
- 3.8 'Carer Confident' is a national benchmarking scheme which supports organisations to build a positive and inclusive workplace for staff who are working carers and to make sure they are recognised, respected and supported. Carer Confident has been designed to support organisations to work progressively through three levels, (Active, Accomplished, Ambassador). Employers for Carers members can apply to the scheme at a significantly discounted rate.
- 3.9 Membership of Employers for Carers also provides free access for all carers in Leeds to a range of digital resources that can support their caring role, including e-learning, information guides, Jointly care coordination app, My Back Up guide to emergency planning.

- 3.10 The Anchors Healthy Workplace (Working Carers) sub-group considers Employers for Carers to be best practice and encourages organisations to implement the following actions:
- Adopt the leadership commitment appended to this report
 - Sign up to membership of Employers for Carers
 - Roll out the working carer e-learning module to all line-managers
 - Promote 'Carer Aware' e-learning to all staff
 - Introduce a working carers group or staff network
 - Introduce a working carers passport scheme
 - Consider applying for the Carer Confident benchmark
 - Promote the Digital Resource for Carers for all staff
 - Promote Employers for Carers for other employers in Leeds
- 3.11 Carers Leeds has facilitated a Working Carers Employers Forum for a number of years and has seen membership of the forum grow. The purpose of the forum is to exchange best practice and learn from each other, to work through challenges collectively and to try out new ideas and innovations in a safe environment. There are now over 30 employer members of the forum of different sizes and from different sectors. The forum is hoping to produce promotional material for Carers Week in June 2022 to influence and encourage other employers to get involved.
- 3.12 During the COVID pandemic there has been a significant shift towards working from home and hybrid working. Working carers' experiences varied with some reporting that working from home had improved their work life balance and made balancing work and care easier, while others found work a respite from their caring role and that they struggled to be able to concentrate on work while at home.
- 3.13 It is vital that implementation of the actions proposed in this report consider lessons learnt from the COVID-19 pandemic and that flexibility in the hours and places people work is maintained to ensure that working carers can stay in paid work.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Citizen and stakeholder engagement informed the development of the Leeds Carers Partnership Strategy which includes 'providing support for organisations and businesses to become more carer aware' and 'increasing the number of working carers who are receiving support from their employer, (e.g., working carers passport)' as key objectives

4.1.2 The Anchors Healthy Workplace (Working Carers) sub-group included staff from anchor organisations and also from Carers Leeds.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Caring for as little as five hours a week can have a significant impact on employment prospects, with those caring for more than 10 hours a week at marked risk of leaving the labour market altogether. Men and women who care for 20 or more hours a week are much less likely to be in higher level jobs.
- 4.2.2 Working carers can pay a heavy price in terms of their own health. Those with heavy caring responsibilities are 2 to 3 times more likely than workers without caring responsibilities to be in poor health.
- 4.2.3 Unpaid care is different to mainstream childcare and as such, requires a different response from employers. Having the right policies and practices in place are crucial to employer resilience and this does not always need to be complicated or costly. For example, a small change in working hours or access to a private telephone can make all the difference to both the carer and the organisation and represents good value when compared to advertising and recruitment costs.

4.3 Resources and value for money

- 4.3.1 There is evidence to show that the impact of staff turnover, absence and stress as a result of juggling work and caring could be costing UK businesses over £3.5 billion every year, so there are significant savings to be made by better supporting carers to manage work alongside caring

4.4 Legal Implications, access to information and call In

- 4.4.1 There are no legal implications, access to information or call in implications to this report.

4.5 Risk management

- 4.5.1 There are no risk management implications to this report.

5 Conclusions

- 5.1 Effective support for working carers makes perfect sense for employers as well as for staff who are working carers. The actions set out in paragraph 3.10 of this report will enable organisations to support the implementation of the Leeds Carers Partnership Strategy which in turn:
- Supports the Leeds Health and Care Plan system-wide focus on prevention and early intervention, promotes carer health and wellbeing, and prevents carers from experiencing ill-health and financial disadvantage.
 - Supports the Best City Ambition and the mission to tackle poverty and inequality by setting out the priorities and objectives that, when taken together, will promote the health and well-being of carers and young carers in Leeds, and reduce the health and financial inequalities that carers experience due to caring.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of this report and the progress of the work led by The Anchors Healthy Workplace (Working Carers) sub-group.
- Invite Health and Wellbeing Board members to support the approach outlined in this report including actions set out in paragraph 3.10 of this report

7 Background documents

7.1 Appendix - Leadership commitment

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

Carers experience health inequalities as a direct consequence of their caring role and this can be compounded further for these carers who juggle caring with employment. Effective workplace support for working carers will enable better conversations between working carers and employers meaning carers will be better supported to stay in work.

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

Effective workplace support for working carers benefits not only carers by maintaining and promoting their health and well-being, but also the health and well-being of the person they care for. Carers play a significant role in preventing, reducing or delaying the needs for care and support for the people they care for, which is why it is important that we consider preventing carers from developing needs for care and support themselves.

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

Well supported working carers are more likely to achieve a good balance between work and caring and will be contributing to the economy through national insurance and taxation. Conversely, poorly supported working carers are more likely to give up work, become isolated and develop needs for care and support for themselves as well as the people they care for.

Future challenges or opportunities

The Carer Confident Benchmarking Scheme provides an opportunity for organisations to work progressively from being an organisation that actively supports working carers to being recognised as an ambassador.

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X

This page is intentionally left blank

Appendix 1: Leadership commitment

Name of organisation **

Our commitment to support working carers

Definitions

Carers are people who look after a relative or friend who because of health and care needs cannot manage without the help of their carer. Working Carers are carers who balance their caring role with paid employment.

Leadership statement

- We recognise that some staff also have caring responsibilities and understand that for some balancing their work, family, wellbeing, and caring can be challenging. We want to enable you to do the best in both vital roles.
- We believe that carers should have the same opportunities to obtain employment as anyone else and that all staff should have access to support, development, and progression. We are therefore committed to being a supportive employer and endeavour to balance a working carers' need for flexibility with the needs of the organisation and to provide as much support as is reasonably practicable.
- We recognise that carers can bring a wealth of skills and experience gained through caring and value the attributes they bring as employees.

Our commitment

- Staff are encouraged to disclose to their line manager that they are caring for someone as this makes managing circumstances easier. If staff choose not to disclose this, then that is fine too.
- Staff will not be discriminated against on the grounds of their caring responsibilities.
- We will provide information and guidance which may be helpful for working carers and managers.
- Line managers should ask during supervision, 1-2-1s and wellbeing conversations, whether staff they are supervising have caring responsibilities and should have due regard to issues of sensitivity and confidentiality concerning this information.
- Staff will have the right to request to work flexibly in order to balance work and caring and managers will give consideration and respond on all requests for flexible working.
- Staff will be entitled to request time off to attend to the sudden needs of the individual that they care for.

- Managers will ensure that know what support is available for working carers by familiarising themselves with relevant policies, for example flexible working, leave arrangements etc.
- Managers will consider reasonable adjustments and support that will help working carers to balance work and caring while continuing to meet organisational needs. This will be done with the working carer.
- We welcome comments and suggestions from all staff on how we may further improve the working environment so that it is better equipped to deal with the varying needs of carers in the workforce.
- Data held by the organisation about carers is purely for statistical purposes to help form policies and support. This information is treated with utmost confidentiality.

Approved by **

Date **