

## **HEALTH AND WELLBEING BOARD**

**THURSDAY, 9TH FEBRUARY, 2023**

**PRESENT:** Councillor F Venner in the Chair

Councillors S Arif, N Harrington and J  
Dowson

### **Leeds Committee of the West Yorkshire Integrated Care Board**

Tim Ryley - Place Based Lead, Leeds Health & Care Partnership

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

Victoria Eaton – Director of Public Health

Caroline Baria – Interim Director of Adults and Health

Farrah Khan – Chief Officer Family Help, Children and Families

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

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

### **Third Sector Joint Representative**

Corrina Lawrence – Chief Executive, Feel Good Factor

Helen Hart – Chief Executive, BARCA

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

Dr John Beal – Chair, Healthwatch Leeds

### **Representatives of NHS providers**

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Phil Wood - Leeds Teaching Hospitals NHS Trust

Thea Stein - Leeds Community Healthcare NHS Trust

### **Safer Leeds Joint Representative**

Jane Maxwell - Safeguarding, Strategic Partnerships

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

Jim Barwick – Chief Executive of Leeds GP Confederation

### **Wider Determinants of Health – Partnership Working Representative**

Mandy Sawyer - Head of Housing & Neighbourhood Services

### **Leeds Committee of the West Yorkshire Integrated Care Board**

Rebecca Charlwood - Independent Chair

### **Clinicians Joint Representative**

Sarah Forbes Chief Clinical Information Officer

## **17 Welcome and introductions**

The Chair welcomed all in attendance and congratulated Dr Phil Wood on their new role as Chief Executive for Leeds Teaching Hospital Trust (LTHT), thanked Cath Roff for all their work for the Board as they will be moving from their role as Director for Adults and Health. It was noted Pip Goff had a new title for their Board Membership as the Representative for Communities of Interest.

**18 Appeals against refusal of inspection of documents**

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

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

There was no exempt information.

**20 Late Items**

There were no formal late items noted.

**21 Declaration of Interests**

No declarations of interest were made.

**22 Apologies for Absence**

The following apologies had been received;

- Councillor Stewart Golton
- Jason Broch
- Julie Longworth with Farrah Kahn substituting.
- Paul Money with Jane Maxwell substituting.
- James Rodgers with Mandy Sawyer substituting.
- Cath Roff with Caroline Baria substituting.

**23 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. Two members of the public made representations during the Open Forum.

Leeds Social Care Discharge Planning

Clarification was sought regarding the allocation of funding in Leeds for Social Care measures discharge planning in care settings given the staffing constraints and unclear allocation of Government funding. Current issues noted were, inadequate bed capacity, a perceived rush to discharge which may not facilitate patient needs, particularly those with mobility issues, and short term measures in place, although potentially necessary to keep the system running, were not solving overarching issues faced by the sector. The Chair, Executive Member for Adult and Children's Social Care and Health Partnerships, responded, reflecting on the national issues of staff retention with the proposals to fill these gaps with government funded agency staff, relocation of social work staff and internationally recruited care staff who are expected to fill vacancies in the next month. The temporary measures were not the preferred option however urgent action is needed to respond to the chronic issues. The allocated funding was outlined to have specific criteria for

use and will be utilised for home care provision improvements, equipment and staff capacity to tackle the bed shortages and earlier discharge models.

#### Funding Future Hospital's in Leeds

Transparency regarding the construction of the new children's hospital in Leeds was queried. For a significant number of years plans had been discussed, with a perceived misplaced optimism on its fruition noted from the public, despite the need for new hospital buildings within the City and funding from central government and plans developed for new hospitals being promised. A freedom of information request was said to have stated the development of the new hospital facilities in Leeds, two new hospitals, one for adults and a new home for Leeds Children's Hospital, would not be up and running until 2029 which was outlined to have created further uncertainty, with several iterations of the business case not yet approved. The Chief Executive of LTHT responded, stating the level of frustration was understood and the HM Treasury was to make a decision in March 2023 for a second wave of funding however, in reflection on inflation and rise in capital building costs the 2019 nationally budgeted funding for new hospital estate is now significantly stretched.

#### **24 Minutes**

**RESOLVED** – That the minutes of the meeting held on 27<sup>th</sup> September 2022 be confirmed as a correct record.

#### **25 Refresh of the Health and Wellbeing Strategy & West Yorkshire Partnership's Five-Year Strategy - Working Draft and Joint Forward Plan Approach**

The report of the Chief Officer for Health Partnerships provided the Board with a brief update on the Health and Wellbeing strategy alongside the West Yorkshire Partnerships five-year strategy. The development of a joint forward plan will enable streamlining and delivery of the strategy.

The Chief Officer for Health Partnerships outlined the following information for the Leeds Health and Wellbeing Strategy:

- A workshop on this topic had been held two weeks prior to the Board meeting with Board members. In addition, a series of engagement has been undertaken through numerous partnership groups covering partnership organisations, programme boards, Universities, workforce boards and political groups.
- The economic challenges faced by the public, particularly the cost of living crisis had fed into the draft strategy and commentaries.
- A discussion at the recent Adults Health and Active Lifestyles Scrutiny Board provided a distressing reality as to the challenges and imbalances in provision and access to health care in particular around dentistry. It is important the refreshed Strategy reflect the actual experience of people in Leeds.
- Emerging evidence for the Age Friendly Strategy noted the potential health issues for older people and staffing issues within social care. This strategy is essential given Leeds has an aging population.

- The draft strategy identified the need for broader inclusion to ensure expanded reach into care provision for refugees and asylum seekers and people with mental health problems or learning disabilities.
- The strategy was noted to be at the draft stage and comments welcomed for officers to feedback.

The Associate Director of Strategy West Yorkshire Health and Care Partnerships provided the Board with a brief update on the refresh of the West Yorkshire Partnerships Five-Year Strategy:

- Since the draft has been shared, positive feedback had been received from relevant partners including Directors of Adult Social Care and Public Health from across West Yorkshire.
- Programmes across West Yorkshire will be clear on specific detail for the region.
- The collaborative approach taken has enabled further organisational development of partnership work.
- The Leeds Strategy demonstrated a good delivery model and operational planning will connect the strategies.
- A joint forward plan is expected to be developed by June 2023.

The Board discussed the following matters:

- The need to ensure that the Strategies reflect the experience of the public and the need to address inequalities being fundamental tenants.
- Plans should be aspirational to provide hope and encourage innovation and change, but also need to be realistic of what the optimum service level can be given resource constraints and what is achievable.
- The changes in the demographics of Leeds, detailed at page 54 of the report, outlines the necessity for a robust Age Friendly Strategy and the intergenerational work with Child Friendly. It was confirmed that the draft strategy document will be brought to the next meeting of the Older People's Forum.
- Language used in the strategies should be inclusive and accessible for all demographics.
- As future challenges to health and care systems have potential to worsen, conventional strategy plans may overcomplicate the situations if not coherent and collaborative across regions and institutions.
- The importance of good policy and practice for children's mental health care provision was stressed as a priority.
- The language used in the documents should acknowledge the challenges faced by services.
- Clear action plans should be built from existing plans and supporting strategies without developing or overlaying additional action plans.

The Chief Officer for Health Partnerships thanked Members for their input, noting a greater focus was needed to link the approach with the draft Inclusive Growth Strategy refresh. They noted that the development of action plans against the draft 12 priorities as an activity flowing from the Strategy would build on existing city actions and should hopefully not be perceived as imposing more work or complexity. The increased reliance on robust and joint

needs and outcome data will be utilised to develop better efficiency when applying the strategies to health and care systems.

#### **RESOLVED –**

- That the updates on the refresh of the Leeds Health and Wellbeing Strategy, be noted.
- That the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy refresh and the West Yorkshire Strategy refresh, be noted.
- That Members comments on the current draft of the West Yorkshire strategy, noting the further work to be undertaken and the development of a Joint Forward Plan to enable delivery of the strategy, be noted.

#### **26 Leeds One Workforce Strategic Board Report**

The report of the Senior Responsible Officer for Leeds Health and Care Academy and Chair of Leeds One Workforce Strategic Board; Chief Executive Officer, Leeds & York Partnership NHS Trust.

The Director of Leeds Health and Care Academy and Leeds Strategic Workforce introduced the report, on behalf of the Academy and One Workforce Board, which involves, service providers, educational institutions and the third sector to bring together partners to improve workforce issues faced within the health and care system.

The following was outlined:

- Connectivity between organisations allows unified approaches, a shared culture and ethos, which ultimately allows improved opportunities for public health and access to services.
- Defining an organisations role identifies work that can be done collaboratively or independently.
- City workforce planning approach is a collaboration of workforce leaders and professionals working together to develop a system-wide, unified strategy.
- The Academy provides system leadership and culture initiatives and learning opportunities with core health and care knowledge and skills.
- Leeds is not isolated; it feeds into the West Yorkshire network and the national and international health system.
- The strategic approach is to be person-centred, not contained by organisational boundaries, embedding the Health and Wellbeing Strategy ambition, for Leeds to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.
- The work of the One Workforce Board was noted to have been successful, pulling together a multitude of groups and partner boards to advance a workforce vision for Leeds - *Leeds will be fair, open and welcoming; Leeds' economy will be prosperous and sustainable; All Leeds' communities will be successful.*
- Services are integrating through joint recruitment and education approaches. The delivery of this is aligned to system needs and fully informed by the context of skills scarcity in key areas.

- Health and social care cannot be separated; for example, staff exhaustion has been experienced across the system and issues faced by all staff need to be understood collectively to support them and unlock their full potential as care providers.
- The seven strategic workforce priorities agreed by partners are *integrated workforce design, growing and developing registrants, working across organisations, preventing ill health, narrow inequalities, learning together, improving health and wellbeing.*
- Experience from the work of the Leeds One Workforce Strategic Board and Academy can be learnt from to strengthen connections, amplify efficiency, and accelerate progress through allocating the right resources and people to the right place.
- Key projects involving voluntary and third sector and apprenticeships were noted to allow opportunities that narrow inequalities, providing hyper local, real pathways to careers.
- The impact of the workforce strategies intends to engage, recruit and support staff with tracked indicators for longevity.
- People Matters, a charity and social enterprise organisation which works to include those with a disability in the workforce, were commended for their work on value-based recruitment and enabling successful careers.

The Board discussed the following matters:

- It was confirmed that 'Team Leeds' induction materials have been developed and shared with partners to embed locally. This can't be entirely done centrally by the Academy.
- The positive effects of the collaboration strategies had been felt, but a cross reference impact assessment may be of use given the finite space and resources for some organisations and the disparity of available options. A map of interdependence was noted to be in development to deal with practical frustrations, such as access to IT in shared buildings.
- Staff retention is crucial across the health and care system and requires a mindset shift to ensure skills stay within the system. Staff may move organisation, but if this is between organisations in Leeds, this is not a loss to the system in its entirety.
- Health and wellbeing support for staff, through Leeds Community Healthcare, had opened their offer to other providers including commissioned services and across social care.
- The work on 'Team Leeds' and workforce monitoring was commended as there is a vacuum of national action to address staff recruitment and retention. A national coherent plan for social care is needed to align overall system priorities as the NHS primarily tops the hierarchy of value.
- Creative, upstream recruitment targeted at younger people will be effective in creating interest for careers in the health and care system, with progress opportunities road mapped for entry level jobs.

- NHS roles may seem to be more attractive to care staff. There are frequent examples where staff move over to NHS employment even if the salaries are similar. This may be as they seem to receive greater benefits and are perceived to hold greater social value.
- Support for the council paying the real living wage for home care providers was outlined as a positive step forward and all providers were encouraged to adopt the same.
- An updated national NHS workforce strategy is expected in the Spring this year. However, the Board noted that an integrated workforce strategy for the whole health and care sector would be more beneficial.
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#### **RESOLVED –**

- That the progress and positive impact the Academy and One Workforce Programme is making, be celebrated.
- That the Board proactively and visibly champion a one city Team Leeds approach across the collective workforce.
- That Members comments relating to impact opportunities not mentioned within this report or supporting papers where the work being undertaken could be applied, be noted.

(Councillor S Arif joined the meeting during consideration of this item)

#### **27 Seeking sign off for the Compassionate Leeds: Trauma awareness, prevention and response strategy for children, young people and families**

The report of the Leeds Trauma Awareness, Prevention and Response Steering Group.

The Chief Officer / Consultant in Public Health updated the Board on the vision and scope of the Trauma Awareness, Prevention and Response Strategy since it was first agreed on the 6<sup>th</sup> of December 2021. Progress since its agreement was outlined, with a steering group formed and sign off for the strategic approach sought, noting the collective work developing Leeds into a trauma-informed City.

The following was outlined:

- Data shows 50% of people experience trauma at some stage of their lives. It would be difficult to eradicate all trauma, but we can help minimise the impact of trauma and help people to have the skills and support in place.
- Adverse childhood experience such as domestic abuse or mental health issues are common with data from 2020 also showing 10% of children are deprived nationally, with trauma being more common in deprived areas. In Leeds there are 399 children in a protection plan.
- Mind Mate have worked in partnership as part of the strategy development process, with key a focus on language around trauma and the unequal impact of adversity. *The Future in Mind Strategy 2021 – 2026* is a plan for Leeds that explains how people are working together to improve mental and emotional health for young people.

- Resilience to trauma is best developed through experiences relating to kindness. A good public health response to trauma includes choices and opportunities for positive and kind experiences which enable individuals to live outside a history of trauma.
- The vision is for Leeds to be a trauma informed city that works to prevent the conditions that lead to trauma and responds compassionately and swiftly wherever trauma is present.
- The Trauma Informed Practise Integrated Resource Team had been developed with outcome framework being, supporting the workforce to adopt a trauma informed lens towards children and families, understanding how to actively support people with trauma, integrated expertise, increased awareness of the impact of trauma and adversity across agencies and arenas.
- Many groups have contributed and signed off the strategy, with the aim to adopt the plan by April 2023. A life course approach will be implemented to provide assistance or care when needed for all life stages.
- The Trauma Informed Work in Communities grants programme aims to boost protective factors in children and young people who have experienced, or are at risk of experiencing, adversity. Activity will promote strong, healthy relationships and help young people to develop relationship and pro-social skills.

The Board discussed the following matters:

- In response to a question regarding the measurement of outcomes, it was confirmed the strategy will be delivered over time using a broad approach to capture data and insight Leeds Beckett University have conducted consultation to capture real life stories.
- Training will need to be combined and integrated to feed into Leeds' health care organisations including links to primary care.
- Trauma may not always lead to stress or mental health issues, yet most people will experience adversity in their life. Some trauma is unpreventable, so the aim should be to maximise the reduction in negative connotations.
- The definitions and approach cannot be isolated as each experience and reaction may differ and there can also be no assumption trauma is always treatable.
- There are multiple, intersectional layered challenges, particularly within diverse communities, so there is need for greater understanding and outreach as some people will need focused resources.
- The definition of trauma has expanded over recent years so is may be of use to be specific for types of trauma.
- Connection with the 3<sup>rd</sup> sector is vital as they have in depth knowledge and experience, and often hold more trust within community settings.
- Trauma training can change people's perception of the world, to be more empathetic when conversing with others and is an essential quality for care providers.



## RESOLVED –

- a) That the progress made by the Trauma Awareness, Prevention and Response Steering Group since December 2021, be noted.
- b) That the draft strategy, endorsing publication in March 2023, be signed off.

## 28 Building a fairer Leeds for everyone: The Marmot City programme

The report of the Director of Public Health.

The Deputy Director of Public Health and Head of Public Health updated the Board on the progress of the proposals for Leeds to become a Marmot City, following endorsement from key strategic partnerships.

The following was outlined:

- The national Marmot review in 2010 revealed the scale of inequalities in the UK and identified recommendations for action.
- The need for the programme is in response to health inequalities, to strengthen the building blocks of health, act on social determinants and to recognise healthy life expectancy ambitions.
- The approach was being developed into policy and was noted to be at a 'start of the beginning' stage as the programme is being adopted after cross institution work to imbed the principles.
- The 8 Marmot principles are; *Give every child the best start in life, Enable all children, young people and adults to maximise their capabilities and have control over their lives, Create fair employment and good work for all, Ensure a healthy standard of living for all, Create and develop healthy and sustainable places and communities, Strengthen the role and impact of ill-health prevention, Tackle discrimination, racism and their outcomes. Pursue environmental sustainability and health equity together.*
- The 6 Leeds specific principles that have been developed are; *Strategic alignment with the Best City Ambition and the Healthy Leeds Plan, Community voice – working with communities in a meaningful way to recognise the impact of power imbalances on health inequalities, Building on existing commitments – recognition of ongoing work to address inequalities locally, Whole-city and whole-system – but with specific priority areas of focus, Solution-focussed approach – building on assets and strengths Outcome focussed - Maintaining a city-wide 'line of sight' on the combined efforts to reduce inequalities in the local population.*
- The purpose of the report was to open the vision to further refining to create a robust approach before full adoption.
- The approach works across the social gradient and distributes resources according to need (otherwise known as proportionate universalism).
- The changes to ways of working to be implemented include, improved capabilities, imbedding a structured approach and working collaboratively.

- The Marmot approach was developed in response to social conditions caused by the 2008 financial crisis which are comparable to current economic conditions.
- Work will progress in two phases with a launch event and a partnership event in April 2023 and two partnership events and production of a final report by April 2024, with full adoption by April 2025.
- The development of the Marmot programme in Leeds will be iterative and shaped as the programme progresses. The specific events being organised will help to shape the direction of the programme and support action across the system.

The Board discussed the following matters:

- The Marmot programme aligns with the health care system in Leeds, with the role of the health sector to positively influence social determinants noted.
- The 8 principles are similar to other strategies, both proposed and adopted by the council, which may provide an opportunity for the acceleration of other strategies.
- The pandemic had shone light on the widening health inequalities and the need for action and changes to legislation to improve healthy lifestyle opportunities. Access to quality housing and green spaces massively impact health determinants.
- Given the scale of the work and no additional resources allocated to the programme, being in the position to start delivery is positive. A fundamental shift is required given the scale of the problems, the approach is not fatalistic, and the problems noted are solvable.
- 3rd Sector experience is crucial input as they possess technical experience and can represent the community voice, the people the programme is aimed to benefit. Work can be built on smaller community projects.
- Access to secure jobs and reliable transport networks are essential to meeting the principles.

**RESOLVED** – To note the progress that has been made towards Leeds becoming a Marmot City.

(Cllr J Dowson left the meeting at the end of this item)

**29 Allocation of Adult Social Care Hospital Discharge Fund**

The report Director of Adults and Health, Leeds City Council & Place Based Lead, Leeds Health & Care Partnership, Leeds Committee of the West Yorkshire Integrated Care Board on behalf of the Partnership Executive Group (PEG).

There is a requirement for the fund to be pooled into the Better Care Fund agreement as an addition to existing section 75 agreements.

**RESOLVED** – To note;

- The Adult Social Care Hospital Discharge Fund 2022-23 allocated to the Leeds Health and Care Partnership to the sum of £7.947m
- The incorporation of the Fund into the BCF
- The amendment to the Section 75 Agreement incorporating the above
- The spending plan outlining the use of the Fund

**30 Date and Time of Next Meeting**

**RESOLVED** – The date, time and venue of the next Health and Wellbeing Board meeting is yet to be confirmed.