



## HEALTH AND WELLBEING BOARD

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Meeting to be held in Health For All, Tenants Hall Enterprise Centre, Tenants Hall, Acre Close, Middleton, Leeds LS10 4HX on Thursday, 9th November, 2023 at 1.00 pm

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### MEMBERSHIP

#### **Councillors**

S Arif  
J Dowson  
F Venner (Chair)

S Golton

C Anderson

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

Tim Ryley - Place Based Lead, Leeds Health & Care Partnership  
Jenny Cooke - Director of Population Health Planning

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

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

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

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

#### **Third Sector Joint Representative**

Corrina Lawrence – Chief Executive, Feel Good Factor  
Helen Hart – Chief Executive, BARCA

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

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  
Sam Prince - Leeds Community Healthcare NHS Trust

#### **Safer Leeds Joint Representative**

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

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

Jim Barwick – Chief Executive of Leeds GP Confederation

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

James Rogers - Director of Communities, Housing and Environment

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

Rebecca Charlwood - Independent Chair

#### **Clinicians Joint Representative**

Jason Broch, Chief Clinical Information Officer  
Sarah Forbes Chief Clinical Information Officer

#### **Representative of Communities of Interest**

Pip Goff - Director, Volition

## A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
2			<p><b>WELCOME AND INTRODUCTIONS</b></p> <p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></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><b>RESOLVED</b> – 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 on the 20<sup>th</sup> of July 2023 as a correct record.

7 - 20

9

**LEEDS COMBATING DRUGS PARTNERSHIP PROGRESS UPDATE**

To consider the report of the Director of Public Health, detailing, as previously outlined in the paper presented to Health and Wellbeing Board in November 2022, that Leeds is responsible for the local implementation of the national 10-year drug plan, "From Harm to Hope" and this comes with additional investment, responsibility, and accountability.

21 - 46

10

**MIGRANT HEALTH BOARD UPDATE**

47 -  
78

To consider the report of the Leeds Migrant Health Board, outlining the Boards purpose to significantly improve health outcomes for Leeds migrant communities by providing a strategic, citywide approach to understanding and addressing migrant health needs in Leeds.

11

**HEALTHY AGEING**

79 -  
132

To consider the joint report of the Directors for Adults and Health and Public Health, detailing, clear framework of 'what works' to promote healthy ageing set out by World Health Organisation and longstanding commitment from partners to work towards this. The key issues affecting older people in Leeds are understood and plans are in place to address these through the Age Friendly Strategy, citywide work relating to population health population and priorities identified to deliver the outcomes of the Healthy Leeds Plan.

12

**JOINT STRATEGIC ASSESSMENT/BEST CITY AMBITION**

133 -  
142

To consider the report of the Head of Policy, outlining that Leeds City Council and the West Yorkshire Integrated Care Board have an equal and joint statutory requirement to produce a Joint Strategic (Needs) Assessment – working together through the Health and Wellbeing Board.

13

**DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting as Thursday the 21<sup>st</sup> of March 2024 at 1:00pm.

### **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.

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## HEALTH AND WELLBEING BOARD

THURSDAY, 20TH JULY, 2023

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

Councillors C Anderson, S Arif and  
J Dowson.

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

Helen Lewis - Director of Pathway Integration

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

Victoria Eaton – Director of Public Health

Caroline Baria – 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)

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

Dr John Beal – Chair, Healthwatch Leeds

Hannah Davies – Chief Executive, Healthwatch Leeds

### **Representatives of NHS providers**

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Sam Prince - Leeds Community Healthcare NHS Trust

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

Jim Barwick – Chief Executive of Leeds GP Confederation

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

James Rogers - Director of Communities, Housing and Environment

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

Rebecca Charlwood - Independent Chair

### **Clinicians Joint Representative**

Jason Broch, Chief Clinical Information Officer

### **Representative of Communities of Interest**

Pip Goff - Director, Volition

## **1 Welcome and introductions**

The Chair welcomed Councillor C Anderson who had been appointed to the Board by Annual Council in May 2023 and expressed thanks to Councillor N Harrington for her contribution to the Board. Councillor Venner also reported that Thea Stein would be leaving the Board in September 2023 to take up a new role and thanked her for her work with the Board and partners.

Draft minutes to be approved at the meeting  
to be held on Thursday, 9th November, 2023

The Board paid their respects to the sad news of the passing of Heather Nelson, the Chief Executive of the Black Health Initiative in Leeds and was also a recent Member of the Health and Wellbeing Board. The Chair expressed condolences to her family and community and noted that Heather was a wonderful person who worked tirelessly to make a positive difference to peoples lives.

**2 Appeals against refusal of inspection of documents**

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

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

There was no exempt information.

**4 Late Items**

There were no formal late items noted, but supplementary information had been circulated to Board Members prior to the meeting, in relation to item 11b – Healthy Leeds Plan Refresh & Item 12 – In Our Shoes Director of Public Health Annual Report.

**5 Declaration of Interests**

No declarations of interest were made.

**6 Apologies for Absence**

Apologies for absence had been received from Councillor S Golton, Tim Ryley, Jenny Cooke, Dr Phil Wood, Corrina Lawrence, Helen Hart, Thea Stein, Julie Longworth, Paul Money and Superintendent Dan Wood.

Substitutes were in attendance - Sam Prince on behalf of Thea Stein, Farrah Khan on behalf of Julie Longworth and Helen Lewis (Director of Pathway Integration) on behalf of Tim Ryley and Jenny Cooke and representing the ICB.

**7 Open Forum**

No matters were raised under the Open Forum.

**8 Minutes**

**RESOLVED** – That the minutes of the meeting held on 9<sup>th</sup> February be agreed as a correct record.

**9 Update on Transforming Community Mental Health in Leeds**

The Board considered a report which provided an update on the work to transform Community Mental Health in Leeds. The report outlined the collaborative approach to the work undertaken by NHS organisations, Leeds City Council, the Voluntary, Community and Social Enterprise (VCSE) sector, and service users/people with lived experience. Partners had come together to consider the transformation of how primary and community mental health services were currently organised and delivered for adults and older people



with ongoing and complex mental health needs (commonly referred to as severe mental illness/SMI).

In attendance for this item were;

- Liz Hindmarsh – Programme Manager, Leeds Community Mental Health
- Annette Morris – Involvement Lead
- Debbie Thrush – Clinical Lead for Working Age Adult Community Mental Health Teams

In introducing the report, the Programme Manager, Leeds Community Mental Health highlighted that approximately 8000 adults in Leeds were recorded on the SMI register, but it was thought that SMI was under-reported. Additionally, people with complex mental health/SMI experienced very different physical health outcomes and their life expectancy could be 15-20 years shorter than other people. Initial consultation on transforming services was undertaken with the Early Intervention Partnership which identified the Partnership would value focus on access to care and compassionate care.

The vision was to:

- Create a joined-up service from the primary and community mental care providers.
- To remove any barriers to access to services.
- The ability for people to access services as early as possible.
- For people to remain in their community.

The Board received a video presentation which included the ambition to create Integrated Community Mental Health Hubs, to be placed within Local Care Partnerships (LCP's). Service referrals will be made to the Hubs where personalised treatment will be delivered by Third Sector partners. A pilot of the Hubs will be trialled in three Leeds LCP's with the intention to roll out the Hubs city-wide during 2024-25.

The delivery model had been informed through extensive consultation and workshops and would entail a culture change in service delivery, with time for reflection to ensure the roles and relationships were right. The new roles will include:

- 8 Community Wellbeing connector roles - to connect individuals to the right support in their community. The Connectors would be part of the Hub Multidisciplinary Team/VCSE partnership of providers.
- Peer Support Worker roles – to focus on the emotional/relational element of support for an individual at their time of need. They would also focus on working towards cultural change in services and be part of the Hub Multidisciplinary Team/VCSE partnership of providers.

The Board also received details on the work undertaken and planned which included following:

- Work was moving from the consultation/engagement phase to involvement and co-production of the service with Healthwatch, to put in place the systems needed to achieve the transformation.

- Work was ongoing with diverse communities to eradicate the imbalances in the systems and to reduce health inequalities.
- Work built on the representations made by people with lived experience.
- Work was being done to support people with mental health issues and service users to communicate the transformation process and new Hub model.

The challenges ahead included:

- Workforce pressures and the limited supply of roles in the service and current vacancies.
- The resources required for a project of this size and complexity.
- Maintaining the energy and pace needed for the transformation and the context of the pressures.
- ICT systems and inter-operability which can present limits to agility and integration.

Before moving to discussions, Sara Munro highlighted that the transformation process would have an impact over a period of 18 months but was necessary to achieve the change for service users.

The Board discussed the following matters:

- Evaluation of the pilot Hub model – the pilot Hubs would be rolled out in different areas of Leeds so learning will be taken from each community. Evaluation will be for the whole of West Yorkshire and will include consideration of service users and support for practitioners for them to make their own decisions. Recognising the level of need for services, the Board noted a request for a report back in 12 months.
- Resources – existing and new staff will deliver the new service model.
- Priority issue – before Covid-19, mental health was the issue most people raised with Healthwatch. The service transformation required the same priority amongst partners as Covid, especially due to the anticipated service disruption whilst transformation occurs.
- Inter-operability – focus needed across all providers to ensure the new system works.
- Estate – a mapping exercise had been undertaken to identify sites, but the issue of mental health services provision in GP practices was being discussed with practices and LCPs.

#### **RESOLVED –**

- a) To note the scope, ambitions, approach and progress of the work to date.
- b) To support and endorse the work in Board members' respective roles, communities and organisations, be noted.
- c) To support with unblocking of barriers around IT and systems integrations and estate by supporting with work on partnership agreements.

- d) To support an appropriate alignment of resource to support effective delivery of this programme and the long-term embedding of culture change that will be required over many years.
- e) That Members comments and recommendations, including the request for a report in 12 months on the transformation, be noted.

## **10 Big Leeds Chat: One Year On, Progress and Next Steps**

The report of the Big Leeds Chat Working Group outlined an assessment of the progress of the 10 Big Asks identified by the public through the Big Leeds Chat (BLC) 2021. It showed that both plans and actions were in place for the majority of the Asks.

In attendance were;

- Hannah Davies, Chief Executive of Healthwatch Leeds
- Paul Bollom, Head of Health and Care Development

The Chief Executive of Healthwatch Leeds, introduced the item and outlined the ambition to have the voice of the people at the heart of all levels of health and care planning. The Board was also reminded of the work undertaken across the city as part of the Big Leeds Chat 2021 where 40 events were held city wide. The 10 'Asks' reflected the recurring themes of the events and previously the Board had felt it important to identify a lead for each 'Ask'. Events had been held in an open conversation format, distanced from formal survey models. Notable events that took place prior to the Covid-19 pandemic were a joint event at the Civic Hall and two public conversation events run by Healthwatch at Kirkgate Market.

The Head of Health and Care Development outlined each of the ten 'Asks', noting that some reflected the impact of the pandemic and more recently the cost of living crisis. He added that, in summary, when you asked people about their health, invariably they bring up the wider determinants of health, such as access to transport and greenspace, as much as they focus on the delivery and access to health and care services. The 10 'Asks' were:

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.

The Board had challenged each Ask area to consider 4 questions, detailed at page 54 of the report and a video was played for Members which provided feedback to the Board on these topics and cross-cut a number of the Asks. The video focused on SCOT FC, a local grass roots football team and demonstrated benefits for feeling part of a community, positive impact for children, community mental health and cost effectiveness. The programme had also involved Get Set Leeds and Active Leeds.

For some areas there was very clear plan and action plan to implement, but there were some 'Asks' where challenges remained:

- For Ask 2 - 'A city where there are plentiful activities' –There was no single plan or oversight, making evidence for what had been done to address the challenge difficult to gauge.
- For Ask 5 – 'Each individual community has local facilities' – Visibility of communication and feedback to the public regarding progress and plans for action was less clear, and although there were activities happening, such as, community anchors and priority wards, further community engagement pathways were to be developed.
- For Ask 10 – 'Transport' – A deep dive assessment of transport strategy had been conducted to address accessibility to move around the city which noted some positives; work was ongoing to improve the quality and enhance the overall travel experience and reduce car usage.

The next steps were outlined as, finalising the public facing programme reports, feedback to communities over Autumn 2023 and to link the 'Asks' to the development and launch of the refreshed Health and Wellbeing strategy.

The Board discussed the following matters:

- The Health Partnerships Communications Team was converting the conversations into summaries to release and share back with the 43 Big Leeds Chat communities. It was noted the LCP geographical areas will be useful routes to provide feedback for the public.
- The importance to repeat the Chats in 2023 was noted, which could use the outreach to communities model, as had been done for the Big Leeds Chat 2021. Feedback can be gathered by asking opinions on how people feel about the 10 headline topics when compared to previous submissions and how they think future consultation should be implemented.
- The Board noted the challenge to improving public transport and the need for transparency of the conversations providers were having with

communities on removing barriers to access and addressing gaps or variation to provision. Work was ongoing regarding pre-9.30am access to public transport for older people with a letter sent to the WYCA Mayor urging removal of this restriction. Getting around the city suburb to suburb was identified as a key issue for outer areas.

- Some of the 'Asks' were very clear, but caution as to how terminology was used was highlighted. The Ask about "individual community" was very broad, so expectations may need to be managed. It was noted that some of the 'Asks' remained vague until the mechanisms for progress for an area had been developed.
- As an increased number of GPs were working part time, the figures for whole time equivalents were requested with the desire that allocation should be proportionate to population within LCP areas. It was outlined that provision was determined by the Primary Care Network and there were other survey results which were equally important, such as, how a practice operated in its community. Although there were service challenges, 70% of appointments were face to face, 50% of appointments were same day appointments and 20,000 Leeds residents were seen by a GP daily.
- It was noted that although a lot of the aspects of the 'Asks' were out of the Board's remit and control, the Board and partners did have influence. The 10 Community Committees could be utilised to provide both feedback information on progress with Asks and consult further with communities to develop best practise.
- Small projects were also noted to potentially have a wide scope of positive impact for communities with an example given as the installation of trees along Harehills Road and the difference that had made for people's wellbeing.
- The red, amber and green rating system used to track the progress of each 'Ask' was agreed to be reviewed to further monitor progress indicators.
- Although access to NHS dentistry and GP services had not been raised as one of the 'Asks' it was expected to be a key priority for people for the next cycle of the Big Leeds Chat. A notable project to progress 'Ask' 1 was the Leeds Bear Hunt which had been sponsored by local organisations and was a low-cost family day out. There was a "best dressed bear" competition scheduled for the 2<sup>nd</sup> of August 2023 in Merrion Gardens.

#### **RESOLVED –**

- a) That the progress made in meeting the 10 Big Asks identified through the Big Leeds Chat and address gaps in action or reporting, be noted.
- b) That the feedback approach to communities outlined in the paper including linking feedback to the refresh of the Health and Wellbeing Strategy, be agreed.
- c) That the wider use of the Big Leeds Chat approach as an ongoing dialogue for engagement between decision makers and the public, be supported.

- d) That the work to establish greater ongoing dialogue and feedback with the public on the Big Leeds Chat 10 Ask areas developing a relational, conversational and co-production approach, be supported.
- e) That the bringing forward of a further iteration of an engagement approach building on the achievements of the Big Leeds Chat, be supported.

(Councillor J Dowson joined the meeting during consideration of this item)

## **11 The Leeds Health and Wellbeing Strategy Refresh - a strategy to 2030**

The report of the Chief Officer, Health Partnerships outlined the Health and Wellbeing Strategy refresh as an opportunity to further embed and build on the strong existing health and care and wider partnerships in the city which had effectively navigated the city through an unprecedented period, and as the system continued to develop in a new phase of health and care integration. The Strategy was aligned closely to key strategic ambitions and plans including the Best City Ambition and the two other key city pillars of Inclusive Growth and Zero Carbon, as well as the refreshed West Yorkshire Partnership Strategy and Healthy Leeds Plan.

After thorough consultation with a range of city partners the strategy was at a final draft endorsement phase. The Strategy maintained the ambition for Leeds whilst recognising the lived experiences of people, many of whom had experienced challenges before, during and after the pandemic specifically related to the cost of living and impact of poverty. It was noted that the Strategy lay with the remit of the Board to approve but it would also be presented to the Executive Board on the 26<sup>th</sup> of July 2023 for endorsement.

In attendance for this item were:

- Tony Cooke, Chief Officer Health Partnerships
- Wasim Feroze, Strategy Partnership Development Manager

Introducing the report, the Chief Officer Health Partnerships and Strategy Partner Development Manager outlined the following information:

- A message of thanks was extended to many Council Departments, NHS and Third Sector partners for engagement and influence with the strategy.
- The contents of the strategy reflected the financial challenge being experienced by the city and its residents.
- Recent amendments had been implemented reflecting recent data and indicators, working closely with Marmot City and Inclusive Growth.
- Next steps included the development of action plans to underpin each of the 12 refreshed priorities. These will be developed with partners where relevant.
- Work will also be progressed to agree indicators to support the refreshed strategy with an aspiration to develop a single source of information e.g. data dashboard to track progress over time.
- An accessible, condensed version of the strategy was in development which was to be launched alongside the full version in October 2023.

- A public launch event was also planned for October 2023.

The Board discussed the following matters:

- Big Leeds Chat colleagues proposed to utilise the opportunity of the public launch to enhance public engagement and discussion of Big Leeds Chat principles.

#### **RESOLVED –**

- a) That the engagement and work that has been undertaken with partners as part of the development of the Health and Wellbeing Strategy refresh, be noted.
- b) That the final draft of the Health and Wellbeing Strategy refresh attached at Appendix 1 of this report, be approved.
- c) That the proposed next steps in the development and delivery of the Health and Wellbeing refresh as outlined in this paper, including establishing a set of clear indicators of the Strategy, be approved.
- d) That the further development and graphic design work will be carried out with an accessible document created prior to the publication and promotion of the agreed Leeds Health and Wellbeing Strategy refresh, be noted.

## **12 Healthy Leeds Plan Refresh: Update**

The report of The Healthy Leeds Plan outlined the health and care contribution towards delivering the Leeds Health and Wellbeing Strategy ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.*

The following were in attendance:

- Catherine Sunter, Head of Population Health Planning, Leeds ICB

The Head of Population Health Planning ICB, presented the report and outlined the following information:

- The plan was ambitious to improve health goals in line with the system commitments to population needs, which was a different approach from traditional plans which had focused on primary care and point of access.
- It was noted that 26% of the Leeds population live in the 10% most deprived areas nationally. The plan will aim to achieve improved health outcomes for all.
- The link between the Health and Wellbeing Strategy and Healthy Leeds Plan with their collective commitments and shared goals will be demonstrated at the launch event in October 2023.
- The 9 exclusive segments of population and life stages that will be targeted by the plan were outlined as: children and young people, healthy adults, maternity, long term conditions, cancer, severe mental illness, learning disabilities and neurodiversity, frailty and end of life.
- Comments arising from consultation undertaken with the Adults Health and Active Lifestyles Scrutiny Board, ICBs and Health and Wellbeing Board were to be incorporated into the plan.

- Care Delivery Boards work alongside the plan with measures incorporated into the population outcome framework. Data led priorities had been established in consultation with Population and Care Delivery Boards and LCPs.
- It was noted that the 2023 plan will be comprised of 2 clear system goals - 'reduce preventable, unplanned care utilisation across health settings' and 'increase early identification and intervention' and owned by Leeds.
- The broader purpose and next steps of the plan were to contribute to the West Yorkshire Joint Forward Plan and influence local plans to meet regional and national goals. The plan will be unique for West Yorkshire and focus on its population demographics. The Joint Forward Plan will be subject to an annual review.
- The small scope of goals gave greater ability for tracking and agreeability and will be refreshed on an annual basis.
- The progress for goal 1 'reduce preventable, unplanned care utilisation across health settings' will be robustly monitored with target reductions and compared with other systems and work, including the community mental health transformation programme.
- Goal 2 'increase early identification and intervention' will be informed via goal 1 data.
- The communications plan proposed to create a clear easy read version for staff and the public once the plan had been agreed.
- Appropriate changes to the plan will be incorporated by the end of August 2023.

The Chair, on behalf of the Board, extended a message of thanks for the positive, collaborative partnership work, noting that as topics covered were often challenging, the focus on preventative measures was honest and reflective of financial challenges and the document.

#### **RESOLVED –**

- a) That the revised and reduced number of system goals which were described in the refreshed Healthy Leeds Plan and will replace the Strategic Indicators as set out in the original Healthy Leeds Plan document, be noted.
- b) That the approach taken to refreshing the Healthy Leeds Plan document, be noted.
- c) That the Healthy Leeds Plan for submission as Leeds' element of the WY Joint Forward Plan, be approved.

### **13 In Our Shoes: The Director of Public Health Annual Report 2022**

The Board considered the Annual Report of the Director of Public Health entitled "In Our Shoes" which, described the health of the population and made recommendations to improve health. The report focused on the current state of children and young people's health in Leeds, this included exploring the impact of the COVID-19 pandemic on their lives.

In attendance were:

- Victoria Eaton, the Director of Public Health

Draft minutes to be approved at the meeting  
to be held on Thursday, 9th November, 2023



- Kathryn Ingold, the Chief Officer - Consultant/Public Health

The Director of Public Health and Chief Officer - Consultant/Public Health presented the report and outlined the following information:

- The report was nationally recognised for its high standard and child focused approach, providing an understanding of how much children and young people had missed out on during the Covid-19 pandemic.
- The report had involved input from a wide scope of Council departments.
- Headline findings and 10 recommendations had been developed as part of the study; these were detailed at page 194 of the report pack.
- It was the first annual report of the Director of Public Health since the Covid-19 pandemic, with the report's theme relevant since the city emerged from the pandemic.
- An infographic document and child friendly summary version had also been developed.
- The broad scope of consultation and emotive conversations had produced a high-level narrative, using a combined approach with public evidence, real scrutiny of local data and huge engagement with over 260 health professionals to reflect the voices of children and young people.
- The Leeds report had been recognised nationally for best practice as 1 of 4 of the Annual Director of Public Health reports for its robust review of data and the only one to have put the voice of young people first.
- 11 key themes had been developed as; children's mental health, parental mental health, children's physical health, poverty, housing and where we live, children's safety, play and screen use, child development, educational attainment, accessing services, childhood infections and positive impacts.
- The focus on inequality showed the difference between the Leeds average and the children living in areas which fall into the most deprived 10% nationally, constructing an awareness of these unequal outcomes.
- Indicators for self-reported mental health issues were worse when compared to previous data and demand for services had increased.
- Physical health indicators noted an increase in childhood obesity, an initial spike with emerging data after the pandemic having levelled off for reception age children but was still increasing for children in year 6.
- The negative effects of the pandemic had impacted less affluent children more which highlighted inequality, such as access to green space.
- Child vaccination rates had fallen over the pandemic which may put younger people at a greater risk of contracting measles or mumps.
- The next steps were covered by the 10 recommendations with 8 focused on conditions and prevention and 2 on health and care service improvements.

A video was played for Board Members displaying examples of anecdotal evidence and engagement with families and young people.

The Board discussed the following matters:

- The report was useful to inform priorities as part of Leeds' Marmot City work.
- The reference made to health visitors checks in the video was queried. It was noted that most provision during the pandemic had been online and this had been identified through conversations with families who appeared to have fallen through gaps in services. It was acknowledged that this may not have applied widely across the city, however the specific issue raised had been followed up with lead services.
- The increased obesity levels were concerning as this could lead to obesity in adulthood which indicated a lower life expectancy and health outcomes. Engagement with politicians at a national level was proposed to address the issue through initiatives such as taxation policy.
- The Healthy Leeds Plan will be an appropriate pathway to translate into funding and action on some of the issues noted in the report and for priorities to be progressed.

(Rebecca Charlwood, the Independent Chair for the Leeds Committee of the WY ICB, left the meeting during consideration of this item)

**RESOLVED –**

- (1) To note the content of the Director of Public Health annual report and accompanying film.
- (2) The Board supported and committed to deliver the recommendations of the report, including:
  - a) All partners in Leeds to ensure the voices of children and young people are central to all work planned, taking into account the Child Friendly Leeds twelve wishes.
  - b) Leeds City Council and partners to work to ensure children are kept safe with a focus on: Prevention of harm and Parenting support; Early help; Reducing domestic violence. Leeds City Council, the Leeds Office of the West Yorkshire NHS Integrated Care Board, and partners to continue to prioritise work to improve and protect children's mental health. This will be delivered through the: Leeds Children and Young People's Plan; Prevention workstream of the Future in Mind strategy.
  - c) Leeds City Council to build on the success of existing support to parental mental health and wellbeing, with a focus on the development of family hubs.
  - d) Leeds City Council to work with partners to continue to deliver a programme of work to protect and improve children's physical health. This will focus on: Implementing the recommendations from the play sufficiency research; Increasing physical activity opportunities; Increasing access to healthy food; Implementing the child healthy weight plan.
  - e) Leeds City Council to ensure that children are central to the delivery of work to become a Marmot city, with a focus on: Improving housing; Planning; Mitigating the impacts of poverty; Children getting a fair start in life; Ensuring the Thriving Strategy is implemented.

- f) The Best Start partnership to aim for all children in Leeds to receive the best start in life, with a focus on children from more deprived backgrounds. This includes redressing the gap in speech language and communication development.
- g) Leeds City Council to maintain work underway to ensure equitable catch up in terms of educational attainment. This will be achieved through delivering the five main priorities of the 3As Plan: Reading; Attendance; Special Educational Needs; Wellbeing; Transition.
- h) The Leeds Office of the West Yorkshire NHS Integrated Care Board to ensure health care services are accessible to all children and young people. This will focus on: Dental services; Mental health services; Speech, language and communication.
- i) NHS England and The Leeds Health Protection Board to increase coverage rates of childhood immunisations.

#### **14 Leeds Health & Care System Better Care Fund Submission 2023-25**

The Board received the report of the Leeds Health and Care System which provided an overview of the Leeds Better Care Fund Submission for 2023 -23. The submission had been collaboratively produced by the ICB in Leeds and the LCC's Adults & Health Directorate's and met the requirement to complete and submit the Better Care Fund Plan for 2023-25 to NHS England by 28th June 2023.

The submission was an annual requirement and had been discussed in length at a recent Health and Wellbeing Workshop and had been brought to the Board meeting to be formally agreed.

Caroline Baria, the Interim Director of Adults and Health noted that the plan had been scrutinised, feedback had been incorporated into the final version and the formatting had been revised. The plan was compliant with the four national conditioned objectives.

The Board discussed the following:

- The collective review process alongside an independent sector review was queried. Reassurance was given that the partners from all sectors had ownership of the plan and delivery was integrated.
- The review had matured and been honest as to how money is best utilised, the document was transparent and coherently informed using relevant evidence.

**RESOLVED** – That the attached collaboratively authored and regionally reviewed Better Care Fund Submission 2023-25 plan for the Leeds City be noted.

#### **15 Revised Governance Arrangements for Local Strategic Plans to Improve Outcomes for Children and Young People with Special Educational Needs and Disabilities (SEND), ensuring alignment with a changing national agenda.**

The Board received the report of the Chief Officer for Learning Inclusion, Children and Families Directorate and the Associate Director of Pathway

Integration, West Yorkshire Integrated Care Board (Leeds Place) on the national SEND and Alternative Provision Improvement Plan published in 2023 which set out national plans for the improvement in response to the 2022 green paper – “Right support, right place, right time”.

The Board noted that the changing needs of children and young people and the national changes had prompted a review of the governance arrangements and reporting mechanisms. OFSTED were scheduled to review SEND services focused on education and social care. Discussions at the SEND Board will provide feedback to the Health and Wellbeing Board to review issues.

Farrah Khan, the Chief Officer for Family Help, outlined the partnership arrangements for Leeds against national legislation and the changed terms of reference; the Health and Wellbeing Board will be updated on ongoing work from the Children’s and Young People’s Population Board.

**RESOLVED –**

- a) That the draft new Terms of Reference for the Leeds area SEND Partnership Board and proposed new reporting arrangements be noted.
- b) To note the proposal for the SEND Partnership Board to report regularly to the Health and Wellbeing Board.

**16 Any Other Business**

Pip Goff, the Representative for Communities of Interest highlighted the difficult financial position of the Third Sector, noting the sector had absorbed cuts to Council and NHS organisations. It was outlined that over the period from 2020 to 2022 the Third Sector has lost 34% of its paid workforce and 27% of volunteers. The bi-monthly cost survey had noted approximately half of Third Sector organisations had been operating at a reduced service capacity level and the shortfall needed to be addressed.

Board Members acknowledged the pressures the sector was experiencing, and executive partnership work was ongoing. The Third Sector was noted to be comprised of a huge number of organisations and investigation will be needed to identify the populations and organisations experiencing the greatest challenge. A specific list of shared scheme proposals will need to be developed to provide an overview of the situation and support development of a management plan to alleviate impact.

The Chair agreed to write a letter to partners and recommend that the Board consider a formal item regarding sustainability plans for the Third Sector.

**17 Date and Time of Next Meeting**

**RESOLVED –** To note the date and time of the next Health and Wellbeing Board meeting Thursday, 9th of November 2023 at 1:00 pm.

**Report of:** Victoria Eaton, Director of Public Health, Leeds City Council and Senior Responsible Officer

**Report to:** Leeds Health and Wellbeing Board

**Date:** 09 November 2023

**Subject:** Leeds Combatting Drugs Partnership Progress Update

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number: Appendix number:		

## Summary of main issues

As previously outlined in the paper presented to Health and Wellbeing Board in November 2022 Leeds is responsible for the local implementation of the national 10-year drug plan, “From Harm to Hope” and this comes with additional investment, responsibility, and accountability.

Leeds has received increased investment from the Office for Health Improvement and Disparities (OHID) via the Universal Grant and Supplemental Substance Misuse Treatment and Recovery Grant since 2021/2 and the last tranche of funding will be released in 2024/5 (exact allocations to be confirmed and we await further announcements regarding funding levels beyond 2024/5). The funding is for specific purposes relating to government priorities in “From Harm to Hope” and recommendations from the Dame Carol Black Independent Review (Part 2) of drug prevention, treatment, and recovery. The additional funding is non-recurrent, confirmed annually, related to specific grant conditions on increasing capacity and quality in specified areas, and heavily performance managed by OHID and scrutinised by Ministers at a national level – there is no long term assurance on future funding.

As proposed in the report to Health and Wellbeing Board in November 2022, a local governance structure of a Leeds Drug and Alcohol Partnership Board and sub-groups has

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been established, with terms of reference, and a strong partnership membership to steer this work under the leadership of the Senior Responsible Officer, Victoria Eaton, Director of Public Health and Executive Member for Adult Social Care, Public Health and Active Lifestyles, Councillor Salma Arif.

Leeds has developed strategic documents – a local needs assessment, strategy, delivery plan, data dashboards – to guide the work of the local Board in line with national guidance. OHID and the Joint Combating Drugs Unit will measure performance against the national outcomes framework. Improvements in performance and new innovative services are expected from the increased investment.

In July 2022 Leeds joined other UK and international cities in signing up to the Inclusive Recovery Cities movement with a commitment to making recovery visible and celebrating recovery in Leeds (see **Appendix 2**, Leeds Inclusive Recovery City Newsletter - Recovery Month)

Leeds has received significant additional investment in its drug treatment and recovery system with very specific grant conditions, expected outcomes, and scrutiny. The continued focus is on improving the capacity and quality of the treatment system so that individuals, families, and communities receive the support they need to reduce harms from drug and alcohol use, make progress in treatment, achieve and maintain recovery and regain healthy lives in our Inclusive Recovery City<sup>1</sup>.

Leeds is building from a position of strength, with experienced and collaborative local partnerships, and a CQC “outstanding” high performing local provider: Forward Leeds. We have a strong track record and a continued focus on improving outcomes for the people of Leeds.

## Recommendations

- To note the progress made in local implementation of the national 10-year Drug Plan “From Harm to Hope”.
- To note the increased (indicative allocation) investment for Leeds and share evidence and knowledge on needs and gaps to inform investment priorities for 2024/5, noting the very specific restrictions and conditions on the funding.
- To support the work to improve screening pathways between healthcare, social care, and treatment.
- To seek opportunities to make recovery visible, celebrate recovery and support the Inclusive Recovery Cities movement.

## **1 Purpose of this report**

### **1.1 Local Combatting Drugs Partnership Progress Update**

- 1.2 This report provides an update on behalf of the Senior Responsible Officer, Victoria Eaton, Director of Public Health and the Local Combatting Drugs Partnership (Leeds Drug & Alcohol Partnership Board) of progress made towards the local implementation of “From Harm to Hope” HM Government’s 10-year drug plan to cut crime and save lives (alternatively referred to by the government as a “plan” and a “strategy”) in line with milestones set out in national guidance.
- 1.3 This includes an explanation of how additional grant funds allocated by the Office for Health Improvement & Disparities (OHID) for 2021/2, 2022/3, 2023/4 have been invested in the local drug treatment and recovery system and the process by which investment priorities will be selected for the indicative allocation for 2024/5.
- 1.4 The additional OHID funding is non-recurrent, confirmed annually, related to specific grant conditions on increasing capacity and quality in specified areas, and heavily performance managed by OHID and scrutinised by Ministers at a national level – there is no long term assurance on future funding.

## **2 Background information**

- 2.1 In February 2019, the Home Office and Department of Health and Social Care commissioned Dame Carol to undertake a 2-part Independent Review of Drugs<sup>ii</sup>. Part 1, published on 27 February 2020 focused on drug supply and demand, including its links to serious violence. Part 2 published on the 8 July 2021 focused on prevention, drug treatment, and recovery.
- 2.2. In December 2021, HM Government published “From Harm to Hope<sup>iii</sup>” the government’s 10-year drugs plan. This plan responded to Dame Carol Black’s review, which recommended a long-term approach, alongside large-scale investment, and changes to oversight and accountability, delivered by the whole of Government. The strategic priorities of “From Harm to Hope” are to:
1. Break drug supply chains
  2. Deliver a world-class treatment and recovery system
  3. Achieve a shift in the demand for drugs

**Table 1: What problems is “From Harm to Hope” trying to address?**

The problems identified by Dame Carol Black	From Harm to Hope Strategy to address the problem:
<ul style="list-style-type: none"> <li>• an estimated 300,000 people in England use opiates and or crack cocaine</li> <li>• disinvestment in adult treatment with an even greater reduction in funding for young people’s specialist substance misuse services and a growing level of unmet need</li> <li>• there is a lack of oversight and accountability at a local and national level with the re-introduction of incentives and levers, alongside locally held joint responsibility and accountability, needed to regenerate and revitalise the system</li> <li>• prolonged shortage of funding has depleted the workforce resulting in a loss of skills, expertise and capacity from this sector</li> <li>• caseloads have grown too high reducing the quality of treatment</li> <li>• there is a lack of specialist services, including inpatient detoxification and residential rehabilitation</li> <li>• recovery support has been underfunded, including housing and employment support, and recovery communities</li> <li>• there are high levels of physical and mental health need, without sufficient focus on drugs and alcohol within NHS and mental health services or within the workforce, and links with drug treatment are far too weak</li> <li>• more than a third of people in prison are there due to crimes relating to drug use</li> <li>• too few offenders are in treatment to make lasting change to their behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• nearly 1,000 deaths prevented, and lives saved</li> <li>• a phased expansion to deliver at least 54,500 new high-quality drug and alcohol treatment places, a 19% increase on current numbers</li> <li>• treatment contributing to around 740,000 crimes prevented, of which 140,000 are neighbourhood crimes such as burglary, robbery and theft</li> <li>• 21,000 new treatment places for opiate and crack users, 53% of opiate and crack users in treatment</li> <li>• 30,000 new treatment places for non-opiate users, including a further 5,000 more young people in treatment</li> <li>• at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers</li> <li>• a treatment place for every offender with an addiction</li> <li>• 24,000 more people in long-term recovery from substance dependency</li> <li>• increased referrals from police, courts and probation into drug treatment</li> <li>• more people recovering from addiction in sustained employment</li> <li>• more people recovering from addiction in stable and secure housing</li> </ul>
<p>Source: <a href="http://www.gov.uk">From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)</a></p>	<p>Source: <a href="http://www.gov.uk">From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)</a></p>



2.3 In June 2022, HM Government issued Guidance to Local Delivery Partners<sup>iv</sup> regarding the implementation of “From Harm to Hope”. This guidance set out the mechanisms for local implementation of the plan in order to achieve the required outcomes of cutting crime and saving lives. Local Combatting Drugs Partnerships were required to identify a single point of contact to represent and account to national government for local performance: Victoria Eaton, Director of Public Health is the Senior Responsible Officer (SRO) for the Leeds Combatting Drugs Partnership. A series of key actions and timescales were set out in the guidance which included:

- Form a local combatting drugs partnership with an agreed footprint and terms of reference.
- Conduct a Joint Needs Assessment.
- Create a local Drug Strategy and delivery plan.
- Develop and agree performance frameworks.

**Table 2. National Drug Plan Timeline**







February 2019	February 2020	July 2021	December 2021	April 2022	July 2022	May 2023
Dame Carol Black Independent Review commissioned	Dame Carol Black Review Part 1 published on drug supply & demand	Dame Carol Black Review Part 2 published on prevention, treatment, recovery.	HM Government “From Harm to Hope” 10-year drugs plan published	Supplemental Substance Misuse Treatment & Recovery Grant allocations published	Guidance for local delivery partnerships to implement “From Harm to Hope” published	National Outcomes Framework updated

2.4 The 10-year plan was accompanied by increased investment in local drug and alcohol treatment systems, through the Office for Health Improvement and Disparities (OHID) Supplemental Substance Misuse Treatment and Recovery Grant<sup>v</sup>. Leeds allocations are shown in Table 3, this was additional money over and above that already received by Leeds for drugs and alcohol treatment and recovery through the Public Health Grant.

<b>Table 3: Office for Health Improvement &amp; Disparities (OHID) Universal Grant and Supplemental Substance Misuse Treatment &amp; Recovery Grant – Leeds allocations</b>		
Year	Drug strategy allocation	Inpatient detoxification allocation
2021/2 (Universal Grant Funding)	£881,000	
2022/3 <sup>vi</sup>	£2,596,729	£195,061
2023/4	£4,255,542	£195,061
2024/5 (indicative)	£8,212,541	£195,061

2.5 The National Combatting Drugs Outcome Framework published in the Guidance has since been updated<sup>vii</sup> (May 2023) sets out broad strategic outcomes of reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm alongside intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes.

**Figure 1: Full National Combating Drugs Outcomes Framework**

Strategic outcomes and metrics			Intermediate outcomes and metrics		
 <b>Reduce drug use</b>	 <b>Reduce drug-related crime</b>	 <b>Reduce drug-related deaths and harm</b>	 <b>Reduce drug supply</b>	 <b>Increase engagement in treatment</b>	 <b>Improve recovery outcomes</b>
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"> <li>Proportion of individuals reporting use of drugs in the last year</li> <li>Estimated prevalence of opiate and/or crack cocaine use (OCU)</li> </ul>	<ul style="list-style-type: none"> <li>The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person</li> <li>The number of homicides that involve drug users or dealers, or have been related to drugs in any way</li> </ul>	<ul style="list-style-type: none"> <li>Deaths related to drug misuse</li> <li>Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)</li> </ul>	<ul style="list-style-type: none"> <li>Number of county lines closed</li> <li>Number of major and moderate disruptions against organised criminal groups</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults)</li> <li>The numbers in treatment for adults and young people</li> </ul>	<ul style="list-style-type: none"> <li>Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months</li> </ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"> <li>Number and proportion of households owed a homelessness duty with a drug dependency need</li> <li>Rate per population of children of referral and assessments by social services with drugs as a factor</li> <li>Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related</li> <li>Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week</li> </ul>	<ul style="list-style-type: none"> <li>Proven reoffending within 12 months</li> <li>Police recorded trafficking of drugs and possession of drugs offences</li> <li>Hospital admissions for assault by a sharp object</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis C prevalence (chronic infection) in people who inject drugs</li> <li>Number and percentage of people in treatment that have died during their time in contact with the treatment system</li> </ul>	<ul style="list-style-type: none"> <li>Volume and number of drugs seizures</li> <li>Number and proportion of National Referral Mechanism referrals with a county lines flag</li> </ul>	<ul style="list-style-type: none"> <li>Number of individuals in treatment in prisons and secure settings</li> <li>Number of community or suspended sentence orders with drug treatment requirements</li> <li>Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting)</li> <li>Unmet need for OCU treatment</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of people in treatment that have reported no housing problems in the last 28 days</li> <li>Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days</li> <li>Proportion of people in treatment reporting a mental health need who received treatment or interventions</li> <li>Proportion of parents that have received specific family or parental interventions</li> </ul>

### 3 Main issues

- 3.1 Following the report presented to the Health and Wellbeing Board in November 2022 a local Combatting Drugs Partnership, Leeds Drug and Alcohol Partnership Board has been established and meets quarterly, with terms of reference, and membership from key strategic partners including Safer Leeds, healthcare, Police, Probation, Department for Work and Pensions, treatment providers. Subgroups of the Board have been established and reviewed for in-depth focus and exploration of particular issues and topics – examples are healthcare, dual diagnosis, children and young people - and report back to the Board.
- 3.2 A local needs assessment was commissioned and completed which informed the development of a Leeds Drug Strategy and Delivery Plan. These documents have been scrutinised by the Leeds Drug and Alcohol Partnership Board and are brought back to the Board as live documents. They provide a roadmap for the work of the Board and assurance that Leeds is on course against the government timescales set out in the guidance for local partnerships.
- 3.3 Local data dashboards were developed to complement the National Outcomes Framework and ensure local strategic outcomes and performance priorities were agreed and progress reported to the Board. Further data spotlight reports were agreed for specific in-depth topics such as equality, diversity, and inclusion which were over-arching and cross-cutting issues.

3.4 Additional investment from the Office for Health Improvement and Disparities was allocated to Leeds to invest in drug and alcohol treatment services, in 2021/2 this was additional Universal Grant funding, and in 2022/3 and 2023/4 this was the Supplemental Substance Misuse Treatment and Recovery Grant (see Table 3 above for allocations). The Supplemental Grant is awarded to Leeds to improve services in line with the ambitions in “From Harm to Hope” and the recommendations from Dame Carol Black’s Independent Review<sup>viii</sup>. The process of investing new funds includes identifying needs and gaps with treatment and recovery providers, the Leeds Drug & Alcohol Partnership Board, and other strategic stakeholders and ensuring these meet the purpose for which the grant is provided. The use of previous investment is shown in **Appendix 1** below. The investment priorities are currently being drawn up for the 2024/5 indicative allocation against national and local priorities and will be presented to the November Leeds Drug & Alcohol Partnership Board for review.

- 3.5 The additional funding is non-recurrent, confirmed annually, related to specific grant conditions on increasing capacity and quality in specified areas, and heavily performance managed by OHID and scrutinised by Ministers at a national level – there is no long term assurance on future funding.
- 3.6 Forward Leeds<sup>ix</sup> is the lead provider of all-age integrated drug and alcohol service treatment and recovery services in Leeds. Forward Leeds is a partnership of Humankind Charity, St Anne’s, BARCA - Leeds, and the Leeds and York Partnership Foundation Trust. The Care Quality Commission have ranked Forward Leeds as “Outstanding” at their 2022 inspection<sup>x</sup>. Forward Leeds is recognised for its approach in addressing health inequalities and working in partnership across the city to maximise reach and trust with the people and communities it serves. This high performing service is a key strength for Leeds which allows us to build from a position of strength.
- 3.7 Drug and alcohol data for Leeds is publicly available on the Office for Health Improvement and Disparities Fingertips<sup>xi</sup> site and this includes the Local Alcohol Profiles for England (LAPE) and drug data and the National Drug Treatment Monitoring Service (NDTMS)<sup>xii</sup>.
- 3.8 Leeds’ alcohol data for 2021 performance on key indicators shows alcohol specific mortality (16.2 per 100,000), and under-75 mortality from alcoholic liver disease (12.0 per 100,000) is amber and similar to the national average. Hospital admissions for alcohol specific and alcohol related conditions (narrow) for 2021/2 is amber and similar to the national average (643 and 480 per 100,000 respectively). We are not complacent about these figures and our ambition would be to be “green”, better than the national average and nearest neighbours, and improving. Hospital admissions for under 18s performance is green for Leeds (24.6 per 100, 000).
- 3.9 Leeds’ drug data (18+) shows a steady number of opiate users in treatment (2675 in 2020/1 and 2645 in 2021/2) a steady number of non-opiate users (only) in treatment (720 in 2020/1 and 735 in 2021/2), a steady number of non-opiates and alcohol users in treatment (555 in 2020/1 and 565 in 2021/2), and an increase in alcohol only users in treatment (1,805 in 2020/1 and 1,910 in 2021/2). The numbers of people leaving treatment successfully in 2020/1 was 1,695 and 1,610 in 2021/2. There is a national request to focus on pathways to treatment – particularly from criminal justice and healthcare settings – to ensure anyone requiring treatment for drugs or alcohol can access treatment quickly and seamlessly.
- 3.10 Leeds drug data (under 18s) shows a decline in numbers of young people in treatment from 285 in 2019/20, 190 in 2020/1, 185 in 2021/2. 100 young people completed treatment successfully in 2020/1 and 100 in 2021/2; this was a decline from 160 in 2019/20. There is a focus on pathways to treatment, particularly from education settings to treatment services to ensure any young person requiring treatment is supported to access treatment.
- 3.11 A national challenge reported by all local partnerships is workforce growth and retention with the creation of significant additional new roles which require a lead in time of training and experience to fill. This is currently being managed in Leeds but expanding capacity in 2024/5 will create additional pressures. A further

nationwide challenge is the emergence of novel drugs such as synthetic opioids, which are managed in Leeds through the drug alert system, and treatment pathways.

- 3.12 In July 2022 Leeds became part of the Inclusive Recovery Cities movement, committing to making recovery visible and celebrating recovery in Leeds – this has benefits for those in recovery through social connection and gives hopes to communities and those still in active addiction that recovery is possible. Forward Leeds Five Ways, Recovery Runners, Getting Clean CIC are part of the lived experience led movement in Leeds which continues to grow (see **Appendix 2**, Leeds Inclusive Recovery City Newsletter - Recovery Month).

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

- 4.1.1 Forward Leeds has strong lived experience participation, and we work closely with them to hear the voice of people with lived experience directly affected by substance misuse. We are in the process of formalising lived experience representation through a Leeds Drug & Alcohol Partnership Board sub-group.
- 4.1.2 In July 2022 Leeds became part of the Inclusive Recovery Cities movement, committing to making recovery visible and celebrating recovery in Leeds, and to spreading the message of recovery to those who need it most through lived experience recovery champions.
- 4.1.3 We work closely with Safer Leeds and the Public Health Localities team to hear the concerns of geographical communities impacted by substance misuse and to address these concerns where possible, for example issues of high impact, high dependency alcohol use such as “street drinking”. It is not always possible for prevention, treatment, and recovery services to address issues and concerns, particularly where these relate to criminal activity such as the supply of drugs.

### **4.2 Equality and diversity / cohesion and integration**

- 4.2.4 Demographic information is collected on individuals entering and exiting treatment and analysis is undertaken to assess whether there are equitable outcomes and to improve where there is any difference related on protected characteristics.
- 4.2.5 Workforce returns are gathered for the service to match the Leeds workforce to the English Working Age population. This information is provided to the Office for Health Improvement and Disparities and reported back to partnerships by the NHS Benchmarking Network. This report aids Leeds in identifying where there are under-represented groups in the Leeds substance misuse workforce.
- 4.2.6 Substance misuse in communities can cause cohesion issues and we work in partnership with Safer Leeds who monitor such concerns to address these when they arise.

### 4.3 Resources and value for money

4.3.7 All procurement rules are followed to ensure value for money, including proactive monitoring of service providers through Adults and Health Commissioning and reporting of outcomes to Leeds Drug & Alcohol Partnership Board, Scrutiny Boards where requested, and national teams.

### 4.4 Legal Implications, access to information and call In

4.4.8 All legal and procurement concerns in relation to the grant conditions are followed and advice sought from relevant officers within Leeds City Council.

### 4.5 Risk management

4.5.1 We report risks on our local risk register and have identified the following potential risks. We have a local plan in place to monitor, control, mitigate and manage these risks which reduces the local risk to 'moderate':

- Failure to deliver the Government's ambition following substantial increases in funding in the drug and alcohol sector
- OHID uplift is not confirmed or is reduced from the expected level for 2024/5
- Risk of delayed mobilisation and underspend due to delayed communication from OHID to approve spending plans. Risk of inability to recruit to specialist roles if treatment and recovery service grow beyond available workforce.
- As Leeds has a single lead provider, if there was any impact nationally on the organisation that meant they ceased trading then this would significantly impact on all our service delivery and service users. This is unlikely but not impossible given economic situation.
- Risk of new and/or novel, potent, adulterated or contaminated drugs impacting on patterns of use in Leeds, e.g. synthetic opioids (nitazines): this risk is mitigated through Leeds established and tested drug alert system.

## 5 Conclusions

5.1 Considerable progress has been made in 2022-3 and 2023-4 to establish new and effective governance, identify needs, gaps, and priorities for Leeds, make appropriate and sustainable investment in services, use data effectively to monitor direction of travel and take necessary action to improve performance, as well as grow the recovery community in Leeds. Our CQC "Outstanding" high performing local provider, Forward Leeds is a key strength.

- 5.2 There are challenges that Leeds faces, like other Local Authorities, such as growing and retaining the drug and alcohol treatment workforce, increasing capacity whilst maintaining quality and personally tailored treatment, maintaining and building new pathways into treatment and recovery, and responding to new emerging issues and threats (such as synthetic opioids and other novel drugs). These and other challenges are faced through our strong partnership work and the Leeds Drug & Alcohol Partnership Board.
- 5.3 A major opportunity in 2024/5 is the OHID uplift of ~£3m new money for treatment and recovery in Leeds which is a significant step up in funding and has the potential to achieve transformational change. This is an opportunity we want the Health and Wellbeing Board and Leeds Drug and Alcohol Partnership Board to help shape. This significant additional investment in Leeds' drug treatment and recovery system comes with very specific grant conditions, expected outcomes, and scrutiny.
- 5.4 Leeds is building from a position of strength, with experienced and collaborative local partnerships, and a CQC "outstanding" high performing local provider: Forward Leeds. We have a strong track record and a continued focus on improving outcomes for the people of Leeds.

## 6 Recommendations

The Health and Wellbeing Board is asked to:

- To note the progress made in local implementation of the national 10-year Drug Plan "From Harm to Hope".
- To note the increased (indicative allocation) investment for Leeds and share evidence and knowledge on needs and gaps to inform investment priorities for 2024/5, noting the very specific restrictions and conditions on the funding..
- To support the work to improve screening pathways between healthcare, social care, and treatment.
- To seek opportunities to make recovery visible, celebrate recovery and support the Inclusive Recovery Cities movement.

## 7 Background documents

Weblinks provided in endnotes



## Appendix 1 – Allocations and use of substance misuse funding uplifts in Leeds

Appendix 1: Allocations and use of increased substance misuse funding in Leeds						
Year	Funding source	Funding allocation	Areas of investment	Providers	New substance misuse service posts created	New services created
2021/2	Universal Grant	£881,000	<p>Increase harm reduction capacity at Forward Leeds.</p> <p>Increase residential and detoxification capacity at St Anne's.</p> <p>Improve pathways between prison custody and community treatment (Change, Grow Live Integrated Offender Management)</p> <p>Increase recovery support in communities through additional roles at Forward Leeds.</p> <p>Increase nursing posts to provide physical healthcare support at Forward Leeds.</p> <p>Increase capacity for focussed interventions for non-opiate users at Forward Leeds.</p> <p>Increased assertive outreach and palliative care support at Forward Leeds.</p>	<p>Forward Leeds</p> <p>St Anne's</p> <p>Change Grow Live</p>	16	
2022/3	Supplemental Substance Misuse Treatment	£2,596,729	<p>Continuation funding of 2021/2 projects AND:</p> <p>Increase strategic leadership and commissioning capacity in Leeds City Council</p>	<p>Forward Leeds</p> <p>St Anne's</p> <p>Change Grow Live</p>	46	New Enhanced Care Team for complex presentations

	and Recovery Grant		<p>Increase active recovery team capacity at Forward Leeds to reduce caseloads</p> <p>Increase expert clinical roles at Forward Leeds (psychologist, independent and non-medical prescriber, hospital in-reach)</p> <p>Create a new Enhanced Care Team for complex presentations</p> <p>Increase capacity and expert clinical roles for the co-occurring mental health alcohol and drug (COMHAD) Team at Forward Leeds</p> <p>Provide intramuscular naloxone kits and train staff to administer.</p>	Leeds City Council		
2023/4	Supplemental Substance Misuse Treatment and Recovery Grant	£4,255,542	<p>Continuation funding of 2021/2 and 2022/3 projects AND:</p> <p>Increase intelligence capacity at Leeds City Council (Public Health and Safer Leeds) and West Yorkshire Police</p> <p>Create a new prescription only and over the counter medicines service within Forward Leeds</p> <p>Increase clinical capacity at Forward Leeds (psychologist, therapist, case managers, specialist practitioner roles)</p> <p>Increase capacity in the Primary Care team</p>	<p>Forward Leeds</p> <p>St Anne's</p> <p>Change Grow Live</p> <p>Leeds City Council</p> <p>West Yorkshire Police</p> <p>Leeds Teaching Hospitals Trust</p>	35.8	<p>New prescription only and over-the-counter medicines service</p> <p>New training post in hospital for screening and pathway development to treatment</p>

			<p>Create a new training post within Leeds Teaching Hospitals to improve screening and pathways to drug and alcohol treatment</p> <p>Increase criminal justice roles within Forward Leeds</p> <p>Fund Family Drug and Alcohol Court roles</p> <p>Increase alcohol detoxification capacity at Forward Leeds</p> <p>Increase capacity in the Forward Leeds Young People's Service</p> <p>Increase capacity at Forward Leeds in areas of harm reduction, geographic hubs (Armley) and general management capacity to support the growing service.</p> <p>Pharmacy needle and syringe exchange programme support</p> <p>Training and development for staff on engaging vulnerable people with unmet needs.</p>			
<b>2024/5</b>	Supplemental Substance Misuse Treatment and Recovery Grant	(Indicative) £8,212,541	To be agreed			

## **Appendix 2 - Leeds Inclusive Recovery City Newsletter - Recovery Month**

(This section – appendix 2 – was collated and written by Mark Hindwell,  
Marketing and Communications Officer, Forward Leeds)

# St Anne's in Recovery Month

By Jonathan Philpott

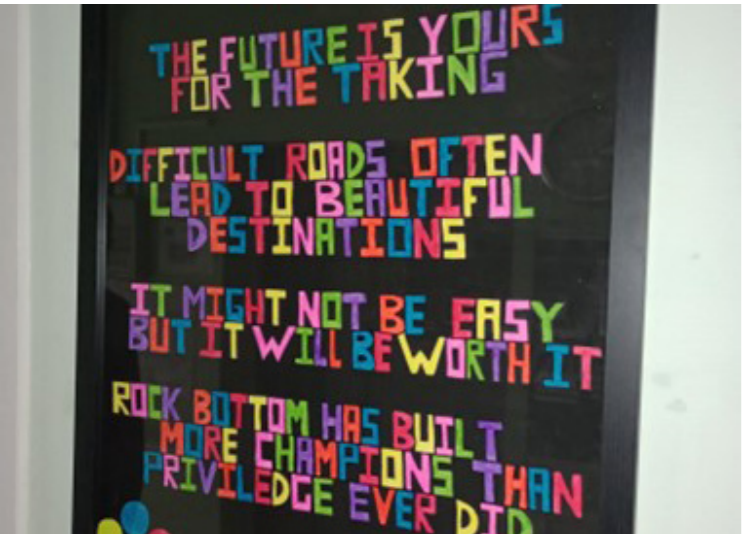
St Anne's Alcohol Services held several events to mark Recovery Month.

On 15 September, we celebrated four people completing their rehab programmes. Family and friends joined them in reflecting on how far they had come, as well as all they have to look forward to.

One way to inspire hope in people who are in treatment with us is to help them engage with people who have been through similar journeys. We like to call this 'Mix & Mingle' – our current clients meeting with some of our ex-clients. Nineteen former clients came to share their stories of recovery with our current clients, some of whom were just on day one of their rehab programmes.

Everyone came away with an enormous sense of pride at what those who shared their stories have achieved. Thank you to all who came and shared their stories.

We had organised a coach to take current and ex-clients to participate in this year's national Recovery Walk in Hull. Unfortunately, circumstances beyond our control prevented the service from participating. But thanks to a 'nothing will deter me' attitude, one of our staff, Tony Sunderland, together with a former member of staff and an ex-client, did travel and take part. They had a great time, representing St Anne's and mixing with hundreds of other people from across the country celebrating recovery.



Throughout Recovery Month, we have been encouraging our clients to think about positive messages that they want to share with other people. This has resulted in several pieces of artwork appearing on the walls of the service, brightening the place up and allowing future clients and visitors of the service to be inspired by those who have gone before them.

# Recovery Cities come together at 5 WAYS



On 14 September, Leeds played host to a meeting of many of the UK places going for Inclusive Recovery City status, with some joining visiting and some joining online.

Facilitated by Professor David Best, cities and towns represented in person were Blackpool, Sheffield, York, and of course Leeds.

Joining online were Nottingham, Liverpool, Portsmouth, Hartlepool and North Wales.

Middlesbrough as the only UK Inclusive Recovery City were there to offer their insight as well.

Everyone gave updates on the event and activities they have planned and coming up.

Jo Byrden, Manager of 5 WAYS who hosted the event said: "It was really exciting to meet with other organisations who are looking to drive this forward where they are based.

"It was a great learning experience for all of us and a great opportunity to for all of us to share some ideas, knowledge and thinking about what our Recovery Cities will look like.

"We're looking forward to an ongoing relationship with other services in other cities as we all go through this process together. We're already arranging further meeting at other cities and towns so we can see what they are doing and understand better their situations.

This newsletter was produced by Forward Leeds.

To contribute to the next Leeds Inclusive Recovery City Newsletter contact Mark Hindwell marketing@forwardleeds.co.uk



LEEDS: INCLUSIVE RECOVERY CITY (L:IRC) - Newsletter Two, Recovery Month 2023

# Recovery Month 2023 in Leeds

September is widely recognized as National Recovery Month.

A time dedicated to raising awareness about mental health and substance use issues, as well as celebrating the achievements of individuals in recovery.

In Leeds, this month holds a special significance as we move towards being an Inclusive Recovery City, the month is about emphasizing the strength of community support, resilience, and the power of recovery.

Throughout the month, local organizations, support groups, and healthcare providers have come together to be part of various events and initiatives aimed at educating the public and promoting understanding about addiction and mental health challenges.

One of the primary objectives of the Recovery Month activities in Leeds is to reduce the stigma associated with addiction and mental health issues.

By fostering open discussions and sharing personal stories of recovery, the community aims to create an environment where individuals feel safe to seek help without fear of judgment.



# 5 WAYS at the Games

Members of 5 WAYS, volunteers and staff took part in the 10th anniversary Recovery Games near on Saturday 16 September.

People in recovery from across England met up at Hatfield Activity Centre to compete in fun-packed games and challenges on land and water.

Helen Mason from 5 WAYS said: "It was a brilliant day. Even though there was a cup for the winners, it wasn't about that. It was just great to come together, with hundreds of people in recovery, overcoming challenges together as a team."

Events on the day included a St Ledger race on inflatable horses, axe throwing, wall climbing, football-darts and human table-skittles. It ended with a powder-paint rave.

Dame Carol Black was there to give a speech and the prizes were handed out by Professor David Best, the country's first professor of addiction and recovery.

# Stars come out for Recovery Graduation



Leeds United Legend Jermaine Beckford, former Leeds Rhino Stevie Ward and current first team player Justin Sangaré attended this year's Forward Leeds Recovery Graduation on Thursday 31 September, with James Priestley the winner of series four of the Channel 4 reality show *SAS: Who Dares Wins* to hand out certificates.

The celebrities were joined by the country's first Professor of Addiction and Recovery David Best and Cllr David Jenkins, Leeds City Council's Deputy Executive Member for Public Health and Active Lifestyles.

Professor Best said: "Graduation events are so important to celebrate the achievement of recovery. While more than half of all those with addictions will eventually achieve five years of continuous sobriety, it is a long road that is strewn with pitfalls, so success is something to celebrate – not just for the person on that journey, but for their family, the wider recovery community and for society more generally."

"Events like this remind us of what success looks like, which will inspire others to undertake that journey, gird the motivation of staff and build new connections and empowerment from the recovery community to the wider society."

Former Leeds Rhino Stevie Ward said: "The evening has been so inspiring. The people I admire most aren't those who show up when they're winning but they show up when you feel like you're losing. Hearing the stories of some of the people graduating makes you realise just how much they have gone through to get here and to me, that is the sign of a champion. I'm sure for many of them this will be a platform to now go on and achieve something incredible for themselves as well".

The event took place in the Norman Hunter Suite at Elland Road, Leeds on 14 September 2023.

# A Busy Month for Getting Clean

Getting Clean had a busy Recovery Month.

They are a community project supporting people in recovery by giving them a purpose and opportunity to help other people.

As well as their usual litter picking and cleaning, they opened up a referral pathway with St Anne's Alcohol services, delivering their first monthly presentation to clients there promoting Recovery in the community.



On Friday the 15th September they started an ongoing project with HMP Wealstun. Developing a wildflower meadow and relaxation area for staff and visitors.

On Friday 22nd September they were at their first of many planned meetings with HMP Leeds. They delivered soap-making workshops and social enterprises that will start in custody and continue in the community.



On Friday 29th September they ran the first *Bars from Behind Bars* soap-making workshop at HMP Wealstun an ongoing project linked with other prisons in the Yorkshire region.

# City's First Recovery Park Run a Success

September saw Leeds' first Recovery parkrun take place on Woodhouse Moor amidst cheers, laughter, and a real sense of accomplishment.

Taking place on September 30, 2023, the event brought together individuals in recovery from issues with drugs and alcohol, along with their families, friends, and local supporters, for a day of unity, hope, and celebration.

668 registered runners took part, many of them Woodhouse Moor parkrun regulars. But, numbers were significantly boosted on Saturday morning by people in recovery from across Leeds.

The event also saw an outpouring of support from numerous volunteers who dedicated their time and energy to ensure the smooth running of the event, highlighting the power of collective effort in creating positive change.

Organisations participating included the Recovery Runners Community, 5 WAYS, Forward Leeds and St Annes Community Services.



"We are incredibly moved by the overwhelming success of the first Recovery parkrun in Leeds," said Woodhouse Moor Park Run Event Director Anne Akers.

"The turnout and support from the community reflect the collective commitment to supporting individuals in their journey to recovery."

"We are immensely grateful to everyone who participated, volunteered, and contributed to making this event a resounding success."



# Leeds Recovery City Meeting at Wren Bakery

People wanting to be involved in ensuring Leeds becomes an Inclusive Recovery City met at Wren Bakery in Mabgate on 4 September.

The idea was to push forward with a number of projects in the city. As well as staff from Forward Leeds and 5 WAYS there was representation from the Recovery Runners, Getting Clean, Leeds Trinity University and Leeds City Council. The next meeting will be at 5 WAYS on Tuesday 17 November at 2pm everyone is welcome.



# Curry Celebration Night

Getting Clean organised a Recovery Celebration Curry Night at 5 WAYS, attended by around 80 people, on 29 September for volunteers and friends of Getting Clean and members of 5 WAYS.

The evening also served as a farewell to 5 WAYS Lead Practitioner Helen Mason who is leaving recovery services in Leeds after over 10 years supporting people with issues around alcohol and drugs.

### Appendix 3 - Service and Staff Stories – the impact of increased funding in Leeds

This section includes feedback, given by staff, at Forward, about the impact the funding has had on the work that they, and their teams, do.

#### ***Enhanced Care Team***

The Enhanced Care Team was created using underspend from the Public Health England Universal Grant Funding (2021/22), and was continued, from 2022/23, using the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery Grant. The team comprises five posts (one a Lead Practitioner). Staff in the team (pictured, below) hold significantly smaller caseloads, to support established Forward Leeds teams with the increasing in complexity of Service User presentation.



Picture credit: Forward Leeds

Lead Practitioner, Hannah Wraith, said:

*“Creating the Enhanced Care Team, within Forward Leeds, has allowed clients to have a period of time with intensive work to support them towards addressing their unmet need and improve their quality of life.*

*Each of our workers hold a small caseload of around 15 individuals, to provide people with multiple complex needs with hours of support each week to address their individual needs.*

*This support would be very difficult for their key worker to do alone, due to higher caseload sizes. This joined up approach allows each worker to focus on their individual specialised area to provide holistic support for our clients who are often the most vulnerable individuals in our service.*

*Examples of support offered by Enhanced Care team are: support with attending vital hospital appointments/investigations/diagnostics, attend community wound clinics, signpost onto other services such as housing/palliative care/Adult Social Care, etc. and help at the initial stage of engagement with them, support to open bank accounts, support with benefits, address debts, support to A&E, liaison and*

**#TeamLeeds**

*support with health appointments such as GP, dentist, opticians are just to name a few.*

*Without this team these individuals are likely to continue with a poor quality of life and are at huge risk of further self-neglect which reduces their chances of achieving their substance use goals. We have seen some unbelievable positive outcomes with this intensive, patient centred support and it has made such a huge difference to individual's quality of life."*

### **Harm Reduction and Social Support Team**

The Harm Reduction and Social Support Team (pictured, below) was expanded using the Public Health England Universal Grant Funding (2021/22), and has been expanded further, from 2022/23, using the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery Grant.



Picture credit: Forward Leeds

Helen Rodgers, Service Manager said:

*"The additional funding that has been brought into the Harm Reduction Social Support team has allowed us to reach out to people who use drugs in the community more than ever. With increased funding we have been able to set up drop ins at St Annes Resource Centre, St George's Crypt and in five separate Temporary Accommodation providers. We are at each site at least once, but often twice a week depending on client need, and have implemented new engagement strategies, such as our Fruity Fridays and Thirsty Thursdays! By closely working with our new and existing partners, in 2022/23 we were able to reach out and deliver an additional 1,500 interventions with current substance users. These interventions are an enhancement of the service and are in addition to the established core activity of the team that had already been delivered year on year."*

### **Focussed Interventions Team**

Two additional posts were created in the Focused Interventions Team (pictured, below) using underspend the Public Health England Universal Grant Funding (2021/22). These posts have been continued to be funded, from 2022/23, using the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery



Grant. The posts were created to provide increased capacity to support non-opiate service users, who require shorter more focussed intervention, helping reduce waiting times and increase the number of interventions delivered.



Picture credit: Forward Leeds

Team Manager, Emma May said:

*“With Ruth Grech now in place as a Senior Worker, we are planning to get out in the community to more health and community events. We are looking to develop even more links within organisations such as the universities, PAFRAS, MESMAC, GIPSIL, etc.”*

### **Young People’s Service**

A dedicated Group and Community Worker post was created, from 2023/24, using funding from the second year of the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery Grant, to enable staff working with young people to focus on case work. The enhanced capacity will help the service reach wider groups and communities, increasing diversity, as well as build relationships with key young people’s groups and stakeholder.

Young People’s Group Worker, Lewis Edward said:

*“I’m excited about the opportunities we have to engage more with different groups and communities. I can see there is a desire for this already, from the number of enquiries we’ve had already, and I’m looking forward to getting out there.”*

(This section – appendix 3 - was collated and written by Daniel Burn, Health Improvement Principal (Drugs and Alcohol), Adults and Health Directorate, Leeds City Council).

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- i [HOME | Inclusivecities](#)
  - ii [Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](#)
  - iii [15.109 HO Harm to Hope AR 2022-23.pdf \(publishing.service.gov.uk\)](#)
  - iv [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](#)
  - v [Extra funding for drug and alcohol treatment: 2023 to 2025 - GOV.UK \(www.gov.uk\)](#)
  - vi [Additional drug and alcohol treatment funding allocations: 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)
  - vii [National Combating Drugs Outcomes Framework - Supporting metrics and technical guidance PDF 1 .pdf \(publishing.service.gov.uk\)](#)
  - viii [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](#)
  - ix [Home - Forward Leeds](#)
  - x [Forward Leeds - Armley Park Court - Care Quality Commission \(cqc.org.uk\)](#)
  - xi [Public health profiles - OHID \(phe.org.uk\) Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#)
  - xii [NDTMS - Home](#)

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# Implementing the Leeds Health and Wellbeing Strategy 2016-21

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## **How does this help reduce health inequalities in Leeds?**

Drug and alcohol use has health harms which are felt at the individual and family level and wider societal harms which impact communities and neighbourhoods. The Advisory Council on the Misuse of Drugs<sup>i</sup> (ACMD, 2018) describe the strong association between substance-related harm – including deaths – and socio-economic position and social exclusion. Put simply, anyone who uses drugs or alcohol may experience harm but those living in more deprived areas who lack personal resources experience more harm from their drug and alcohol use. The social exclusion experienced by people who use drugs and alcohol problematically deepens the inequalities they face and some research suggests this has a greater impact than socio-economic inequalities (ACMD, 2018). Making treatment and recovery visible and accessible in communities in Leeds has the potential to increase personal and community recovery capital<sup>ii</sup>.

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

Leeds has received additional investment from the government to invest in prevention, treatment and recovery in line with HM Government's 10-year plan "From Harm to Hope" and Dame Carol Black's Independent Review recommendations. This investment has been used to develop new treatment services in response to local need e.g. prescription only and over the counter medicines, to strengthen pathways between treatment and hospitals, family drug and alcohol courts, and criminal justice settings, and to strengthen existing treatment services through increase treatment places and decrease caseloads, and through the creation of additional specialist posts such as independent prescribers.

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

Leeds has received additional investment and the requirement to invest this against certain national conditions and local needs and priorities. The investment is very welcome but comes with some risks. There is a risk on our risk register concerning 2024/5 and whether the indicative investment forecast will be received by Leeds in full. This is a national programme and we manage the risk locally through our risk management and contract management.

## **Future challenges or opportunities**

A future challenge and risk is always the risk of new and/or novel, potent, adulterated or contaminated drugs – nitazenes, synthetic opioids present a new risk for the UK.

A future opportunity is the increased investment of ~£3m new money in 2024/5 (the indicative allocation is £8.2m but assuming we wish to continue to fund projects already agreed in 2021/2, 2022/3 and 2023/4, this represents ~£3m for new areas<sup>iii</sup> investment). This will enable us to further strengthen pathways, increase treatment capacity and quality.

<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
<i>(please tick all that apply to this report)</i>	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	
Strong, <u>engaged</u> and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
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	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	X

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**Report of:** Leeds Migrant Health Board

**Report to:** Leeds Health and Wellbeing Board

**Date:** 09 November 2023

**Subject:** Migrant Health in Leeds Annual Report 2022 - 2023

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
Are there implications for equality, diversity, 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:		
Appendix number:		

## Summary of main issues

The Leeds Migrant Health Board's (LMHB) purpose is to significantly improve health outcomes for Leeds migrant communities by providing a strategic, citywide approach to understanding and addressing migrant health needs in Leeds. Following a request by the Health and Wellbeing Board in October 2022, we would like to present our first Leeds Migrant Health Board Annual Board Report 2022-2023 and feedback on the progress against identified priorities.

The current priorities of the Board are:

- Priority 1 - Access for All
- Priority 2 - Communication
- Priority 3 - Work and Austerity

The LMHB works collaboratively across the health and care system to identify and address the key issues that create inequalities in health between our migrant population and the rest of the population of Leeds. Considerable progress has been made but challenges remain due to ongoing national policy changes that have put significant pressures on both statutory and third sector organisations to respond to the changing nature of the refugee and asylum agenda.

## Recommendations

- Note the content of the Migrant Health in Leeds Annual Report 2022 – 2023.
- The Board to seek further feedback and assurance from Mears, the Home Office and local providers on the specific challenges highlighted in this report.
- Support collaborative work with housing leads across the city to address housing need.
- Re-stating the Board’s commitment to support migrants, refugees and asylum seekers despite current financial challenges, and ensure that decisions don’t widen the health inequalities they face.
- Work with partners across the city to raise awareness around the health needs and challenges that migrants, refugees and asylum seekers face.
- Recognise and support the invaluable work of third sector organisations, including PAFRAS and LASSN, in ensuring the voice of migrants, refugees and asylum seekers informs our work.
- Acknowledge the compassionate, committed and dedicated work undertaken by partners and volunteers in Leeds to support migrants access the services that are a basic right.

## 1 Purpose of this report

### 1.1 To share an overview of the Migrant Health in Leeds Annual Report 2022 - 2023

1.2 The Migrant Health in Leeds Annual Report provides an update on the achievements and challenges in 2022-2023, as well as progress on the three Migrant Health Board’s priorities - access, communication and work/austerity - as part of our wider work around addressing the health inequalities faced by migrants across Leeds.

## 2 Background information

2.1 The LMHB works collaboratively across the health and care system to identify and address the key issues that create inequalities in health between our migrant population and the rest of the population of Leeds. The board includes local partners, including the NHS, local authority, voluntary and community partners, and organisations who work directly with asylum seekers and refugees.

2.2 On 25<sup>th</sup> October 2022, members from the LMHB facilitated a Leeds Health and Wellbeing Board (LH&WB) workshop on refugee and asylum seeker health led by Caron Walker, Leeds City Council, Karen Pearse, Positive Action for Refugees and Asylum Seekers (PAFRAS) and Jon Beech, Leeds Asylum Seekers’ Support



Network (LASSN). Clear actions were identified by board members and there was a request to return the following year and present an LMHB Annual Report, focusing on progress made on the priorities whilst ensuring an inclusive and equitable health approach of the LMHB and the LH&WB.

- 2.3 Over the last year the LMHB has been progressing the priorities with partners in Leeds. There has been a strong focus on including the voice of lived experience, championing change and shining a spotlight on excellent work being delivered by a compassionate and valued workforce. The LMHB has captured key progress against the priorities in an Annual Report (See appendix 1).

### 3 Main issues

- 3.1 Too often migrants face barriers in accessing the most basic services and the health care they have a right to access. Further challenges experienced by migrant communities include the impact of wider circumstances on their health such as poverty, poor housing or homelessness; lack of access to primary care and trauma informed services; racism; unemployment; isolation and vulnerability; hostility and prejudice from some communities in areas across the city; learning a new language and managing without familiar support networks.

- 3.2 Evidence shows the various complexities faced by refugees, asylum seekers and undocumented migrants when trying to access vital health care (Asif & Kienzler, December 2022) and health promotion programmes. This has overwhelming negative impacts on their health and wellbeing.

- 3.3 Over the last 12 months, board members have focused on a number of actions that support the three identified priorities and assessed the impact of these actions. Considerable progress has been made and further detail on the three priorities can be found in the annual report.

#### 3.4 International, National and Local Context

Global events and ongoing changes to national policy on immigration have impacted on settled migrants, refugees and asylum seekers, their families, communities and support services at a local level. These national policy changes have put significant pressures on both statutory and third sector organisations to respond to the changing nature of the migrant agenda and to provide the support required to meet their health and wider needs.

Evidence shows the various complexities faced by refugees, asylum seekers and undocumented migrants when trying to access vital health care (Asif & Kienzler, December 2022) and health promotion programmes. This has overwhelming negative impacts on their health and wellbeing.

The census from 2021 recorded the Leeds resident population to be 811,956 people of which 26.6% were ethnic minority groups. 15.8% of the population were born outside the U.K and 1.5% of the Leeds population arrived in the U.K in 2020-2022. The same Census records 287 unique ethnicities for Leeds residents, declaring sixty-nine unique nationalities. The people of Leeds also state their country of birth as originating from fifty-six countries across the world.

### 3.5 **Current Challenges**

- 3.5.1 **Processing of claims** - The recent Home Office recruitment of case workers to speed up processing of asylum seeker claims (ten times as many claims are being processed) is welcome. Nevertheless, communication remains a challenge. Previously, local authorities received 28 days' notice of refugees and asylum seekers into the city but this has been reduced to 7 days' notice. The Board has significant concerns about the health of new migrants arriving as they are at risk of homelessness with no recourse to public funds and this puts further strain on local providers.
- 3.5.2 **Hotel Accommodation** - A place to live is one of the largest challenges faced. The doubling in number of asylum seekers in hotel accommodation in Leeds is already placing significant strain on partners. The decision at a national level to introduce sharing of rooms and closing some hotels gives the LMHB significant concern about the way in which these policies are implemented locally. Local intelligence also suggests that sexual orientation is being used to decide who can share rooms - resulting in LGBTQ+ asylum seekers being outed against their will and increasing the chances of homo/trans-phobic hate crimes.
- 3.5.3 **Affordable Housing** - There is insufficient affordable housing to meet the needs of refugees made homeless by the discontinuation of Home Office support and the closing of hotels. The LGA said that greater demand combined with an "acute" housing shortage means it will be "extremely challenging" for those leaving Home Office-funded accommodation to find an affordable, long-term place to stay. The notice period for evictions has also been shortened yet there is insufficient advice or advocacy capacity to help people effectively request extensions to their accommodation. There is also concern that there is little oversight of how many evictions are happening, so emergency housing responses cannot be planned.
- 3.5.4 **Pressure on specialist services** – The doubling of migrants and refugees being housed in hotel accommodation is putting significant pressure on specialist services. Many migrant patients have complex needs, have experienced trauma and or have addiction and/or mental health issues. This increasing pressure on services means that they are not able to prioritise preventative approaches. For example, all hotel residents are offered vaccines by Bevan Healthcare in Leeds but they estimate that only 10% of people in hotels are vaccinated. Their capacity to address broader mental and physical needs has been significantly impacted by this increase in hotel accommodation.
- 3.5.5 **Impact on mental health** - The LMHB has concerns about the mental wellbeing of migrant communities and their access to services - this reflects a national trend. The impact on mental health (and physical health) of people in hotels is not being monitored in any systematic way, e.g., in terms of number of mental health crises, presentation to A&E or crisis services and incidence of self-harm. There is an added dimension that our valued workforce is becoming increasingly "burnt out" working in this field of work.
- 3.5.6 **Economic climate** - Continuing to deliver quality services with reduced budgets and resources is becoming increasingly challenging. This is a concern for the

LMHB and all partners, at a time when migrant communities continue to face health inequalities from the pandemic and 'cost-of-living' issues. This is likely to impact on the level of support available and is already beginning to be seen in reduced access to translation and interpretation services and lack of access to emergency dental treatment.

3.5.7 **Board relevance, impact & effectiveness** - In recent months there has been a decrease in attendance at LMHB meetings. We are exploring the reasons for this and, given current pressures, we are considering whether the role and focus of the Board needs to develop in a different direction to ensure it can play a key leadership role across Leeds.

3.5.8 Some of these areas are overseen by the LMHB but have a significant impact on Migrant Health and Wellbeing and we will need to coordinate action across the two boards.

## 4 Health and Wellbeing Board governance

### 4.1 Consultation, engagement and hearing citizen voice

The Board recognises the importance of Migrant Voices, and the Board has an ongoing and open dialogue with migrants via PAFRAS, LASSN, the Leeds Migration Partnership and third sector organisations, including discussion of meeting minutes.

### 4.2 Equality and diversity / cohesion and integration

This report has highlighted the health inequalities faced by migrants in the city demonstrating the need for collective action and investment and plan for future demands due to national policies that may impact migrant communities.

### 4.3 Resources and value for money

This report demonstrates key partners in the city and their commitment to the LMHB key priorities. Reducing health inequalities supports wider strategies in the city including the Health and Wellbeing Strategy

### 4.4 Legal Implications, access to information and call in

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

### 4.5 Risk management

Risks will continue to be managed by the LMHB and partners but specific risks to share with the Health and Wellbeing Board include:

- Specialist services – such as Bevan healthcare – are increasingly stretched and are not able to provide the full range of health and wellbeing services they usually offer.

- With further pressures on specialist services, the wider health and wellbeing system is likely to experience more demand on services.
- There is an increased risk of homelessness with no recourse to public funds.

## 5 Conclusions

- 5.1 The work of the Leeds Migrant Health Board has contributed to effective action on all three of our priorities which, in turn, has resulted in improved outcomes for the migrant population in Leeds and demonstrates the commitment by all partners in Leeds to improve migrant health.
- 5.2 Despite the delivery of effective action locally, challenges remain due to ongoing national policy changes that have put significant pressures on both statutory and third sector organisations and are impacting on the health and wellbeing of the migrant population in Leeds.

## 6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note the content of the Migrant Health in Leeds Annual Report 2022 – 2023.
  - The Board to seek further feedback and assurance from Mears, the Home Office and local providers on the specific challenges highlighted in this report.
  - Support collaborative work with housing leads across the city to address housing need.
  - Re-stating the Board’s commitment to support migrants, refugees and asylum seekers despite current financial challenges, and ensure that decisions don’t widen the health inequalities they face.
  - Work with partners across the city to raise awareness around the health needs and challenges that migrants, refugees and asylum seekers face.
  - Recognise and support the invaluable work of third sector organisations, including PAFRAS and LASSN, in ensuring the voice of migrants, refugees and asylum seekers informs our work.
  - Acknowledge the compassionate, committed and dedicated work undertaken by partners and volunteers in Leeds to support migrants access the services that are a basic right.

## 7 Background documents

Appendix 1 - Migrant Health in Leeds Annual Report 2022 - 2023

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# Implementing the Leeds Health and Wellbeing Strategy 2016-21

## How does this help reduce health inequalities in Leeds?

The MHB works collaboratively across the health and care system to identify and address the key issues that create inequalities in health between our migrant population and the rest of the population of Leeds.

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

Focus on inclusive, accessible approaches in health and care which will benefit the most vulnerable citizens.

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

Strong focus on prevention and early intervention which in turn is more cost-effective than the treatment of physical and mental ill health.

## Future challenges or opportunities

Challenges are detailed in the report. There are huge opportunities to embrace the skills and culture of migrants, refugees and asylum seekers, their families and communities.

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	
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
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

# MIGRANT HEALTH IN LEEDS: ANNUAL REPORT

2022 - 2023



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**“IT IS THE OBLIGATION OF EVERY PERSON BORN IN A SAFER ROOM TO OPEN THE DOOR WHEN SOMEONE IN DANGER KNOCKS”**

(Dina <sup>Page 56</sup>Ngari)



# FOREWORD



I want to take this opportunity to thank all our partners in the city who go over and above to advocate for migrants despite these extremely challenging times.

The Leeds Migrant Health Board will continue to be that voice, to champion change and shine a spotlight on the positive work that is delivered in Leeds by a compassionate and valued workforce.

Yet, we have much more work to do in the city.

Most migrants experience great challenges in seeking safety in the UK. They depend on access to health, housing, education and language support to rebuild their lives. Their health is affected by wider circumstances, poverty, poor housing or homelessness, lack of access to primary care and trauma informed services, racism, unemployment and isolation and we need to do more.

We will continue to focus our efforts in addressing the wider determinants of health and a vision where all migrants are treated fairly, with respect and compassion, and be able to access easily services - and welcome them warmly to a city that cares.

## Caron Walker

CONSULTANT IN PUBLIC HEALTH  
CHAIR OF THE MIGRANT HEALTH BOARD

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MIGRANT HEALTH IN LEEDS 2022/23

# INTRODUCTION



This first annual report provides an overview of the work overseen by the Board and describes the work undertaken by partners across Leeds to address the health issues of migrants, both new and settled in the city.

The main purpose of this report is to update the Health and Well-Being Board on the achievements and challenges in 2022-2023, as well as progress on the three Migrant Health Board's priorities - access, communication and work/austerity - as part of our wider work around addressing the health inequalities faced by migrants across Leeds.

This report highlights the key achievements and contributions partners across Leeds have made to improve the health of migrants, whilst recognising the complex health inequalities migrants face every day. It is an opportunity to shine a spotlight on areas of the system that are working to reduce these inequalities and the measures implemented.

## **Acknowledgment**

People fleeing persecution and terror to seek sanctuary in the UK face numerous obstacles. The Board wishes to acknowledge the compassionate, committed and dedicated work by partners in Leeds in supporting migrants to receive the services that are a basic right and a place where they feel proud to live.

# PRINCIPLES



The Board recognises that migrants and refugees were particularly vulnerable to the impact of Covid-19 in the wider community so actions to reduce this impact, and the wider impact of health inequalities, have been prioritised.

It is well documented that many refugees play an active role economically. Many asylum seekers, whilst not allowed to work, are active in their communities and are involved in volunteering – highlighting the valuable contribution they make to communities across this city.

The health status of migrants is very complex and local data and published research suggests that their health needs are substantial. Many migrants are relatively healthy on arrival compared with our resident population but evidence suggests that good health can deteriorate over time in the receiving society (Rechel et al. 2013).

The Board recognises the importance of migrant voices and we have an open dialogue with migrants via third sector organisations, including PAFRAS and LASSN, and the Leeds Migration Partnership. Board meeting minutes are widely shared across a range of organisations.

The Board is committed to promoting the following principles:

- Excellent experience for migrants
- Equitable access
- Trauma informed approaches
- Working collaboratively across health and Voluntary and Community & Faith Sector (VCFS) systems

# BOARD PRIORITIES



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

We aim to work collaboratively across the health system to:

- identify and address the key issues that create inequalities in health between our migrant population and the rest of the population of Leeds
- prioritise challenges and issues that are not being addressed
- work collectively to add value or be more effective
- provide strategic leadership
- act as forum for information sharing, encouraging learning and disseminating good practice

Following the pandemic, in March 2022 the Board identified their priorities and principles of working during a focused workshop. These are:

- **Access for all** - learn from lived experience work to shape services and strategies that are accessible to all
- **Communication** - in its most broadest to include interpretation, translation, accessible information and involvement in English for Speakers of Other Languages (ESOL) and learning English agenda in Leeds
- **Work and Austerity** - including voluntary work and employment to ensure a workforce equipped to respond to new and emerging communities and linking to austerity agendas

A full list of Board members can be found in the Appendix.

# CONTEXT



## **International & national policy**

Global events and ongoing changes to national policy on immigration have impacted on settled migrants, refugees and asylum seekers, their families, communities and support services at a local level. These national policy changes have put significant pressures on both statutory and third sector organisations to respond to the changing nature of the migrant agenda and to provide the support required to meet their health and wider needs.

Evidence shows the complexities faced by refugees, asylum seekers and undocumented migrants when trying to access vital health care and health promotion programmes has overwhelming negative impacts on their health.

## **Migrants in Leeds**

The Census from 2021 recorded the Leeds resident population to be 811,956 people of which 26.6% were ethnic minority groups. 15.8% of the population were born outside the U.K and 1.5% of the Leeds population arrived in the U.K in 2020-2022. The same Census records 287 unique ethnicities for Leeds residents, declaring sixty-nine unique nationalities. The people of Leeds also state their country of birth as originating from fifty-six countries across the world.



## **Arrivals of asylum seekers & refugees into Leeds**

The recent Home Office recruitment of case workers to speed up processing of asylum seeker claims (ten times as many claims are being processed each month) is welcome. Nevertheless, communication from the centre remains a challenge. Previously, local authorities received 28 days notice of refugees and asylum seekers into the city but this has been reduced to 7 days notice. The Board has significant concerns about the health of new migrants arriving as they are at risk of homelessness with no recourse to public funds and puts further strain on local providers.

## **Migrants & Refugees in hotel accommodation**

In the recent period, we have seen the doubling of migrants and refugees being housed in hotel accommodation. This is putting significant pressure on specialist services. Many migrant patients have complex needs, have experienced trauma and or have addiction and/or mental health issues. This increasing pressure on the service means that they are not able to prioritise preventative approaches.

For example, all hotel residents are offered vaccines – such as Measles, Mumps, Rubella (MMR) and Diphtheria, Pertussis and Tetanus (DTP) - by Bevan Healthcare in Leeds but they estimate that only 10% of people in hotels are vaccinated. Their capacity to address broader mental and physical needs has been significantly impacted by this increase in hotel accommodation.

# PRIORITY 1: ACCESS FOR ALL



While there remains considerable inequity around access for migrant communities, some progress has been made in this priority area.

## **Bevan Healthcare**

A main provider of health support to refugees and asylum seekers is this social enterprise based in Leeds; it is widely regarded as being at the forefront of health and wellbeing services for people who face social barriers to accessing care. Many of their patients have complex needs, have experienced trauma and or have addiction and/or mental health issues. Their holistic approach to their work is informed by the social determinants of health to find compassionate solutions for people, that benefit both the individual and the system as a whole.

They have nurse-led teams who include a Nurse, Occupational Therapist, Health Care Assistant and a peer-led Wellbeing Service. These teams are often the first point of contact with a medical professional for vulnerable migrants and their model of care includes:

- Initial health screening
- Testing for tuberculosis and blood born viruses
- Mental health screening
- Facilitate access to primary care services
- Help with educating how to access NHS services and its appropriate use
- Collaborate with third sector partners in the area

Since 2019 Bevan have pioneered responsive health and wellbeing services for vulnerable migrants housed in temporary accommodation.



## **Safe Surgeries Programme – Doctors of the World**

Three target sessions were delivered to primary care staff this summer. A total number of 629 staff attended across all events.

Outcomes included raising awareness, encouraging practices to join the safer surgeries and challenges to barriers in accessing care being unpicked and understood. Leeds now has over forty safe surgeries.

## **Ukrainian /Afghan health assessments within primary care**

Local partners and teams teams completed many health assessments and continue to give individual support to access registered practices and have ensured strengthening of continuity of care as people move around the city.

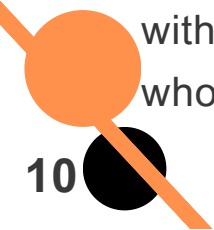
## **Oral health provision**

The Board and members have continued to raise concern and advocate for access to oral health for Asylum Seekers and Refugees. The Migrant Access Project facilitated a focus group from different communities to respond to the oral health survey.

Outcomes included the Leeds pilot service in two dental surgeries has now been funded longer term with the Board and partners advocating for this service. Partners have worked closely with regional colleagues to produce information at a local authority level around oral health in our region whilst share accessible resources.

## **Leeds Health Awareness Service (LHAS)**

LHAS has successfully collaborated with partners in the city to increase access of Cardiovascular Disease prevention / management programmes with migrant communities. The Service have a network of volunteers whose role involves getting key screening messages out to communities.







## Primary Care Screening Champions

Forty-five practices in the most deprived areas of Leeds have a champion who has protected time to contact people that have been invited to undertake bowel/cervical screening but have not done so. The champion works with these people and to encourage uptake / remove barriers. The champions have increased the number of migrant communities engaged in cancer related volunteering opportunities.


## Cancer Wise Leeds (CWL)

A network of CWL cancer screening and awareness co-ordinators has been developed linked to each Primary Care Network (PCN) across the city. The main purpose for this network is to achieve accelerated screening uptake in migrant communities.

## Migrant Access Project (MAP)

This project, funded by public health, raises awareness of early cancer prevention through screening and signposts people to local GP services. Migrant Community Networkers (MCNs) are trained and funded to deliver events around cancer awareness, prevention and screening out in their own communities. Leeds Cancer and Culturally Diverse Communities Task Group successful bid for NHS Health Inequalities Funding for a bespoke project to improve cancer outcomes for migrant communities with a collaboration between The Migrant Access Project (MAP) and Leeds Health Awareness Service (LHAS).

Outcomes include 18+ MCNs received cancer screening benefits training from Unique, supported by Macmillan, Public Health and Yorkshire Cancer Research in three sessions during September–October 2022. The MCNs (13 women and five men), represented 11 communities.



The events reached 243 people face to face with cancer screening awareness messages, representing at least eighteen communities (including Zimbabwe, Angola, Pakistan, Rwanda, Guinea- Bissau, Morocco, Jordan, Iraq, Kurdistan, Palestine, Syria, India, Kashmir, Caribbean, Nigerian, Somalian, Ethiopian, Sudanese).

One of the sessions was held online via a radio show which was later posted online and reached over 3,000 people who either tuned in to listen or watched on You Tube, from Leeds, different areas of the UK and overseas. Sessions were delivered in English, Arabic, Pashto, and Amharic.

Comments and feedback included:

*"I've had 2 letters about my breast cancer screening...I'm going to book the appointment."*

*"There are some people who have misconceptions about cancer, so it is better that they hear this session."*

(Talking about cervical screening)

*"I have decided to attend. I will ask my mother to be with me."*

*"African people don't talk about this...we need to do more sessions."*

One woman who attended a session in LS9 said the session had given her the confidence to book a GP appointment regarding an abnormal lump she had spotted a few months ago. Four women from the Swahili community booked in for their cervical screening appointment following another session in LS9.

*"I always bin the letter for my cervical screening, but now I will go"*

*"There were some signs and symptoms I was not aware of before"*

*"These sessions have been really useful because they are in our own language, and we can ask questions and get answers we can easily understand"*

## Leeds Refugee Forum (LRF)

LRF have been funded by Public Health to support delivery around the three priorities of the Board through direct work with Asylum Seekers and Refugee (ASR) communities by developing activities around a “Five Ways to Wellbeing” approach.

Outcomes so far demonstrate that ASRs in the city have been better supported to navigate and move around the city, encouraged to use leisure, green and public spaces, to walk and exercise more, be physically active and make and maintain greater social contacts. Participants overwhelmingly reported improvement in their well-being and connection to other people.

- 22 Asylum seekers and refugees fed back through surveys that they have received regular support to connect into other services; this also helped with digital exclusion and isolation as many refugees cannot access or struggle to access wider support
- 50% of participants said that without help with access to local transport, they would not be able to attend the classes
- 100% of participants said that their well-being has improved since attending their respective activity
- 100% said they felt more connected with people since attending the activity
- 100% said they had learnt new skills, including conversation skills, writing poems, enriched vocabulary, communication skills, and creative skills like painting and drawing
- 100% have improved self-esteem
- 90% reported improved independence

However, people still faced barriers and wanted more classes to improve English language skills.



Svetlana, (48, Ukrainian) wrote:

*"I feel connected to the group members. We communicate positively, exchange information and support each other."*

Gulzar (39, Iraq) attended our Women's Wellbeing sessions and said,

*"[Everyone] is very friendly and kind."*

Abraham (39, Eritrean) said he had had a

*"good experience meeting different people."*

It is clear that one of the key benefits service users received from LRF is a sense of community, belonging and friendship. Additionally, participants reported that they had gained new skills from the activities.

Oscar (42, Cameroonian) is a disabled asylum seeker who lives at the Britannia Hotel in East Leeds. He comes to ESOL classes and Men's Wellbeing and uses the bus ticket to travel to LRF twice a week for these activities. Without the bus ticket, this would take up almost all his monthly allowance. Since attending the Men's Wellbeing Group he has learnt to,

*"connect, help [and] discuss."*

Hanna (34, Ukrainian) said that because of ESOL classes, she

*"began to feel free when communicating with people"*

Similarly, Natalia (46, Ukrainian) wrote:

*"I have learnt new skills. I have enriched my vocabulary. [I] apply new knowledge to life."*

This project has enabled asylum seekers to access accommodation, legal advice, case worker support, health appointments and other crucial activities. This has removed a significant barrier to integration and participation in public life and have a positive impact on mental wellbeing.

## Leeds City Council Safer Stronger Communities

This project delivered a 3-month wellbeing project in 2022 for people seeking asylum residing in Home Office contingency accommodation in Leeds.

A rapid scoping wellbeing needs assessment using the “Five Ways to Wellbeing” approach. From this a report was produced that summarised the work and a toolkit of resources for residents and services developed, alongside an interactive google map that has provided a legacy for this project.

A number of outcomes were achieved during and post project, these include:

- improved awareness and access to a range of services and support available including Community Hubs, Active Leeds, Libraries, Museums and Galleries, Parks and Countryside, the Faith sector and voluntary sector
- improved engagement and pathways between services and the Home Office contingency accommodation /accommodation provider
- improved access to ESOL and English language learning activity
- improved connection with volunteering opportunities
- free access to a range of museums and galleries for refugees and people seeking asylum

Safer Stronger Communities have also funded LASSN to update the New to Leeds (<https://newtoleeds.org/>) website. This is a valuable resource for the city to help new migrants to Leeds to find their way around, and to help them to understand how to access support. This website can be translated into a number of languages.



## Womens' Health Matters (WHM)

Rainbow Hearts group for women refugees and asylum seekers is funded by Public Health with an overall aim to improve their wellbeing through health promotion activities.

WHM now have a member of staff who is a qualified teacher and delivers 30 minutes of ESOL/ conversation lessons each week for any woman who does not feel confident in speaking or reading English using games, including word searches and 'hangman' to support women in feeling confident to speak out more and feel part of the group.

Outcomes: WHM have supported 85 women over the course of the year, with forty group sessions taking place, thirteen walking groups and 8 ESOL conversation groups with a focus on health-related activities.

Session examples included:

- Health sessions delivered on cervical screening, breast health and contraception.
- Healthy eating and the Eatwell plate.
- Relationships and consent, including assertiveness and saying 'no.'
- Health support from Leeds Sexual Health nurses, the Health Facilitation nurses and Mentally Healthy Leeds looking at topics including health screening, accessing GP services, sexual health, menopause and managing mental wellbeing.

# Priority 1 - Case Study

Miriam is Nigerian and has attended Rainbow Hearts for the last two years. She first joined when she moved to a church-funded accommodation for destitute women in Leeds, and has been a committed member of the group. Miriam is in her late seventies and has significant health needs including trouble walking but when joining Rainbow Hearts was very independent and managed her health needs well. Miriam involved herself in opportunities through Rainbow Hearts, including the Wow! Project and physical activities through Leeds Girls Can.

Miriam is well thought of by the other women and was often referred to as 'Mama,' a sign of the respect she was shown in the group. She was moved by the Home Office to Sheffield for a short time before returning to Leeds to be housed in a different accommodation in Wortley, away from her community and not as easily accessible by buses.

WHM noticed Miriam had not been attending Rainbow Hearts and reached out to her. Miriam reassured them she was doing well, but that she struggled in the winter with the cold as it made walking more painful. WHM offered Miriam more flexibility with coming to Rainbow Hearts and agreed she could attend when she felt able to, without having to go through the usual booking system; she was grateful and reassured WHM she would be at group again soon.

Miriam continued to be sporadic with her attendance over the winter, but WHM checked in on her often and she always said she was doing well. However, in January of this year, Miriam attended group for the first time in a while and was struggling more with walking and looked to have lost a lot of weight. They arranged to meet Miriam for a 1-1 away from the group as well as offered a taxi for Miriam to attend the group.

WHM had several 1-1 appointments with Miriam and discovered she was not managing in the new house very well as there were many stairs and no adaptations to make bathing and cooking easier. After raising their concerns, the GP referred Miriam to adult social care for additional support; they also discussed concerns about Miriam's cognitive health as she was struggling with sleep and becoming forgetful, missing appointments, and getting confused with what tasks she had done. There were also concerns about how often Miriam was eating as she did not appear to be collecting her money regularly.

WHM continue to work with Miriam's GP, solicitor, PAFRAS and Mears to support her and have been able to offer Miriam the regular support of Rainbow Hearts and seeing her friends, reducing the isolation she was experiencing.

# PRIORITY 2: COMMUNICATION



**HealthWatch, LASSN and PAFRAS** have been key partners in bringing voices of the unheard to the fore in a range of actions this year. The work they undertake is excellent and vital for both refugees and service providers and cannot be underestimated as an invaluable resource in the city. The Board draws heavily on these voices to inform our work.

**Leeds Community Healthcare NHS Trust** held workshops with engagement champions to following the Health watch report – barriers to action, to understand what is already working and barriers faced.

Outcomes included wider communication actions have been actioned as a result of the engagement including improved recording of language requirements and simplifying appointments and communications in local languages to assure that interpreters have been booked. This work was in partnership with PAFRAS who encouraged changing the way the trust communicates culminating in a positive celebration event in March.

**Leeds City Council Safer Stronger Communities** are working with Employment and Skills to finalise the Leeds ESOL Strategy. This approach outlines the strategic direction on ESOL and Learning English provision for adults, outlining the current position, key challenges, our shared vision, key priorities, and outcomes and will help to support better health outcomes.

**West Yorkshire Integrated Care Board (WYICB)** have proactively, through HealthWatch, developed excellent new resources and engagement for those who do not speak English as a first language.



# PRIORITY 3: WORK / AUSTERITY



## **‘Cost-of-living’ work**

There is much support and activity around the impact of austerity in Leeds and members of the Board have been influential in ensuring that specific support for migrants are not further excluded and marginalised. Practical support for food, fuel and access to ‘warm spaces’ taking into consideration cultural needs and barriers have been important aspects of this.

## **Migration Access Project (MAP)**

The Leeds MAP provides training around employment, starting your own business, welfare rights, the cost of living and link communities with services in Leeds who can support their needs.

## **Leeds Inclusive Anchors Network**

The Board has linked with this network to promote the wealth of skills of migrants. All anchor organisation partners are addressing and encouraging the recruitment of local communities, including migrants, to reflect our diverse communities building on the pilot undertaken in Lincoln Green some years ago.

The Network has engaged local communities in employability programmes, training and apprenticeships. They have recently committed to producing a diversity dashboard, in partnership with the Open Data Institute (ODI) Leeds, to collectively report and take action on diversity pay gaps to ensure the workforce of the largest publicly-funded organisations in the city is representative of the communities it serves; to also work more closely with the city’s disadvantaged neighbourhoods, getting local people into work.



## **Funding opportunities**

The Board ensures partners are aware of new funding streams and share up and coming potential grant launches and members have shared any opportunities to bid for funding and provided support with data and other support. Raising awareness for new grants, particularly those that focus on inclusion health have been highlighted.

## **Sharing good practice**

The Board has shared good practice from Leeds programmes at regional level. Across partners, welfare advice support and training toolkits have been shared and an important element is ensuring any relevant resource considers the needs for migrants, including understanding their rights and eligibility.

In relation to communications and campaigns the Board has provided advice to ensuring they are fit for purpose, in terms of being inclusive and can be used by those who do not have English as a first language.

# CHALLENGES



## Accommodation

A place to live is one of the largest challenges faced. The doubling in number of asylum seekers in hotel accommodation in Leeds is already placing significant strain on both statutory and third sector partners. The decision at national level to introduce sharing of rooms and closing some hotels gives the Board significant concern about the way in which these policies are implemented locally.

There is insufficient affordable housing to meet the needs of refugees made homeless by the discontinuation of Home Office support and the closing of hotels. The LGA said that greater demand combined with an “acute” housing shortage means it will be “extremely challenging” for those leaving Home Office-funded accommodation to find an affordable, long-term place to stay.

The impact on the physical and mental health of people in hotels is not being monitored in any systematic way, e.g. in terms of number of mental health crises, presentation to A&E or crisis services and incidence of self-harm.

Local intelligence also suggests that sexual orientation is being used as a way of deciding who is appropriate to share rooms - resulting in LGBTQ+ asylum seekers being outed against their will, and increasing the chances of homo/trans-phobic hate crimes.

The notice period for evictions has been shortened yet there is insufficient advice or advocacy capacity to help people effectively request extensions to their accommodation. There is also concern that there is little oversight of how many evictions are happening, so emergency housing responses cannot be planned by anyone in any sector.

## Impact on mental health

The Board have concerns in regard to the mental wellbeing of migrant communities and their access to services - this reflects a national trend. Future arrangements around where refugees and asylum seekers are placed has an impact on migrants' health and wellbeing and threats of deportation also impact on their mental health.

There is an added dimension that our valued workforce is becoming increasingly “burnt out” working in this field of work.

## Economic climate

Continuing to deliver quality services with reduced budgets and resources is becoming increasingly challenging. This is both a concern for the Board and all partners, at a time when migrant communities continue to face health inequalities from the pandemic and ‘cost-of-living’ issues. This is likely to impact on the level of support available for migrants and is already beginning to be seen, e.g.

- reduced access to translation and interpretation services
- lack of access to emergency dental treatment
- 3rd sector organisations having to scale back their work
- the worsening, and more complexity around, health issues

## Board relevance, impact & effectiveness

In recent months there has been a decrease in attendance at Board meetings. We are exploring the reasons for this and - given how pressured everyone is - consider whether the role and focus of the Board needs to develop in a different direction to ensure it can play a key leadership role across Leeds.

**There is much good work around  
migrant health about which we can be proud.**

# SUMMARY



## **Focus on our overarching priorities**

A refresh of the Board's priorities provides the impetus and ability to amplify the health inequalities migrants face on a daily basis, identifying unmet need and the ability to advocate at a strategic level.

The Health and Wellbeing Board's (H&WB) workshop last year on migrant health in the city was led by Board members. They fully supported all three priorities and agreed that migrant communities and organisations were consulted during the Health and Wellbeing strategy refresh.

One year on we must ensure that the Migrant Health Board continues to work closely with the H&WB to ensure every migrant coming to our city has the care and support they need.

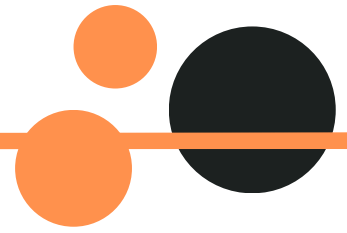
## **Role of third sector organisations**

The valued work and expertise of the voluntary, community and faith sector supporting all migrants in the city cannot be underestimated. They, including PAFRAS, LASSN and SOLACE, underpin the work of the Board and are key to reducing health inequalities. Without them, statutory services would not be as effective in delivering on wider migrant related outcomes. These organisations are trusted by migrants and we must continue to support them in these increasingly challenging times.

## **Key health partners**

The Integrated Care Board (ICB), primary care and Bevan Healthcare continue to have a strong focus on inclusive health and advocating for migrants unmet needs. Their work is ever-increasing in caring for those migrants, especially for people residing in hotels by working alongside other partners, both locally and nationally.

# APPENDIX



## Members of the Migrant Health Board

Chair – Chief Officer/Public Health Consultant, Leeds City Council

Asylum Matters

Bevan Health Care

Forum Central

HealthWatch Leeds

Leeds Asylum Seekers Support Network (LASSN)

Leeds City Council:

Children's & Families

Communities, Housing & Environment (Migration Programme  
Manager & Housing Support Manager)

Employment & Skills

Leeds City Council Public Health:

Health Improvement Principal, Localities & Primary Care

Head of Public Health, Localities & Primary Care

Head of Health Protection

Leeds Community HealthCare Trust

Leeds Office of the West Yorkshire Integrated Care Board (ICB)

Leeds Teaching Hospitals Trust

Leeds York Partnership Foundation Trust

Positive Action for Refugees & Asylum Seekers (PAFRAS)

Representatives from Primary Care Networks & Local Care  
Partnerships

West Yorkshire Police

**Report of:** Caroline Baria & Victoria Eaton

**Report to:** Leeds Health and Wellbeing Board

**Date:** Thursday 9<sup>th</sup> November 2023

**Subject:** Healthy Ageing in Leeds

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:		
Appendix number:		

## Summary of main issues

- There is a clear framework of ‘what works’ to promote healthy ageing set out by World Health Organisation and longstanding commitment from partners to work towards this.
- The key issues affecting older people in Leeds are understood and plans are in place to address these through the Age Friendly Strategy, citywide work relating to population health population and priorities identified to deliver the outcomes of the Healthy Leeds Plan.
- This update, along with the review of the Health & Wellbeing Strategy provides an opportunity to share plans and look at what we could strengthen or do differently to better support and embed ambitions relating to Age Friendly, healthy ageing and secondary prevention across the across the system.

## Recommendations

The Health and Wellbeing Board is asked to:

- Note the update on current key issues relating to healthy ageing in Leeds, including the Age Friendly ambition and wider work across the system.
- Provide direction on how the system can support and embed ambitions relating to Age Friendly and healthy ageing across the city.
- Provide direction on how the system can work even better together to support healthy ageing and secondary prevention across the city.

### 1 Purpose of this report

#### 1.1 Update on Healthy Ageing in Leeds

1.2 This paper provides an update on current key issues relating to healthy ageing in Leeds, including the Age Friendly ambition and wider work across the system and seeks direction from the Health & Wellbeing Board on the following issues:

- How the system can support and embed ambitions relating to Age Friendly and healthy ageing across the city.
- How the system can work even better together to support healthy ageing and secondary prevention.

### 2 Background information

2.3 Healthy ageing is about creating environments and opportunities that enable people to live a long and healthy life and live, work and age in conditions that support good health (e.g. good quality work, financial security, safe and secure housing and flourishing communities).

2.4 The World Health Organisation (WHO) set out eight domains that places can address to improve their structures and services to meet older people's needs and all of us as we age. These domains broadly cover many of the wider determinants of health, including social factors and the built environment required to support healthy ageing. Leeds is amongst 60 areas nationwide and 1000 places worldwide that are committed to creating age friendly places that support healthy ageing, enabling people to age well.

2.5 Leeds has a longstanding ambition to be Age Friendly, the best city to grow old in and a place where people age well. The Age Friendly Board, chaired by Cllr Jenkins has a broad membership from across the council and external partners and drives work towards the Age Friendly ambition. The Board is on its third iteration of the Age Friendly Strategy and Action Plan with the following 6 domains which align to the WHO domains (wider determinants of health):



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

The 2022 strategy and plan informed by the [State of Ageing in Leeds<sup>1</sup>](#) report (published 2021) sets out actions that will be delivered aligned to the outcomes and objectives of the board along with the expectations of older people (see appendix A).

- 2.6 Citywide work relating to population health, also identifies needs and priority actions where people experience poorer outcomes as they are approaching later life. This includes injuries to people living with frailty due to falls and the prevalence of multiple long term conditions. This presents an opportunity to reduce avoidable admissions focussing on primary prevention and healthy ageing, and also improve healthy ageing through ensuring that contacts with health and care services maximise opportunities for primary and secondary prevention. Furthermore, the [Major Conditions Strategy<sup>2</sup>](#) highlights that, prevention activities can impact on multiple conditions at once, and more prevention activity will be crucial to meeting the challenges of an ageing society. This includes activities relating to smoking and obesity and living conditions such as employment, housing, education and access to green space.
- 2.7 The context in which older peoples' work operates acknowledges that outcomes and experiences of older people from different backgrounds are not equal. For example, those living in the more deprived areas will spend a greater number of years towards later life in poorer health. This along with other inequalities means that older people from different background will have very different experiences of 'ageing'. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence. A focus on reducing inequalities and improving the health of the poorest fastest is a key focus for our healthy ageing work.
- 2.8 The review of Leeds' Health and Wellbeing Strategy was presented at the Age Friendly Leeds Board in March 2023, which was followed by a consultation response provided by the Age Friendly Board in May 2023 to ensure alignment between the two strategies. The renewed strategy includes a number of priorities that are linked to positive healthy ageing outcomes including:
- A Child Friendly and Age Friendly City where people have the best start and age well
  - A mentally healthy city for everyone

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<sup>1</sup> [The State of Ageing in Leeds: What life is like for people aged 50 and over in Leeds \(ageing-better.org.uk\)](https://ageing-better.org.uk)

<sup>2</sup> [Major conditions strategy: case for change and our strategic framework \(www.gov.uk\)](https://www.gov.uk)

- Safe and sustainable places that protect and promote health and wellbeing
- Improving housing for better health
- Promoting prevention and improving health outcomes through an integrated health and care system
- Employment/workforce:
  - A strong economy with good local jobs for all
  - An inclusive, valued and well-trained workforce

### 3 Main issues

- 3.1 As outlined in the 'Background' section there is a clear framework of 'what works' to promote healthy ageing set out by WHO and longstanding commitment from partners to work towards this. The key issues affecting older people in Leeds are understood and plans are in place to address these through the Age Friendly Strategy and priorities identified to deliver the outcomes of the Healthy Leeds Plan e.g. Falls, Cancer.
- 3.2 The local 2023 Director of Public Health and also the national Chief Medical Officer reports will have a healthy ageing focus. This, along with the ongoing commitment to Age Friendly as a priority in the Health & Wellbeing Strategy review provides a platform for us to review again how we are doing in relation to our Age Friendly and healthy ageing ambitions, as well as look at what we could strengthen or do differently.
- 3.3 Progress on achieving the Age Friendly ambition is documented in the annual report of the 2022-2025 strategy and plan (see Appendix B). Furthermore, there are many examples of excellent work focussing on the wider determinants of health in the city that are contributing towards positive outcomes for healthy ageing, including but not limited to:
- Age Friendly Employers Pledge – Leeds City Council has joined 150 other organisations in signing up to the Age Friendly Employers Pledge. Age Friendly Employment is important to people aged 50+ in Leeds and we are working to expand this across other organisations in the city. The State of the City event later this year will also be an opportunity to discuss how we can improve employment outcomes for people aged 50+.
  - Partnership with the Centre for Ageing Better (CfAB) - Leeds City Council (led by A&H/PH), the Centre for Ageing Better and Leeds Older People's Forum (LOPF) had a five year formal partnership and Memorandum of Understanding. A formal report on the successes and learning of this partnership, centred on 'what works' to make Leeds a better place to live and age for anyone aged 50+ has now been published: [Making Leeds the best city to grow old in - the power of partnership<sup>3</sup>](#). This illustrates how joint work on age-friendly homes, transport, neighbourhoods

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<sup>3</sup> [Making Leeds the best city to grow old in - the power of partnership \(opforum.org.uk\)](#)

and employment influenced local and national practice, and how this work can continue to support the city's ambition to become the best place to grow old in.

- Developing community and third sector capacity for Age Friendly Communities and Healthy Ageing:
  - Leeds Older Peoples Forum's [Friendly Communities Programme](#)<sup>4</sup> (funded by LCC Adults & Health, drawing in additional funding from the Zurich Foundation) supports businesses and organisations to become Age and Dementia Friendly (125 total current; ambition to reach 250 by 2025/26), recruits Age Friendly Ambassadors who take action to help raise awareness and spread the Age Friendly message (276 total current; ambition to reach 500 by 2025/26) and manages an Age Friendly Steering Group which supports older people to get involved in key consultations, plans and projects that matter to them.
  - The 34 Neighbourhood Networks (NN) in Leeds offer community based, locally led organisations that support older people to live independently and participate within their own communities. They have a specific focus on the following outcomes: reducing social isolation and loneliness; increasing the contribution and involvement of older people; increasing choice and control; enhancing health and wellbeing. The Centre for Ageing Better evaluations of the [Leeds Neighbourhood Network](#)<sup>5</sup> shone a light on the strengths of the NN model and its application in Leeds and is continuing to influence the development of the Networks in terms of ensuring equity in access for all older people through providing a core offer across the city, and increasing participation and involvement of older people across all communities.
  - Men's Health Unlocked, funded by the National Lottery, based with Forum Central (LOPF) coordinates a network of organisations working with men, in partnership with Barca-Leeds, Orion Partnership (Space 2, Zest) and Touchstone. Running a number of activities MHU aims to link men into services, activities and strategic decision making. MHU supports organisations and individuals, hosts regular networking meetings and coordinates communications/newsletters via local shops and businesses - taking an ABCD approach.
- Age Friendly Leeds Partnership – The Age Friendly Leeds Partnership (AFLP) is a system wide, place-based partnership that brings together the statutory, voluntary and private sectors to:
  - Address priorities identified by older people and address local priorities identified in local data.

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<sup>4</sup> [Friendly Communities \(opforum.org.uk\)](http://opforum.org.uk)

<sup>5</sup> [Leeds Neighbourhood Network \(ageing-better.org.uk\)](http://ageing-better.org.uk)

- Build awareness of Age Friendly priorities and actions
  - Assess how Age Friendly the city is.
  - Support Age Friendly initiatives in our communities, empowering members to develop and put actions in place.
  - Develop and put actions in place in relation to identified themes/priorities.
- Citywide work relating to population health, long-term conditions, the Healthy Leeds Plan and in secondary care is also delivering actions that will benefit older people in Leeds. This include injuries to people living with frailty due to falls and the prevalence of multiple long term conditions. This presents an opportunity to contribute to a reduction in avoidable admissions with a focus on primary prevention and healthy ageing. Some examples include:
  - Enhance is coordinated by LOPF in partnership with Leeds Community Healthcare to support safe and sustainable discharge from hospital and Neighbourhood Teams into a secure home environment. The programme links third sector organisations with LCH Neighbourhood Teams and other agencies to avoid delayed discharges and readmissions for individuals, and to enhance capacity throughout the system.
  - The Falls Steering Group – The purpose of the steering group is to: (1) act as the strategic partnership across health, care and partner organisations in developing the falls pathway. (2) Oversee the development of a whole systems approach to falls prevention and falls response. Work has recently been undertaken to review needs, strengths and gaps in relation to falls and falls prevention, which is informing future priorities for the steering group.
  - Leeds Teaching Hospitals Trust – The trust is delivering a number of actions that contribute to healthy ageing including support for patients to ‘get up get dressed and keep moving’, development of a healthy ageing discharge pack, an activity coordinator in neurology and Social Prescribers in the Emergency Department.
  - NHS Health Checks – This check-up is for adults in England aged 40-74 and can help spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Plans are being developed to deliver some catch-up activity of NHS Health Checks (due to the impact of the COVID-19 pandemic on delivery in previous years) and testing of community delivery approaches of NHS Health Checks which shall be reviewed/evaluated.
  - Blood Pressure Wise (BPW) Community Pilot - Following the success of the workplace BPW service, this community focused pilot focused on hypertension awareness raising and blood pressure testing within 4 targeted Primary Care Networks: Burmantofts Harehills & Richmond Hill, Chapeltown, Middleton and Seacroft. The 6 month intervention had an excellent reach into key target groups with 17.5% of the 647 people tested being identified as having a high blood pressure.

- NHS Diabetes Prevention Programme – This programme identifies those age 50+ that are at high risk of developing Type 2 diabetes and supports them to access an evidence based intensive behaviour change programme.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

4.1.1 The Age Friendly strategy and action plan has been shaped by a long history of consultation and engagement. Ensuring Leeds is an Age Friendly city has been identified as a priority area by older people themselves. Consultation and engagement over the years is referenced in the Age Friendly Leeds Strategy (see appendix A). Most recently, the [State of Ageing in Leeds Qualitative Engagement](#)<sup>6</sup> reports on engagement with older people to understand their experiences and priorities around ageing, ultimately providing actionable suggestions on how Age Friendly Leeds can support and improve people's lives as they age.

4.1.2 Consultation and engagement around key issues affecting older people is also conducted on an ongoing basis including Leeds Older People's Forum quarterly Trending Elders Survey, the Age Friendly Steering Group, quarterly Age Friendly Partnership meetings. Further consultation and engagement is being planned through specific pieces of work including but not limited to the 2023 Director of Public Health Report and Creative Healthy Ageing Project.

### **4.2 Equality and diversity / cohesion and integration**

4.2.3 Equality and inequality are key components of the healthy ageing work in the city. Our review of the needs of older people ensures we consider and understand the diversity of the older population. The diverse needs of older people are also considered in the Age Friendly Strategy, which acknowledges the barriers faced by older people who are, or are at risk of, being vulnerable or disadvantaged. The strategy highlights 'inequalities' as a cross cutting priority with aims to put interventions in place to remove or reduce these barriers. This includes protected characteristics and the intersection with age e.g. age, gender, ethnically diverse communities.

### **4.3 Resources and value for money**

4.3.4 Local plans aligned to a clear framework of 'what works' to promote healthy ageing (set out by WHO) ensure that we are making best use of local resources. Programmes of work are reviewed to ensure that outcomes are being achieved and to align future plans to enable better use of resources and value for money. Furthermore, the approach of Age Friendly Leeds and board is to embed age friendly and healthy ageing into policies, plans and delivery of services. This

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<sup>6</sup> [State of Ageing in Leeds Qualitative Report \(ageing-better.org.uk\)](#)

ensures we are getting best use of existing resources to improve outcomes for older people.

#### 4.4 **Legal Implications, access to information and call In**

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

#### 4.5 **Risk management**

4.5.1 Potential for reducing resources within organisations to impact on capacity to deliver on age friendly and healthy ageing actions. Mitigation will include discussion of progress on committed actions at the Age Friendly Board and direction from the Health & Wellbeing Board on how the system can support, work together and embed ambitions relating to Age Friendly, healthy ageing and secondary prevention across the city.

### 5 **Conclusions**

5.1 A clear framework of 'what works' to promote healthy ageing set out by World Health Organisation and longstanding commitment from partners to work towards this.

5.2 The key issues affecting older people in Leeds are understood and plans are in place to address these through the Age Friendly Strategy, citywide work relating to population health population and priorities identified to deliver the outcomes of the Healthy Leeds Plan.

5.3 This update, along with the review of the Health & Wellbeing Strategy provides an opportunity to share plans and look at what we could strengthen or do differently to better support and embed ambitions relating to Age Friendly, healthy ageing and secondary prevention across the across the system.

### 6 **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the update on current key issues relating to healthy ageing in Leeds, including the Age Friendly ambition and wider work across the system.
- Provide direction on how the system can support and embed ambitions relating to Age Friendly and healthy ageing across the city.
- Provide direction on how the system can work even better together to support healthy ageing and secondary prevention.

### 7 **Background documents**

Age Friendly Leeds Strategy

Age Friendly Leeds Annual Report 2022-2023

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# Implementing the Leeds Health and Wellbeing Strategy 2016-21

## How does this help reduce health inequalities in Leeds?

The context in which older peoples' work operates acknowledges that outcomes and experiences of older people from different backgrounds are not equal. For example, those living in the more deprived areas will spend 10-15 more years towards later life in poorer health. This along with other inequalities means that older people from different background will have very different experiences of 'ageing'. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence. A focus on reducing inequalities and improving the health of the poorest fastest is a key focus for our healthy ageing work.

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

The purpose of the paper is to outline work to date on system wide work in relation to healthy ageing and discuss how the system can support, work even better together and embed ambitions relating to Age Friendly, healthy ageing and secondary prevention across the city.

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

Embedding 'what works' to promote healthy ageing (set out by World Health Organisation) will contribute to primary prevention and secondary prevention, which should result in less people requiring health and care services.

## Future challenges or opportunities

As outlined in the paper the recommendations highlight future opportunities to strengthen actions. In addition the forthcoming local DPH annual report and national CMO report will provider further opportunities to review and challenge our actions for healthy ageing.

<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
<small>(please tick all that apply to this report)</small>	
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	
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	X

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Making Leeds the best city to grow old in



## Age Friendly Leeds Strategy and Action Plan 2022 - 2025



**Leeds**  
CITY COUNCIL



## Strategy

### **Context**

The ambition for Age Friendly Leeds is to be the Best City to Grow Old in: a place where people age well - where older people are valued, feel respected and appreciated, and are seen as the assets they are.

'Age Friendly Leeds' is a key priority of the Health and Wellbeing pillar of the Best City Ambition and was formerly one of the eight interconnected priority areas of work set out in the Best Council Plan 2020-2025, that flow in particular from Leeds' three main cross cutting strategies: Inclusive Growth, Health and Wellbeing, and Zero Carbon.

Our Inclusive Growth Strategy sets out how Leeds City Council, the private sector, universities, colleges and schools, the third sector and social enterprises in the city will work together to grow the Leeds economy ensuring that everyone in the city contributes to, and benefits from, growth to their full potential. It recognises the need to support older workers to remain or return to fulfilling work and make work better for people to do so.

Our refreshed Health and Wellbeing Strategy provides a framework to improving health. It is driven by a vision to be a healthy and caring city for all ages and improving the health of the poorest the fastest. The Strategy is about how we put in place the best conditions in Leeds for people to live fulfilling lives in a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone

Leeds has a plan to tackle climate change as an important part of [our best city ambition](#). This includes plans to reduce our own carbon footprint; reduce pollution and noise; reduce the level of greenhouse gas emissions from buildings in the city; promote cycling, walking and the use of public transport; promote a less wasteful, low carbon economy; reduce flooding and other risks from the impact of climate change; build sustainable infrastructure; to help residents reduce their own carbon footprints.

The Joint Strategic Assessment 2021 brings together data and intelligence to look at the current and future health and social care needs of people living in Leeds. Its purpose is to shape priorities and guide health commissioning, wellbeing and social care services and service strategies. It helps us to better understand the wider determinants of health and 'post' pandemic needs and opportunities enabling planning for the future.

The Age Friendly strategy and action plan builds on previous work and is shaped by a long history of consultation and engagement going back to 1994 when Leeds Older People's Forum came into existence. Ensuring Leeds is an age friendly city has been identified as a priority area by older people themselves. Consultation and engagement over the years includes:

- March 2015 - a workshop to engage older people and stakeholders from a wide range of organisations across the public, private and third sector in the development of the Best City to Grow Old in breakthrough project using outcome-based accountability methodology as a framework for discussion. The outcomes from these workshops formed the basis of the Best City to Grow Old in action plan, 2015 – 2019.
- June/July 2016 – A workshop and follow up questionnaire to ask older people and housing providers to think broadly about housing and housing support needs for today and for future generations of older people to support the development of an older person's housing strategy.
- June - September 2016 - consultation with 176 older people around Leeds (via focus groups and written questionnaires) using questions relating to each of the World Health Organisations domains. This was undertaken by Time to Shine in preparation for a new Age Friendly Charter for Leeds.
- June 2017 – A workshop with older people to explore older persons housing requirements to feed into the Strategic Housing Market Assessment and complement the household survey and stakeholder consultation.
- June/July 2017 – A series of workshops with older people to identify the different challenges and aspirations around travel for people in later life in Leeds to inform the scoping of new community transport and volunteer driver options.
- October/November 2019 – A series of engagement events with older people across the city to understand what matters to older people and their understanding of frailty and healthy ageing.
- December 2021 – Publication of: The State of Aging in Leeds: What life is like for people aged 50 and over in Leeds. This report sets out data and stories about what it's like to grow older in Leeds. The report supports individuals and organisations across Leeds to consider priorities for change to make Leeds Best City to grow old in.
- December 2021 – Consultation with 44 Leeds residents aged between 50 and 102 (via online, telephone and focus groups) with a range of questions to understand people's experiences and priorities around ageing in Leeds. The consultation also looked to gather views on the State of Ageing in Leeds report findings. The findings of the consultation supported the development of the Age Friendly action plan objectives.

### **Why is it important?**

The State of Ageing in Leeds (2021) report has highlighted some of the key data in Leeds demonstrating what life is like for people aged 50 and above living in the city and comparing this to the national data. The report shows that around one in three people living in Leeds is aged 50 and above. We have a growing older population where in the next twenty years the number of people aged 80 and above living in the city will increase by 50%. A number of key aspects related to our age friendly framework are explored:

- Life expectancy for males in the city is 78 and females can expect to live to age 82.
- Around 70% of people aged over 50 live in owner occupied homes, with the remaining living in social housing and private rented sector. The majority of people aged 65 and above would like to stay in their own home.
- One in four workers in Leeds are aged 50 and above.
- Data shows in West Yorkshire more than 50% of people aged 65 and above will use the bus services at least once a week. Uptake of bus passes in Leeds is 80% but can drop to 60% or less in some of the most deprived areas.
- Around one in eight households will have a person aged 65 or above living in them or living alone.
- 8,500 people aged 65 and above live with dementia.
- People from Black and Minority Ethnic backgrounds living in the most deprived parts of Leeds become frail 11 years earlier than white counter parts living in the least deprived areas.

The opportunities and challenges presented by an ageing population are well rehearsed. Older people contribute in countless ways to Leeds' rich and vibrant communities – through the skills and knowledge that they bring to their local communities, high levels of volunteering, acting formally and informally as community connectors, intergenerational interactions, unpaid caring roles, and through the skills and experience they bring to their workplaces.

However, we also know that many older people are also more likely to have multiple long-term health conditions with inequalities disproportionately affecting the poorest in our city. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence. As the baby-boomer generation grows older, there will be a range of implications for public sector service provision.

Our ambition requires a 'Team Leeds' approach.

### **Our approach**

Our approach to achieving our ambition to be the best city to grow old in is a citizenship approach, applying to the entire

population. This approach:

- Places older people at the heart of the strategy
- Ensures that there is a strong focus on social networks within neighbourhoods and the city
- Promotes social capital and participation
- Age-proofs and develops universal services
- Tackles inequalities and reduces social exclusion
- Aims to change social structure and attitudes
- Responds to data, intelligence and recommendations made in relevant local and national reports such as the State of Ageing in Leeds report to ensure actions are evidence based and respond to new and emerging needs of what matters to older people
- Recognises the impact that Covid has had on older people and the support that is needed for physical and mental wellbeing as we recover from the pandemic
- Ensures the views and needs of older people are accounted for across the city
- Links with the Marmot City work to give an age friendly perspective.

### **Governance – The Age Friendly Leeds Board (AFLB)**

The board is chaired by the Deputy Executive Member for Adults Social Care, Public Health and Active Lifestyles. Its role is to:

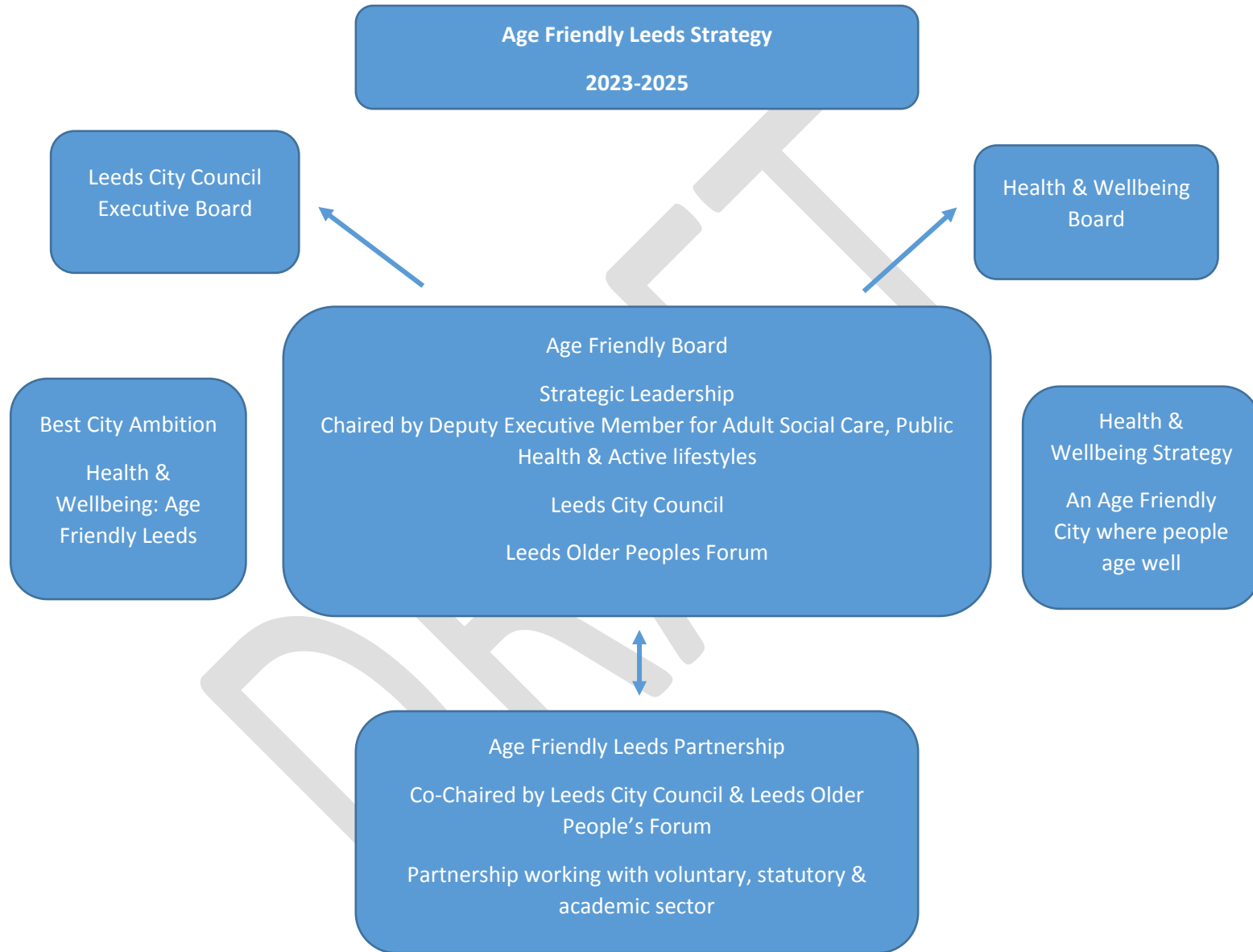
- Provide the political leadership and set the strategic direction for the Age Friendly Leeds work programme.
- Undertake the role and responsibilities set out in the MoU signed with the Centre for Ageing Better, take the learning over the past five years and build upon these.
- Build on existing work around older people.
- Co-produce services with older people to ensure they are involved at every stage including design and delivery.
- Ensure the objectives of the Age Friendly Action Plan are being met.
- Provide strategic direction and guidance to domain leads to ensure the needs of older people are being met.
- Respond to data, intelligence and recommendations made in relevant local and national reports such as the State of Ageing in Leeds report to ensure actions are evidence based and responding to new and emerging needs.
- Actively promote and support the need of an Older People’s Commissioner in England.

Membership includes the representatives from the Council, Leeds Older People’s Forum, the Centre for Ageing Better and West Yorkshire Combined Authority and reports to both the Executive Board and the Health and Well Being Board where appropriate. This work is also part of the Leeds Health and Care programme on improving population level outcomes for

people living with frailty.

DRAFT





## **The Age Friendly Leeds Partnership (AFLP)**

The partnership is co-chaired by Head of Public Health (Older People), Leeds City Council and the Chair of Leeds Older People's Forum. It brings together statutory, voluntary and private sectors to:

- Hear the voices of older people and identify priorities in local data in relation to making Leeds an Age Friendly City;
- Address the identified priorities from older people and local data in order to make Leeds an Age Friendly City;
- To build awareness of Age Friendly priorities and actions and how this supports other priorities/programmes of work in the city'
- Use evidence to assess how Age Friendly the city and evaluate impact on priorities;
- To support Age Friendly initiatives in our communities and other broader initiatives which help us to work towards Leeds becoming an Age friendly City.
- Empower partnership members to develop and put actions in place
- Develop and put actions in place in relation to identified themes/priorities, working individually, as an organisation and collectively

The AFLP is made up of members each with their own functions and responsibilities. It provides a focus for the agreement of shared action and constructive challenge to make sure that there are improved outcomes for developing a systems-wide approach to becoming an age friendly city. The AFLP meets quarterly and reports on key successes and challenges to the Age Friendly Leeds Board and the Health and Wellbeing Board. Each meeting is themed around a topic from this action plan.

Membership is open to any organisation that has an interest in and is committed to making Leeds an age friendly city.

## **National and International Partnerships**

**The Centre for Ageing Better** selected Leeds as a partner and in October 2017- 2022 entered into a five-year partnership agreement with the Council and Leeds Older People's Forum (LOPF). At the end of the partnership Leeds continues to take the learning over the past five years and build upon these.

The partnership enabled Leeds:

- to adopt evidence-based practice,
- to pilot innovative approaches and
- to generate new evidence of 'what works' for ageing well that can be disseminated locally, regionally, nationally and internationally by Ageing Better, LCC, LOPF and other stakeholders.

The initial priorities for this partnership were transport, housing and communities and neighbourhoods. Since then, partners have worked on system wide work such as the State of Ageing in Leeds. Outputs from the partnership can be found at <https://ageing-better.org.uk/leeds>

The partnership was governed by an annual Memorandum of Understanding Review and managed by a quarterly steering group. It is one of only three partnerships that Ageing Better has established with local areas, with the others being in Greater Manchester and Lincolnshire.

#### **Leeds is a member of:**

- UK Network of Age Friendly Communities - a group of communities from across the UK that are collaborating to bring about change in the way that we respond to population ageing. Managed by the Centre for Ageing Better.
- World Health Organisation (WHO) Age Friendly Cities - established to foster the exchange of experience and mutual learning between cities and communities worldwide.

#### **Want to find out more?**

Contact us:

Leeds Older Peoples Forum

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Telephone: (0113) 2441697

Website: <http://www.opforum.org.uk/>

Twitter: [@LeedsOPF](https://twitter.com/LeedsOPF)

Leeds City Council

Email: [agefriendly@leeds.gov.uk](mailto:agefriendly@leeds.gov.uk)

Telephone: 0113 3783831

Website: [www.leeds.gov.uk/age-friendly-leeds](http://www.leeds.gov.uk/age-friendly-leeds)

Twitter: [@AgeFriendlyLDS](https://twitter.com/@AgeFriendlyLDS)

Centre for Ageing Better

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Telephone: 0113 3786242

Website: <https://www.ageing-better.org.uk/>

Twitter: [@ageing\\_better](https://twitter.com/@ageing_better)

## Get involved

Think about what you can do as an individual at home or at work, or what your organisation can do to make Leeds an age friendly city. Everyone can contribute to making Leeds the best city to grow old in.

## Strategy and Action Plan 2022 – 2025: Summary

The action plan is structured around six topic areas adapted for Leeds from the Age Friendly City domains developed by the World Health Organisation:

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

For each topic area we have:

- Outcomes – what we want our end result to be
- Objectives – What we are focusing on to achieve our outcomes
- Older People’s Expectations – what older people have told us they expect from an Age Friendly Leeds

The action plan has been informed by the [State of Ageing in Leeds](#) report, insight from engagement with older people and a number of Leeds strategies. Cross cutting themes across all the topic areas are:

- Effective communications – providing information about services and activities in a range of formats that older people can easily access, and which suit their needs.
- Access to digital technology – help and support for people who want to use digital technology to make their life better
- Engagement and co-production with older people – involving and consulting with older people on the development, delivery, management and evaluation of services and projects which affect them.
- Inequalities – recognising the barriers faced by older people who are, or are at risk of, being vulnerable or disadvantaged, and putting interventions in place to remove or reduce these barriers. Including protected characteristics and the intersection with age e.g. age, gender, ethnically diverse communities
- Climate change and the impact it can have on people as they age.
- Financial inclusion – recognising the barriers faced by older people who are, or are at risk of, being vulnerable or disadvantaged, and putting interventions in place to support older people.

Officers from across the council and their partners contribute to a quarterly highlight report and flash update to the Age

Friendly Leeds Board on how their services are contributing to the action plan and addressing the cross-cutting themes. The update is shared with the Age Friendly Leeds Partnership.

### **Key Performance Indicators**

A framework to measure the impact of the action plan was developed with support from the Centre for Ageing Better. These measures have been incorporated into the Best City Ambition and reported on annually to the Corporate Leadership Team and Executive Board. These indicators are:

- Indices of Deprivation Affecting Older People
- Disability Free Life Expectancy by gender at birth and at 65
- Healthy Life Expectancy by gender at birth and at 65
- The number of new build properties built to accessible standards M4 (2) and M4 (3) (reported to the Infrastructure, Investment & Inclusive growth Scrutiny Board twice a year)

## Age Friendly Objectives, Expectations and Outcomes

There are a number of actions associated with each objective:

	Objectives & Actions	Older people's expectations	Outcomes
Public and civic spaces	<p><b>Objective A: Access for all: Ensuring that parks and green spaces are accessible for everyone who wants to use them.</b></p> <ul style="list-style-type: none"> <li>• Short Term               <ul style="list-style-type: none"> <li>○ Install a Changing Places toilet as part of new developments at Tropical World.</li> <li>○ New city centre park (Aire park) will include accessible public toilets.</li> <li>○ Get correct, up to date information about all our city parks and the Arium on Euan's Guide website.</li> <li>○ To develop a process for auditing the accessibility of our sites.</li> </ul> </li> <li>• Long Term               <ul style="list-style-type: none"> <li>○ Review number of disabled parking bays in parks and bench numbers and locations when putting together plans on a page.</li> </ul> </li> </ul>	<p>Public and green spaces in Leeds are safe, clean and accessible to me</p> <p>I can comfortably access toilets and seating when I go out in public</p> <p>When I go out, I feel that public spaces are welcoming to older people</p>	<p>Leeds is a welcoming city, accessible to all where older people feel, and are, safe.</p>

Public and civic spaces	<p><b>Objective B: Health and Wellbeing: Providing and promoting a wide range of opportunities for people to get the health benefits of spending time in green spaces.</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ Where possible and appropriate, prioritise investment in green spaces in areas of deprivation.</li> </ul> </li> <li>• Medium Term <ul style="list-style-type: none"> <li>○ Where possible and appropriate, prioritise investment in green spaces in areas of deprivation.</li> <li>○ (With partners) promote the mental and physical benefits of spending time in parks and green spaces.</li> </ul> </li> <li>• Long Term <ul style="list-style-type: none"> <li>○ Where possible and appropriate, prioritise investment in green spaces in areas of deprivation.</li> <li>○ To create a measured and signposted walking route in every suitable community and city park.</li> <li>○ Develop and promote walking routes connecting green spaces and communities across the city, prioritising areas of deprivation where the public health benefits of accessing green space will be greater.</li> </ul> </li> </ul> <p><b>Objective C: Working with communities: Having a positive, open, helpful and collaborative approach to delivering the Parks and Countryside service</b></p> <ul style="list-style-type: none"> <li>• Short, Medium &amp; Long Term <ul style="list-style-type: none"> <li>○ Ensure all Friends, In Bloom, outdoor sports clubs, allotment associations and other community groups with an interest in our green spaces have a contact in the Parks &amp; Countryside Service who can support them to achieve shared goals.</li> <li>○ Continue to organise and support the following city-wide volunteer groups: Leeds Wildlife Volunteers, Leeds Cemetery Volunteers, Volunteer Rangers and Leeds Voluntary Footpath Rangers.</li> </ul> </li> </ul>	<p>Public and green spaces in Leeds are safe, clean and accessible to me</p> <p>I can comfortably access toilets and seating when I go out in public</p> <p>When I go out, I feel that public spaces are welcoming to older people</p>	<p>Leeds is a welcoming city, accessible to all where older people feel, and are, safe.</p>
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<b>Travel and road safety</b>	<p><b>Objective A: Ensure older people have a choice of transport options and can choose a mode that is most appropriate for their journey</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ Complete Leeds Public Transport Investment Programme</li> <li>○ Pilot Streets for People/ Active Travel Neighbourhood schemes</li> <li>○ Develop Leeds Streetscape Space allocation policy</li> <li>○ Develop and sign a Street Charter for Leeds</li> </ul> </li> <li>• Mid Term <ul style="list-style-type: none"> <li>○ Deliver electric bike hire scheme for Leeds</li> <li>○ Continue to deliver dropped kerbs and disabled parking bays</li> <li>○ Continue to identify and help overcome barriers to walking through the demand responsive provision of pedestrian crossings (ongoing)</li> <li>○ Deliver cycling infrastructure improvements as part of TCF and Active Travel Fund</li> </ul> </li> <li>• Long Term <ul style="list-style-type: none"> <li>○ Deliver bus infrastructure, walking and cycling improvements as part of CIP</li> <li>○ Develop infrastructure that enables people to continue cycling into older age, including safe segregated routes, a range of adapted bikes and electric bikes, cycle training</li> </ul> </li> </ul> <p><b>Objective B: Lower the cost of mobility, ensuring transport is affordable and accessible to everyone</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ Work with West Yorkshire Combined Authority and bus operators to deliver improvements to the bus fleet, including audio announcements</li> <li>○ Improve accessibility of information at bus stops through electronic displays and audio-announcements</li> <li>○ Pilot the demand responsive community bus service in East End Park</li> <li>○ Improve walking and cycling links from Pudsey to New Pudsey railway station to help overcome barriers</li> </ul> </li> </ul>	<p>I can access a range of safe, reliable and affordable public transport options</p> <p>My needs are supported by age friendly public transport facilities and staff</p> <p>If I need to travel by car, safe roads and parking are easily accessible to me</p> <p>I feel safe and confident enough to make active travel choices if I am able</p>	<p>Older people are able to access a broad range of affordable and accessible transport options to get about the city easily and safely</p>
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<b>Travel and road safety</b>	<ul style="list-style-type: none"> <li>○ Deliver improvements to bus stops and infrastructure in Cottingley, Middleton and Bramley</li> <li>● Mid Term <ul style="list-style-type: none"> <li>○ Deliver improvements to Leeds Railway Station</li> <li>○ Deliver access improvements to Morley Railway Station</li> <li>○ Deliver Leeds Bike Hub at the railway station, including parking for adapted cycles and power assisted parking</li> </ul> </li> <li>● Long Term <ul style="list-style-type: none"> <li>○ These will be for the combined authority to consider, can involve mode blind tickets, mobility cards</li> <li>○ Progress mobility hubs</li> </ul> </li> </ul> <p><b>Objective C: Eliminate Road deaths and serious injuries by adopting a Vision Zero</b></p> <ul style="list-style-type: none"> <li>● Short-term Actions (Yr1) <ul style="list-style-type: none"> <li>○ Continue working in partnership with LCC and external partners</li> <li>○ Provide comms outlining changes to the Highway Code and how driving behaviour will need to change.</li> <li>○ Carry out in-depth analysis of victim data to understand who is causing the harm, the factors contributing to KSI collisions and to identify emerging issues that cause death and serious injury on our roads.</li> <li>○ Set up a Vision Zero Expert Panel to share information, guide the development of the strategy and action plan.</li> <li>○ Identify local and regional organisations to engage with including road users who are more vulnerable to traffic injury, drivers and people ensuring diversity and equality in our approach (ongoing)</li> <li>○ Develop and deliver data-led police operations to tackle speeding, dangerous driving behaviour, anti-social vehicle behaviour and stolen vehicle offences.</li> </ul> </li> <li>● Mid-Term Actions (Yr2) <ul style="list-style-type: none"> <li>○ Update the Vision Zero 2040 Action/Delivery Plan biennially with a short, medium, long term prioritised programme of actions and works.</li> </ul> </li> </ul>		
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<b>Travel and road safety</b>	<ul style="list-style-type: none"> <li>○ Develop Vision Zero kitemark or rewards programme to recognise best practice in safer behaviours and design.</li> <li>○ Launch a Leeds Safer Roads website to outline responsibilities for addressing road danger in Leeds, share headline CRaSH data and provide a facility for people to suggest road safety improvements.</li> <li>○ Promote alternatives to driving, such as taxis, rideshare services, designated drivers, and public transport and explore new ways to spread the message.</li> <li>• Long-Term Actions (Yr3) <ul style="list-style-type: none"> <li>○ We will try to identify ways to engage with older drivers and find out more about how to prevent KSI crashes involving older people.</li> </ul> </li> </ul> <p><b>Objective D: Support and motivate people to make healthy travel choices</b></p> <ul style="list-style-type: none"> <li>• Short-Term <ul style="list-style-type: none"> <li>○ Promote and enable access to adapted bikes and electric bikes</li> <li>○ Work with older people, disabled people and their organisations on identifying and removing barriers on greenways and quietways</li> <li>○ Work with Community Committees to develop community led local transport plans that help identify and remove barriers</li> <li>○ Deliver the Streets for People project in Holbeck</li> </ul> </li> <li>• Mid Term <ul style="list-style-type: none"> <li>○ Develop signage strategy for Leeds, improving legibility and reflecting the dementia friendly aspiration</li> <li>○ Work with partners such as Active Leeds and Older People's Forum on developing programmes that enable and support older people to undertake short local journeys without a car</li> </ul> </li> <li>• Long Term <ul style="list-style-type: none"> <li>○ Continue ensuring new developments conform to the SPD and create accessible, attractive neighbourhoods enabling walking and cycling at all ages</li> </ul> </li> </ul>		
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<b>Active, included and respected</b>	<p><b>Objective A: Maximise the opportunities created by the Time to Shine Programme to reduce loneliness and social isolation</b></p> <ul style="list-style-type: none"> <li>• Short, mid and long term <ul style="list-style-type: none"> <li>• Ensuring businesses, services, communities, and spaces are Age &amp; Dementia Friendly through utilising the Friendly Communities sign up scheme.</li> <li>• Listening to the voices (active voices) of local older people through Leeds Older People’s Forum, Age Friendly Steering Group. Age Friendly Ambassadors. DEEP and member organisations.</li> <li>• Sharing information for services for older people in the FC newsletter, social media, LOPF, events and through wider networks</li> <li>• Sharing the Loneliness Manifesto and encouraging individuals, organisations and policy makers to commit to it</li> </ul> </li> </ul> <p><b>Objective B: Work with artists, practitioners and cultural organisations to actively engage older people in the city’s arts and cultural offer</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>• Age friendly updates in arts@leeds newsletter</li> <li>• Ensure age friendly considerations are taken during grant funding review to assess whether targeted project funding might be useful</li> <li>• Support LEEDS2023 to engage and promote all their events in an age friendly way, and via age friendly means (wider marketing than purely digital)</li> <li>• Collect case studies and showcase age friendly creative projects citywide – including highlighting projects funded by Leeds Inspired</li> <li>• Age friendly images utilised in Culture Programmes presentations, reports and/or website</li> <li>• Dementia Friendly performances offered as part of LCC venue programming (pantomimes at Carriageworks Theatre)</li> </ul> </li> </ul>	<p>I volunteer some of my time to helping my community, friends and family</p> <p>I have access to range of social activities and don’t feel lonely</p> <p>I feel supported and respected by my community, and can ask for help when I need it</p> <p>I can easily find out about events, groups and opportunities in my community</p>	<p>No-one is lonely; there are a range of opportunities people can participate in to help them live healthy, active and fulfilling lives.</p> <p>Ageing is promoted positively and older people feel worthwhile and valued as citizens of Leeds.</p>
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Active, included and respected	<ul style="list-style-type: none"> <li>• Mid Term <ul style="list-style-type: none"> <li>• Provide opportunities for older adults to engage with culture through programmes such as 1152 Club, Social History Club, Community Choir, Meet and Make, and Lotherton History Group and Tea and Talk group.</li> <li>• Provide opportunities for older adults to engage with culture through partnerships with Leeds City Council Adult Social Care, Peer Support Cultural Partnership, Crossgates Good Neighbours, and others (including outreach sessions, and Wellbeing Wednesday sessions for those who cannot visit in person)</li> <li>• Provide a Reminiscence box service for use with groups for older adults (relaunched in 2023)</li> <li>• Dementia Friendly performances offered as part of LCC venue programming (pantomimes at Carriageworks Theatre)</li> <li>• Review for 2023/2024 funding period for Cultural Investment Programme</li> </ul> </li> <li>• Long Term <ul style="list-style-type: none"> <li>• Leeds Museums Arts &amp; Galleries will explore sites becoming Age and/or Dementia Friendly sites</li> <li>• Dementia Friendly performances offered as part of LCC venue programming (pantomimes at Carriageworks Theatre)</li> </ul> </li> </ul> <p><b>Objective C: Offer a range of volunteering opportunities which older people can actively participate in.</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>• Recruit additional Age Friendly Ambassadors to expand current number</li> </ul> </li> <li>• Mid Term <ul style="list-style-type: none"> <li>• Recruit additional Age Friendly Ambassadors to expand current number</li> <li>• Establish a stronger data set around volunteering, including numbers of older people volunteering across the city and details of roles</li> </ul> </li> </ul>		
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- Development of a Volunteering Strategy that reflects the needs of older people – as volunteers and in terms of support received by volunteers
  - Use available data and engage with providers to enhance and develop volunteering opportunities in Leeds
  - Identify any possible demographic gaps highlighted through monitoring to support targeted recruitment of volunteers
  - Work with our third sector partners to build capacity to recruit, train and upskill volunteers to maximise the health and wellbeing benefits.
- Long Term
    - Develop links between LOPF and VAL website page promoting the volunteering offer for older people across the city
    - Grow volunteer numbers, volunteer hours and their contribution to community-based support in Neighbourhood Networks year on year
    - Promote volunteering opportunities to all ages highlighting the health benefits and potential to expand skills and build confidence
    - Use available volunteer data to celebrate their contribution to age friendly volunteering

**Objective D: Undertake work with partners and the media to raise the profile of Age Friendly Leeds, intergenerational work and positive ageing.**

- Short term
  - Recruitment of AF Ambassadors
  - Role out of Wise up to Ageism training
  - Identify a Comms expertise
- Medium term
  - Development & promotion of image library
  - Widen the work of Age Proud across other sectors
- Long Term

<b>Active, included and respected</b>	<ul style="list-style-type: none"> <li>• To add once AP have developed Action Plan</li> </ul> <p><b>Objective E: Actively engage older people in the city's wider cultural and reading offer</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>• Providing inspiration to find new cultural and reading experiences in safe, free indoor spaces alongside a remote offer and streamed events</li> <li>• Access to key collections of healthcare books (Books on Prescription) through libraries</li> <li>• Providing digital skills support and device lending, enabling people to take part in a wider range of opportunities</li> </ul> </li> <li>• Mid-Term <ul style="list-style-type: none"> <li>• Access to volunteering opportunities, reading, social and culture-sharing groups</li> </ul> </li> <li>• Long-Term <ul style="list-style-type: none"> <li>• Contributing to the local history and stories of the city through Leeds Libraries Local History team</li> </ul> </li> </ul> <p><b>Objective F: Digital Inclusion: Older People in Leeds have equal opportunity to use digital tools, technology, and services in the right way for them</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>• Continue delivering and developing the city-wide Older People's Digital Inclusion Network in partnership with Leeds Older People's Forum.</li> <li>• Organisations supporting older people work in partnership to share best practice, resources, and tools to best support older people with digital inclusion.</li> <li>• Device gifting schemes within organisations support older people with connectivity and access to digital.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"><li>• Digital Inclusion awareness training delivered with organisations supporting older people.</li><li>• Mid Term<ul style="list-style-type: none"><li>• Increase the capacity of organisations across the city to deliver digital inclusion in a sustainable way.</li><li>• Work with organisations that support older people to help them understand the benefits of digital inclusion and their role in delivering digital inclusion interventions. Building their confidence and skills using a stepped approach in line with their capacity.</li><li>• Target digital inclusion activities to improve outcomes for people living in care homes across Leeds</li><li>• Develop Digital Health Hubs across the city to support older people to have support and opportunity to engage with Health services digitally in the right way for them.</li></ul></li><li>• Long Term<ul style="list-style-type: none"><li>• Continue to build a sustainable infrastructure of support that older people can be referred into.</li><li>• Working with organisations who support older people to ensure digital inclusion is embedded into their service provision.</li><li>• Increasing choice and opportunities for older people to access digital equipment and connectivity</li><li>• Increase community capacity to build sustainable digital inclusion interventions to support older people</li></ul></li></ul>		
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Healthy and independent ageing	<p><b>Objective A: Deliver a plan to promote healthy ageing that focusses on; Active and Independent Living</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ To reduce the impact of deconditioning and support independence in the home by commissioning services and activity which is evidence-based work</li> <li>○ Ensure data, intelligence and insight informs the development and allocation of funding by LOPF for the hospital discharge wrap around care programme</li> </ul> </li> <li>• Mid Term <ul style="list-style-type: none"> <li>○ Support the development and delivery of the Leeds Physical Activity Ambition with a focus on both the priorities of Deconditioning and Active Environments.</li> <li>○ Develop and deliver a training programme aimed at the wider workforce to support the identification of and support for reducing deconditioning and improving reconditioning.</li> <li>○ Ensure services meets the needs of older people at risk of poor health due to falls risk.</li> </ul> </li> <li>• Long Term <ul style="list-style-type: none"> <li>○ Develop a programme of work to recognise a broad range of physical activity provision in the city that positively impacts on strength and balance.</li> </ul> </li> </ul> <p><b>Objective B: Deliver a plan to promote healthy ageing that focusses on; Nutrition and Hydration</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ Commission services for older people to access hot and nutritious meals with a focus on reducing health inequalities, tackling social isolation and loneliness and improving nutrition for older people</li> <li>○ Ensure age friendly principles and the needs of older people are fed into the development of the Food Strategy for Leeds.</li> <li>○ Develop and deliver a programme of activity to increase vitamin D supplement uptake in those most at risk</li> </ul> </li> <li>• Mid Term</li> </ul>	<p>I enjoy a good quality of life, living independently as far as possible</p> <p>I can access health-related appointments in a simple and timely manner</p> <p>I feel listened to and respected in a healthcare setting</p> <p>My holistic needs are taken into account when I access healthcare services</p> <p>As a carer I am acknowledged, valued and supported in my caring role.</p>	<p>Older people are able to live healthy lives and remain independent for longer.</p>
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<b>Healthy and independent ageing</b>	<ul style="list-style-type: none"> <li>○ Review delivery of lunch clubs and amend as necessary to ensure the provision of grants continue to focus on reducing inequalities, tackling social isolation and loneliness and improving nutrition for older people</li> <li>○ Lead a programme of work to support in the wider workforce capability to identify and support the nutritional needs of older people.</li> <li>○ Facilitate multiagency partnership working to lead relevant actions as identified in the Food Strategy for Leeds</li> </ul> <p><b>Objective C: Deliver a plan to promote healthy ageing that focusses on; Mental Health and Wellbeing</b></p> <ul style="list-style-type: none"> <li>● Short Term <ul style="list-style-type: none"> <li>○ Understand data, intelligence and insight to inform the development and delivery of priorities in the Mental Health Strategy relating to older people.</li> <li>○ Map current provision of services, resources and support available to older people to support their mental wellbeing to identify gaps to inform the development and delivery of the Mental Health Strategy related to older people.</li> </ul> </li> <li>● Mid Term <ul style="list-style-type: none"> <li>○ Develop Age Friendly principles with mental health services in Leeds and support the implementation of these.</li> <li>○ Identify and map appropriate training offers and bespoke opportunities for frontline staff (clinical and third sector) to be able to access around older people and mental health</li> </ul> </li> <li>● Long Term <ul style="list-style-type: none"> <li>○ Develop and deliver a programme of appropriate and bespoke training offers for frontline staff (clinical and third sector) to support older people and mental health.</li> </ul> </li> </ul>		
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<b>Healthy and independent ageing</b>	<p><b>Objective D: Deliver a plan to promote healthy ageing that focusses on; the Broader determinants of health and health protection.</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ Lead the development and delivery plan of the older people’s aspects of the Public Health Weather and Health Impact Group.</li> <li>○ Coordinate the Leeds (placed based) ICS funded Fuel poverty programme increasing access to home adaptations, financial support and energy efficiency measures to those identified through clinical pathways.</li> <li>○ Develop and deliver a programme of work to ensure people have greater financial security in later life initially focussing on pension credit take up</li> <li>○ Ensure evidence based and appropriate key messages and proactive support around COVID are targeted to older people including support for testing, vaccinations and staying safe OP using trusted channels</li> </ul> </li> <li>• Mid Term <ul style="list-style-type: none"> <li>○ Ensure evidence and learning from the ICS funded Fuel poverty Programme is fed into regional and local plans for Y2 and 3.</li> <li>○ Continue to work with partners to support home improvements and adaptations to meet the needs of older people at risk of poor health due to the impacts of cold weather.</li> <li>○ Evaluate and share learnings from the ICS funded fuel poverty work to ensure learning is built into service design and delivery.</li> <li>○ Continue to develop and implement a coordinated plan to protect those most at risk from cold weather through the Public Health Weather and Health Impact Group.</li> <li>○ Further development of the financial security project with a focus on those older people hardest hit by the increases in the cost of living and energy prices.</li> </ul> </li> </ul> <p><b>Objective E: Facilitate community inclusion to enhance wellbeing, healthier life choices and independence</b></p> <ul style="list-style-type: none"> <li>• Mid term:</li> </ul>		
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	<ul style="list-style-type: none"><li>○ Working with commissioned older people’s services to ensure that they are open and accessible to all community groups, including updating monitoring requirements.</li><li>○ Working with neighbourhood networks to strengthen their city-wide activity offer and provide greater choice and control for older people.</li><li>● Long term:<ul style="list-style-type: none"><li>○ Working with academic partners to understand the impact on loneliness and isolation, and the role of the third sector.</li><li>○ Working with neighbourhood networks to develop their preventative role within the wider Leeds context.</li></ul></li></ul>		
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<b>Employment and learning</b>	<p><b>Objective A: Develop an approach to Age Friendly working practices to Support 50+ back into work; to stay in work; explore career change and upskilling and to access education and learning opportunities</b></p> <ul style="list-style-type: none"> <li>• Short Term <ul style="list-style-type: none"> <li>○ Developing a better understanding of the 50+ priority group</li> </ul> </li> <li>• Mid Term <ul style="list-style-type: none"> <li>○ Develop corresponding gaps in provision and map progression routes</li> <li>○ Review of Inclusive Growth Strategy to reflect importance of age-inclusive employment <b>OR</b> Monitoring the Future Talent Plan to ensure it reflects the importance of age-inclusive employment</li> </ul> </li> <li>• Long Term <ul style="list-style-type: none"> <li>○ Evaluate the impact from the work undertaken in years 1 &amp; 2</li> </ul> </li> </ul> <p><b>Objective B: Hire and Develop the over 50 workforce within Leeds City Council</b></p> <ul style="list-style-type: none"> <li>• Action <ul style="list-style-type: none"> <li>○ To complete a practice review – recruitment/adopt best practice re age-positive hiring; especially to address labour shortages</li> <li>○ To review offer and relevance of learning for older workers, identify gaps and options to support career change and alignment with future needs and work force plans</li> </ul> </li> </ul> <p><b>Objective C: To support the Health, Wellbeing and Benefits of the 50+ workforce</b></p> <ul style="list-style-type: none"> <li>• Actions <ul style="list-style-type: none"> <li>○ Review impact of the Supporting Staff at Work Charter – ensure this considers an employee's future needs/orientation and career opportunities, stressing both short- and longer-term ambitions. To also address areas where health/age is most likely to affect staff e.g., in front-line roles and manual jobs</li> </ul> </li> </ul>	<p>I feel my life skills and experience are valued by my employer</p> <p>I have continued opportunities to learn and develop at work</p> <p>I have the option to work flexibly or in a way that suits my living situation</p> <p>I have easy access to support on career change, upskilling or other learning opportunities</p> <p>I am able to make positive and fulfilling retirement plans</p>	<p>Older people in Leeds actively participate in the city through fulfilling employment and learning</p>
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<p><b>Employment and learning</b></p>	<ul style="list-style-type: none"><li>○ Pension – Consider impact pending legislative changes to the LGPS in terms of policy and future practices in relation to staff of all age.</li></ul> <p><b>Objective D: To promote an Age Positive Culture and flexible working</b></p> <ul style="list-style-type: none"><li>● Actions<ul style="list-style-type: none"><li>○ Promotion of age-friendly practices – develop materials and briefings for managers</li><li>○ Maintain and develop links with staff networks</li><li>○ Review feedback from older workers in surveys – set baselines regarding this</li><li>○ Practice review – Flexible working policy – consider use amongst older workers; especially those in front-line roles</li></ul></li></ul>		
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<b>Housing</b>	<p><b>Objective A: Improving housing quality / adaptations to support independence (Mandy Sawyer)</b></p> <ul style="list-style-type: none"> <li>• Short- Term <ul style="list-style-type: none"> <li>○ Complete options appraisal of good homes agency approach, considering options at city and West Yorkshire level</li> <li>○ Review of hospital discharge and prevention pathways / partnership working to ensure earlier consideration of housing needs</li> <li>○ Evaluate outcomes of Govtech project / other projects to identify digital technologies for monitoring housing quality / supporting independence</li> </ul> </li> <li>• Mid-Term <ul style="list-style-type: none"> <li>○ Actions determined by year 1 options appraisal and reviews</li> </ul> </li> <li>• Long-Term <ul style="list-style-type: none"> <li>○ Actions determined by year 1 options appraisal and reviews</li> </ul> </li> </ul> <p><b>Objective B: Increasing public and agency awareness of information and advice on housing options with preventative focus</b></p> <ul style="list-style-type: none"> <li>• Short-Term <ul style="list-style-type: none"> <li>○ Continue to develop Leeds Directory as a public source of information and advice on housing options and contribute to the Directory discovery work</li> <li>○ Complete survey of housing and health professionals to identify training needs / awareness of referral pathways. Begin to deliver cross sector training</li> <li>○ Contribute to West Yorkshire campaign to encourage social housing tenants to 'rightsize'</li> <li>○ Develop and deliver pilots to encourage early consideration of age friendly housing options – retirement planning in anchor organisations, self-assessment toolkit</li> <li>○ Undertake equality impact assessment of information and advice objective to ensure that actions are inclusive</li> </ul> </li> <li>• Mid-Term <ul style="list-style-type: none"> <li>○ Support delivery of longer-term development of Leeds Directory website solution to provide improved information and advice</li> <li>○ Embed cross housing and health sector training and partnership working</li> <li>○ Continue pilots to encourage early consideration of age friendly housing options</li> </ul> </li> </ul>	<p>I am supported to live safely and comfortably in my own home</p> <p>I am confident and well-informed about my future housing options</p> <p>A variety of age friendly housing options are available to me</p> <p>I feel able to plan ahead and make positive and proactive decisions about my housing situation</p>	<p>Older people can access the help, support and housing options they need to live independently in their place of choice.</p>
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	<ul style="list-style-type: none"> <li>○ Continue to monitor equality impacts of actions / pilots</li> <li>● Long-Term <ul style="list-style-type: none"> <li>○ Embed and promote housing information and advice pages on Leeds Directory to public and agencies</li> <li>○ Evaluate cross housing and health sector working</li> <li>○ Embed preventative approaches of age friendly housing options</li> </ul> </li> </ul> <p><b>Objective C: Increasing provision of age friendly housing options including accessible new housing and specialist housing with support</b></p> <ul style="list-style-type: none"> <li>● Short-Term <ul style="list-style-type: none"> <li>○ Monitor delivery of current accessible housing targets for new developments via Core Strategy and maximise uptake through proactive work with developers</li> <li>○ Monitor outcome of government consultation on accessible housing targets</li> <li>○ Continue to deliver extra care programme via Home Group and LCC, maximising effectiveness of how developments are meeting need</li> <li>○ Undertake equality impact assessment of age friendly housing options objective to ensure that actions are inclusive</li> </ul> </li> <li>● Mid-Term <ul style="list-style-type: none"> <li>○ Taking into account outcome of government consultation and evaluation of current accessible housing targets in Core Strategy review targets</li> <li>○ Continue to deliver extra care programme via Home Group and LCC</li> <li>○ Continue to monitor equality impacts of actions / pilots</li> </ul> </li> <li>● Long-Term <ul style="list-style-type: none"> <li>○ Undertake evaluation of extra care programme to identify impacts and opportunities</li> </ul> </li> </ul>		
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## Age Friendly Leeds Strategy and Action Plan 2022 - 2025



The ambition for Age Friendly Leeds is to be the Best City to Grow Old in: a place where people age well - where older people are valued, feel respected and appreciated, and are seen as the assets they are.

The Age Friendly Strategy and Action Plan brings together key service leads to achieve the ambition for Leeds to be the Best City to Grow Old in.

The Age Friendly Board oversees the strategy and action plan as is chaired by Cllr Jenkins, Deputy Executive Member for Adult Social Care, Public Health, and Active Lifestyles.

This report provides a summary of the key achievements of the third Age Friendly Strategy in year 1, 2022-2023.

### Key Achievements

- Leeds City Council has registered with the Centre for Ageing better to become an age-friendly employer.
- Good Recruitment of Older Workers (GROW) project has been piloted within Leeds City Council.
- Overlooked exhibition delivered in partnership with Leeds Museum.
- Dementia Friendly performance of Cinderella delivered, 136 people attended.
- 256 Age Friendly Ambassadors in the city.
- Leeds Older People's Forum and 100% Digital Leeds received DCMS funding for 18 months to improve digital and media literacy for older people in Leeds with the BOSS project.
- Leeds Older People's Forum received a grant from the Department for Transport 'Tackling Loneliness with transport fund' to deliver the Travel Connections programme. Working with 100% Digital Leeds, supporting older people to use Taxi and bus apps.

- Digital Support and device lending taken place across libraries in Leeds City Council
- 44 older people's organisations part of Older People's Digital Inclusion Network – a partnership between 100% Digital Leeds and Leeds Older People's Forum.
- [Digital Health Hubs](#) developed across Leeds within organisations that support older people to increase digital inclusion for older people.
- 80 lunch clubs across Leeds awarded grants to support citywide, weekly hot/nutritious meals for older people.
- Housing: 64 extra care homes delivered via Home Group and Extra Care Programme Board established.
- Pilot project undertaken for DFG funds to support improvements to wider housing condition.
- Development of accessible toilets/changing places currently at Tropical World and Aire Park.
- Armley and Goffs Park Countryside Ranger funded by Wades Charity working with the community including, healthy walks and family events.
- Leeds City Council bike libraries operating in parts of the city.



## Employment & Learning

The last year has seen the council have a focus on the employment & health & wellbeing of older workers aged 50 and above within the council. Key achievements have been made in supporting older workers including:

### **Key Objective A:**

**Develop an approach to Age Friendly working practices to Support 50+ back into work; to stay in work; explore career change and upskilling and to access education and learning opportunities.**

- Work has been undertaken to better understand the 50+ workforce within Leeds City Council. The working group has tested a range of features within Power BI which have made data easier to access, organise, filter, display, report and present. The use of analytical tools will significantly aid the service in establishing outliers, patterns and trends amongst the 50+ cohort.
- Data from the analysis will lead to the development of strategies/action plans to meet gaps in provision.

### **Key Objective B:**

**Hire and develop the over 50 workforce within Leeds City Council.**

- The Good Recruitment of Older Workers (GROW) project has been tested with focus groups of older people and employers. Options have been narrowed to cover advertising, candidate advice and flexible working.

### **Key Objective C:**

**To support the Health, Wellbeing and Benefits of the 50+ workforce.**

- Progressing LCC's *Supporting Staff at Work Charter* which promotes discussions about wellbeing and specific needs. We promote this through our inductions, appraisals and manager briefings and training.
- Older workers staff network engaged with to promote flexible retirement as an option for staff.

### **Key Objective D:**

**To promote an Age Positive Culture and flexible working.**

- Senior leaders and trade unions advised on programme.
- Engaged with older workers staff network and co-producing information.
- Issues of flexibility explored relating to attendance/health and flexible retirement.



## Active, Included and Respected

Active included and respected covers a number of key areas supporting people to live fulfilled lives within the community. Several key services have come together under this domain to achieve the following:

### **Objective A:**

**Maximise the opportunities created by the Time to Shine Programme to reduce loneliness and social isolation.**

- Over 100 businesses signed up to be Age and Dementia Friendly.
- Age Friendly Steering Group worked in partnership with Leeds Museums to create the Overlooked Exhibition.
- Newsletters created on a regular basis and shared via a range of media platforms.

### **Objective B:**

**Work with artists, practitioners, and cultural organisations to actively engage older people in the city's arts and cultural offer.**

- Leeds 2023- Gathered stories of older people as part of 1001 stories and Leeds Playhouse takeover.
- Community Roadshows focussed to address inclusion for all ages and background.
- Supported LEEDS2023 to engage and promote all their events in an age friendly manner.
- Young people who are part of LCC Museums Preservative Party delivered guided tours with Leeds Older People's Forum to their Overlooked Exhibition at City Museum.

- 136 people attended dementia-friendly performance of Cinderella.

**Objective C:**

**Offer a range of volunteering opportunities which older people can actively participate in.**

Development of actions under review year 1.

**Objective D:**

**Undertake work with partners and the media to raise the profile of Age Friendly Leeds, intergenerational work and positive ageing.**

- 256 Age Friendly Ambassadors across the city in a range of roles.
- Wise up to Ageism training delivered to Leeds City Council Health & Social Care professionals and Voluntary Sector Organisations.

**Objective E:**

**Actively engage older people in the city's wider cultural and reading offer.**

- Access to volunteering opportunities, reading, social and culture-sharing groups.
- Provided inspiration to find new cultural and reading experiences in safe, free indoor spaces alongside a remote offer and streamed events.
- Overlooked exhibition delivered at Leeds City Museum.
- Provided digital skills support and device lending, enabling people to take part in a wider range of opportunities.

**Objective F:**

**Digital Inclusion: Older People in Leeds have equal opportunity to use digital tools, technology, and services in the right way for them.**

- DCMS funded BOSS Project in partnership with 100% Digital Leeds and LOPF, supporting older people with media literacy.
- 100% Digital Leeds Taxi and Bus app digital inclusion project supporting older people in using apps, part of the Travel Connections project, including the flexi bus.
- Successful Health Inequalities funding for 100% Digital Leeds and the LCP team is supporting organisations to develop as Digital Health Hubs across the city- increasing the digital inclusion of older people, supporting them to have devices, data, and support with developing their skills and confidence with digital.
- Older People's Digital Inclusion Network continuing to be delivered by 100% Digital Leeds and LOPF, 44 older people's organisations now part of the network.
- Arts in Care Homes Day was celebrated – a partnership with 100% Digital Leeds and organisations and care homes across the city - enabling older people within care settings to engage with arts and culture digitally with a week of activities.



## Healthy & Independent Ageing

Supporting older people to live healthy and independent lives in the community.

Leeds has also declared itself to be a Marmot city to spend the next 2 years tackling health inequalities.

### **Objective A:**

**Deliver a plan to promote healthy ageing that focuses on active and Independent Living.**

- Undertaken rapid Health Needs Assessment.
- Strength and Balance Programme developed, delivered, and evaluated for Leeds with 241 older people attending and 145 of these completing the programme. The programmes have demonstrated improved falls outcomes across several measures including Timed up and Go - time taken for the participant to stand up from a seated position, walk a short distance and then sit back down in the same chair, Confbal questionnaire to measure confidence in balance and Short FES-1 assesses participants fear of falling.
- HomePlus Leeds delivering adaptations & home warmth across Leeds (3132 households assisted to reduce falls risks).

### **Objective B:**

**Deliver a plan to promote healthy ageing that focuses on, Nutrition and Hydration.**

- 80 lunch club grant applications approved to support citywide, weekly hot/nutritious meals prepared and served in a social environment to older people (supported through Leeds Community Foundation).

- Advice and support provided to the draft Leeds Food Strategy [Leeds Food Strategy](#).

**Objective C:**

**Deliver a plan to promote healthy ageing that focuses on Mental Health and Wellbeing.**

- Supported the Mental Health Strategy Priority 7 Group ensuring older people have access and support that meets their mental health needs.

**Objective D:**

**Deliver a plan to promote healthy ageing that focuses on the broader determinants of health and health protection.**

- Completed the Leeds Public Health Cold Weather Plan to identify and provided additional support to those most at risk of the negative impact of cold weather.
- Worked in partnership with HomePlus Leeds/Green doctor to reduce fuel poverty, including the delivery of the Place Based Fuel Poverty Programme, Stay Well This Winter Grants and Warm & Cosy Grants.
- Stay well this winter grants administered. 20 projects have been supported, with 4,208 individuals directly supported and good physical and mental health outcomes.



**Housing**

Ensuring housing is suitable for older people as they grow older.

### **Objective A:**

#### **Improving housing quality / adaptations to support independence.**

- Developed a project for Housing Staff to be located in Leeds Hospitals alongside Transfer of Care Team to proactively manage housing discharge cases.
- Home Plus Service supported 1181 households to reduce fuel poverty and 3132 to reduce falls risks, with good reach into the most deprived areas of the city and most clients reporting feeling safer (97%) and more independent (95%) in their home.
- Reviewed Home Independence & Warmth Needs Assessment and specification in preparation for re-procurement.
- Implemented a pilot project for the use of DFG funds to improve wider housing condition linked to adaptations.
- Supported the development of the West Yorkshire Dementia Housing task force with a senior dementia housing champion in place.

### **Objective B:**

#### **Increasing public and agency awareness of information and advice on housing options with preventative focus.**

- The Leeds Housing Strategy was reviewed in Summer 2022, with a refreshed Age Friendly theme aligned to the Age Friendly Strategy.
- Supported the development of the West Yorkshire 'Rightsizing' campaign, encouraging people to plan for their future housing need at an earlier stage.

### **Objective C:**

#### **Increasing provision of age friendly housing options including accessible new housing and specialist housing with support.**

- Good progress was delivered in increasing the supply of Extra Care homes with the opening of Greenmill Gardens in Seacroft via Home Group in summer 22 and other schemes in development.
- Extra Care Project Board established with representation from Adults and Health, Housing and City Development to oversee the successful delivery of the Extra Care Programme
- Health and Housing Breakthrough Project established to oversee series of projects to improve health through housing, e.g., hospital discharge, wider use of DFG monies to look at wider housing condition, health and care project in high rise flats, training programme for health and housing professionals.
- Ensured that the older persons voice was taken into account as part of the Local Plan Update consultation.





## Public and Civic Spaces

Supporting older people to access and enjoy outdoor spaces in the city.

### Objective A:

**Access for all: Ensuring that parks and green spaces are accessible for everyone who wants to use them.**

- The new developments at Tropical World and Aire Park to include new accessible toilets/changing places toilets.

### Objective B:

**Health and Wellbeing: Providing and promoting a wide range of opportunities for people to get the health benefits of spending time in green spaces.**

- Armley and Goffs Park Countryside Ranger funded by Wades Charity working with the community including, healthy walks, family events and working with the local friends group.
- Love Exploring App continuously developed to include walking trails with augmented reality games.

### Objective C:

**Working with communities: Having a positive, open, helpful and collaborative approach to delivering the Parks and Countryside service.**

- Leeds Parks and Green Spaces Forum is a group of 101 members, who meet on a quarterly basis. Parks and Countryside continue to offer support and regular updates from senior team
- The Parks Outreach teamwork with city wide volunteer groups daily.
- Plans on a page to be developed for our 65 community parks. 13 complete, consultation on East End Park has just begun, Harehills and Burley parks and Blenheim Square consultations to follow shortly.



## Travel and Road Safety

Providing a range of accessible travel options to older people across the city.

### Objective A:

**Ensure older people have a choice of transport options and can chose a mode that is most appropriate for their journey.**

- Balm Road Active Travel Scheme in construction. The scheme involves new segregated cycle facilities and improved pedestrian crossing provision.
- Works on the City Square Gateway as a new pedestrian space.
- Walking and cycling improvements to the Wellington Street/ Wellington Road junction
- Neville Street/Bishopgate walking and cycling infrastructure is on site.
- Consultations undertaken for the Shaw Lane/Otley Road junction improvement scheme.
- Holbeck Streets for People scheme (Recreations) is completed.
- 3 new Active Neighbourhood Teams schemes in development, with public participation.

### **Objective B:**

#### **Lower the cost of mobility, ensuring transport is affordable and accessible to everyone.**

- Electric bike hire scheme spec to include 'step through' bikes to make the scheme accessible to older people.
- Leeds City Council bike libraries operating in parts of the city with views to extend.
- Advocating at Bus Fair meeting on barriers older (and young) people experience when applying for/ renewing the Metro pass.
- Starship robots trial live in Adel.

### **Objective C:**

#### **Eliminate Road deaths and serious injuries by adopting a Vision Zero.**

- Average speed cameras placed in Horsforth to Dawson's Corner to Bramley, Dawson's Corner to Thornbury, and Rein Road to Kirklees border.

### **Objective D:**

#### **Support and motivate people to make healthy travel choices.**

- Launch of online map allowing users to view roads gritted in the last 12-24 hours.
- The online map also provides information on your nearest grit bin and allows you to view where gritting vehicles are in real-time.
- Review of 'Suggest a scheme' submissions received to identify locations for pedestrian improvements/ new crossings.

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**Report of:** Mike Eakins, Head of Policy, Leeds City Council

**Report to:** Leeds Health and Wellbeing Board

**Date:** 09 November 2023

**Subject:** Joint Strategic Assessment 2024 – early direction and scope

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:		
Appendix number:		

## Summary of main issues

- Leeds City Council and the West Yorkshire Integrated Care Board have an equal and joint statutory requirement to produce a Joint Strategic (Needs) Assessment – working together through the Health and Wellbeing Board.
- The purpose of the JSA is to assess current and future health and social care needs in Leeds to inform the Health and Wellbeing Strategy, specifically to shape priorities, inform commissioners and guide the use of resources as part of commissioning strategies and plans for the city.
- Oversight of production of the JSA will come through strong partnership arrangements, co-ordinated primarily through the convening of a cross-organisation, cross-sector sounding board made up of key stakeholders. This group of colleagues will aim to ensure the JSA is reflective of emerging evidence and latest priorities across the system – reflecting in the broadest sense on the wider determinants of health which affect outcomes for citizens in Leeds.
- Effort will be made to achieve a more ‘real-time’ and integrated approach to the 2024 JSA, which alongside providing a point-in-time snapshot, also develops into a tool which can be used more easily on an ongoing basis by commissioners and

practitioners, and which is reflective of the system's population health management focus.

- The aim is for the work to conclude in summer 2024, with Health and Wellbeing Board being involved and kept updated throughout. At this meeting, the Board will receive a brief presentation outlining the proposed approach to producing the JSA. Initial findings and emerging/likely headlines will be presented to the Board in March 2024.

## Recommendations

The Health and Wellbeing Board is asked to:

- Consider the proposed approach to the JSA 2024.
- Provide a steer on the proposed focus, including on stakeholder engagement and partnership working.
- Agree to receive a further report outlining emerging headlines and potential further lines of enquiry in March 2024.
- Encourage wider engagement with and contributions to the JSA development process.

## **1 Purpose of this report**

- 1.1 The production of a Joint Strategic (Needs) Assessment (JSA) is a joint statutory responsibility between Leeds City Council (LCC) and the West Yorkshire Integrated Care Board (WY ICB). The JSA is intended to inform the Leeds Health and Wellbeing Strategy and wider strategic planning, shaping priorities and guiding the use of resources as part of commissioning strategies and plans for the city, by understanding the core drivers of health and wellbeing.

This paper sets out the proposed approach to producing the next JSA by summer 2024 and seeks Health and Wellbeing Board's endorsement of this direction, planned engagement and oversight arrangements.

## **2 Background information**

- 2.1 The shared statutory requirement is for LCC and the WY ICB to ensure the JSA remains relevant and up-to-date, and in Leeds we have established a regular cycle of reviewing and refreshing the JSA every three years.
- 2.2 Since 2015 we have tried to look beyond narrow health needs assessments (although these remain an important component), extending our analysis to better understand the wider determinants of health and wellbeing. This is why we have dropped 'Needs' from the title and given equal attention to looking at opportunities and shaping interventions, building on the strengths and assets which exist in the city and its communities. There remain opportunities to push further in this direction for the 2024 version.
- 2.3 The above approach was consolidated further in 2021 – significantly expanding the range of issues considered, using a life course approach to structure the analysis, and drawing out a range of policy implications for further consideration. This enabled the JSA to provide fuller coverage across the three pillars of the Leeds Best City Ambition – health and wellbeing, inclusive growth and zero carbon. Since 2021 further work, not least towards Leeds becoming a Marmot City, has re-emphasised the importance of this approach and will likely present opportunities to strengthen it again for 2024 onwards.
- 2.4 For many years we have taken a partnership approach to the oversight of the JSA, with cross-council colleagues and partners from the WY ICB (previously from the CCG) and Third Sector helping to shape the work. In 2021, we built on this further by establishing an informal sounding board to oversee and contribute to the work, something we are proposing to repeat for 2024.
- 2.5 The JSA is currently hosted on the Leeds Observatory as a way to signpost potential users to the geographic and thematic profiles hosted on the website. However, while the Observatory does provide interactive, up-to-date analysis in several relevant areas, in narrow terms the current JSA is a static document rather than an interactive platform. We have a longstanding ambition to change this, making the JSA more 'real-time' in its provision of key demographic, socio-economic and health trends in Leeds. Since 2021 we have also seen the

development of new tools like the Leeds Social Progress Index, and the expansion of the Leeds Office of Data Analytics – both offering further opportunities to strengthen the shape and impact of our JSA.

### 3 Main issues

3.1 Building on learning gained from previous iterations of the JSA and recognising the priorities for its future development, some of which are outlined above, the sections below detail an outline proposal for development and delivery of the JSA 2024.

#### Early priorities for the 2024 JSA

3.2 A range of discussions have already taken place, including with Health and Wellbeing Board and Partnership Executive Group (PEG) members, about early planning for the next JSA and some key priorities have already emerged. These can be summarised as making the JSA:

- More **accessible** – making better use of digital tools and platforms to broaden insights and enable people to interrogate the data themselves.
- More **balanced** – bringing in qualitative analysis to add richness and lived experience alongside the data, and pushing further on inclusion of strengths/assets alongside needs.
- More **integrated** – further developing the JSA to align with the system’s population health management focus (building on our life course approach from 2021), enabling a clearer and more direct journey from analysis to prioritisation of resources and the development and evaluation of practical interventions.

3.3 In seeking to achieve the above in its fullest sense, it may be sensible to take a different approach to producing JSA ‘products’, broadening out from providing only the static point-in-time report and adding more innovative digital tools alongside this. The sounding board will be asked to advise and inform these considerations over the coming weeks and months.

3.4 This JSA will also need to be reflective about the impact of the Covid-19 pandemic on the city, going much further than the brief introduction and headline analysis included in 2021. Clearly, this matter will need to be handled carefully and intelligently with the impact not being uniform across policy areas included. Advice from the sounding board and data analyst colleagues will be crucial in doing this well.

#### Oversight and approach

3.5 Strong engagement with a broad set of stakeholders will be key. As highlighted above, it is envisaged that a sounding board will be convened to ensure opportunities to input and shape the work are provided to the full range of relevant



partners. This approach will also enhance our ability to grow engagement with the JSA findings once the initial work is complete. The group would include:

- Health Organisations – WY ICB, LTHT, LYPFT, LCH, Local Care Partnerships rep and Healthwatch.
- Third Sector partners – both specific to health and wellbeing, but also more broadly looking at wider socio-economic determinants.
- Universities / Leeds Academic Health Partnership – building on wider collaborative work at a city-level and embedding the JSA as part of our wider research agenda.
- LCC representation from Health Partnerships, Public Health, Economic Policy, Children and Families and Adult Social Care.
- Leeds Office of Data Analytics

3.6 The day-to-day production of the JSA will also be a partnership effort, with a practitioner group drawn from across the council and health partners. Regular engagement with sounding board members and others will be built into the process to ensure the work properly reflects the city's communities and that the voices of Leeds people are recognised in the final products. This approach will also enable connected work to be better integrated into the JSA – for example, drawing on analysis being undertaken as part of the Marmot City programme.

3.7 The analysis will benefit from an accelerated start with the hosting of a JSA Hackathon in mid-December 2023. Detailed plans for this event are currently being developed.

### **Anticipated outputs**

3.8 While still early in the development of the next JSA, it would be valuable to receive Health and Wellbeing Board's steer on the anticipated outputs/outcomes outlined below:

- **An updated Leeds JSA 2024 summary report** – including key headline analysis and policy implications.
- **An interactive online dashboard** – enabling users to interrogate more detailed underpinning data themselves and providing deeper opportunities to unpack geographic and/or demographic data.
- **A set of further lines of enquiry** – opportunities identified from the initial analysis to undertake deeper dives into specific issues or challenges, potentially forming a further research programme Health and Wellbeing Board may wish to direct.

## **4 Health and Wellbeing Board governance**

#### 4.1 **Consultation, engagement and hearing citizen voice**

4.1.1 This paper to Health and Wellbeing Board follows early written communication with the Partnership Executive Group and an initial informal discussion of the proposed sounding board.

4.1.2 Moving forward, there will be regular and ongoing engagement with Health and Wellbeing Board and other key stakeholders and partners. The Board will be kept updated on future plans which may include direct engagement with Leeds communities to enhance the qualitative evidence supporting the JSA, albeit at this stage we envisage this is more likely to come from drawing on existing material held and gathered by the partners involved in the work.

#### 4.2 **Equality and diversity / cohesion and integration**

4.2.3 Given its core purpose the JSA naturally helps to identify inequalities, analyse trends and consider their impact on outcomes for people in Leeds. The work will inform future strategy and policy development and commissioning strategies as outlined in this report. Where appropriate the JSA will align to the work of the Leeds Tackling Health Inequalities Group and other relevant forums.

#### 4.3 **Resources and value for money**

4.3.4 The analysis contained within the JSA 2024 will support strategy and policy development in Leeds, contributing valuable local intelligence to underpin effective commissioning decisions and therefore maximise the impact of resources available across partner organisations.

4.3.5 Work to produce the JSA will be undertaken 'in house' across our partnership as detailed in 3.5 to 3.7.

#### 4.4 **Legal Implications, access to information and call In**

4.4.6 There are no access to information or legal implication arising from this report.

#### 4.5 **Risk management**

There are no direct risk management implications arising from this report. This will be kept under review as work to produce the JSA progresses and issues will be escalated to the Board as required.

### 5 **Conclusions**

5.1 The JSA will again consider the wider determinants of health and wellbeing in Leeds. It will enable benchmarking of Leeds' performance against other local authorities while providing crucial local intelligence to support efficient and effective commissioning, strategy and policy development.

5.2 Production of the JSA will require strong ownership and input, co-ordinated primarily through a steering group of relevant partners. Similarly, maximising the

impact of the work will need high quality and widespread communication to encourage engagement with the findings. This will be supported by a refreshed approach to presenting the analysis, encompassing more 'real-time' and interactive final product(s).

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Consider the proposed approach to the JSA 2024.
- Provide a steer on the proposed focus, including on stakeholder engagement and partnership working.
- Agree to receive a further report outlining emerging headlines and potential further lines of enquiry in March 2024.
- Encourage wider engagement with and contributions to the JSA development process.

## **7 Background documents**

None.

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# Implementing the Leeds Health and Wellbeing Strategy 2016-21

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## **How does this help reduce health inequalities in Leeds?**

The core purpose of the JSA dictates that it helps to shine a light on the nature of health inequalities in Leeds. The analysis produced will provide an up-to-date picture of strengths, assets needs and trends which can in turn inform the design and delivery of the refreshed Health and Wellbeing Strategy, supporting the vision to improve the health of the poorest the fastest.

The analysis will support work to draw out key policy implications and further lines of inquiry, which in turn can shape interventions which effectively target efforts to reduce health inequalities in Leeds.

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

The findings of the JSA process can be used to design and deliver more effective services, community-led solutions, and to make improvements to the way the health and care system works together for people in Leeds. It is a fundamental evidence base for the Leeds Health and Wellbeing Strategy, and future commissioning strategies and plans.

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

The JSA will again take a broader view, considering the wider determinants of health and wellbeing and assessing both the needs in the city but also the strengths and assets that exist to meet those needs.

Taking this holistic picture into account will support a more financial sustainable health and care system in the city, which recognises all the drivers of health and wellbeing and equips policy makers across organisations with the intelligence they need to make better decisions and implement more effective solutions.

## **Future challenges or opportunities**

As highlighted in this paper there are a range of opportunities to strengthen the JSA, including through: provision of more real-time intelligence, lived experience perspectives, integration with other key work and initiatives etc.

<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
(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	
The best care, in the right place, at the right time	X