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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 12th November, 2024 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

C Anderson	-	Adel and Wharfedale;
E Bromley	-	Horsforth;
L Buckley	-	Alwoodley;
M France-Mir	-	Moortown;
J Gibson	-	Cross Gates and Whinmoor;
C Hart-Brooke	-	Rothwell;
W Kidger	-	Morley South;
K Ritchie	-	Bramley and Stanningley;
A Rontree	-	Kirkstall;
A Scopes (Chair)	-	Beeston and Holbeck;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Co-Chair of Healthwatch Leeds*

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https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=12664

*Jane Mischenko or Jonathan Philips will be in attendance as a Co-Chair of Healthwatch Leeds

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

3			**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.)	
4			**DECLARATION OF INTERESTS** To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 8TH OCTOBER 2024** To approve as a correct record the minutes of the meeting held on 8th October 2024.	5 - 12
7			**TACKLING HEALTH INEQUALITIES** To receive a report from the Head of Democratic Services which presents information provided by Public Health and the broader Leeds Health and Care Partnership on tackling health inequalities in Leeds.	13 - 58
8			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2024/25 municipal year.	59 - 90
9			**DATE AND TIME OF NEXT MEETING** Tuesday, 14th January 2025 at 1:30pm (pre-meeting for all Board Members 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 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.

Webcasting

Please note – the publicly accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council's website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 8TH OCTOBER, 2024

PRESENT: Councillor A Scopes in the Chair

Councillors C Anderson, E Bromley, L Buckley, M France-Mir, J Gibson, C Hart-Brooke, W Kidger, K Ritchie, A Rontree and E Taylor

Co-opted Member present – Jonathan Phillips

43 Appeals Against Refusal of Inspection of Documents

There were no appeals.

44 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

45 Late Items

There were no late items.

46 Declaration of Interests

No declarations of interests were made at the meeting.

47 Apologies for Absence and Notification of Substitutes

All Board Members were in attendance.

48 Minutes - 10th September 2024

RESOLVED - That the minutes of the meeting held on 10th September 2024, be approved as an accurate record.

49 Matters Arising

Minute 41 – The Board had held a Health Service Developments Working Group meeting on 3rd October 2024 to consider proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services. It was highlighted that a summary note of the working group's discussion would be shared as part of the Board's next formal meeting in November.

50 Reviewing the local impact of national health related policy changes

The Head of Democratic Services submitted a report which presented a briefing paper by the Leeds Health and Care Partnership on the implications of the pertinent Labour Manifesto Pledges, including the three policy shifts in relation to the NHS and Health & Care System, as well as acknowledging the focus on immediate financial and performance pressures. Consideration was also given to the findings of the independent investigation of the NHS in England that was undertaken by Lord Darzi. A summary of the findings set out in a letter from Lord Darzi to the Secretary of State for Health and Social Care was also appended for Members information.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Tim Ryley, ICB Accountable Officer (Leeds Place)
- Phil Wood, Chief Executive of Leeds Teaching Hospitals NHS Trust (LTHT)
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust (LCH)
- Alison Kenyon, Deputy Director of Service Development Leeds and York Partnership NHS Foundation Trust (LYPFT)

The Executive Member for Equality, Health and Wellbeing gave a brief introduction and then handed over to the ICB Accountable Officer (Leeds Place) to highlight key aspects of the report. In summary, the following points were made:

- There are a number of national pledges that focus on neighbourhoods and communities with prevention as the focus of a new model of health. This aligns with local ambitions set out in the Leeds Health & Wellbeing Strategy, with the neighbourhood and local care partnership work to date being a strong base from which to build a neighbourhood health model.
- Further work on timeframes and policy detail are still to emerge in relation to the anticipated shifts “from treatment to prevention” and “from acute care to primary care”.
- The Darzi review highlighted the under investment in public health, primary care, and prevention over a number of years and so it is unclear to date how and in what timeframe the ambition for a shift in resources will take place, especially against a background of long elective waiting lists and a very tight financial climate.
- in Leeds there is a already strong focus on Public Health across all areas of the council and NHS work, with the recent Director of Public Health Annual Report and the Marmot City work shaping priorities and supporting ambitious change.

- The commitment towards children's health is a very welcome ambition and does align with the Leeds City Ambition.
- Key pressures on the NHS continue to include Elective Waiting Times (still people waiting more than 18months not 18 weeks) and GP Access (despite record numbers of appointments).
- The major themes identified as part of the independent investigation by Lord Darzi will also inform the government's forthcoming 10-year health plan, which is expected next spring.

During the Board's discussions, the following issues were also raised:

- *Capital budgets* – In acknowledging the findings of Lord Darzi around the impacts of insufficient capital investment in the NHS nationally, the Board discussed the local challenges surrounding capital investments for primary care and mental health estates.
- *New hospital provision in Leeds* – Linked to the government's New Hospitals Programme established in 2019, particular reference was made to the investment plans at Leeds Teaching Hospitals NHS Trust in terms of building a new hospital on the site of Leeds General Infirmary (LGI) which will include a fit for purpose new home for Leeds Children's Hospital, a new adults' hospital and one of the largest centralised maternity centres in the UK. The Chief Executive of the Trust explained that the government recently commissioned a review of the Programme in order put it on a sustainable footing and that the Leeds project is included in the remit of that review. The Trust and its strategic partners therefore continue to await national approvals to proceed, with a decision expected to be made on 30th October 2024. Members were advised that the cost to rectify backlog maintenance and maintain services at the LGI site (location for the new hospitals) is estimated to be more than £630m and costs will continue to rise linked to ongoing delays. In sharing the concerns of the Scrutiny Board, the Executive Member for Equality, Health and Wellbeing highlighted that this matter was also being considered by the Executive Board as part of its meeting on 16th October 2024, with the intention of seeking support for a 'Team Leeds' approach in making a submission to the Treasury before the Budget on 30 October 2024, clearly stating the importance of modernised hospital provision in Leeds and requesting that the Leeds scheme be permitted to go ahead without delay. The Scrutiny Board welcomed and agreed to support this approach.
- *Investing in prevention* - To fully realise the move from sickness to prevention, the Board acknowledged the importance of investment and cross governmental work to address social determinants of health. Members also discussed opportunities locally to help influence national policy and secure much needed investment in preventative models.
- *Maximising resources effectively* – Recognition was also given to the importance of maximising resources more effectively through greater collaborative working, with HomeFirst and the Community Mental Health Transformation Programme being cited as positive examples of this.
- *Patient satisfaction* – It was noted that the independent investigation of the NHS in England undertaken by Lord Darzi had found that patient satisfaction with services has declined and the number of complaints has

increased. Members were advised that the highest percentage of compensation claims nationally are linked to maternity services. In Leeds, the vast majority of NHS services, including GP Practices and Maternity Care, are rated good or outstanding, with maternity related claims being lower than the national average. Overall, importance was placed on all partners collectively keeping close attention to the quality of local services through mutual quality assurance arrangements.

- *Digital Inclusion* – Members discussed the third policy shift for the NHS which is "from analogue to digital". It was acknowledged that the focus on improving on the use of digital is something Leeds has recognised as an important feature of efficient and safe health care delivery and has pioneered the use of data with the joint NHS/Leeds City Council Office of Data Analytics (ODA) and through the Leeds Care Record. The work in HomeFirst in joining data systems had also been a critical aspect of its success. It was noted that considerable further work is still needed and therefore this remains on the agenda of the Leeds Health and Care Partnership.

The Chair thanked everyone for their contribution to the Board's discussion.

RESOLVED –

(a) That the contents of the report, along with Members comments, be noted.

(b) That the Adults, Health and Active Lifestyles Scrutiny Board is supportive of a 'Team Leeds' approach in making a submission to the Treasury before the Budget on 30 October 2024, clearly stating the importance of modernised hospital provision in Leeds and requesting that the Leeds scheme be permitted to go ahead without delay.

51 Health and Care Workforce in Leeds

The Head of Democratic Services submitted a report which presented a briefing paper by the Leeds Health and Care Academy on workforce challenges impacting on health and care service delivery in Leeds and how partners are working to address these.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust (LCH)
- Alison Kenyon, Deputy Director of Service Development Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Kate O'Connell, Director of Leeds Health and Care Academy and Strategic Workforce

- Jenny Lewis, Director of HR and Organisational Development, LTHT

The Chair invited the Executive Member for Equality, Health and Wellbeing to provide some introductory comments and then invited the Director of Leeds Health and Care Academy and Strategic Workforce to highlight key aspects of the report. In summary, the following points were made:

- The Darzi review recognises the importance of staff voice, multi-disciplinary teams, technology enhanced working and clearer, more stable management in improving outcomes and experiences for patients.
- Despite the significant pressure on staff across all areas of the workforce, the last year has seen some important progress and longer-term improvements which come from closer partnership working.
- Multi-agency and multi-professional teams are able to work in different care settings, access systems and communicate more efficiently, improving the experience of service users and reducing duplication.
- Over the last year, the Leeds Learning Portal and the Leeds Talent Hub have been key enablers for partners to increase engagement in training and development and supporting future workforce to secure and succeed in their chosen education and employment. A particular case study example was shared with the Scrutiny Board.
- The Career Compass Leeds is a digital careers platform to inform, inspire and open doors to the diversity of health and social care careers in Leeds. The platform has been developed in partnership with Leeds health and care employers, careers advisors, colleges, universities and schools and was launched in September 2024 www.careercompassleeds.co.uk.
- There remains a collective focus on carers and the Third Sector workforce, with key Third Sector representatives already active members of the Partnership Leadership Team.

During the Board's discussions, the following issues were also raised:

- *Narrowing inequalities* – Members were advised that the Talent Hub supports individuals to achieve their potential through bespoke navigation and tailored interventions based on their ambition and personal circumstances. The service also aims to contribute towards narrowing inequalities by engaging with and recruiting from the most disadvantaged areas, as well as ensuring that the diversity of the Leeds health and care workforce better reflects the people it serves.
- *Generating greater awareness* – While over 5000 employees from all parts of the sector and from 180 different organisations have accessed the digital learning portal this year, Members were advised of the ongoing work being undertaken in terms of promoting the use of the portal as well as the Talent Hub.
- *Health and Care T Level and Apprenticeships* – Members were advised of the Health and Care T Level as a unique collaboration with partners across Leeds to deliver a two-year programme for students looking to develop knowledge and practical skills within the health and care sector. It was reported that 82% of students in the first cohort went on to further studies in health and social care at University or through an

Apprenticeship, demonstrating the success of the Leeds T Level approach as an alternative educational pathway.

In conclusion, the Chair welcomed the report and thanked everyone for their contribution to the Board's discussion.

RESOLVED – That the contents of the report, along with Members comments, be noted.

52 Leeds Health and Care System Resilience and Winter Planning

The Head of Democratic Services submitted a report which presented a briefing paper by the Leeds Health and Care Partnership on the current issues and actions linked to the Leeds health and care system resilience and winter planning process.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Dawn Bailey, Chief Officer /Consultant in Public Health (Health Protection and Sexual Health)
- Hannah Sowerbutts, Head of Public Health (Health Protection)
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust (LCH)
- Alison Kenyon, Deputy Director of Service Development Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Helen Lewis, Director of System and Pathway Integration, Leeds Health and Care Partnership
- Helen Smith, Programme Director, Same Day Response, Urgent and Intermediate Care, Leeds Health and Care Partnership

The Chair invited the Executive Member for Equality, Health and Wellbeing to provide some introductory comments and then invited the Director of System and Pathway Integration to highlight key aspects of the report. In summary, the following points were made:

- Each organisation in the System has its own winter and resilience plans, decision management tools and its own assurance and governance structure.
- The system reporting suite supports leaders in the system to understand where the pressure is in the system daily and work collaboratively to address issues.

- During the winter months, it is expected there will be an increase in demand for primary care, home based services, community beds, mental health services, VCSE services as well as access to specialist equipment.
- The briefing paper provided by the Leeds Health and Care Partnership provides the Scrutiny Board with an overview of the issues and actions at a system level, as well as an update on plans to support prevention of health issues and increase capacity in the System in the coming months.
- Vaccinations are an important element of the prevention agenda and this year will also include the rollout of the Respiratory Syncytial Virus (RSV) vaccine which will be routinely offered for the first time for those aged 75 - 79 and pregnant women (from 28 weeks).
- Focussed work to improve uptake across both Covid and Flu vaccine programmes is underway to address low uptake across all cohort groups and areas of sustained low uptake.

During the Board's discussions, the following issues were also raised:

- *Mental Health Services* – Members sought assurance that those people accessing 'out of area' mental health hospital care, there is a rigorous monitoring system in place when managing their care needs.
- *Improving the take-up of vaccinations* – It was reported that while the uptake achievement for 2023-24 was good, there are still areas for improvement in key cohorts for this year. This included pregnant women and frontline health and social care staff. The Board discussed some of the possible barriers, which included limitations with the existing booking systems as well as issues around vaccine hesitancy. Importance was also placed on delivering vaccination services in the right place and at the right time. As part of the focussed work to improve uptake within communities, the Board suggested that relevant communication resources are also shared with Elected Members.

The Chair thanked everyone for their contribution to the Board's discussion.

RESOLVED – That the contents of the report, along with Members comments, be noted.

53 Work Schedule

The Head of Democratic Services submitted a report that presented the Board's latest work schedule for the forthcoming municipal year.

RESOLVED – That the Scrutiny Board's work schedule for the 2024/25 municipal year be noted.

54 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 12th November 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

Report author: Angela Brogden

Tel: 0113 378 8661

Tackling Health Inequalities

Date: 12th November 2024

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- Health inequalities are systematic, unfair, and avoidable differences in health outcomes across the population and between different groups in society. They are connected to the conditions in which we are born, grow, live and work (the social determinants of health), our access and experience of healthcare (which can either amplify or mitigate against existing inequalities) and by commercial determinants. They are also related to individual factors – such as being from an inclusion health or protected characteristic group.
- Due to the wide range of factors that influence people's health, partners in Leeds, in particular the Local Authority, education, NHS services and the Third Sector all have a different but important role to play in tackling health inequalities.
- The Adults, Health and Active Lifestyles Scrutiny Board therefore agreed to utilise its November 2024 meeting to have a themed focus on how partners are working collaboratively towards tackling health inequalities in Leeds.
- Relevant information has therefore been provided to the Scrutiny Board by Public Health and the broader Leeds Health and Care Partnership, which is appended to this report.

Recommendations

Members are requested to consider and provide any comment on the information appended to this report as well as determining what, if any, further scrutiny work it may wish to undertake on this matter.

What is this report about?

1 The Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its November 2024 meeting to have a themed focus on tackling health inequalities.

2 To aid the Scrutiny Board's discussions, the following information has been provided:

- A report from Public Health (set out in Appendix 1) describing how the city council and specifically Public Health are working with partners to reduce health inequalities and provides an overview of the role and contribution of Leeds Public Health function.

- A report from the Leeds Health and Care Partnership (set out in Appendix 2) describing how partners providing health and care services are working to address health inequalities, including an update on the Healthy Leeds Plan and how partners are working to minimise the health inequality impact of cost improvement measures.

What impact will this proposal have?

3 Tackling health inequalities is everyone's business and while each individual organisation in the Leeds Health and Care Partnership has its own health inequality responsibilities, the Scrutiny Board is keen to explore how partners are working collaboratively towards tackling health inequalities in Leeds.

How does this proposal impact the three pillars of the Best City Ambition?

☒ Health and Wellbeing ☒ Inclusive Growth ☒ Zero Carbon

4 The Best City Ambition states that by 2030, Leeds "will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life". The contribution of the Leeds Health and Care Partnership to the health and wellbeing strategy is delivered through the Healthy Leeds plan. This also places inequalities centrally within its plans; its vision is for a "healthy and caring City for all ages where people who are the poorest improve their health the fastest".

What consultation and engagement has taken place?

Wards affected:		
Have ward members been consulted?	☐ Yes	☐ No

5 Representatives from Public Health and the Leeds Health and Care Partnership will be attending the Scrutiny Board's meeting to present the appended information and contribute to the Board's discussion.

What are the resource implications?

6 Details of any related resource implications will be captured within the appended information.

What are the key risks and how are they being managed?

7 Details of any related risk management implications will be captured within the appended information.

What are the legal implications?

8 This report has no specific legal implications.

Appendices

- Appendix 1 – A report from Public Health describing how the city council and specifically Public Health are working with partners to reduce health inequalities and provides an overview of the role and contribution of Leeds Public Health function.

- Appendix 2 - A report from the Leeds Health and Care Partnership describing how partners providing health and care services are working to address health inequalities, including an update on the Healthy Leeds Plan and how partners are working to minimise the health inequality impact of cost improvement measures.

Background papers

- None.

Reviewing progress in addressing health inequalities: Public Health (including Marmot City).

1 Purpose of report.

1.1 In Leeds, despite significant attention and effective partnership working over many years, health inequalities remain persistent, and, in some cases, improvements in key indicators have stalled or have begun to worsen. COVID -19 and the recent economic context has had a negative impact on the health of the population, exacerbating existing inequalities. This is not unique to Leeds and reflects a UK wide picture.

1.2 Due to the wide range of factors that influence people's health [1], partners in Leeds, in particular the Local Authority, education, NHS services and the Third Sector all have a different but important role to play in tackling health inequalities.

1.3 **This report** describes how the city council and specifically Public Health are working with partners to reduce health inequalities and provides an overview of the role and contribution of Leeds Public Health function. This includes some areas of work relating to health service provision, such as vaccinations programmes.

1.4 The **following report** as part of this agenda item describes how partners providing health and care services are working to address health inequalities (including an update on the Healthy Leeds Plan, and how partners are working to minimise the health inequality impact of cost-improvement measures). This includes some areas of work to relating to the wider determinants of health, such as employment policies.

1.5 The role of Leeds City Council and Public Health, the Third Sector and wider partners is central to improving health and reducing health inequalities – evidence suggests at least 80% of health and health outcomes are related to 'the social determinants of health' – to factors such as housing, access to green spaces, employment and poverty, with only around 20% attributable to activity delivered by healthcare services.

1.6 There may be specific opportunities within the emerging national policy landscape to go further to 'improve the health of the poorest the fastest'. Leeds is well placed to take advantage of these opportunities, given the city's comprehensive and well-articulated approach to addressing health inequalities through the Leeds Health and Wellbeing Strategy, Team Leeds approach and Best City Ambition.

[1] Including housing, education, employment, the physical environment, transport and active travel, food, social and community networks, health and care services and personal behaviours.

2 Leeds Context

2.1 Leeds has a relatively young population and is one of the fastest-growing cities in England. However, not everyone benefits from the city's thriving economy in the same way. Economic and social inequalities are entrenched in some parts of Leeds and have been exacerbated by the pandemic and the cost-of-living pressures. One in four of all Leeds adults and more than one in three school children live in the most deprived 10% of neighbourhoods nationally. The most deprived neighbourhoods are home to the youngest and most ethnically diverse communities.

2.2 The differences in geography, economic and social conditions across the city lead to large inequalities in health and wellbeing. People living in the poorest wards in Leeds live more of their life in ill-health and die around 12 years earlier than people in the most affluent ward, whilst the gap is 9 years between the most deprived 10% of neighbourhoods (i.e. IMD1) and those living in the least deprived 10% of neighbourhoods (i.e. IMD10).

2.3 As a large, global city, Leeds is also home to significant numbers of people from communities with specific health needs, for example refugees and people seeking asylum, specific ethnic groups including Gypsy, Roma and Traveller communities, LGBT+ communities, people who are homeless and a large student body. This brings a range of assets and opportunities to the city; it also means that there are large numbers of people who benefit from tailored support on priority health issues.

3 Health Inequalities

3.1 Health inequalities are systematic, unfair, and avoidable differences in health outcomes across the population, and between different groups in society. They are connected to the conditions in which we are born, grow, live and work (the social determinants of health), our access and experience of healthcare (which can either amplify or mitigate against existing inequalities) and by commercial determinants. They are also related to individual factors – such as being from an inclusion health or protected characteristic group.

3.2 There are many inter-related 'causes' of health inequalities; these include (but are not restricted to) structural and interpersonal discrimination; access to good quality housing; early life experiences; education and employment and barriers to accessing healthcare services.

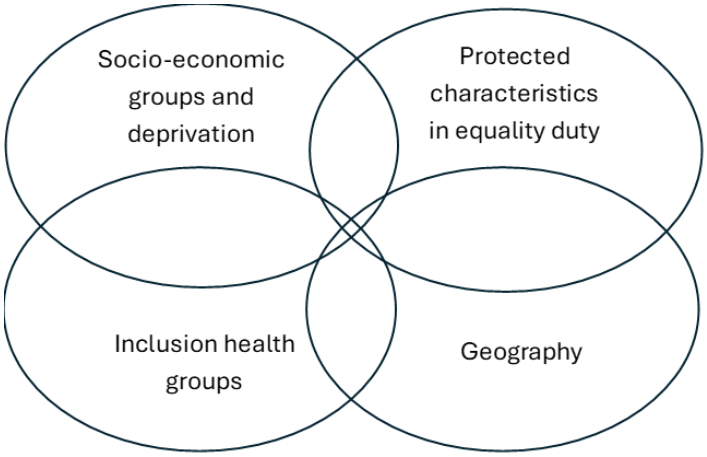

Figure 1: Intersections of different types of groups at high risk of experiencing health inequalities

3.3 Whilst individual behaviour is often cited as a key driver of poor health and health inequalities, there is significant evidence to suggest that broader socio-economic factors constitute around 80% of health status and that behaviours must be understood within their wider context. Furthermore, whilst healthcare plays an important role in protecting health and treating illness it is estimated to account for only up to 20% of health outcomes.

3.4 As the causes of health inequalities are complex, so action to address them must be whole system, at a sufficient intensity to meet need and involve many stakeholders.

4 The Leeds approach to reducing health inequalities.

4.1 Partners in Leeds (in particular, the Local Authority, education, NHS services and the Third Sector) work together to reduce health inequalities– with NHS services primarily focused on healthcare inequalities and the Local Authority responsible for improving the social determinants of health. The Third Sector plays a key role across all areas; increasingly, through the Leeds Anchor's programme, private businesses are also now contributing.

4.2 The Best City ambition clearly articulates the city's goal: 'for Leeds to be the Best City in the UK – where we work together in partnership to achieve our goals, proud of our strengths and track record of success, but focused fiercely on tackling poverty and reducing inequalities wherever we can'. Three strategies underpin the ambition – the Health and Wellbeing Strategy, the Inclusive Growth Strategy and Zero Carbon – with the health and care system contribution to the Health and Wellbeing Strategy detailed in the Healthy Leeds Plan.

4.3 The city's commitment to become a Marmot City supports the approaches and strategies described above. The Fairer, Healthier Leeds (Marmot City) programme sets out to maximise opportunities to address health inequalities by developing and building a 'Health Equity' system. This means enabling

all partners to place fairness and health at the centre of decision-making, service development and resource allocation.

5 Overview of progress in addressing health inequalities

5.1 Public Health monitors progress through analysis of a range of population health outcome and service level indicators. These are reported to Leeds Scrutiny Board every six months. The most recent report (January 2024) noted the following trends.

5.2 In line with the national picture, overall life expectancy in Leeds remained largely unchanged between 2011/13 and 2018/20. From this point onwards, life expectancy in the city has declined slightly. This downward trend started before the onset of Covid-19 so it cannot be wholly attributed to the impact of the pandemic. However, it is likely that deaths from Covid-19 are affecting the most recent figures.

5.3 There have been several recent improvements in key indicators. These include: The number of people taking up an offer of an NHS Health Check. This indicator continues to recover after Covid (increasing from 48% to 62% over the last quarter) and Leeds rates remain above the regional and England average. Emergency admissions to hospitals due to falls (in people over 65 years old) shows a decreasing overall trend alongside a steeper downward trend in the most deprived parts of the city. Smoking prevalence continues to decline in line with national and regional rates.

5.4 Rates of ‘all age’ deaths from circulatory disease have shown an increase in the latest period. This reflects the national picture and may be due to the impact of Covid on NHS and preventative services– including delayed diagnosis, testing and identification of cardiovascular disease along with the pausing of NHS health checks. Deaths from causes that are considered preventable in people aged under 75 years old has also decreased overall. However, the gap between ‘most deprived’ and ‘least deprived’ parts of the city remains significant.

5.5 Entrenched inequalities between the most deprived and least deprived communities can also be seen across a range of other indicators including those for alcohol, smoking status by occupation, excess weight and physical inactivity in adults. New HIV diagnosis rates and STI rates (excluding chlamydia under 25) have increased in this latest period. The increase is likely to be attributable to the provision of proactive and targeted testing alongside the demographic of the Leeds population.

5.6 National data is expected to become available during 2025 that measures the gap in Healthy Life Expectancy. This will be adopted locally as part of future reporting. Healthy Life Expectancy is a key indicator that details the age at which different communities or parts of the population start to develop chronic or life-limiting illnesses – as such, along with overall life expectancy it is an important measure of inequality.

5.7 Alongside the indicators reviewed as part of the Public Health Performance report the Fairer, Healthier Leeds – Marmot City programme has identified 15 indicators that align with Marmot principles and that can be disaggregated by either ward or Index of Multiple Deprivation decile. These are set out in the *Fairer, Healthier Leeds: Reducing Health Inequalities* report (See Appendix A). These measures are already reported in the system via the Health and Wellbeing Strategy, Social Progress Index and Public Health performance report.

5.8 The indicators have been adopted by the Best City Ambition scorecard. They enable a high-level view (across both the social determinants of health and healthcare inequalities) of progress the city is making in addressing health equity and reducing health inequalities.

6 Public Health and Health Inequalities

6.1 Public Health works to protect and improve the health and wellbeing of all communities in Leeds. Some responsibilities are legally mandated whilst others reflect identified local health needs and priorities. At the centre of all Public Health activity in Leeds is the aim of reducing health inequalities. It does this by:

- Partnership working and system leadership.
- Assessing the health of the population and evidence of what works to improve this.
- Commissioning, delivering, managing, and influencing a wide range of public health services, programmes and interventions to improve health and reduce health inequalities based on evidence of what works
- Measuring and evaluating performance and outcomes and share learning to inform future developments and decision making.

6.2 In some cases, Public Health has relatively high level of control in addressing health inequalities – for example in the way public health services are commissioned. In other areas e.g. population levels of healthy weight, Public Health must work with a range of stakeholders - across the many departments of the local authority, Third Sector and NHS to influence a diverse range of policy and resource decisions.

7 Fairer, Healthier Leeds - a Marmot City

7.1 The Fairer, Healthier Leeds programme is a citywide programme hosted and facilitated by Public Health. In April 2023 a formal partnership began with the Institute of Health Equity (IHE) – led by Professor Sir Michael Marmot. The aim of the Leeds programme in the first year has been to enable the city to better understand how to maximise opportunities to address health inequalities, particularly related to the social determinants of health.

7.2 The decision to become a Marmot City was made as the city emerged from the pandemic. Despite the well-established programmes described in this

paper, there was recognition that there was a need to go further and faster to mitigate against the impact of the pandemic on health.

7.3 In the first year, the work has been delivered under three key workstreams. The first of these 'whole system review' has assessed the Leeds approach to addressing health inequalities, and the connection between strategic commitments, programmes and services. It has also reviewed health outcomes across the city alongside inequalities in the social determinants of health.

7.4 As a result of this workstream the *Fairer, Healthier Leeds: Reducing Health Inequalities* report and suite of accompanying documents was published in October 2024. This report contains 15 high level recommendations which challenge Leeds to go further to become a 'health equity system'.

7.5 Fairer, Healthier Leeds aims to shift culture and practices in Leeds so that fairness and health are at the centre of every decision. The Marmot Strategic Delivery Partnership is constituted of a range of stakeholders who are currently co-ordinating the system response to the recommendations.

7.6 Similar analysis, report production and recommendations have followed under the second workstream 'collective action'. This has focused on two identified priorities: Housing and on children aged 0-5s and their carers. Both sets of recommendations are being considered at relevant partnership groups and action plans will be developed during October – December.

7.7 The three Fairer, Healthier Leeds reports and associated recommendations provide Leeds with a clear framework for going even further and faster to address health equity and reduce health inequality in the coming years.

7.8 The programme has also added value over the last 12 – 18 months by delivering bespoke pieces of work and/or acting as a catalyst for new developments across the city.

7.9 These include:

- The development and roll out of a social determinants template in Primary Care. This means that GPs and other staff can more easily refer people to local support in a range of areas including benefits advice and housing.

- Adoption of the Fairer, Healthier Leeds indicators as part of Best City Ambition scorecard. This enables a regular high-level analysis of the progress the city is making in addressing health equity.

- Proposed additions to the University of Leeds medical curriculum to improve a focus on health equity.

- An evaluation of the existing Selective Licensing scheme in Harehills and Beeston. The evaluation has informed and supported a business case for extending the scheme.

- Delivery of joint training between housing and health staff to improve the advice and support offered to people living in Leeds. Establishment of an operational 'private rented sector and housing group' to co-ordinate closer working between LCC housing and Local Care Partnerships.

- Agreement to bring together a strategic and operational focus on health inequalities for children 0-2s and children aged 3-5 years – maximising opportunities to improve the health of families and address health inequalities.

- Bringing together housing data on fuel poverty and energy performance certificates with local health data to better inform prioritisation of funding.

7.10 The third workstream is 'cross-cutting priorities', in the first-year closer working has been established between public health and inclusive growth, mapping of community insight – linked to the Marmot principles has informed the work and there has been a particular focus on ensuring that ethnicity is considered all the work to ensure that inequalities related to diverse communities are clearly identified. In the second year, work will be delivered linked to Marmot Principle 7 'Addressing racism and discrimination and their outcomes'.

7.11 Finally, engagement packs and communications resources have been produced which will enable different teams and services across the city to practically embed health equity at strategic and operational levels.

7.12 Leeds is part of a national network of Marmot places committed to 'health equity'. Health equity can be defined as having a relentless focus on putting fairness and health at the centre of every decision - across a range of stakeholders and organisations. Many Marmot places are now working towards developing a 'health equity system'; this combines bold leadership and accountability with practical tools and approaches that enable more equitable decisions about services and resource allocation.

Summary of contribution of Public Health programmes of work in addressing health inequalities:

8 Improving the health and wellbeing of children and young people

8.1 The aims of this public health programme are to improve the health of the poorest fastest and ensure all children experience the best start in life. The Marmot principles of proportionate universalism are systematically and culturally adopted across commissioned services and work areas.

8.2 The 0 – 19 Public Health Integrated Nursing Service delivers the Healthy Child Programme with the aim of improving health and reducing health inequality. The service is commissioned to deliver five mandated child

health and development reviews with families where children are aged under 5. The antenatal review is not currently being delivered to the whole population due to service capacity but families in greatest need are prioritised. During these mandated contacts family's needs are assessed and families are provided with universal, targeted or specialist levels of support informed by defined pathways which provide structure for addressing needs and delivering early interventions.

8.3 The service delivers a range of pathways including economic wellbeing, drug and alcohol use, parental mental health and in development, housing. Antenatal Education is also provided by the 0-19 service. In addition, there are targeted programmes for communities with complex needs e.g. Preparation for Birth and Beyond for refugee and asylum seeker families and Babysteps targeted at parents with additional needs.

8.4 The Economic Wellbeing pathway describes how Early Start practitioners in Children Centres support families to achieve economic wellbeing as part of their universal service offer. This approach ensures families are aware of the vast range of support that is available to reduce widening financial inequality. This includes child place and benefit entitlement, including access to dental care and prescriptions during pregnancy and support through food banks, Healthy Holiday clubs alongside the provision of ASDA vouchers for those in immediate need.

8.5 The Healthy Child Programme also contributes to reducing inequalities through supporting breastfeeding. Increasing breastfeeding rates is a priority for Leeds as there is strong evidence that it promotes health, prevents disease and helps contribute to reducing health inequalities, both in the short and long term.

8.6 Breastfeeding rates in Leeds for initiation and 6-8 weeks have steadily improved with the most notable rise in 6-8 weeks rates from around 30% to 47.3% since the UNICEF Breastfeeding Friendly Initiative and Breastfeeding Partnership Plan was introduced in 2006. Notably the current overall breastfeeding initiation rate in Leeds is 75.8% and above the England average of 71.7%. However, sociodemographic inequalities persist, with more affluent areas like Guiseley & Rawdon reaching initiation rates of 88.5% compared to 54% % in the more deprived areas of Killingbeck & Seacroft.

8.7 The programme also commissions a wide range of services across the age range – including (infant mental health, breast feeding peer support, oral health, healthy schools, a school-based resilience service to support good mental health and physical activity projects e.g. skateboarding and dancing. All services are required to target areas of higher deprivation and higher public health need and consider how children and young people and families can influence service delivery.

8.8 The programme contributes significant funding to children's centres which are based in communities living in the highest areas of deprivation and also fund work with the Roma community who experience health inequality.

8.9 The work to become a Marmot city has included a focus on children aged 0 – 5 and their families. The recommendations are imminently being taken to a joint Health and Wellbeing Board and Children and Young People's Partnership session to request endorsement. The recommendations suggest refreshing the Best Start strategy which focuses on 0 – 2 year olds to one focusing on 0 – 5 year olds.

9 Ageing Well

9.1 Leeds has a longstanding commitment to being Age Friendly. Addressing inequalities in later life is a key driver of the Age Friendly Leeds Strategy and Action Plan. The plan sets out key domains, objectives and actions and identifies a number of cross cutting themes. The plan will contribute to improving Healthy Life Expectancy through addressing factors that are evidenced to contribute to increasing the number of years spent in good health.

9.2 Inequalities are addressed through 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. This includes protected characteristics and the intersection with age e.g. age, gender, ethnically diverse communities. Progress is reported to the Age Friendly Leeds Board quarterly.

9.3 Commissioned services/support to enable people to age well, include: Home Plus; Falls Strength and Balance; Lunch Clubs and 'Stay Well this Winter' Grants. These all have a primary focus of targeting and focussing resources to areas in the city and groups of people in later life who experience poorer outcome, with the aim of increasing the number of years that people in these groups and areas spend in good health.

9.4 For example, lunch clubs receive weighted funding based on location (IMD 1 and 2 areas). Strength & Balance classes are focussed in areas of the city with the highest levels of emergency admissions for falls and IMD1 and 2 areas.

9.5 The Ageing Well programme also led the underpinning work towards the recent 2023 Director of Public Health Report 'Ageing Well: Our Lives in Leeds' which highlighted the inequalities facing older people in the city and made recommendations to address them.

9.6 Emergency admissions to hospitals due to falls (in people over 65 years old) shows a decreasing overall trend alongside a steeper downward trend in the most deprived parts of the city.

10 Tobacco and Nicotine

10.1 The tobacco and nicotine control programme works with partners across the city to reduce access to and uptake of tobacco and nicotine products, increase the numbers of smoke free areas and offer support to people who wish to stop smoking.

10.2 Although all interventions are available across the city, the smoking cessation offer prioritises those groups and communities where smoking rates are higher e.g. most deprived communities, people with a mental health illness, those in routine and manual employment and the unemployed.

10.3 Over the years, the approach has resulted in a reduction in the gap between smoking rates in the most affluent areas and those in the most deprived areas as a result of both rates reducing, but most steeply in the most deprived areas.

11 Physical Activity

11.1 The city's vision for physical activity 'Leeds is a place where everyone moves more every day' contributes to achieving the Best City Ambition as well as the Leeds Marmot City Commitment to create a fairer, healthier city for everyone. The Leeds Physical Activity Ambition focuses on the persistent inequalities around how active people are, with disabled people, people living with long-term health conditions, and people residing in areas of socio-economic deprivation being particularly affected. There are 3 key priorities; ensuring the environments people live in support people to move more every day, creating a social norm where it is an easy choice to be active, working in partnership to create a healthier place, greener city and stronger local economy.

12 Healthy Weight (Adults)

12.1 The Healthy Weight work programme focuses on delivering whole population approaches that have the greatest impact on the people living in the most deprived neighbourhoods. This work is primarily delivered through the development of the Leeds Food Strategy and Healthy Weight Plan and includes actions to increase accessibility, affordability and availability of healthy foods, and reduce promotions of ultra-processed foods high in fat, sugar and salt.

12.2 In Leeds levels of adult obesity are fairly static and align with the national average, but the inequalities remain due to the cost-of-living crisis and wider determinants that influence a healthy weight.

13 Healthy Places

13.1 The environments in which we live are inextricably linked to our health throughout our lives, impacting on mental and physical health and wellbeing outcomes. Working closely with colleagues in Planning Services, we use health data and evidence to influence local planning policies and planning decisions for new developments, ensuring health is a key consideration in decision making, with a focus on the developments that are likely to impact our most deprived areas.

14 Public Mental Health

14.1 Public mental health refers to the strategies and actions aimed at promoting mental well-being, preventing mental illness, and addressing poor mental health at a population level. In Leeds, the programme aims to strengthen factors that support good mental health while reducing the impact of risks that contribute to poor mental health. Working with communities that live in the most deprived areas of Leeds and inclusion health groups, the programme focuses on reducing stigma and discrimination. The local authority plays a key role in coordinating suicide prevention efforts and minimising harm in communities.

14.2 Locally, Public Mental Health achieve this by:

- Commissioning a range of interventions including Being You Leeds, Unfolding and Mindful Employer. These programmes, in turn, work with communities most at risk by promoting protective factors, support volunteers to support others and bring local employers together to champion positive mental health at work.

- Advocating for and commissioning training to other organisations around self-harm, suicide prevention and mental health

- Supporting multiagency partnership work to reduce stigma associated with mental health.

- Co-leading work to address ethnic inequalities in mental health, which includes providing grants to community-based organisations.

- Leading the Leeds Suicide Prevention Action Plan, providing grants to organisations to prevent suicide and commissioning the Leeds Suicide Bereavement Service.

14.3 Improvements in well-being, measured using the Warwick and Edinburgh Wellbeing Scale, have been reported across public mental health interventions delivered in the most deprived 10% of communities in Leeds. Challenges persist in understanding the prevalence and impact of common and serious mental health conditions across communities in Leeds, primarily due to underreporting driven by stigma and barriers to accessing support.

15 Communities and Primary Care

15.1 This workstream takes an asset-based, community-focused approach to tackling health inequalities. The team has close working relationships with local partners and are specialists in locality public health, implementation, primary care and inclusion health.

15.2 Specific work to address health inequalities includes:

- Intelligence, advice and support to improve health and reduce health inequalities in priority wards, including Health Needs Assessments,

advice and support on community centred approaches, leading public health input to inner city Local Care Partnerships, working with councillors.
- Specific projects in communities to reduce inequalities, e.g. Heating on Prescription
- Commissioned services/funded projects – Better Together community health development; supporting health and wellbeing for Gypsy and Traveller communities; Roma grants; Women's health matters work with refugees and asylum seekers; Community Champions
- Strategic public health leadership for migrant health through the Migrant Health Board
- Work to champion the needs of inclusion groups, including Healthy Communities Together work with sex workers, asylum seekers, Trans+ people and Gypsy and Traveller communities.
- Supporting primary care to understand and reduce health inequalities in their area through supporting PCNs to develop priorities for their local population and connect to wider determinants, and specific projects and tools for primary care (e.g. health inequality infographics, health inequalities toolkit)

16 Drugs and Alcohol

16.1 The vision is for Leeds to be a compassionate city that works with individuals, families, and communities to address the harms caused by drug and alcohol use. Drug and alcohol use leads to significant health inequalities for individuals and communities and is often related to wider health issues or challenges with an impact on health, e.g. housing, mental health, trauma. Inequalities related to drug and alcohol are addressed through:

- Work to reduce the number people using drugs and alcohol and harm, e.g. through action on licensing and addressing negative visible drug use in communities
- Identifying people with substance use early, ensuring that they have access to high quality treatment and harm reduction to reduce health harms through the commissioned service Forward Leeds
- Supporting visible recovery in the city to address stigma
- Specific programmes of work for people from inclusion health groups or experiencing complex disadvantage, e.g. tailored support for people from Gypsy and Traveller communities, work with rough sleeping populations and sex workers.

17 Long term conditions and cancer

17.1 To address health inequalities, work is targeted in areas of highest deprivation and in specific groups where long term conditions (LTC) and cancer prevalence (including risk factors) is greatest and outcomes are poorer.

17.2 The commissioning of NHS Health Checks ensures a focus on 'most likely to benefit groups', which includes those living in most deprived neighbourhoods, culturally diverse communities, smokers, and those who are obese (BMI>30In addition, community-based approaches to delivering NHS Health Checks specifically targeting Health Inclusion Groups are currently being designed and tested. Recent reporting shows that just over half of NHS Health Checks delivered for 23/24 were from one or more of these groups.

17.3 The Leeds Health Awareness Service is commissioned to deliver targeted community awareness raising of risk factors, knowledge of signs and symptoms of both LTCs (including cardiovascular disease; diabetes, respiratory disease, and priority cancers) and promoting NHS Cancer screening uptake. The contract has a remit to reduce inequality and as such focuses activity on the most deprived areas of Leeds and targeting the following priority groups: Adults with learning disability; Adults with severe mental illness; Ethnically diverse communities; Men; Communities with known higher prevalence of risk factors.

17.4 In addition, this programme works with a range of partners on projects and activity to support reducing inequalities in LTCs and cancer including community-based projects to support early identification; influencing service and system design, and improving clinical pathways to enable more equitable access and outcomes for priority groups.

18 Health Protection

18.1 The Leeds Health Protection function deliver a range of proactive programmes to minimise health risks and protect communities from infectious diseases, environmental hazards, and other public health threats. These include improving Tuberculosis (TB) screening and vaccination uptake across the life course, focussed work to address Antimicrobial Resistance and supporting those facing a disproportionate burden of health outcomes due to extreme weather events. Strong system wide processes are also in place to respond to outbreaks of infectious diseases across the city, the health protection team work to mitigate inequalities during outbreaks.

Examples of activity to address inequalities include:

- Health equity and inequalities are considered as part of the risk assessment and selection of control measures as part of Outbreak management responses. While outbreaks of infectious diseases can happen across Leeds, there is an increased risk for those living in deprived areas and amongst communities experiencing the highest levels of inequalities.
- The Community Infection Prevention and Control Co-operation Agreement aims to mitigate the spread of infection through reducing inequalities in Health Care Associated Infections, improving outcomes for high-risk settings, providing support in

responding to communicable disease outbreaks and delivering training and capacity building for wider health care workers.

- The Leeds Community TB service (in collaboration between LTHT and LCH, working with Bevan Health Care and UKHSA) provides advice, support, and specialist care for both active and latent Tuberculosis (TB) in adults and children. The service provides, latent TB screening and treatment for new entrants to the UK from countries with a high incidence of TB and those with no fixed abode. The service also works closely with a community outreach worker, promoting TB detection and prevention messages amongst at risk communities.
- Addressing low vaccination uptake across the life course – working closely with NHS partners to influence programme delivery and utilise data to identify and develop interventions to address inequalities in uptake. For example, this includes working with third sector partners to improve awareness of the importance of vaccinations, with primary care providers to improve accessibility to vaccinations.
- Anti-Microbial Resistance (AMR) – An AMR community engagement group has been established to support addressing the disparities between both in the inappropriate use of antimicrobials and the proportion of resistant infections between communities. Collaborative work in schools, community outreach and engagement has been delivered for communities where prescribing rates are highest.
- Adverse weather programmes focus on providing additional support to those facing a disproportionate burden of health outcomes due to extreme weather events.

19 Sexual health

19.1 The aim of this programme of work is to ensure all people in Leeds experience good sexual and reproductive health and wellbeing and are supported to develop safe, healthy, enjoyable, and consensual sexual relationships. However, sexual ill health is not equally distributed: deprivation, social and cultural norms, education and health literacy, sex, gender identity and sexual orientation, and behaviours all impact on outcomes. Activity, therefore takes a proportional universalism approach. Health promotion and prevention activity, alongside testing and treatment services, are available for all. However, increased effort, resource and innovative approaches are deployed to meet the needs of most at-risk and vulnerable groups and those seldom seen in universal, clinical services.

19.2 This approach has contributed to high levels of chlamydia screening in young people, declining under 18 conception rates, a slow decline in late HIV diagnoses and increased PrEP (pre-exposure, HIV prophylaxis) use in those with PrEP need.

19.3 Key activity includes:

- Commissioning and contract managing the city's open access sexual health service. Clinics are geographically located where need is

greatest, whilst the responsive outreach team provide testing and treatment at community venues, alongside trusted community partners.

- Commissioning and contract managing the sexual health improvement service, delivering holistic, culturally appropriate prevention, testing, outreach and support to people most at risk of HIV and sexual ill health.
- The Well Wave service offers community-based sexual health information and support, including free condoms and STI testing kits, to young people across Leeds. The offer is universal; however, work is ongoing to ensure most at risk and seldom seen young people are targeted through promotion and visibility in spaces they use.
- Collaborative working with wider sexual and reproductive health commissioners to develop solutions to mitigate inequalities in service access arising from fragmented commissioning arrangements.

Appendices:

- Appendix A - *Fairer, Healthier Leeds: Reducing Health Inequalities* report. October 2024.

Appendix A

INSTITUTE of HEALTH EQUITY

FAIRER, HEALTHIER LEEDS: REDUCING HEALTH INEQUALITIES

INTRODUCTION

A growing number of people are living in poverty and with worse health in Leeds, West Yorkshire. This is the result of continuing impacts of reduced funding for local authorities in England, pressures related to the increasing cost of living, and the lingering effects of the COVID-19 pandemic. Meanwhile, the demographic characteristics of Leeds are changing, affecting how the city must plan its future services: the city's population is growing in every age band and becoming more ethnically diverse, particularly in areas of high deprivation.

To better tackle health inequalities in the city and enable Leeds to maximise its opportunities, the *Fairer, Healthier Leeds* programme[1] was launched in June 2023. This report draws on learning from the programme's first year and provides a short analysis of health inequalities in Leeds, recommends action to reduce them and ways to improve the social determinants, or building blocks of health.

Since the programme's inception, the Institute of Health Equity has identified several excellent approaches and examples of good partnership working in Leeds, and this is to be built upon. However, Leeds can go further. A whole-system 'Marmot Leeds' approach that develops and delivers interventions and policies to improve health equity based on the Marmot principles requires:

- **A** — Strengthening and further developing the current system to one in which all partners work collaboratively to improve the building blocks of health and tackle health inequalities.
- **B** — System leadership for health inequalities within and across system partners with clear lines of accountability, along with strengthened workforce capacity.
- **C** — Strengthening partnerships to have an ambitious, collegial and trusting approach to improving the building blocks of health and to be bold in adopting a proportionate universalist approach to the design and delivery of actions and in their resourcing.
- **D** — Shifting funding to longer-term and primary prevention approaches, in line with a health equity in all policies approach.
- **E** — Ensuring those acting to reduce inequalities work with communities to identify how best to improve the lives and health of those living in the most deprived neighbourhoods in Leeds.

By placing an even stronger strategic focus on health inequalities and inequality more broadly, Leeds will be better positioned to tackle these problems and reverse the impacts of COVID-19, inflation and the rising cost of living. This requires that all partners work collaboratively, prioritising health equity and strengthening the whole 'health equity system'. Without steadfast commitment to action, Leeds like many other locations in the UK, may witness inequalities worsening faster and further.

[1]The Fairer, Healthier Leeds programme is led by the Public Health team, with political support from the executive member for equality, health and wellbeing and the executive member for adult social care, active lifestyles and culture.

THE IHE METHOD

The building blocks or the social determinants of health, describe the social and environmental conditions in which people are born, grow, live, work and age, which shape and drive health outcomes (1) (2). There are eight Marmot principles to reduce health inequalities based on shaping these determinants:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together.

A **Marmot approach** develops and delivers interventions and policies to improve health equity based on these eight principles; it embeds health equity approaches in local systems and takes a long-term, whole-system approach to improving health equity. A Marmot approach is **proportionate universalist** – that is, it applies policies to all but with services and support increasing at a scale and intensity proportionate to the degree of need. The aim is to raise overall levels of health at the same time as flattening the gradient in health. (2) ***Only focusing on one group of individuals or a few geographical areas will not deliver change.***

In our first year in Leeds, to help deliver this whole-system approach, IHE, in partnership with the city's public health team and other stakeholders:

- Analysed health outcomes and data related to the building blocks or social determinants of health (e.g. housing, education).
- Reviewed existing city approaches to tackling health inequalities by making a 'health equity' assessment of its strategies, policies and programmes.
- Mapped community insights aligned to the eight Marmot principles.
- Focused on two key priorities: Best Start (for children aged 0–5 years) and housing, meeting key stakeholders delivering these services and holding two workshops.
- Developed health equity indicators to measure progress.
- Created **Fairer, Healthier Leeds Marmot recommendations** to challenge Leeds to focus on the system changes needed to comprehensively address health equity and embed health equity and fairness in decision-making. The recommendations focus on actions across organisations: Leeds City Council, businesses, public services, communities and community organisations and health and social care.

This report addresses three key areas in turn: leadership and accountability, partnerships and research/data. Evidence of inequalities in Leeds is provided in data packs on the IHE website, alongside the Fairer, Healthier Leeds Marmot recommendations, full indicator set and other related publications. (3)

Leeds is now part of the **Marmot places network**. (4) Marmot places commit to making a more concerted and focused effort to address health inequalities. This involves identifying leaders to improve understanding of health inequalities across stakeholders and committing to consistently hold the city system accountable for tackling inequalities.

THE LEEDS CONTEXT

Leeds is a city of over 820,000 residents. Its population is growing and is poorer than the England average: 24% of its population live in the most deprived decile, IMD 1,[2] compared to 10% of England's population living in this decile.

Leeds targets many of its services and approaches to reduce inequalities based on deprivation deciles, frequently concentrating its action on those living in IMD 1 neighbourhoods. The numbers living in high deprivation in Leeds are increasing: the Office for National Statistics estimates 24% of Leeds' population live in IMD 1 neighbourhoods, increasing from 179,000 in 2013 to 200,000 in 2022. (5) In 2024 37% of children in Reception were living in the most deprived neighbourhoods in Leeds, compared with 34% in 2021. (6)

Life expectancy for all populations in Leeds was stagnating before COVID for both men and women but the most recent figures show that while life expectancy has increased slightly after the worst of the pandemic, wide inequalities remain within the city. Women living in Leeds's most deprived neighbourhoods live, on average, nine years less than women living in the least deprived neighbourhoods; for men, the difference is 10 years (see Table 1). This difference in life expectancy is even greater for certain groups. For example, Gypsy and Traveller communities in Leeds have an average life expectancy close to 50 years, compared with the city average of 78 years.

Table 1. Estimated female and male life expectancy at birth, averages for most deprived (IMD 1) and least deprived (IMD 10) neighbourhoods in Leeds, 2019–21 and 2020–22

Source: Office for National Statistics (7)

	2019-21	2020-22
Female IMD1 (most deprived)	77.4 years	77.6 years
Female IMD 10 (least deprived)	87.2 years	86.9 years
Male IMD 1 (most)	72.9 years	73 years
Male IMD 10 (least)	82.9 years	83 years

Figure 1 shows these inequalities in life expectancy clearly: as levels of deprivation increase in Leeds's wards, life expectancy decreases. It can be seen that Harewood is among the least deprived neighbourhoods and has high average life expectancy, and Hunslet and Riverside, the fourth most deprived ward in Leeds, has the lowest life expectancy.

Figure 1. Estimated female and male life expectancy at birth and deprivation (IMD 2019), Leeds wards, 2016–2020

Source: Office for National Statistics (8)

[2]IMD is the Index of Multiple Deprivation (IMD), the most common measure of the socioeconomic circumstances in which people live. The IMD summarises how 'deprived' an area is. Neighbourhoods are ranked from 'most deprived' to 'least deprived'. IMD 1 is the most deprived 10%, IMD 2 is the second most deprived decile and IMD 10 the least deprived.

The Leeds Joint Strategic Assessment and Leeds Observatory provide an extensive analysis of health inequalities in Leeds. (9) (10) These reports outline the significant and persistent inequalities in Leeds across a range of outcomes. Inequalities are evident in health outcomes such as life expectancy and the incidence of low birthweight babies, and in the building blocks/social determinants of health such as earning a 'living wage' and good educational attainment. Leeds compares unfavourably across several measures with other core cities in England. A detailed analysis of health outcomes and data covering the building blocks of health are included in the IHE slide set that accompanies this report.[3]

Leeds has an ethnically diverse population; in particular, the Black/Black British and African ethnic minority population is slightly larger proportion-wise than the England average. (11) The population living in the most deprived neighbourhoods is more ethnically diverse than the rest of Leeds: 63% of the city's Black/Black British ethnic group, 40% of its mixed ethnic group and 36% of its Asian ethnic group live in the most deprived neighbourhoods (in IMD 1). (12)

AUSTERITY PRESSURES

> "These aren't choices Leeds City Council would want to have made."
>
> (Leeds City Council)[4]

> "Systems are under unbelievable pressure."
>
> (Leeds City Council)

The cuts to local government budgets in the last 14 years have hit Leeds City Council hard, and in the last year budget cuts and increasing pressures on the NHS in Leeds have led to shortfalls being forecast for at least the next three years. (13) These cuts, in addition to persistent short-term central government funding settlements (of six months or a year), prevent places from implementing longer-term, preventive approaches that would better enable them to address issues such as health inequalities and increasing poverty.

The **cuts to local authority budgets in England have severely impacted services that are supportive of many of the building blocks or determinants of health** and have been linked to decreases in life expectancy. Between 2013 and 2017, it is estimated that each £100 reduction in annual central funding to local government (per person) was associated with an average decrease in life expectancy of 1.3 months for men and 1.2 months for women. (14) This is worsened by the fact that cuts to local government spending have been regressive: areas of highest deprivation have seen the deepest cuts. Between 2009/10 and 2019/20 the most deprived tenth of councils saw their fiscal revenue per person decline by just under 30%, or £453 per person. In comparison, the least deprived tenth of councils saw their fiscal revenue decline by 16%, £166 per person. (15) In the region **where Leeds is located, Yorkshire and the Humber, spending per person fell by 23%,** significantly greater than the cuts of 15% in the South West. (15) The Institute for Fiscal Studies estimates that councils in England will receive 4% less in real terms in 2024/25 than they might have expected a year ago. (16)

[3]See: https://www.instituteofhealthequity.org/resources-reports/new-marmot-places-work-announced-in-leeds

[4]All quotes are taken from interviews carried out during the first year of IHE's work in Leeds.

SYSTEMS CHANGE TO IMPROVE HEALTH EQUITY

A. LEADERSHIP AND ACCOUNTABILITY FOR HEALTH EQUITY

Strong, accountable and identifiable leadership on health equity within organisations is needed to lead action. Leadership involves giving workforces in different organisations greater capacity to act on the building blocks of health and putting in place measures to hold people accountable for this action. The challenge is to take existing bold statements, strategies and policies and implement the further action necessary, focus staff and approaches to improve healthy life expectancy, and – in Leeds's own words – improve the health of 'the poorest the fastest'. Where bold strategies do not exist, the challenge is to create new ones, in partnership. The Fairer, Healthier Leeds Marmot recommendations we present in this report challenge Leeds to be more specific in setting aspirations to tackle health inequalities and to have clear accountability measures across the city's systems to support delivery of the recommendations.

LEEDS CITY COUNCIL FOR HEALTH EQUITY

> "How do we do health inequalities as a system? We need senior leadership for the city – leaders talking to each other – to create joint accountability, joint budgets, joint posts. When money gets difficult, people retreat."
>
> (Leeds City Council)

Effective leadership for health equity focuses on addressing health equity across organisations and working in partnership. Bringing together housing, economic development, environment, transport, education and culture challenges departments and people to shift their current ways of working. Across Leeds City Council there has been ambitious leadership action to reduce health inequalities.

Scaling up good practice

- Leeds City Council has made a clear commitment to create and sustain healthy and thriving places. Its **Best City Ambition** states that by 2030, Leeds "will be a healthy and caring city for everyone: *where those who are most likely to experience poverty improve their mental and physical health the fastest*, people are living healthy lives for longer, and are supported to thrive from early years to later life". (17) The contribution of the Leeds Health and Care Partnership (HCP) to the health and wellbeing strategy is delivered through the **Healthy Leeds plan**. This also places inequalities centrally within its plans; its vision is for a "healthy and caring City for all ages where people who are the *poorest improve their health the fastest*". (18)
- In April 2023 Leeds City Council **increased its minimum pay rate to the UK Real Living wage** of £12.00/hour, above the central government-set UK living wage. The City Council also committed to pay the national minimum rate of pay for apprentices, above the national recommended rate. (19)
- Leeds is one of about 20% of council areas in England to have a **Selective Licensing (SL) scheme**, which aims to improve the management and condition of properties in the private rented sector. SL requires all private landlords in a selected area to obtain a licence for each property they rent out. The licence has conditions by which a landlord has to abide during the period of the scheme, which can be up to five years. The Scheme also requires that an applicant for a licence has to be considered a "fit and proper person" to hold a licence.
  - > Parts of Beeston and Harehills, densely populated areas of Leeds, are covered by the SL scheme. Landlords pay £825 per licence. Homes are inspected and up-to-date gas safety certificates are required, along with electrical appliances and furniture. The scheme also includes a discussion with tenants where information about health and the building blocks of health are collected.
  - > The current SL scheme in Leeds is due to finish in 2025. In 2023 Leeds's Public Health team offered to work in partnership with Leeds City Council Housing team to support an evaluation of the current scheme to understand its impact on health and inequalities. The evaluation provided evidence of the impacts of SL processes on health and inequalities. A 2023 evaluation of SL in London found improvements in area-based mental health outcomes and reductions in antisocial behaviour. (20) In March 2024 the Council's Executive Board approved the consideration of further SL schemes in Leeds. Any further SL schemes, if approved, will build on the lessons learned and involve better partnership working with health as well as evaluation built-in from conception.

- Leeds's local approach to **temporary accommodation** has meant it has kept these numbers low compared with other areas, improving the support it offers and saving the council money. Across the UK, the lack of private rented sector housing is increasing pressure on temporary accommodation. Leeds's approach involves speaking to people who need temporary accommodation at the earliest opportunity: ***"We're proactive to opening cases at the earliest time to help to prevent homelessness. When there are a few cracks, that's when we want to talk to people."*** To keep temporary accommodation lists small, they fund specialist advice to people in need, provide funding for bonds in the private rented sector and a rent guarantee scheme for landlords where they guarantee tenants for 12 months. A fundamental difference to other cities is that Leeds gives customers who are rehoused in the private sector the option to remain on the Leeds Housing Register.

  > The rate of people living in temporary accommodation has increased in Leeds in the last two years although the numbers remain far below England averages. In 2022 there were only eight families in temporary accommodation; in June 2023 there were 66 families, with some in B&B accommodation. Recent data shows the highest number of households in temporary accommodation on record. (21)

Unified leadership across Leeds can go further to identify goals for the short and long term, and identify when, for example, 'task and finish' groups are needed (such as existing Breakthrough groups – see below) or when longer-term partnerships are better.

- The **Health and Housing Breakthrough Group** is made up of Leeds City Council, NHS and Third Sector partners. This group was initially established as a short-term task and finish group. However, due to its successes, it has now become a formally established strategic partnership. In its first few months the group mainly discussed actions related to housing and respiratory conditions in children. Despite the positive aspects, interviewees also spoke of the desire for this group to be ***"more strategic"*** and to identify ***"longer-term goals"*** and opportunities for ***"joint commissioning, or combined commissioning and joint budgets"***.

HEALTHCARE SYSTEMS FOR HEALTH EQUITY

Recent policy changes, such as the requirement for Integrated Care Boards (ICBs) to address health inequalities, has led to health equity and the building blocks of health being of central concern for the NHS. Leeds NHS Boards can strengthen and focus their strategies on the building blocks, working in partnership to extend activity beyond usual anchor approaches. In addition, primary care in Leeds can better support action to reduce inequalities by working to improve local living and working conditions, being a strong advocate and working with individual patients to improve the building blocks of health.

Scaling up good practice

Several groups and strategies in the NHS in Leeds are addressing inequalities. There is value in consolidating this work and clarifying the role of each.

- The **Leeds Health and Social Care Hub**, a new partnership between national and local government, seeks to address and improve action on health inequalities and improve health and life outcomes for Leeds's residents.
- The **Tackling Health Inequalities Group** was set up in June 2020. The group provides expert advice on health inequalities related to healthcare services and recommends how NHS funding on inequalities should be spent and challenges where health inequalities funding goes.
- The **Communities of Interest Network** highlights the needs and challenges faced by groups and communities that experience the greatest inequalities.
- The **Leeds Out of Hospital (OOH) project** was awarded recurrent funding in 2023/24 and offers short-term intensive support to rehabilitate people who are homeless with a long-term health need/reablement need, through nine beds in temporary housing units. It is managed by a multi-disciplinary team (a clinical lead – nurse, GP, housing worker, dedicated social work time, and wellbeing workers). The project supports people to move to permanent accommodation. It has reduced A&E attendance for those who have completed their journey and been discharged from the temporary housing units, and has reduced unplanned admissions. Between April 2022 and April 2023 all patients who were homeless were discharged into either local authority tenancies, private rentals or to a nursing home.

The NHS in Leeds can go further to address health inequalities. Across England, NHS organisations are looking at what they can do within their own buildings and among their staff, using NHS data to look at how they can reduce inequalities. For example, this can involve looking at 'did not attend' rates for services according to level of deprivation (as measured by the IMD) and ethnicity, and taking small, clear actions, such as redesigning letters to improve clarity, and shifting times of clinics. This involves leaders and senior managers listening and considering the urgency of change, and including people from the places and communities suffering from avoidable ill health to allow them to "influence how services are organised…for radical change, not small tweaks or business as usual". (22)

Primary prevention delivered in partnership with the NHS and partners outside of health is needed to reduce inequalities. As part of its action to reduce inequalities, the Leeds Health and Care Partnership has concentrated on reducing the number of Emergency Department attendances and inpatient stays among children with asthma. This is a welcome city-wide partnership approach to addressing health inequalities; however, its action still focuses on secondary prevention of health problems after they have occurred. A primary prevention approach in Leeds would focus more on working across the city's IMD 1 neighbourhoods, bringing together key partners to reduce the likelihood of health problems starting. With regard to children and asthma, a primary prevention approach would involve working with partners such as housing providers, communities, schools, nurseries and the Third Sector to better support the families of children likely to develop this condition. **Addressing the causes of the causes, improving these building blocks of health – the social determinants – is needed to reduce inequalities at scale**.

Better focusing on primary prevention to reduce health inequalities involves **adopting a proportionate universalist approach**. Long-term funding should be allocated to organisations that are working in Leeds's most deprived neighbourhoods to achieve improved and more equitable outcomes in the building blocks of health, including investments for communities and the Third Sector and shifting to recurrent, dependable funding.

Primary care in Leeds can go further by working better with the NHS and other partners to take more action on the building blocks of health. Primary Care Networks (PCNs), with their budgets and workforce capacity (especially link workers), have the potential to better tackle health inequalities. Leeds PCNs commission Linking Leeds to provide social prescribing in the city. Social prescribing can tackle health inequalities but it needs to be targeted at areas of higher deprivation and be given time to work with clients and do more than refer. Interviewees stated that **social prescribing has further potential to address health inequalities** but requires more innovative commissioning and service redesign. In addition, the primary care system should monitor and reduce the risk of inequalities widening in **Leeds's inner-city areas of high deprivation due to the difficulties of recruiting staff in these areas**.

BUSINESSES FOR HEALTH EQUITY

The IHE report *The Business of Health Equity: The Marmot Review for Industry* examined the ways in which businesses shape the conditions in which people live and work and, through these, their health. (23) Businesses affect the health of their employees and suppliers through the pay and benefits they offer – hours worked, job security and conditions of work. They affect the health of their clients, customers and shareholders through the products and services they provide and how their investments are held. Three-quarters of the estimated 413,000 people who work in Leeds work in the private sector.

Businesses can also affect the health of individuals in the communities in which they operate and in wider society, through local partnerships, procurement and supply networks, and in the way they use their influence through advocacy and lobbying. Reducing the harmful impact of business and enhancing their positive contribution is vital for health and wellbeing and reducing inequalities.

Scaling up good practice

- **The Leeds Health and Care Talent Hub** works to get people living in areas of high deprivation or who have been out of work for a long time back into work in health and care organisations in the city. This work is based on **Connecting Communities with Health and Care Careers (CCHCC)**, a city-wide partnership that aimed to reduce health inequalities. CCHCC targeted specific communities to work within the health and care system. This collaboration between Leeds City Council and Leeds Teaching Hospital Trust (LTHT) and local charity *Learning Partnerships* initially supported residents in Lincoln Green through a recruitment and employment programme to improve IT skills, build confidence and support with job application and interview skills. (24) (25) The Talent Hub has transformed into a wider partnership between universities, the Third Sector, City Council and NHS in Leeds. It has developed pre-employment programmes to meet Leeds's health and care workforce needs, providing a pool of potential employees. In 2023/24 it supported more than 1,600 candidates living in Leeds's most deprived neighbourhoods. The largest proportion came from Black, African, Black British and Caribbean ethnic groups and were aged between 18 and 35 years. The vast majority were unemployed and female.

Three Leeds anchor networks and an inclusive growth strategy are examples of how the system in Leeds is seeking to improve equality.

- The **Leeds Business Anchors Network** encourages businesses to work together, alongside other partners in the city such as the City Council, to maximise their contribution to benefit the people of Leeds. This Network also encourages businesses to adhere to the city's Inclusive Growth Strategy.

- The **Leeds Inclusive Anchors Network** is a group of 13 of the city's largest, mainly public sector employers. They focus on areas where they can make a difference for people as an employer, through procurement, service delivery or as a civic partner. As part of this network, the NHS has assessed its role as an anchor institution and committed to leveraging its position as employers, purchasers of goods and services, owners of local buildings, land and other assets and leaders in the community to effect change.

- The **Leeds Community Anchor Network** is a movement of independent local organisations promoting citizen-led activity and partnerships. In addition to their own activities, Community Anchors help and support other groups and communities, and act as advocates at a city level.

Leeds City Council has taken a number of steps to understand how to improve equity in the city. **The Leeds Inclusive Growth Strategy** signals that the city wants a different style of growth, one that focuses on good health and opportunities for its employees on lower incomes as much as on all other employees. (26) It is a signal that businesses can work better with local communities, taking more than a corporate social role to truly work in partnership and be key players in improving the building blocks of health.

The **Leeds Social Value Guidelines and Charter** guide organisations to make changes in the way they work to make Leeds a fairer, more equal place. Leeds commissioned the Centre for Local Economic Strategies (CLES) to drive their inclusive strategy to better reduce gender inequalities. CLES recommends working with women in the city to place **gender equality** at the core of Leeds's economic approach and to create a baseline to measure the impact of interventions. Our Fairer, Healthier Leeds Marmot recommendations for the inclusive growth plan are similar in that we recommend making reducing inequities central to the inclusive growth strategy.

Leeds can take the Inclusive Anchors Network further by encouraging its members to agree to place skills development and local recruitment at the top of their agenda and focusing in the coming year on increasing the opportunities for young people living in IMD 1 and 2 neighbourhoods. This could be achieved by committing to new approaches and partnerships with education, primary and secondary schools, further education, the Third Sector and Leeds Learning Alliance. Improving employment opportunities is key to increasing social mobility, giving local opportunities to local young people. This also necessitates better training, mentoring and interning opportunities and working with employers to provide careers advice relevant to the Leeds job market.

THIRD SECTOR AND COMMUNITIES FOR HEALTH EQUITY

Leeds has an active and respected Third Sector, which is included in many of the city's and NHS's strategies. Building relationships and coalitions with the Third Sector, and with local residents and communities, is key to the success of interventions and policies to reduce health inequalities and improve the building blocks of health. Encouragingly, the majority of the registered charities and Third Sector organisations already have aims to improve the building blocks of health.

Scaling up good practice

Voluntary Action Leeds, the voluntary sector infrastructure organisation, is actively engaged with reducing health inequalities and improving the social determinants of health. In Leeds an additional organisation, **Forum Central**, provides key organisational functions for Third Sector organisations working in health and social care and acts as the collective voice for the sector delivering these services in Leeds. Forum Central is jointly funded by Leeds City Council and the NHS.

- Many Third Sector organisations are working with their local communities to improve aspirations. For example, **CATCH Leeds** is helping young people "reach their full potential". It believes its work is effective because of the collaborative approach it takes with the public sector, Third Sector organisations and the private sector. It states it is able to "join up capacity, resources and service provision around relevant groups that others cannot engage well with, and focus on the needs of those groups". CATCH's funders see their role in the building blocks of health but are often reluctant to fund action because, according to CATCH, "they all see their part of the picture, but not the whole picture and their part in it". CATCH, like many other Third Sector groups, has multiple partners and sources of funding, including: police, fire and ambulance services; schools, colleges, universities and local Cluster teams [see below]; the youth justice service; early intervention practitioners; the armed forces; local authority departments, including Communities, Safer Leeds, Public Health, Parks & Countryside; charities (local and national) and informal community groups and businesses (national and local). (27)

While the **Third Sector** offers a wide range of services in Leeds, there are **further opportunities to provide its organisations with strategic power to tackle health inequalities**. This requires understanding the entirety of the services they offer across the city and communicating the impacts of their work on health inequalities. In 2024 the Third Sector called for Leeds's city leaders to ***"remove process obstacles that hamper operational cross working"*** and asked that:

- resources into areas or communities be pooled to better address health inequalities
- more focus for the city's budgets be placed on areas of higher need
- bureaucracy be reduced in reporting how Third Sector organisations spend their money
- budgets be spent on public sector and Third Sector staff together, carrying out more collaborative working, and delivering "what works".

Leeds can make efforts to work more in partnership with the Third Sector to improve action on health inequalities. In interviews, people gave numerous examples of the Third Sector and communities working together. Many interviewees remembered the trusting relationship that existed between statutory services and the Third Sector during the pandemic and lamented the missed opportunities to build on the cohesive service delivery that happened during that time. In particular, they referred to the list of 'vulnerable residents' created during the COVID-19 pandemic, where many people were identified who were not previously known to any service providers. They suggested this powerful tool and approach to creating the list be resurrected to better coordinate services for this group.

Third Sector organisations are dealing with budget cuts from key funders such as the NHS and Leeds City Council, increasing energy and staff costs, and a drop in charitable donations and volunteers. Across Marmot places, a recurrent theme is the challenge of short-term funding streams; successful services have to close down or spend months dedicating staff time to finding funding instead of delivering services. A smaller Third Sector would have a negative impact on all partners working to reduce health inequalities in Leeds, and increase pressures on the statutory sector. The Third Sector in Leeds acknowledges central government's funding is pushing local Leeds commissioners to think in the short term but it has argued that: "Short-term funding results in a focus on outputs rather than outcomes, encourages people to engage with Third Sector organisations in a less meaningful way, and creates fluctuations in staffing and workflows. Although there is an understanding that central government funding is devolved to our public sector partners with a specific time-frame to spend it, we should continue to work together to explore ways to flex funding streams, so that they are sustained and responsive to local need." (28)

HEALTH EQUITY IN ALL POLICIES

Another way for Leeds to improve its success in addressing health inequalities is by adopting a 'health equity in all policies' (HEIP) approach. Far from being a tick-box exercise, an HEIP approach relies on effective, consistent and committed leadership. It places equity at the beginning of planning processes in services delivered by the council, NHS and key partners. The approach is not a panacea but it is a tool to ensure every policy, strategy and intervention is considered for its equity impact on residents, from where cycle lanes are situated to where trees are planted and take-away planning applications are accepted or rejected, from where nurseries are closed down to where family hubs are created – these are decisions that cumulatively contribute to health inequalities.

For Leeds to take this approach requires additional focused commitment from public health so that the wider Leeds system and its leaders (i.e. Boards and Councillors) are provided with knowledge and inspiration to improve the building blocks of health to help the city's system create, deliver and sustain programmes to support greater equity.

LEADERSHIP AND ACCOUNTABILITY RECOMMENDATIONS

AIM: Increase accountability, ensure action takes place and measure impact

1. Identify named senior leaders who are accountable for health equity in Leeds.
2. Commit to closing the gap in health outcomes as measured by the Fairer, Healthier Leeds Marmot indicators over a five to ten-year period and set out implementation plans to do this.
3. Leaders, organisations and partnerships to adopt a health equity in all policies approach to identify, test and embed processes that deliver health equity across the system.
4. Continue to allocate senior capacity and resource in public health to lead the Leeds health equity approach and maximise the expertise of the wider public health team in planning and delivery.
5. Continue to deliver the inclusive growth agenda with a focus on IMD 1 and 2 neighbourhoods. Leeds City Council to convene partners and anchor organisations to maximise the impact of their work in these areas. Scale up employment and skills training that meets the needs of communities and residents in IMD 1 and 2 neighbourhoods.
6. Leeds health and care partnership to continue to build on Core 20PLUS5 to reduce inequalities in health ensuring action is scaled up to meet the needs of communities in IMD 1 and 2 neighbourhoods.
7. Continue to enable the Third Sector to play a lead strategic role in addressing heath equity and, through fairer funding agreements, to deliver sustainable action on the social determinants of health.
8. Ensure the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities.

B. EFFECTIVE PARTNERSHIPS FOR HEALTH EQUITY

> "We need ourselves and partners to work in a different way."
>
> (Leeds City Council)

Stakeholders we interviewed in Leeds stated that current partnerships often involve the same people asking similar questions. People from across the system spoke of ***"duplication"*** and the need to ***"have less meetings and more outcomes"***; others spoke of working in ***"silos"*** or ***"little bubbles"*** despite these partnerships. Many spoke of depending on personal relationships rather than a trusting partnership approach that values helping colleagues within their own organisation and beyond.

Lack of governance structures can inhibit partnerships between, for example, the NHS and local authorities and this seems to be relevant in Leeds. One interviewee observed: ***"We have groups of partners coming together and running programmes of work but no link to a formal governance structure. We don't have a clear way to make decisions across the city."*** Partnerships in themselves do not guarantee change: they require clear governance and goals focused on reducing health inequalities.

Scaling up good practice

Leeds is on its way to working better across organisations and services. Partnerships are at the centre of its Best City Ambition and the Health and Housing Breakthrough Group are a blueprint for a more joined-up and strategic approach to tackling inequalities. The Health and Housing Breakthrough Group is a city-wide strategic partnership that focuses on improving housing, one of the key building blocks of health. Based on the achievements of this group, future new partnerships and existing partnerships tackling health inequalities in Leeds should identify specific short- and long-term goals, actively hold partners to account and include a wide membership (e.g. other public services, including schools, transport, housing and regeneration).

Schools and partnerships

- There are **22 'Clusters'** in Leeds providing place-based partnerships to support families, children and young people most in need of help, and all are based in IMD 1 and IMD 2 neighbourhoods. (29) The Clusters include staff from schools, health services, Area Inclusion Partnerships, Early Start teams in children's centres, police, social work, the Third Sector, and other relevant services such as housing. The role of health and public health in the Clusters varies and **no formal evaluation of the work of Clusters has been done**, including if any of them are improving educational attainment or reducing health inequalities.
- The **Leeds Learning Alliance** (LLA) is a network that provides a space for schools to share experiences, support each other and improve outcomes for pupils in the city. Members include many of the same partners present in the Clusters: the police, primary to university education institutions, the private sector, Leeds City Council and the Third Sector. LLA focuses on inclusion and inclusive leadership.
- A whole-school partnership approach, can address health inequalities. Such as approach involves the senior leaders listed above, along with teachers, parents, mental health specialists, inclusion workers and the wider community working together to develop children's essential emotional and social skills. (30) In addition, a whole-school approach can better link Leeds's education strategy with its inclusive growth strategy to help improve social mobility.

Improving partnerships for children aged 0–5

Attendees at our 0–5s workshop in January 2024 stated that the needs of parents and families of children in this age group should be the starting point and that services need to break out of their silo mentalities and work better together. A key theme was the need to better connect services. Many attendees stated it was difficult to find the 'right' people to work with – in education and schools, health, the council and the Third Sector. Many said they did not know exactly what services were offered to 0–5s and that parents also struggled. They called for leadership to facilitate better sharing of information between partners and consequently between families and key stakeholders.

Communities and partnerships

- Leeds has a number of neighbourhood and community approaches. A review in 2021 recommended Leeds adopt a "more holistic, less siloed approach to early intervention and prevention and ways of working to tackle poverty and address inequality especially in the least advantaged 1–10% areas... **Services [need to be] more accountable to and co-produced with communities.**" (31) Interviewees reiterated this point, and also spoke of the need to reduce duplication and better coordinate community approaches, making them ***"more citizen led"*** and to ***"create a clearer narrative for communities"*** with the comment ***"there's lots going on but how does it connect?"***
- **Current approaches**, such as the Leeds Locality Working approach and prioritising certain wards, **lack evaluations specifically analysing their impact on reducing health** inequalities. Interviewees wanted help to create measures ***"to ensure they are on the right trajectory"***. There is an **opportunity here for universities to help Leeds better evaluate** existing and future interventions, including working with the Third Sector in IMD 1 and 2 neighbourhoods to better develop future approaches and understand the impact of these 'bottom-up' approaches.
- Some partnership approaches will require more fundamental reconsiderations because of the duplication in areas and lack of connectivity in others. As one Leeds City Council interviewee stated: ***"We operate on different footprints – ward boundaries, community committee boundaries, local care partnerships, school clusters – all services working to funding footprints. It's not impossible but we haven't cracked how to focus on the person and not the service footprint. We need a person-centred solution."***

EFFECTIVE PARTNERSHIPS RECOMMEDATIONS

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

9. Adopt more ambitious health equity goals in existing strategic partnerships.

10. For each Marmot principle, ensure that membership of relevant networks and/or partnerships is broad enough to facilitate actions on the social determinants of health.

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

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

C. RESEARCH AND MONITORING FOR HEALTH EQUITY

> "We need a stronger research basis with universities – more important[ly] than ever. [Otherwise] how do we genuinely influence what is going on on the ground?"
>
> (Leeds City Council)

> "We don't stop and understand, we don't know what is working and if Leeds are doing it."
>
> (Leeds City Council)

Building the evidence base of what works in Leeds and utilising the range of academic expertise in the city and region are ways for Leeds to improve its approach to reducing health inequalities in the short and long term. **Two existing partnerships have the capacity to accelerate evidence-based action** in the city to improve the building blocks of health:

- The **Leeds Academic Health Partnership** (LAHP) brings together the NHS, Leeds City Council, Leeds Beckett University, University of Leeds and Leeds Trinity University with the aim of reducing health inequalities in the city.
- The **Leeds Inclusive Anchors Network** brings together Leeds's largest public sector employers and the three universities also participate in this network.

It is essential for **both these partnerships to align their broad research agendas** and to provide the capacity for individual researchers and research centres to **study the causes and consequences of health inequalities and approaches to improving the building blocks of health in Leeds**.

Developing research and monitoring for health equity in Leeds and focusing on what works to reduce inequalities involves **collaborating with the individuals and communities** affected by health inequalities in the design and implementation of research. In addition, the Third Sector is a key partner and the LAHP should work more actively with its organisations to explore their role in research to reduce health inequalities and to understand the Third Sector's role in creating an inclusive economy. (32)

The LAHP can help Leeds to better integrate evaluation into interventions and help identify the effective actions that should be scaled-up and those that should not. These efforts should also include data intelligence, to communicate findings to commissioners, boards and residents who want to understand what stakeholders are doing.

Robust, timely, reliable and appropriately disaggregated data covering the Marmot 8 principles and related health outcomes is essential to help evaluate and track the impact of policies and interventions, to identify new and emerging issues and ensure there is accountability for health inequalities.

The **Fairer, Healthier Leeds Marmot indicators** were created in partnership with Leeds. The indicator set is the best available data to assess and monitor action on improving and reducing inequalities in the building blocks of health, factors that affect the early years, children and young people in school, and factors related to work and housing. The indicators are inspired by Marmot indicator sets in other Marmot places: Cheshire and Merseyside, Gwent and Coventry. (33) (34) The Fairer, Healthier Leeds Marmot indicators align with the Social Progress Index (SPI), which aims to understand the impact of the Best City Ambition and inclusive growth strategy.

Health equity in research: rapid mapping of inequalities through resident engagement in Leeds

The public health team mapped recent consultations and engagement work to understand residents' views in relation to the Marmot 8 principles. The aim was to identify gaps in understanding and good practice in hearing community voices to improve the building blocks of health.

The mapping exercise found primary and secondary pupils were frequently engaged by researchers for their views but also identified gaps, which included the views of families with children aged 0–5. Leeds City Council had researched the impact of the cost-of-living crisis and living in poverty but there was less analysis of the impact of housing on health – although the Centre for Ageing Better has reported on the impacts of housing on elderly residents in Leeds.

This quick mapping exercise showed how Leeds City Council can improve its approaches in engaging with communities to better understand the impact of and ways to address health inequalities.

RESEARCH AND MONITORING RECOMMENDATIONS

AIM: Drive more effective interventions and evaluations and collect data on the Fairer, Healthier Leeds Marmot indicators

13. Leeds Academic Health Partnership to continue to have 'reducing health inequalities' as its central focus and to increase activities to facilitate closer working and better understanding of the social determinants of health within the Leeds academic community.

14. Develop the Fairer, Healthier Leeds Marmot indicators and collect data and communicate progress against them.

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

The second year of IHE's work in Leeds will focus on supporting the city's response to the recommendations and how it further develops its ambitions to tackle health inequalities and improve the social determinants of health.

FAIRER, HEALTHIER LEEDS (MARMOT CITY) INDICATOR SET

	Leeds Marmot Indicator	Disaggregation	Source
1	Life expectancy at birth in years	Ward MSOA IMD Decile Sex	NHS Digital and ONS
2	Babies with low birth weight, rate per 1,000 live births	Ward MSOA IMD Decile Sex	NHS Digital
3	Percent of children with a healthy weight at reception age (4-5 years olds)	Ward MSOA IMD Decile Sex Ethnicity FSM status	NHS Digital
4	Percent of pupils achieving a good level of development at end of reception	Ward MSOA IMD Decile Sex Ethnicity FSM status	National Consortium of Education Results
5	Percent of pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2	Ward MSOA IMD Decile Sex Ethnicity FSM status	Local
6	Average Attainment 8 score	Ward MSOA IMD Decile Ethnicity FSM status	Local
7	Percent of school children who reported feeling happy every or most days	tbc	Leeds My Health My School survey
8	Percent of 16-17 year-olds not in employment, education, or training	Ward MSOA IMD Decile Sex Ethnicity	Local with DfE definitions
9	Prevalence of common mental health issues, recorded by GPs, all ages, directly age standardised rate per 100,000 people	Ward MSOA IMD Decile Sex Ethnicity Age	Local
10	Prevalence of severe mental illness, recorded by GPs, all ages, directly age standardised rates per 100,000 people	Ward MSOA IMD Decile Sex Ethnicity Age	Local
11	Percent of people earning less than UK Real Living wage	Ward MSOA IMD Decile Sex Ethnicity Age	Local
12	Number of households in temporary accommodation	LA	ONS, ASHE Survey
13	Percent of physical inactivity, recorded by GPs, adults 50+ years	IMD decile / MSOA Ethnicity	Local
14	*Households in fuel poverty - annual*	*In development**	*In development*
15	*Workforce by ethnicity (TBC)*	*In development***	*In development*

* Developmental indicator - as a place holder pending the development of WYCA fuel poverty measure.

** Developmental indicator - support the development of this aspirational indicator by reporting current information made available at city level.

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Leeds Health & Care Partnership

Proud to be part of West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Reviewing progress linked to relevant workstreams within the Healthy Leeds Plan and exploring any accumulative consequential impacts of existing cost improvement measures across health and social care.

1. What is this report about?

1.1. In Leeds, despite significant attention and effective partnership working over many years, health inequalities remain persistent, and, in some cases, improvements in key indicators have stalled or have begun to worsen. COVID -19 and the recent economic context has had a negative impact on the health of the population, exacerbating existing inequalities. This is not unique to Leeds and reflects a UK wide picture.

1.2. Due to the wide range of factors that influence people's health[1], partners in Leeds, in particular the Local Authority, education, NHS services and the Third Sector all have a different but important role to play in tackling health inequalities.

1.3. **The previous report** as part of this agenda item describes how the city council and specifically Public Health are working with partners to reduce health inequalities and provides an overview of the role and contribution of Leeds Public Health function. This includes some areas of work relating to health service provision, such as vaccinations programmes.

1.4. **This report** describes how partners providing health and care services are working to address health inequalities (including an update on the Healthy Leeds Plan, and how partners are working to minimise the health inequality impact of cost-improvement measures). This includes some areas of work to relating to the wider determinants of health, such as employment policies.

1.5. The role of Leeds City Council and Public Health, the Third Sector and wider partners is central to improving health and reducing health inequalities – evidence suggests at least 80% of health and health outcomes are related to 'the social determinants of health' – to factors such as housing, access to green spaces, employment and poverty, with only around 20% attributable to activity delivered by healthcare services.

1.6. There may be specific opportunities within the emerging national policy landscape to go further to 'improve the health of the poorest the fastest'. Leeds is well placed to take advantage of these opportunities, given the city's comprehensive and well-articulated approach to addressing health inequalities through the Leeds Health and Wellbeing Strategy, Team Leeds approach and Best City Ambition.

[1] Including housing, education, employment, the physical environment, transport and active travel, food, social and community networks, health and care services and personal behaviours.

2. What do we mean by health inequalities?

2.1. Health inequalities are systematic, unfair and avoidable differences in health across the population, and between different groups within society.

2.2. The factors that influence our health are mostly outside of the influence of health and care services ("health inequalities result from social inequalities" - Marmot Review, 2010), however - health and care partners still play a critical role in addressing inequalities associated with outcomes, experience and access to services.

3. The Healthy Leeds Plan and progress against the relevant workstreams

3.1. The Leeds Health and Care Partnership (LHCP) is made up of organisations that provide, commission, assure or support the delivery of health and care services to the people of Leeds. It includes NHS partners, the city council and third sector organisations[2]. The partnership is committed to sharing resources, ideas and best practice to improve health outcomes and reduce health inequalities across the city.

3.2. Tackling health inequalities is everyone's business and each individual organisation in the LHCP has its own health inequality responsibilities. These vary from statutory duties across the whole Population (e.g. LCC and the ICB), to contractual and legal obligations specific to care provision (e.g. health and care providers), or to the founding articles of incorporation (e.g. Healthwatch).

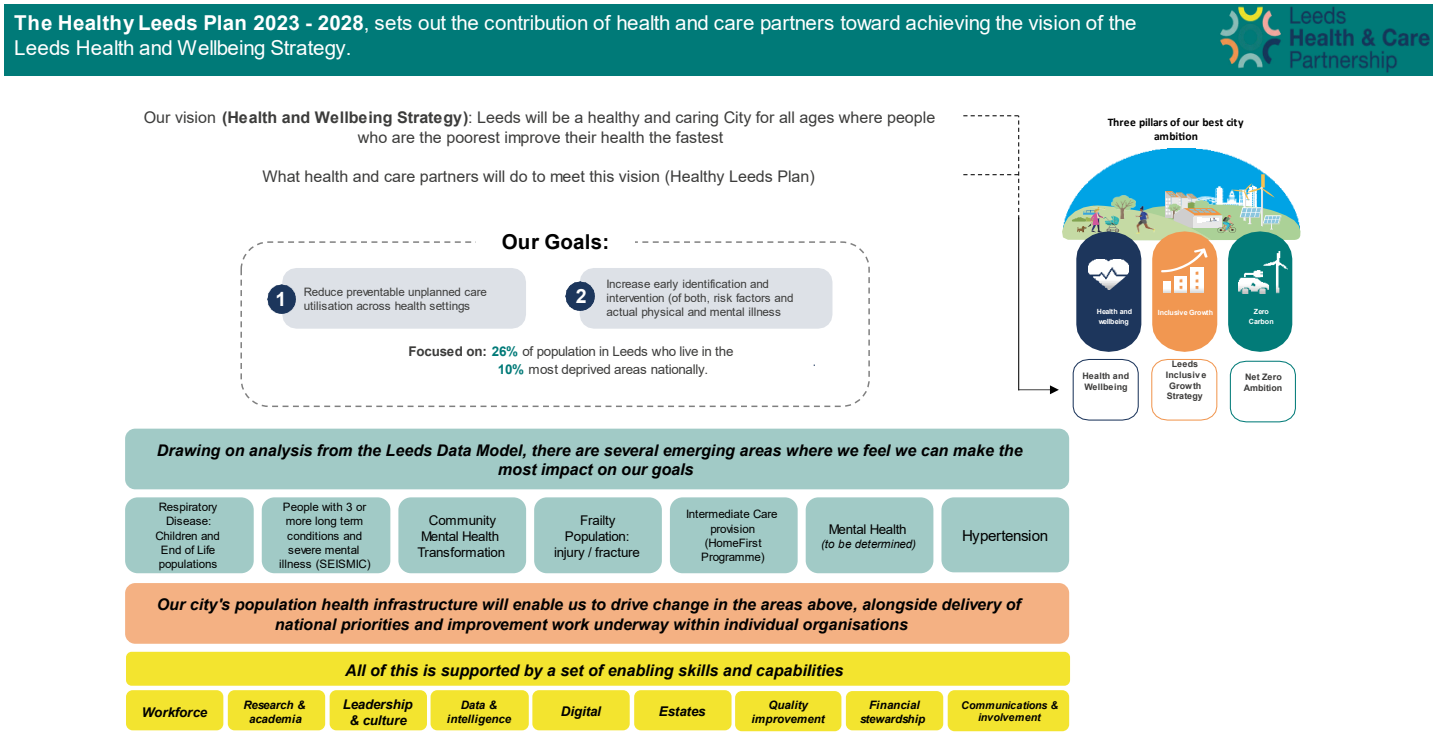
3.3. On top of their individual requirements, partners of the LHCP have agreed a set of shared priority areas. These shared priorities - the key health risks the partnership wishes to tackle together - are set out within The Healthy Leeds Plan and are focussed on the health inequalities associated with deprivation (whilst there are many different lenses for health inequalities, deprivation captures much of the intersectionality associated with a wide range of health inequality characteristics).

3.4. The Healthy Leeds Plan priorities are grouped under two themes. The first set relate to the health risks currently visible within the population today, grouped under Goal 1 (reducing preventable unplanned care utilisation). The second set relate to the health risks that may affect the population in the future, grouped under Goal 2 (increasing early identification and intervention). The two goals are intended to be complimentary – those in our most deprived communities use unplanned care more than those in the least deprived communities, and in part, that is because health and care needs are often identified *later* in the course of disease for those communities.

[2] Leeds City Council, Forum Central, Leeds Teaching Hospitals Trust, Leeds Community Healthcare Trust, Leeds and York Foundation Trust, Leeds GP Confed, Healthwatch, Leeds Office of the West Yorkshire ICB

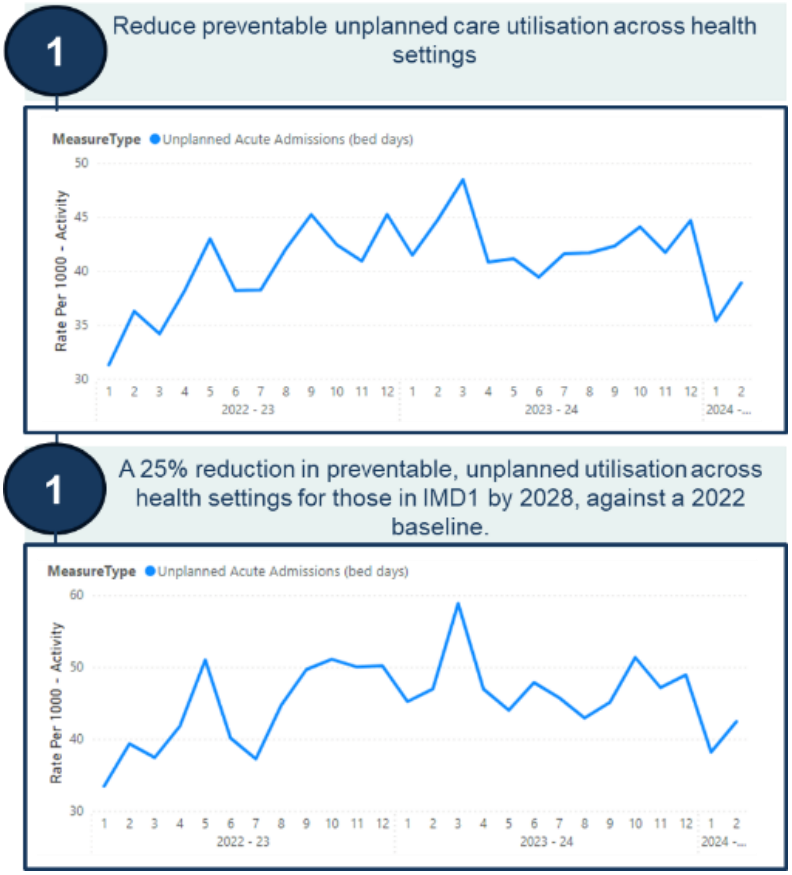
3.5. Priority areas under Goal 1 were identified by analysing the most common reasons people in our most deprived populations present in crisis to health and care services (specifically those in IMD1 – the 10% most deprived nationally, but representing 28% of the Leeds population). Priority areas under Goal 2 were identified by analysing where the largest differences are in early diagnosis (relative to life expectancy) between our most and least deprived populations – they represent the areas of greatest inequity between IMD1 and IMD10. An overview of all the priorities is included in Table 1.

3.6. Goal 2 priority areas were only agreed by health and care partners in September 2024. As such, the mechanism for measuring and tracking their combined impact has not been confirmed. For Goal 1 however, the ambition is that the collective impact of these priority areas would directly enable our ambition to see a 25% decrease in unplanned care utilisation across the partnership, and in IMD1 specifically, from 2023 to 2028.



3.7. Currently, unplanned utilisation across health settings is comparable but slightly lower this year relative to the same period last year (shown right – Q1 last year vs. Q1 this year). This is despite a growing population and importantly, is true for IMD1 as well as the wider population.

3.8. However, given the marginal decrease, and that many of the priority programmes (apart from HomeFirst and Community Mental Health Transformation) are in their early phases of development and delivery, it is unlikely that these small decreases can be directly attributed to the partnership work on the shared priority areas.



Programme Name	Description of project & intended outcomes	Current stage and description	Geographic area(s) of focus and people involved	Recent highlights
SEISMIC	Collaboration with Leeds University to develop an application for Leeds to become a centre of excellence in long term conditions research. Aligned with a local case for change for multi-morbidity interventions in the Leeds Health and Care Partnership.	Data analysis and engagement to inform the submission by 30th Jan 2025	Leeds wide. Focussed on people with 3 or more long term conditions and mental health condition in IMD 1	£200,000 Seed funding secured through NIHR (National Institute of Health Research) to progress the work to submission stage in January 2025. System hackathon held on the 3rd October.
End of Life – Respiratory Disease	Aims to reduce unplanned admissions and episodes of crisis care for people at the End of Life / Severe Frailty living in IMD1 areas by supporting individuals closer to home.	Diagnostic completed with multiagency and service user engagement. Interventions to be trialled over winter 2024/25	Focused on people with severe frailty or at end of life with respiratory needs living in Seacroft, Middleton and Hunslet and Cross Gates	Interventions aiming to reduce unplanned utilisation by 20% (equal to over 700 days spent in the hospital)
People living with frailty – injuries / fractures	Aims to aims to identify a way to reduce preventable unplanned admissions for people living with frailty for injuries / fractures for people living in IMD1	Diagnostic work underway and due for completion at the end of Nov	Initially focused on BHR, York Road and Armley PCNs	Diagnostic work, combined with service user and staff feedback, is highlighting a small number of Leeds tower-blocks and care homes with concentrated needs.
Children and Young People (CYP) – Respiratory Disease	Respiratory disease is the main reason for admission amongst CYP in Leeds, particularly 0-4s. This project will consider how this could be reduced.	Diagnostic work underway and due for completion at the end of Nov.	Initial focus in BHR, York Road, and Seacroft	Involvement of the acute trust in the design group and links with Public Health being further explored.
Intermediate Care Provision (Home First)	Aims to review and redesign Leeds' intermediate care offer to take us towards our shared vision for: a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.	Nearing completion of the programme.	Cross Leeds approach for people needing intermediate care	October 2024 data shows an annual impact of 1204 fewer adults admitted to hospital, 626 more people benefiting from reablement and 410 more people going directly home after a hospital stay.
Community Mental Health Transformation	Create a radical new model of joined-up primary and community mental health that responds to local populations' needs and will remove barriers to access, so that people can:	Early implementation sites currently being evaluated, programme is testing stakeholder & service users hypotheses and undertaking workshops to identify gaps and resources required.	Cross Leeds approach focusing on adults and older people with ongoing and complex mental health needs (severe mental illness/'SMI'). Est'd 8,000 people on SMI register in Leeds (higher need in reality)	Mobilisation of the new model, including expanded community support with the VCSE, new peer support worker roles, involvement workers and community wellbeing connectors
Goal 2 focus - Hypertension	Currently being scoped to understand areas of focus. Across West Yorkshire est. 600,000 people have high blood pressure but only half know they have it. People are twice as likely to die from heart disease under 75 if you live in the most deprived areas			
Goal 2 focus - Mental Health (including SMI)	Currently being scoped to understand areas of focus. There is increasing excess mortality for those with serious mental illnesses has been increasing since 2015-16, this links to and builds on the Community Mental Health Transformation work.			

4. Wider partnership work to tackle health inequalities

4.1. The Healthy Leeds Plan describes our shared priorities to tackle health risks within our population, focussing on the most deprived areas of Leeds – it is not however, the sum of our partnership work. There are multiple additional partnership-projects underway – some seek to tackle health inequalities by addressing the wider determinants of health, for example, the **Marmot City** work – which health and care partners support, others operate across a wider geography, for example inequality programmes delivered across **West Yorkshire**.

4.2. In addition, individual organisations across the Health and Care System in Leeds are seeking to maximise their contribution to tackling health inequalities. In particular, a huge amount of work in this area is driven by our **Third Sector Partners**, represented and supported by **Forum Central**. The voluntary, community and social enterprise (VCSE) sector in Leeds is a vital source of knowledge and expertise for our health and care system. Organisations within the sector have unique relationships with and understanding of our diverse communities and innovative approaches to the delivery of care. Leeds has strong examples of where statutory partners have worked well with the sector and developed new ways of working. The third sector is a core member of the Partnership Leadership Team (directing the Healthy Leeds Plan priority projects), the Population Boards representing partnership transformation decisions linked to different populations, and is embedded within delivery of many of our collective priority areas. The breadth and diversity of the sector – as well as the number of organisations within it – mean that the following sections focus more on the overall approach of the City Council and NHS, but with the recognition that the Third Sector supports, enables, and jointly delivers much of this alongside statutory partners.

4.3. Over the past few years that has been a significant shift in strategic direction and a prioritisation of tackling health inequalities within provider organisations. For example, Leeds Community Healthcare Trust (LCH), established its health inequalities strategy in 2021 and in 2024 further demonstrated its commitment to equity by including it as one of the organisations five strategic goals. This increased strategic focus, and strong leadership on inequalities across the NHS Trusts is supporting a cultural shift towards making tackling inequalities everyone's business.

4.4. Health and Care organisations have focussed on **building the foundations** to rid systematic inequalities from access and experience of care. A select number of examples of this include:

- **Strengthening use of equalities data:** LCH, LTHT and LYPFT have all developed or are developing health inequalities dashboards. This data can then be used by services to identify inequalities issues and inform service improvement. NHS trusts and the ICB

in Leeds are moving towards making inequalities reporting a standard part of performance and assurance reports. The NHS England **Core20Plus5** framework sets out the five clinical areas for adults and children where evidence suggests the NHS can have a significant impact on health inequalities[3]. The Leeds Core20Plus5 working group is supporting the development of a single dashboard to track impact across these areas, which in turn can be embedded into wider reporting processes.

- **Embedding equity within business processes:** Equality and health inequalities impact assessments are vital for embedding equity at the heart of service change. LCH are systematic in undertaking impact assessments for all relevant service changes and have embedded this process within their financial efficiencies programme. Leeds City Council has also broadened the equality domains it considers within its business processes – it recently agreed to adopt care-experience as a protected characteristic alongside the others set out within the Equalities Act.

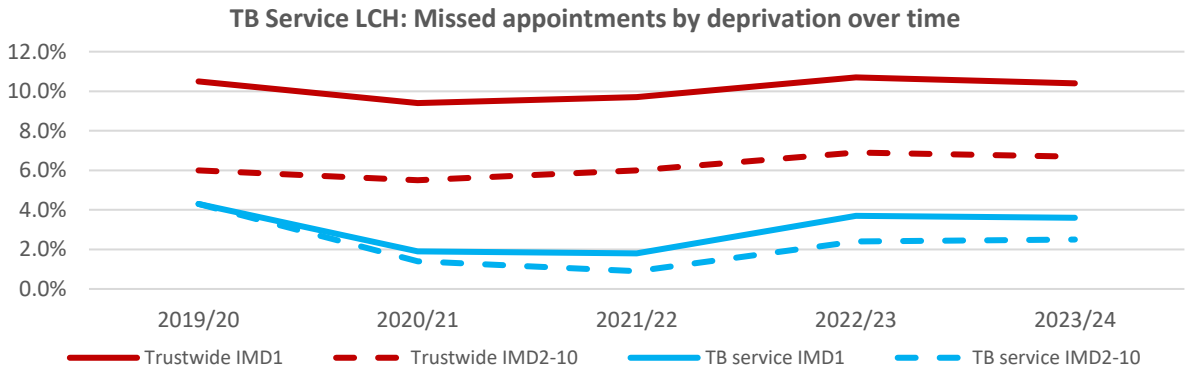
- **Workforce development:** A wide range of activity is taking place to build the skills, motivation and capacity of the workforce to tackle inequality such as cultural competency training being delivered to staff across LYPFT. Similarly, the West Yorkshire Health Inequalities Academy and Health Equity Fellowship seeks to develop system-expertise in health inequalities and public health. At a broader scale, a whole health and care system approach to workforce development on health inequalities is currently being established through the Leeds One Workforce Strategy.

- **Community Engagement and Insights:** Forum Central and Healthwatch have developed a community insights resource which is embedded within the Leeds Health and Care Tackling Health Inequalities Toolkit. The Healthwatch 'How does it feel for me' programme, capturing patients experiences of care, is a valuable resource for all organisations. Alongside publishing key decisions well in advance, and ensuring decisions-making meetings are held in public, Leeds City Council also directly supports and engages with local communities or groups on a much more local scale, such as through neighbourhood networks (described below), to ensure that local voices fundamentally guide service-decisions. A number of these have been established to ensure that Leeds is also meeting the needs of its ethnically diverse communities – for example the Forum for Race Equality, the Al Khidmat Centre, or the Hamwattan Centre.

[3] For adults: Maternity; Severe mental illness (SMI); Chronic respiratory disease; Hypertension; Cancer. For Children: Asthma; Diabetes; Epilepsy; Oral health; and Mental health.

4.5. Health and Care organisations across Leeds are starting to make strides in their **delivery of equitable clinical services and preventative programmes.** Some examples are provided below:

- Despite a large proportion of patients within the service experiencing multiple layers of deprivation, Leeds Community Healthcare LCH Tuberculosis service have managed to keep missed appointment rates low for those in IMD1 through a person-centred approach. Similarly, to support children from high deprivation areas to access their outpatient appointments, LTHT has begun scheduling appointments for the few days after benefits are received to ensure families have the finances to travel to their appointments – and have seen a significant reduction in the rates of children missing appointments.



- Preventative programmes are also clearly a significant part of what health and care can do to reduce inequalities. Smoking accounts half the difference in life expectancy between the richest and poorest in society[4]. Over the last 2 years LTHT have initiated and expanded the delivery of Stop Smoking Services for its inpatient and maternity services, seeing over 962 quits achieved at 28 days, reducing readmissions and saving lives. Leeds City Council also has a long-standing history of investing in preventative services largely delivered across the diverse third sector that the city boasts – for example Neighbourhood Networks, a nationally-recognised preventative offer for older people in terms of reducing social isolation, improving health and wellbeing and maximising people's independence through a range of community-based interventions.

[4] Action on Smoking and Health

- Partners also help deliver initiatives that fundamentally enable access to health and care services for people in Leeds who might otherwise struggle. The Street Support team supported by Leeds City Council is a good example. The service focuses on those at the highest risk of sustained homelessness and the associated risks that this places people at - including risk of early death, alcohol and substance misuse, being a victim of crime, harassment and exclusion and inability to access services. This includes a Resource Centre, assertive street outreach and a range of supported accommodation and visiting support. Leeds has utilised Government grant to extend this offer to include women only accommodation, modular units and Housing First.

- A range of innovation around reducing health inequalities is also visible in GP practices and across Primary Care in Leeds. The Leeds GP Confederation worked with Burmantofts, Harehills & Richmond Hill PCN to improve uptake of cervical screening by working with female medical students with language skills in Urdu, Punjabi & Bengali to reduce the language and cultural barriers preventing these communities accessing services. Yeadon PCN has been working with the Roma Community to explore access issues linked to appointment times and language, and has worked with Leeds Playhouse to encourage attendance at children's immunisation clinics.

4.6. Whilst this gives an *indication* of the breadth of work underway across partners, it is impossible to capture here all activities occurring across health and care organisations. There has been dramatic transformation over the past few years, recognising tackling inequalities as central to providing quality health services. This is increasingly visible in national policy direction, but systematic inequality will take time to undo. Examples of good practise need to be scaled, and equity needs to be meticulously embedded across all business processes, systems and resource allocation decisions.

5. Minimising the health inequality impact of cost improvement measures

5.1. Alongside statutory duties associated with continually improving patient outcomes and experience, and reducing health inequalities, the ICB also has a statutory duty to ensure its "resource use does not exceed the limit specified in a direction by NHS England" (Health and Care Act, 2022). The recent Darzi report noted the impact of changes to remit and challenges to NHS funding in its recovery from the pandemic. Similarly, the recent CQC State of Care report emphasised the persistent challenges associated with continued reductions in funding for adult social care. In line with the national picture, LHCP members in Leeds have this year managed huge budgetary pressures across health and social care, around £36m n Adult Social Care and Childrens Social Care and

£187m in the NHS, on top of funding changes to third sector partners.

5.2. Organisations across Leeds have worked collaboratively to ensure the brunt of these changes has been managed internally. The System Finance Executive Group for example, brings together NHS executives to share visibility of their collective financial plans, and has developed a decision-making framework that helps minimise the risks of changes in one organisation impacting another and having an adverse effect on our population's health or health equity. Similarly, Leeds City Council annually sets out where changes to services may be planned for scrutiny by councillors and the public, allowing for careful assessment of the potential impact and efforts to mitigate the consequences of change where possible

5.3. In line with their statutory requirements, all public sector organisations routinely undertake quality and equality impact assessments to understand the risks posed to different populations, and identify opportunities for mitigation. A potential area for future development as a health and care partnership would be to consider how these align across organisations, to ensure consistency in methodology and approach – although this would also need to ensure organisations are able to follow existing governance requirements.

5.4. Whilst funding for health and care has been constrained overall in Leeds, there have also been deliberate and targeted increases or protection of funding in some areas – typically for populations that face the greatest health risks or greatest inequalities. From an NHS perspective this includes

a) ***Mental Health – increase in spend of £7.1m*** in 2024/25 to support some of the rising pressures and in line with the Mental Health Investment Standard.

b) ***Community Mental Health Transformation*****.** The NHS in Leeds had already invested recurrently £4.8m in this area in 2023-2024 and has protected its plans in 2024-2025 with an additional £0.5m. Over 33% of this has been delivered through the 3rd sector.

c) ***Weight Management:*** Weight management services have been a challenge for Leeds, and specialist NHS services have recently closed to new referrals. An additional £500k has been invested to provide Wegovy to those most in need on waiting lists. Whilst not at an ideal scale, this should enable the list to re-open in due course and support the most deprived populations.

d) **Core20PLUS5:** The NHS is meeting this investment standard in 2024-25, and has adjusted the support provided to GP schemes to give a much stronger focus on Core20PLUS5

e) **Children and Young People:** The increase in the needs and numbers of Children and Young people, especially the most vulnerable and Looked After Children continues to present a challenge. NHS partners in Leeds have committed to an increase in this area of c£3m.

5.5. There are likely to be wider impacts from protecting these areas. One such area is on the Third Sector, and the NHS application of an c3% reduction in Third Sector contracts and grants will have had an impact, as well not continuing non-recurrent funding of certain schemes, although not all these contracts are entirely related to addressing health inequality.

6. Towards next year – continuing a focus on health inequalities

6.1. Some of the financial challenges highlighted above are linked to a reduction in the provision that was rapidly implemented during the COVID-19 pandemic. As such it is unlikely that the scale of changes this year will be repeated. Whilst implementing these has been incredibly difficult, it has stressed, tested and improved areas of joint working between health and care partners in Leeds.

6.2. The LHCP continues to improve its governance and ways of working through a **Partnership Development Programme** that was put in place at the start of the year. A key area within the first phase of this programme has been on prioritisation and focus – with a rationale that with less resource, it is critical to co-ordinate and prioritise effectively toward the most important areas of work we need to do together. There are seven criteria that will inform LHCP decisions on future priorities. Three of these relate to inequalities (Strategic fit with the Healthy Leeds Plan goals, improving outcomes, risk). In addition, the next phase of the partnership development work includes a review of our health inequality governance structures across health and care partners (e.g. the Tackling Health Inequalities Group) – which has clear links to the Marmot City work described in the preceding paper.

6.3. Beyond this, work will continue on the delivery of the Healthy Leeds Plan priority areas, as well as those areas of focus outlined within the Core20PLUS5 programme.

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Report author: Angela Brogden

Tel: 0113 378 8661

Work Schedule

Date: 12th November 2024

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as a document that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.
- The Scrutiny Board Procedure Rules also state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include 'to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.
- The latest version of the Board's work schedule is attached to this report for the Board's consideration.
- This report also includes a summary note of the Scrutiny Board's working group meeting held on 3rd October 2024 in relation to Adult Mental Health High Intensity Rehabilitation Inpatient Services.

Recommendations

Members are requested to note this report and accompanying appendices and to consider the Scrutiny Board's work schedule for the 2024/25 municipal year.

What is this report about?

1. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year and therefore the latest version of the Board's work schedule for the remainder of the municipal year is attached as Appendix 1 for Members' consideration.

2. The latest Executive Board minutes from the meeting held on 16th October 2024 are also attached as Appendix 2. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

   Developing the work schedule

3. When considering any developments and/or modifications to the work schedule, effort should be undertaken to:

   - Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring, a particular issue.
   - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
   - Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
   - Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
   - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

4. To deliver the work schedule, the Board may need to undertake activities outside the formal schedule of meetings – such as working groups and site visits. Additional formal meetings of the Scrutiny Board may also be required.

   Scrutiny working group meeting on Adult Mental Health High Intensity Rehabilitation Inpatient Services.

5. During its June 2024 meeting, the Adults, Health and Active Lifestyles Scrutiny Board was advised by the Chief Executive of the Leeds and York Partnership NHS Foundation Trust that the Trust was undertaking plans to enhance its rehabilitation inpatient service for adults with complex mental health needs through a potential capital investment opportunity.

6. Having recently secured the investment through NHS England, the Trust's proposed plans are now being progressed. Linked to the Scrutiny Board's 'Health Service Developments Working Group' approach, a working group meeting was held on 3rd October 2024 to enable Board Members to be briefed in more detail on the proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services.

7. A summary note of the key issues raised during this working group meeting is appended to this report for the Board's consideration and formal ratification.

What impact will this proposal have?

8. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year.

How does this proposal impact the three pillars of the Best City Ambition?

☒ Health and Wellbeing ☒ Inclusive Growth ☒ Zero Carbon

9. The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the priorities set out in the Best City Ambition.

What consultation and engagement has taken place?

Wards affected:		
Have ward members been consulted?	☐ Yes	☐ No

10. The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources prior to agreeing items of work.

What are the resource implications?

11. Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.

12. The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met.

13. Consequently, when establishing their work programmes Scrutiny Boards should consider the criteria set out in paragraph 3.

What are the key risks and how are they being managed?

14. There are no risk management implications relevant to this report.

What are the legal implications?

15. This report has no specific legal implications.

Appendices

- Appendix 1 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2024/25 municipal year.

- Appendix 2 – Minutes of the Executive Board meeting on 16th October 2024.

- Appendix 3 – Summary note of the Scrutiny Board's working group meeting held on 3rd October 2024 in relation to Adult Mental Health High Intensity Rehabilitation Inpatient Services.

Background papers

- None.

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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

June 2024	July 2024	August 2024
Meeting Agenda for 18/06/24 at 1.30 pm.	**Meeting Agenda for 9/07/24 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**
Co-opted Members (DB) Scrutiny Board Terms of Reference (DB) Potential Sources of Work (DB) Performance Update (PM)	Community Health and Wellbeing Service (PSR) Community Mental Health Transformation and Crisis Transformation Programmes (PSR)	
Working Group Meetings		
	Preparations for the new Care Quality Commission (CQC) assessment framework (PSR) – 17/07/24 @ 1.30 pm	
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

September 2024	October 2024	November 2024
Meeting Agenda for 10/09/24 at 1.30 pm.	**Meeting Agenda for 8/10/24 at 1.30 pm.**	**Meeting Agenda for 12/11/24 at 1.30 pm.**
Improving the take up of direct payments within the broader context of the Council's Personalisation Offer (PSR) Director of Public Health Annual Report 2023 'Ageing Well: Our Lives in Leeds' (PM) Home First Programme – Overview of outcomes and proposed next steps (PSR)	Leeds Health and Care System Resilience and Winter Planning (PSR) Workforce challenges impacting on health and care service delivery in Leeds (PSR) Reviewing the local impact surrounding any new national health related policies (PSR)	A themed focus on tackling health inequalities to include the following elements (PSR): ➢ Reviewing progress through public health programmes, including delivering the Marmot City/Fairer, Healthier Leeds; ➢ Reviewing progress linked to relevant workstreams within the Healthy Leeds Plan; ➢ Exploring any accumulative consequential impacts of existing cost improvement measures across health and social care.
Working Group Meetings		
	Health Service Developments Working Group – 03/10/24 @ 10 am (*A summary of this meeting was shared with the Board in November*).	Tackling neurodiversity assessment waiting lists for children and adults (PSR) – 26/11/24 (*tbc*)
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

December 2024	January 2025	February 2025
No Scrutiny Board meeting scheduled	**Meeting Agenda for 14/01/025 at 1.30 pm.**	**Meeting Agenda for 11/02/25 at 1.30 pm.**
	Performance report (PM) Financial Health Monitoring (PSR) 2024/25 Initial Budget Proposals (PDS) Leeds Safeguarding Adults Board Progress Report (PSR)	A themed focus around access to non-urgent primary and secondary care provision to include the following elements (PSR): ➢ Access to General Practice ➢ Dentistry ➢ Elective care waiting times
Working Group Meetings		
2025/26 Initial Budget Proposals (PDS) – 19/12/24 @ 10 am		Tackling obesity and supporting healthy weight and active lifestyles (PSR) – *date to be confirmed*
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

March 2025	April 2025	May 2025
Meeting Agenda for 25/03/25 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
Reviewing local NHS waiting times (PSR) Improving unplanned/urgent care systems and patient flows (PSR) End of year statement		
Working Group Meetings		
Site Visits/Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

EXECUTIVE BOARD

WEDNESDAY, 16TH OCTOBER, 2024

PRESENT: Councillor J Lewis in the Chair

Councillors S Arif, D Coupar, M Harland, H Hayden, A Lamb, J Lennox, J Pryor, M Rafique and F Venner

53 Exempt Information - Possible Exclusion of the Press and Public

There was no information contained within the agenda which was designated as being exempt from publication.

54 Late Items

There were no formal late items of business submitted to the Board for consideration, however, supplementary information had been provided to Board Members and published ahead of the meeting. This was in the form of Appendix 2 to Item 9 (Children and Young People's Transport Policy: Outcome of consultation on proposed changes to transport assistance for post-16 learners with Special Educational Needs and Disabilities (SEND)). This Appendix 2 presented the Scrutiny Board Children and Families Working Group statement relating to the proposed changes to transport assistance for post-16 SEND learners, which had been submitted following the Scrutiny Board's agreement of the statement at the meeting held on 9th October 2024. (Minute No. 60 refers).

55 Declaration of Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

56 Minutes

RESOLVED – That the minutes of the previous meeting held on 18th September 2024 be approved as a correct record.

EQUALITY, HEALTH AND WELLBEING

57 Plans for New Hospital Provision in Leeds

The Interim Chief Executive of Leeds City Council submitted a report which provided an update on the current position regarding the Leeds Teaching Hospitals NHS Trust's (LTHT) proposals for new hospital provision in the city as part of the Government's New Hospitals Programme. This would see existing hospital facilities on the Leeds General Infirmary site being replaced with new state of the art buildings and equipment. It was also noted that proposals included the creation of a Leeds Innovation Village as part of a wider Innovation Arc. The report reconfirmed the support which had been provided by a range of city partners and sought the Board's endorsement of the proposed approach to Government for the swift delivery of the programme in Leeds.

The Executive Member introduced the report, highlighting that the Government's New Hospitals Programme had been the subject of significant delays since its establishment in 2019 and that the current Secretary of State had commissioned a review of the programme in order put it on a sustainable footing. In advance of the Chancellor's upcoming Budget statement, the Executive Member highlighted that the purpose of the report was to call on the Government, in partnership with colleagues from LTHT to accelerate funding to deliver the new hospital programme for Leeds. Thanks was extended to Councillor Lamb for his support, and also for the work being undertaken to facilitate a cross-party letter to Government on such matters.

The Board welcomed Professor Phil Wood, Chief Executive, LTHT, and Jenny Ehrhardt, Director of Finance, LTHT, who were in attendance for the consideration of this item.

Professor Wood highlighted the readiness in Leeds to proceed with the programme, provided an update on the preparatory progress made to date and emphasised how this facility would not only be key to delivering state of the art health care for Leeds residents, but would have critical importance for the region and the north of England generally. Also noted was how the proposals were consistent with both local and national policy. Emphasis was placed upon the fact that LTHT's estate backlog remained challenging and would continue to accelerate whilst the new facility was awaited. It was noted that the proposals for Leeds were part of an ambitious regeneration development that included the Innovation Village, which would have a significant impact in terms of inward economic investment and job creation. An update on the progress made to date on the first phase of that initiative was provided.

The Leader thanked all involved from within the Council and from the LTHT and all other partner organisations for their continued efforts in this process, their collaborative approach and for providing a clear message of support. The significant healthcare benefits that would be realised as a result of the proposals were reiterated, as were the wider economic benefits from the development of the Innovation Arc.

In considering this matter, Councillor Lamb welcomed the report, reiterated the cross-party and 'Team Leeds' approach being taken and highlighted the importance of ensuring that the support of Leeds MPs was also gained on this matter.

Councillor Lamb moved several proposed amendments to the recommendations in the submitted report, Specifically that:

- Recommendations (a) and (b) remain unchanged;
- Recommendation (c) becomes recommendation (d), and that a new recommendation (c) be added as follows, '*The Executive Board is asked to note that four years of delays have so far cost the NHS Trust £300 million and further delays owing to the latest Government review of the NHS New Hospital Programme (NHP) will cost the NHS considerably more*'; and

- The original recommendation (d) becomes recommendation (e), and that be amended to read as follows, '*The Executive Board requests that, given the Department for Health and Social Care/Treasury review of the new hospitals programme, Executive Board make a submission to the Treasury before the Budget on 30 October, clearly stating the importance of modernised hospital provision in Leeds and requesting that the Leeds scheme be permitted to go ahead without delay. The Leader and Executive Member for Equality and Health and Wellbeing have sought cross-party support for a letter in support of the Council's submission'*.

Those proposed amendments were then seconded by Councillor Venner, and with the Board's agreement, it was -

RESOLVED –

(a) That the strategic importance to Leeds of replacing existing hospital facilities on the Leeds General Infirmary site with new state of the art buildings and equipment, be noted, with the progress made so far by LTHT and partners of the Leeds Innovation Partnership including the Council, University of Leeds and Leeds Beckett University, also being noted;

(b) That it be noted that the new hospital programme will deliver a boost to the health of children and adults, act to regenerate the existing and surrounding site and promote innovation and research across Leeds;

(c) That it be noted that four years of delays have so far cost the NHS Trust £300 million and that further delays owing to the latest Government review of the NHS New Hospital Programme (NHP) will cost the NHS considerably more;

(d) That the call to Government, as outlined within the submitted report, to approve and to subsequently accelerate the new hospital programme in Leeds, serving as critical regional health infrastructure, be supported;

(e) That, given the Department for Health and Social Care/Treasury review of the new hospitals programme, agreement be given for Executive Board to make a submission to the Treasury before the Budget on 30 October 2024, clearly stating the importance of modernised hospital provision in Leeds and requesting that the Leeds scheme be permitted to go ahead without delay. That it also be noted that the Leader and Executive Member for Equality and Health and Wellbeing have sought cross-party support for a letter in support of the Council's submission.

58 Fast Track Cities: One Year On (2024)

The Director of Public Health submitted a report which provided an overview of the Fast Track Cities initiative, the achievements in Leeds in the last twelve months, as well as the ambitions for the next year. The report noted that Fast Track Cities is a global partnership between cities and municipalities around the world in which participants declare a commitment to ending HIV, Viral Hepatitis and Tuberculosis (TB) epidemics by 2030.

In presenting the report, the Executive Member provided an overview of the initiative and the ambitious nature of it, the actions which continued to be taken, the challenges which were being faced and the progress that had been made over past year. It was also highlighted that in February 2023, Leeds became the first city in the Yorkshire and Humber region to become a Fast Track City.

In response to a Member's enquiry, the Board received further information on the ways in which progress in this area would be monitored and measured, with it being noted that indicators relating to HIV and blood-borne viruses were part of a dashboard which was considered by the city's Health Protection Board, as part of the Team Leeds health protection processes. It was undertaken that such dashboard data would be shared with Board Members for information.

It was also noted that in the most recent data there had been increases in several indicators, which was partly due to the fact that more testing was being undertaken. Further information was then given on the approach being taken to manage such matters moving forward.

RESOLVED –

(a) That the achievements of the Fast Track City initiative, as detailed within the submitted report, be recognised;

(b) That the future ambitions of the Fast Track City initiative, be supported, and that the development of the Leeds: Getting to Zero Action Plan also be supported, together with the aim of reducing the stigma and misinformation associated with TB, HIV and Hepatitis.

CHILDREN AND FAMILIES

59 The Annual report on Academic Outcomes

The Director of Children and Families submitted a report presenting the outcomes from the statutory assessments and examinations which took place during the 2022/23 academic year in primary and secondary state-funded schools in Leeds (both maintained schools and academies) and which covered the Early Years Foundation Stage through to Key Stage 5.

The Executive Member introduced the report and thanked all children and young people who had undertaken assessments and examinations for their efforts. Thanks was also extended to all teachers and those, including parents and carers, who had supported students throughout what could be challenging times for children and young people. An overview of the performance of Leeds pupils when compared to the national average was provided, with it being noted that Leeds was not complacent in respect of the progress which was being made, and that work would continue to improve the outcomes for all children and young people at every stage of education, especially those who faced additional challenges.

In noting the outcomes within the submitted report, a Member highlighted the positive local and national results which had been achieved by the students, and how such positive results reflected upon the educational reforms of the previous Government.

Responding to a specific enquiry, Members discussed the complex, national issue of attendance in schools, which it was highlighted, had been exacerbated by the pandemic. Further details were provided on the partnership approach being taken to improve attendance and engagement in education, with it being noted that this was a priority for Leeds. It was also highlighted that this matter was being considered by the Children and Families Scrutiny Board and also the multi-agency Children and Young People's Partnership. Bearing in mind the context of the pandemic and the range of challenges faced by children and young people as a result, Members emphasised how the pupils' achievements detailed within the submitted report were all the more significant.

RESOLVED –

(a) That the performance against headline measures for pupils in Leeds in 2023 in comparison to national data, as presented within the submitted report, be noted;

(b) That the actions taken by Local Authority services to support maintained schools and academies in their work to improve outcomes in Leeds, be noted;

(c) That it be noted that the data presented within the submitted report has previously been discussed at Children and Families Scrutiny Board on 18 July 2024.

60 Children and Young People's Transport Policy: Outcome of consultation on proposed changes to transport assistance for post-16 learners with Special Educational Needs and Disabilities (SEND)

Further to Minute No. 10, 19 June 2024, the Director of Children and Families submitted a report presenting the outcomes from the public consultation exercise undertaken on proposed changes to transport assistance for post-16 learners with Special Educational Needs and Disabilities (SEND). The report detailed proposed next steps and sought approval of an updated Children and Young People's Transport Policy, as presented at Appendix 3.

Supplementary information had been provided to Board Members and published ahead of the meeting in the form of the Scrutiny Board Children and Families Working Group statement regarding the proposed changes to transport assistance for post-16 SEND learners. This had been submitted following the Scrutiny Board's agreement of the statement at the meeting held on 9th October 2024. The statement was presented as Appendix 2 to the submitted report.

In presenting the report, the Executive Member extended her thanks to Children and Families Scrutiny Board for the work that it had undertaken in

this area. Also, it was highlighted that the Local Authority's duty was to provide home to school transport assistance for children with SEND of statutory school age, and that although it was the parents' responsibility to provide transport arrangements for post-16 year old learners with SEND, the Council had continued to provide substantial assistance. With regard to the proposals within the report, it was noted that they had followed consultation undertaken with young people and their families. The Board was also advised that the proposals would reduce the significant overspend which existed in this service area, whilst maintaining a discretionary transport offer for post-16 students with SEND. The provisions which would be put in place to support those affected were also noted.

In acknowledging the reasons for a review being undertaken, a Member raised his concerns in respect of the proposals and in doing so relayed to the Board an individual concern which had been raised with him, advising that this was representative of others he had received. The Member sought reassurance that the implementation and communication of the proposed policy would be proactive and would be centred around the needs of children, young people and their families, and that for instance, there would be flexibility on the 20-mile radius cap being proposed. In raising such concerns, the Member suggested that further work needed to be undertaken and perhaps a deferral of the final decision was required in order to provide the necessary assurance to parents and families around the approach which would be taken to implement the proposals.

In response, whilst acknowledging the impact of the proposals, it was noted that the current policy was unsustainable. It was also noted that the matter had been considered in detail at Scrutiny Board, where the challenges being faced had been acknowledged, and it was confirmed that the recommendations made by the Scrutiny Board had been accepted.

Assurance was provided to the Board that the proposed policy would take into consideration the individual needs of children, young people and their families, and where such individual needs required provision outside of the agreed policy, then in those exceptional circumstances the policy would provide flexibility to deliver that. A commitment was also provided that communication and engagement would continue with the parents, carers, children and young people affected using a range of methods.

Further detail was also provided on the actions being taken regarding the delivery of SEND provision in Leeds, with the aim of minimising the need for learners having to travel significant distances outside of the city wherever possible. The opportunities arising from the proposals in relation to independent travel were also highlighted. As part of the discussion on this report, clarification was also provided to Members on several specific areas within the proposed policy.

RESOLVED –

(a) That in general terms, the contents of the submitted report, be noted;

(b) That the outcomes from the consultation exercise, as agreed by Executive Board at its meeting on 19 June 2024, be noted;

(c) That approval in principle be given to the proposed Children and Young People's Transport Policy (October 2024) as presented at Appendix 3 to the submitted report, which details how a stepped model of transport assistance would be offered to eligible young people with SEND in post-16 education. Transport assistance would in future be made available on the following basis, depending on eligibility and the level of transport need, assessed against the policy:-

(i) limiting post-16 transport assistance to learners with SEND, living 3 or more miles from their education setting;
(ii) provide Independent Travel Training and a free bus pass (or equivalent cost) for a young person who is able to travel independently or could make the journey to their learning setting on public transport accompanied by an adult as necessary;
(iii) issue a Personal Transport Allowance for post-16 learners with SEND, as set out in paragraph 8 (b) of the submitted report;
(iv) the consideration of transport assistance for applications made against the exceptional circumstance criteria set out in the Children and Young People's Transport Policy (October 2024) as detailed at Appendix 3 and as detailed in paragraphs 24-25 of the submitted report.

(d) That it be noted that implementation would be with effect from the commencement of the new academic year (September 2025) and that transitional arrangements would apply to the application of the new policy, as detailed in paragraph 22 of the submitted report;

(e) That it be noted that a Children and Families Scrutiny Board Working Group meeting took place on 24 September 2024 to discuss the recommendations detailed within the submitted report and due to timing associated with Executive Board agenda publication and the Scrutiny Board meeting schedule, the resulting Working Group Statement was circulated to Board Members as supplementary information which forms Appendix 2 to the submitted report;

(f) That further to the approval in principle of the Policy (resolution (c) above), it be noted that any further amendments to this policy would be taken in accordance with existing delegations by the Director of Childrens and Families.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he abstained from voting on the decisions referred to within this minute)

61 Little Owls Nurseries Review

Further to Minute No. 7, 19 June 2024 and Minute No. 22, 24 July 2024, the Director of Children and Families submitted a report which provided an update on the withdrawal of service from three Little Owls settings and on the 'market

sounding exercise' undertaken in relation to a further twelve settings, as previously approved by Executive Board. In addition, the report provided recommendations to Executive Board regarding proposed next steps in relation to those further twelve settings.

The Executive Member introduced the report, highlighting that in response to the financial challenges faced and as part of the review undertaken in relation to the Little Owls Nurseries, Executive Board had previously resolved to undertake a market sounding exercise in relation to the future of those twelve Little Owls nursery settings referenced within the report. The Executive Member provided an update on the work undertaken to date on this exercise together with details of the proposals regarding the future of those settings. As part of any next steps, assurance was provided that engagement would continue with parents and carers, and that actions would be taken to ensure that any new providers continued to deliver a number of issues which had been identified as key by parents and carers during the engagement process. Such matters would be considered on a setting-by-setting basis, and if it was deemed that those critical needs were not met in a specific setting, it was noted that the default position would be for the Council to continue as the provider.

A Member raised a specific enquiry and concern regarding the extent to which child poverty was being taken into consideration as part of the proposals. In response, the Board was provided with assurance that the issue of child poverty remained a key concern in Leeds. It was also noted that whilst the appended Equality Impact Assessment took a broader view on such matters given that the submitted report invited the Board to agree the principle of a series of changes, the bespoke and localised discussions which would take place with potential providers moving forward would allow issues such as child poverty to be considered in detail. However, it was reiterated that the default position would be for the Council to continue as the provider, should it be deemed that any potential provision arrangements were not suitable for a specific setting.

Clarification was provided to the Board that the Local Authority's statutory duty in this case was to ensure sufficiency of childcare provision, with it being noted that as part of the proposals, Leeds would retain at least nine directly delivered nurseries, which was more than any other comparator city and significantly beyond the Council's statutory duty, reflecting the commitment to early years provision in Leeds.

The Board discussed the financial basis on which the review had been undertaken and the proposals being made. Members also discussed the issue of daily fee levels, with the Board receiving further information on the process by which appropriate consideration would be given to such matters, as part of the individual discussions with any potential providers. Responding to a specific enquiry regarding potential fee levels which had been identified as part of the expression of interest exercise, it was undertaken that further detail could be provided to the Member in question, if required.

A Member raised a concern regarding the Call In status of the report, as they felt that the submitted report should be eligible for Call In and recommended that the status of the report should be changed so as to be eligible for Call In. In response, it was confirmed that the report was not eligible for Call In as the matter had already been through the Call In process.

RESOLVED –

(a) That the activity undertaken to withdraw from service provision at three settings, as agreed by Executive Board in June 2024, be noted;

(b) That the work undertaken to date in relation to the agreed 'market sounding exercise' regarding the following settings, be noted:-

- Shepherds Lane
- Meanwood
- St Mary's Hunslet
- Hawksworth Wood
- City & Holbeck
- Parklands
- Quarry Mount
- Bramley
- Hunslet Rylestone
- Osmondthorpe
- Rothwell
- Burley Park

(c) That the recommendations set out for each of those settings detailed in resolution (b) (above), be agreed, as set out below:-

(ci) That the overarching proposal, be agreed, that subject to a successful outcome of detailed discussion with schools and alternative providers, none of the twelve settings identified in resolution (b) will be retained by Leeds City Council for direct delivery. In the event that those detailed discussions do not progress to a satisfactory conclusion, the Council's default position will be that settings are retained by the Council and directly delivered;

(cii) That the recommendation to engage in detailed conversations with neighbouring schools around their interest in operating Little Owls nurseries at St Mary's Hunslet, Parklands, Hawksworth Wood, Quarry Mount, be agreed, and if required, agreement be given to a procurement process and other statutory consultation processes with the individual neighbouring schools;

(ciii) That the recommendation to enter a formal procurement process with alternative providers for the future provision at the following settings: Shepherds Lane, City and Holbeck, Hunslet Rylestone, Rothwell, Meanwood, Bramley, Osmondthorpe and Burley Park, be agreed;

(d) That it be noted that the Director for Children and Families has delegated authority to make the operational decision to move forward with individual providers for the settings set out in resolution (ciii) above.

(As referenced within paragraph 33 of the submitted report, the resolutions above are not eligible for Call In, as they are a direct consequence of implementing a previous key decision on such matters which had been the subject of a previous Call In)

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he voted against the decisions referred to within this minute)

RESOURCES

62 Gambling Act 2005 - Review of Statement of Licensing Policy

The Director of Communities, Housing and Environment submitted a report regarding the review of the Gambling Act 2005 Statement of Licensing Policy. The report detailed the outcomes from the consultation undertaken, presented the updated draft Policy for the Board's endorsement and asked the Board to refer it to Full Council with a recommendation that it be formally adopted.

The Executive Member introduced the report, highlighting the statutory requirements for the Local Authority to produce a policy and noted the associated consultation exercise that had been undertaken, which included the consideration of the draft policy by the Strategy and Resources Scrutiny Board. The partnership approach being taken towards addressing the issue of gambling harm across the city was also highlighted.

Responding to a Member's enquiry about the low level of responses received to the associated consultation exercise, assurance was provided that the level of response was expected, and was a reflection of the comprehensiveness of the policy, the fact that regular consultation was undertaken and given that where appropriate, the policy had been adapted in the past to incorporate responses previously received.

An enquiry was raised regarding the Authority not being informed by the Gambling Commission about an establishment's breach of its operating license. In response, it was noted that the Council had written to the Commission in order to make its concerns known with a request that the Council be kept informed of such matters in future. It was also noted that there had not been any further breaches that the Council had been informed of since that incident.

Noting the Public Health team's involvement in the field of Licensing activity, further information was provided on the actions which were being developed in this area. It was noted that whilst this process was in its relatively early stages Members had welcomed Public Health's involvement, and given the limited resource available, actions were being taken to ensure that such resource was being used as effectively as possible.

RESOLVED –

(a) That the contents of the submitted report and appendices be noted, including the final draft Statement of Licensing Policy which includes the outcomes from the statutory consultation exercise and any comments/recommendations from Strategy and Resources Scrutiny Board; and

(b) That approval be given to refer the final draft Statement of Licensing Policy, as presented, to Full Council, with a recommendation that it is formally adopted.

(Given that the above decisions were being made in accordance with the Council's Budget and Policy Framework Procedure Rules, they were not eligible for Call In)

63 Financial Health Monitoring 2024/25 – Month 5 (August)

The Interim Assistant Chief Executive – Finance, Traded and Resources submitted a report providing an update on the Council's financial performance against the 2024/25 revenue budget, as at month 5 of the financial year. The report also presented the August (Month 5) position in respect of the Housing Revenue Account (HRA), the Schools' Budget (DSG) and the Council Tax and Business Rates Collection Fund.

In presenting the report the Executive Member provided an overview of the key points in which it was noted that as at month 5 of the financial year, the Council was forecasting a General Fund overspend of £22.0m. The Executive Member also highlighted the range of mitigating measures being taken to address the overspend.

Responding to a Member's enquiry, the Board noted that the savings proposals which were established for the current financial year were largely being achieved, and that the overspend being experienced was due to the increased demand in both children's and adults' social care services. The range of work being undertaken to mitigate the current overspend was highlighted, with the scale of the challenge faced being reiterated.

RESOLVED –

(a) That it be noted that at August 2024 (Month 5 of the financial year) the Authority's General Fund revenue budget is reporting an overspend of £22.0m for 2024/25 (3.6% of the approved net revenue budget) after application of reserves and within a challenging national context. That it also be noted that a range of actions are being undertaken to address this position as detailed within the submitted report;

(b) That it be noted that at August 2024 (Month 5 of the financial year) the Authority's Housing Revenue Account is reporting a balanced position;

(c) That it be noted that at August 2024 (Month 5 of the financial year), the DSG budget is projecting an in-year pressure of £15.1m which equates to 2.73% of the total estimated DSG funding;

(d) That it be noted that known inflationary increases, including demand and demographic pressures in Social Care and known impacts of the rising cost of living have been incorporated into this reported financial position. The position assumes a pay settlement of 3.5%, with the final pay award for 2024/25 yet to be agreed. That it also be noted that these pressures will continue to be reviewed during the year and

reported to future Executive Board meetings as more information becomes available, and that proposals would need to be identified to absorb any additional pressures;

(e) That it be noted that where an overspend is projected, directorates, including the Housing Revenue Account, are required to present action plans to mitigate their reported pressures and those of the Council's wider financial challenge where possible, in line with the Revenue Principles as agreed by Executive Board in February 2024 through the annual Revenue Budget report.

64 Revenue Savings Proposals for 2025/26 TO 2027/28

Further to Minute No. 47, 18 September 2024, which presented the Council's Medium Term Financial Strategy for the period 2025/26 – 2029/30, the Interim Assistant Chief Executive – Finance, Traded and Resources submitted a report providing details of a first tranche of savings proposals to contribute to closing the Council's projected revenue budget gap over the next three financial year period and to meet the statutory requirement to achieve a balanced budget for 2025/26. The report noted that 'savings proposals' was a collective term used in this context to apply to reductions in expenditure and increases in income.

In presenting the report, the Executive Member highlighted that the submitted report presented the initial revenue savings proposals for the Board's consideration, totalling £37.4m. It was noted that subsequent reports would be submitted to the November and December 2024 Board meetings presenting further savings proposals.

Responding to a Member's enquiry, the Board received further information regarding potential implications should National Insurance Contributions be increased in the future. Also, it was confirmed that whilst the current financial monitoring position assumed a pay settlement of 3.5% for 2024/25, every 1% in addition to that equated to approximately £4.3m cost to the Council.

RESOLVED –

(a) That the 'Business as Usual' savings presented in the submitted report be noted, and that decisions to give effect to them shall be taken by the relevant Director or Chief Officer in accordance with the Officer Delegation Scheme (Executive functions);

(b) That the Board's agreement be given for consultation to commence, where required, with regard to the 'Service Review' savings proposals detailed within the submitted report, and that it be noted that decisions to give effect to them shall be taken by the relevant Director or Chief Officer following any consultation period, in accordance with the Officer Delegation Scheme (Executive functions) and decision-making framework, save where the Leader or the relevant Portfolio Holder has directed, or the Director considers that the matter should be referred to Executive Board for consideration;

(c) That it be noted that additional savings proposals will be brought to Executive Board for consideration at its meetings on 20th November 2024 and 11th December 2024;

(d) That it be noted that further savings will be required to close the Council's estimated budget gaps in the years 2026/27 and 2027/28, and that proposals on such matters will be brought to future meetings of Executive Board.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he abstained from voting on the decisions referred to within this minute)

ECONOMY, TRANSPORT AND SUSTAINABLE DEVELOPMENT

65 Highway Maintenance Strategy Review

The Director of City Development submitted a report providing an update on the work being undertaken to address the highways maintenance backlog in Leeds in the face of current and historical financial challenges.

In presenting the report, the Executive Member highlighted that this report followed a White Paper Motion resolution from the full Council meeting held on 20th March 2024. It was noted that whilst the Council had provided almost £200m of Capital investment in highways maintenance since 2010, a backlog of £288m still existed, which had been exacerbated by inflation and also adverse weather conditions. It was noted that the challenges faced were being experienced by Local Authorities nationally. The Executive Member extended his thanks to Infrastructure, Investment and Inclusive Growth Scrutiny Board for the work which they had undertaken in this area, and reference was also made to the joint letter being sent to Government on such matters in the names of Councillor Bithell as relevant Scrutiny Board Chair and Councillor Pryor as relevant Executive Member.

The Board welcomed Councillor Bithell to the meeting, who was in attendance for the consideration of this item in her position as Chair of the Infrastructure, Investment and Inclusive Growth Scrutiny Board. The Scrutiny Board had produced a statement on this matter which was appended to the submitted report for the Board's consideration. Councillor Bithell thanked Members and officers involved in this piece of work and acknowledged the high level of activity and innovation being undertaken by the service. The scale of the challenges being faced were also highlighted. Councillor Bithell provided an overview of the key conclusions and recommendations of the Scrutiny Board, as highlighted in the appended statement.

In considering the report, a Member raised several enquiries regarding the current position with respect to Network North funding, the service's utilisation of the latest technology and innovation, and also regarding the latest backlog position.

Regarding the Council's current highways maintenance backlog position and the worst affected Ward within that, it was undertaken that this information would be provided to the Member in question.

The Board received further information on the actions which continued to be taken in order to innovate the service and adapt to new technology in this area. It was noted that experiences would be shared with other Local Authorities in order to ensure that best value was delivered. It was also highlighted that the service wanted to embrace the Scrutiny Board's recommendations and also embrace new technology, with it being emphasised that highways maintenance remained a key priority of the Council. Responding to a further question, it was noted that associated review work continued to be undertaken and that at the appropriate time, recommendations would be brought forward which covered new ways of working across the whole of the highways service.

In conclusion, the Executive Member extended his thanks to Highways Services for the vital work that they continued to undertake throughout the city.

RESOLVED –

(a) That the contents of the submitted report, including the maintenance strategy and policy as presented, be noted and endorsed;

(b) That it be noted that the submitted report was considered by the Infrastructure, Investment, and Inclusive Growth Scrutiny Board at its July 2024 meeting and that a Scrutiny Board Statement has been submitted to the Executive Member for Economy, Transport and Sustainable Development and which is attached to the submitted report at Appendix B.

66 Leeds City Council Vote in the Leeds Business Improvement District 2025-2030 Ballot

Further to Minute No. 14, 19 June 2024, the Director of City Development submitted a report presenting the finalised 2025-2030 Business Plan from Leeds Business Improvement District (LeedsBID) and which set out the themes and work streams that LeedsBID would focus upon in its next term of 2025-2030. The report also provided information about the Council's financial contribution as a BID levy payer.

The Executive Member introduced the report, highlighting that LeedsBID would cover an expanded geographical area for the forthcoming term and recommending that the Council vote in favour of LeedsBID for a third term (2025-2030) based upon the submitted business plan.

Members welcomed the proposals within the submitted report.

With regard to the expanded geographical area, a Member highlighted the importance of ensuring that effective communication was established with those businesses which would now be included within the LeedsBID area.

RESOLVED –

(a) That the LeedsBID business plan (2025-2030), as appended to the submitted report, which sets out the organisation's plan of delivery in its third term, be noted;

(b) That approval be given for Leeds City Council as a LeedsBID levy payer, to vote in favour of LeedsBID for a third term (2025-2030), based upon the appended business plan, thereby enabling the opportunity for significant investment of circa £18.75m in Leeds city centre through the activities of LeedsBID;

(c) That the resource implications for the Council arising from a successful BID ballot, as detailed within the submitted report, be noted;

(d) That the responsibility of the vote be delegated to the Interim Director of City Development;

(e) That the Director of City Development (and/or the Director of Communities, Housing and Environment (or a delegate of)) be requested to meet with LeedsBID on a quarterly basis to advocate that the needs and asks of Leeds City Council and those of the communities that the Council represents are met;

(f) That the Interim Director of City Development be requested to write to LeedsBID to ask that they work with the Council in order to consider destination marketing branding that applies to Leeds city centre as a place, to ensure that visitor experience is optimised and that where possible, any unnecessary duplication is removed;

(g) That the Interim Director of City Development be requested to write to LeedsBID to ask that a copy of its Forward Plan is provided in December annually to allow Leeds City Council time to consider any resource implications and provide advice to LeedsBID accordingly.

CLIMATE, ENERGY, ENVIRONMENT AND GREEN SPACES

67 Climate Emergency Annual Report

The Director of Communities, Housing and Environment submitted a report presenting the annual review of the work that continues to be undertaken both on a Council and a citywide basis following the Council's declaration of a Climate Emergency in 2019. The report also reflected upon wider changes which have occurred both regionally and nationally that are relevant to the city's decarbonisation.

In introducing the report, the Executive Member extended his thanks to officers involved in the delivery of this work, and also to Members for their efforts in this area. Special reference was made to Councillor Dye as Chair of the Climate Emergency Advisory Committee, together with all other Members of that Committee.

An overview was provided on the progress being made and the actions which had been taken to reduce carbon emissions in Leeds over the past twelve months. It was noted that such actions were being delivered both via cross-directorate activity and collaboratively with external partners.

A Member raised an enquiry regarding a recent press report regarding the use of incinerators and their potential impact upon the environment. It was noted that significant work had been undertaken following that press report in order to provide reassurance on the use of the RERF (Recycling and Energy Recovery Facility) in Leeds and how it continued to contribute towards the carbon reduction agenda. It was emphasised that at the current time, the RERF provided the best solution. It was then undertaken that the detailed response which had been prepared on such matters would be shared with the Member in question for their information.

RESOLVED – That the progress being made in Leeds' ambition to become the first net-zero city in the UK, as set out within the submitted report, be acknowledged.

DATE OF PUBLICATION: FRIDAY, 18TH OCTOBER 2024

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00PM, FRIDAY, 25TH OCTOBER 2024

Scrutiny Board (Adults, Health & Active Lifestyles

Working Group Summary: Adult Mental Health High Intensity Rehabilitation Inpatient Services

For consideration: 12th November 2024

Adults, Health & Active Lifestyles Scrutiny Board

Adult Mental Health High Intensity Rehabilitation Inpatient Services

Background:

In January 2024, NHS England issued new Commissioner Guidance for Adult Mental Health Rehabilitation Inpatient Services that signalled a shift from what were historically referred to as 'locked', high dependency or complex rehabilitation, to a new 'Level 2 High Intensity Inpatient Rehabilitation' model. These services apply to people aged 18 years and over who require intensive support for a mental health rehabilitation need, above what can be provided within a Level 1 service, and that can only be treated within an inpatient environment.

During its June 2024 meeting, the Adults, Health and Active Lifestyles Scrutiny Board was advised by the Chief Executive of the Leeds and York Partnership NHS Foundation Trust that the Trust was undertaking plans to enhance its rehabilitation inpatient service for adults with complex mental health needs through a potential capital investment opportunity.

Having recently secured the investment through NHS England, the Trust's proposed plans are now being progressed. Linked to the Scrutiny Board's 'Health Service Developments Working Group' approach, a working group meeting was held on 3rd October 2024 to enable Board Members to be briefed in more detail on proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services.

This summary note sets out the main issues arising from the working group's discussion for the consideration of the full Scrutiny Board.

Attendees: This working group meeting was attended by the following individuals:

BOARD MEMBERS

Councillor Andrew Scopes (Chair)	Councillor Kevin Ritchie
Councillor Lyn Buckley	Councillor Eileen Taylor
Councillor Andy Rontree	Councillor Wyn Kider
Jonathan Phillips (Healthwatch Leeds Co-opted Member)	

Apologies: Cllrs C Anderson, E Bromley, M France-Mir, J Gibson and C Hart-Brooke. Jane Mischenko (Healthwatch Leeds Co-opted Member)

ADDITIONAL ATTENDEES

Dawn Hanwell, Deputy Chief Executive of Leeds and York Partnership NHSFoundation Trust (LYPFT) and Senior Responsible Officer for the High Intensity Rehabilitation Programme.
Ric Carroll, Head of Operations for the High Intensity Service, LYPFT.
Amanda Burgess, Head of the Programme Management Office, LYPFT.

Recommendation: The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this summary.

Main issues considered by the working group.

Defining and commissioning mental health rehabilitation impatient services.

Mental health rehabilitation inpatient services provide care and treatment for adults and older adults who have an identified mental health rehabilitation need. This includes people who may also have a learning disability, who are autistic or who have been given a diagnosis of personality disorder.

However, NHS England acknowledges that variation in the language and terminology used to describe mental health rehabilitation inpatient services is confusing and persists despite previous attempts to tackle it. The new commissioning guidance published by NHS England in 2024 therefore seeks to address this by defining NHS inpatient rehabilitation for people with serious mental illness as a two-level approach. The guidance states that the key difference between level 1 and level 2 mental health rehabilitation inpatient services is that a level 2 service can offer more intensive support to people to meet their needs; this may be relational and/or adapted environments and procedures.

The new commissioning guidance states that commissioners must be clear, based on their population needs' assessment, what services they need to commission and plan accordingly using this two-level approach for all mental health rehabilitation inpatient services. Mental health rehabilitation inpatient services must also be commissioned as locally as possible in recognition that people accessing mental health rehabilitation inpatient services at a distance from their home can make it harder for them to reconnect with their communities, receive visits from family and friends and access support networks.

Plans to develop a 18-bed single sex Level 2 mental health rehabilitation inpatient facility.

A review has been undertaken by the West Yorkshire Integrated Care System's Mental Health, Learning Disability and Autism Programme Board of the needs of its service users placed in complex rehabilitation hospital units. Linked to this, Board Members were advised of proposed plans being led by the Leeds and York Partnership NHS Foundation Trust (LYPFT) to augment the current service offer that is being delivered on Ward 5 at the Newsam Centre (within the Seacroft Hospital campus) based on the new commissioning guidance. This 17 bedded ward offers complex rehabilitation to men aged 18-65 and while it currently serves the Leeds area of the West Yorkshire Integrated Care Board (ICB), the aim is to increase the service footprint to also accommodate men from across West Yorkshire, some of whom are currently receiving care in hospitals (including those in the independent sector) far from home.

To deliver this effectively, Board Members were informed of the Trust's proposed plans to redevelop its vacant Parkside Lodge facility in Armley into a modern fit for purpose unit to accommodate a 18-bed single sex Level 2 high intensity rehabilitation inpatient service. A summary of the service and clinical model design was also provided. In securing the necessary capital funding from NHS England, Board Members were advised of the need to accelerate the project timelines in order to fulfil the condition of such funding being spent within a short timeframe.

In supporting the desired improvement outcomes linked to the proposed plans, importance was placed on ensuring a smooth transition to the new Parkside Lodge facility. Board Members therefore sought assurances in terms of the effective engagement and involvement of existing service users and relevant staff, as well as consulting local residents and other stakeholders linked to the required planning application process.

Main issues considered by the working group.

Anticipated period of completion.

Board Members were advised that the Trust anticipates moving the staff and service users into Parkside Lodge in the summer of 2025. However, as the proposed development will comprise the refurbishment and redesign of the existing structure at Parkside Lodge, the timeframe will be subject to the successful appointment of a building contractor who can undertake the work to the right quality in the required timescales within the budget envelope.

Particular importance was placed on achieving a design that is fit for purpose and accessible to all and linked to this, Board Members were assured that the proposed development would be aligned to the 'Health Building Notes' published by the Department of Health and Social Care, which give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.

Ensuring effective staff engagement and involvement.

Board Members were informed that an extended period of engagement with staff had commenced on 2nd September 2024 with a letter to all staff announcing the development and inviting them to drop-in sessions for Q&A. These drop-in sessions were initially held during September and helped to inform a Frequently Asked Questions document. Further drop-in sessions had also been planned for October, November and December involving staff side union representatives too.

On 16th September 2024, one-to-one meetings with individual staff members had commenced and paper copies of the architect's plans and internal designs had also been shared with relevant staff for information, as well as being displayed on the ward using high quality display boards.

Board Members also acknowledged the Trust's plans to schedule staff site visits in November prior to commencement of building works (subject to planning permissions).

Board Members were assured of the Trust's commitment to ensure that impacted staff remain informed, engaged and involved in the change programme with the aim of retaining as many staff as possible moving into the new Parkside Lodge facility. To assist with this move, Board Members were pleased to note that transport options will be outlined for each staff member with the intention of also enabling them to claim for any additional costs of travel, either as milage or public transport costs.

Where such staff would prefer not to move, or are unable to move, then the Trust will make every endeavour to compassionately redeploy them where possible when it starts formal management of change consultation, which is anticipated in the spring of 2025. The one-to-one meetings with individual staff members will assist the Trust in identifying those who are happy to move across to Parkside Lodge, which is anticipated to be the majority, alongside those who are interested in other options such as redeployment.

Board Members were advised that given the long lead time, this enables the Trust to consider any vacancy issues and should the Trust need to backfill for vacancies, then it will initially be seeking to recruit from the Armley area.

Main issues considered by the working group.

Ensuring effective service user engagement and involvement.

Board Members were informed that the engagement process with service users is being led by the Trust's ward Occupational Therapist and a dedicated Co-Production Lead who sits on the management group and will support staff to effectively engage with the service users on Ward 5, along with their carers, regarding the plans to augment the service model and move to Parkside Lodge.

Having firstly commenced initial engagement with staff, an extended period of engagement with service users had commenced on 9th September 2024 with a letter to all patients announcing the development within the weekly 'Your Views' patient community meeting. Paper copies of the architect's plans and internal designs had also been provided to the ward as well as being displayed on high quality display boards. Similar to the approach with staff, site visits will also be scheduled for long stay service users in November prior to commencement of building works (subject to planning permissions).

As well as scheduling dedicated weekly meetings with service users to share, discuss and develop plans for involvement, Board Members were informed that the Trust's Co-Production Lead and the Communications and Engagement Manager are also looking to establish a working group with current service users and staff to work on the following areas and any other appropriate exercises:

- *Internal artwork for various parts of the building* – this is an opportunity for talented artists who may be service users or staff to have their work on display at Parkside Lodge.

- *The development of patient and carer information about the new service* – such as website content, printed information, photography and the production of a short video showing what life will be like in the newly refurbished facility.

- *A rebranding and potentially renaming exercise for Parkside Lodge* – Board Members were informed that service users and staff have expressed an interest in choosing a new name for Parkside Lodge to give themselves a sense of ownership over their new home.

- *Recruitment marketing for any new staff* – should there be a need to recruit new staff to the team ahead of the move to Parkside Lodge, then the Trust would like to involve staff and also service users, if possible, in any recruitment marketing and recruitment and selection processes.

Main issues considered by the working group.

Broader public and stakeholder engagement.

Board Members were informed that engagement with local residents, businesses and stakeholders was undertaken from 2nd September 2024 until 27th September 2024, ahead of the Trust submitting its planning application to Leeds City Council for the development of Parkside Lodge.

During week commencing 2nd September 2024, the Trust had sent letters to 730 residents, businesses and the local Primary School within a 100-metre radius of Parkside Lodge to ensure they were fully informed and had the chance to comment. Details of the consultation exercise, including artists impressions of the new site, were also provided on the Trust's website.

Board Members were advised that the Trust will also continue to keep local residents and stakeholders up to date with progress of the development at key project milestones through such means as:

- Information posted on the Trust's website and social media channels;
- Information posted on community social media channels such as the Armley Good Stuff Facebook Group;
- Information for the local press e.g. West Leeds Dispatch, Yorkshire Evening Post;
- Regular briefings for key stakeholders such as the local MP, primary school headteacher, local neighbourhood policing team, local ward councillors and the AHAL Scrutiny Board Chair etc;
- Reporting progress through the Trust's relevant health and care governance groups.

Board Members were informed that the Trust is also planning an opening event in the summer of 2025.

Ensuring a smooth transition.

Board Members acknowledged that as Parkside Lodge is vacant, the Trust will not be required to decant or displace any services to temporary locations as part of the transition arrangements. The new facility will also inherit an existing model of care that has already been enhanced to deliver a wide range of patient requested activities every day and a wide range of therapy and support. Board Members were advised that service users currently access services and activities across the city and not just in the Seacroft area. They will therefore still be supported to access these following the move. Particular importance was therefore placed on service users familiarising themselves with surrounding community facilities, such as local shops. As part of the transition process, the Trust will therefore be facilitating visits to the local area to enable service users and staff to get to know the local area prior to the move.

Future use of Ward 5 Newsam Centre.

While this specific service development is exclusively for men, Board Members were informed that women in Leeds can currently access inpatient rehabilitation and recovery services at the Trust's Asket Croft and Asket House facilities in Seacroft. Board Members were advised that while plans for the future use of Ward 5 Newsam Centre are not fully decided at this stage, it will be retained and most likely be repurposed for additional inpatient capacity to support the reduction of out of area placements.

In conclusion, Board Members requested that the Adults, Health and Active Lifestyles Scrutiny Board be kept informed of progress surrounding both the Parkside Lodge development and the future use of the Ward 5 facility.

More information about Leeds City Council's Scrutiny Service, along with the activity and membership of individual Scrutiny Boards, can be found on the Council's committee webpages.

You can also follow @ScrutinyLeeds on twitter.

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