



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

Report to: Leeds Health and Wellbeing Board

Date: 28 April 2022

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

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

Summary of main issues

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

Recommendations

The Health and Wellbeing Board is asked to:

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

1. Purpose of this report

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

2. Background information

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

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

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

3. Main issues

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

3.7 The Ten Big Leeds Chat Statements

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

3.8 Recommendations for Governance

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

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

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

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

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

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

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

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

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

4.2 Equality and diversity / cohesion and integration

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

4.3 Resources and value for money

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

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

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal implications of this report.

4.5 Risk management

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

5. Conclusions

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

6. Recommendations

The Health and Wellbeing Board is asked to:

- Welcome the Big Leeds Chat Report, including feedback from decision makers, and support wide dissemination of the final report
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7. Background documents

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

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How does this help reduce health inequalities in Leeds?

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

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

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

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

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

Future challenges or opportunities

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

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

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