

Report of: Big Leeds Chat Working Group

Report to: Leeds Health and Wellbeing Board

Date: 20th July 2023

Subject: Big Leeds Chat: One Year On, Progress and Next Steps

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

Summary of main issues

This is an assessment of progress of the 10 Big Asks identified by the public through the Big Leeds Chat (BLC) 2021. It shows that both plans and actions are in place for the majority of the Asks. There is understandable variability in the governance and public presentation of progress. It is also clear there are Asks which are either not met or only partially met.

The Health and Wellbeing Board have previously asked that feedback is made to the communities of geography and communities of interest that took part in the BLC. This opportunity to feedback prompts a discussion on how conversations started with decision makers through the BLC can continue. Such relational and conversational approaches to service development may offer greater empowerment and wellbeing to communities.

Interviews conducted with the governance leads nominated by HWB have shared that significant activity is in place for many Asks with many examples of good practice. The proposed approach is to share a summary of these, balancing challenges and plans for further development in each Ask. There is an opportunity to link this feedback to the plan to share the refreshed Health and Wellbeing Strategy in Autumn 2023. The Strategy having been informed by the BLC.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made in meeting the 10 Big Asks identified through the Big Leeds Chat and address gaps in action or reporting.
- Agree the feedback approach to communities outlined in the paper including linking feedback to the refresh of the Health and Wellbeing Strategy.
- Support the wider use of the Big Leeds Chat approach as an ongoing dialogue for engagement between decision makers and the public.
- Support work to establish greater ongoing dialogue and feedback with the public on the Big Leeds Chat 10 Ask areas developing a relational, conversational and co-production approach.
- Support the bringing forward of a further iteration of an engagement approach building on the achievements of the Big Leeds Chat.

1 Purpose of this report

- 1.1 This paper updates the Board on the progress of the actions taken against the 10 Big Asks made by people through the Big Leeds Chats successively held in Leeds communities, most recently in October 2021.
- 1.2 The updates reveal significant strategic activity and progress actions in the areas people identified as keeping them healthy and well in their community. There is also significant recognition that progress in key areas has not to date met people's ask. There is an opportunity to shape and sharpen actions and consider how the public may be better informed as to progress. Proposals are made as to how the Big Leeds Chat may feedback these successes (and challenges) and support the launch of the refreshed Health and Wellbeing Strategy.

2 Background information








- 2.1 Since 2018 Leeds has undertaken a number of "Big Leeds Chat" events. Evolving from a single half day, held in the Leeds central market space, to 43 conversations ('chats') taking place with both geographical communities and communities of interest. These took place at several venues between September and November in 2021.
- 2.2 The Big Leeds Chat whilst organised and staffed by the 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 holistically representing 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 Conversations inevitably identified specific actions for health and care providers to take with the aim to improve current services. However, the significant balance of the conversation reflected strategic issues broader than health and care delivery. These were often tied to 'wider determinants of health', broader issues in a community such as transport, greenspace and social connection which have an impact on health and wellbeing. It is also striking that whilst the Big Leeds Chat included all ages in the conversations the themes reflected are highly congruent with the summary of 'children and young people's asks' expressed by them through the [Child Friendly Leeds Wishes](#).
- 2.4 In April 2021 the Health and Wellbeing Board agreed 10 BLC Statements reflecting both areas for health and care service improvement and others linked to wider community action. A governance lead was identified for each action with a clear link back to the Board. It was recognised (and reflective of the partnership nature of the Board) that governance leads would link to a diversity of work taking place across partners, existing strategies, plans and metrics.
- 2.5 The Board requested that an update be sought on each of the 10 areas on progress made.
- 2.6 For communities of interest it is proposed the progress reports are fed back to each of the diverse groups and forums that contributed to the chat.

- 2.7 Similarly for our geographical communities Local Care Partnerships (LCPs) would be key to sharing back reports with those communities who helped to inform and shape the 10 Big Asks.
- 2.8 Whilst the Big Leeds Chat resulted in '10 Big Asks' it is arguably also part of Leeds' response to a broader demand for innovation in the dialogue between the public and public services. Policy development in some sectors suggests that at the heart of innovative approaches that are "[relational services that focus on people's strengths](#)". In other words, the 10 Big Asks are both an ask for 'delivery' but also a chance to develop new partnerships with citizens and communities.
- 2.9 There is emerging evidence of the value of creating greater agency and control in communities as an inherent wellbeing outcome and protective of ill health. [Rapid-Review-Community-Agency-and-Control.pdf \(whatworkswellbeing.org\)](#).
- 2.10 Similarly, citizen engagement through the NHS on the occasion of its 75th anniversary has indicated people are asking for greater support for ill health prevention and community responses organised around the primary care setting. ([NHS England » Helping People Stay Well and Greater Use of Tech to Empower Patients Should be Central to NHS Plans](#)). These are themes reflected in the BLC.
- 2.11 Seeking a better conversation with the public approach has also gained momentum since Leeds started the BLC. Examples from West Yorkshire include: Wakefield ([Home - Big Conversation Wakefield](#)); Bradford ([The Big Conversation | Healthwatch Bradford](#)); parts of Kirklees ([The Big Local Conversation in Ashbrow – How good is our place?](#)) and Calderdale ([Calderdale Conversations | Calderdale Council](#))
- 2.12 The challenge from the Board was how conversation turns to action and takes forward a more collaborative approach with citizens on an ongoing basis.
- 2.13 **The Board challenged each Ask area to consider 4 questions: -**
- **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 **Main Issues**

- 3.1 Between February and June 2023 each governance lead (or their nominated representative) was interviewed. The interviews asked for updates on progress against the ask, challenges and actions that were planned or ongoing. This was supplemented with desk based review of publicly available information. Qualitative indications have been made for each of the four questions reflecting progress.
- 3.2 **The Ten Big Leeds Chat Statements – strategy, action plans, variance and communicating with communities**
- 3.3






<p>1</p>	<p>Make Leeds a city where children and young people’s lives are filled with positive things to do. (Cllr F Venner, Julie Longworth, Director of Children’s Services)</p> <p>The Children and Young People’s Plan (’18-’23) is the core relevant strategy for this Ask with an outcome for children that they ‘have fun growing up’. Support for the outcome runs through the priorities in the plan through supporting safe, supportive and loving families, best start in life, engagement in learning and access to physical activities.</p> <p>The implementation is recognised in the wealth of positive activities and things to do in Leeds which is captured in the feedback from the interview(s) held. Significant aspects of positive things to do may be linked to life course stage (eg Best Start, youth provision), geography, school, social, emotional or mental health (SEMH) needs, or vcse provision. This makes for a rich and complex picture of universal and targeted offers.</p> <p>There is less clarity on a single global measure of positive activities that are in place for children and how they may be improving. There are however measures of physical activity, active travel and other proxy measures in place.</p> <p>In feeding back to communities there is significant information already offered in a range of different channels. Arguably the breadth and complexity of the offer makes summary and oversight in one place a challenge and therefore also a challenge for oversight over any potential gaps and mitigations. There are however extensive and ongoing links back to communities through the Child Friendly Leeds approach, individual projects (e.g. Play Streets), schools participation, youth services and community services.</p>
<p>2</p>	<p>Make Leeds a city where there are plentiful activities in every local area to support everyone’s wellbeing. (Pat McGeever CEO Health for All, subsequently, Helen Hart, CEO Barca Leeds and Corinna Lawrence, CEO Feel Good Factor)</p> <p>There are a number of well-developed local and city plans which support this area including the existing Better Lives Strategy, the Culture Strategy (and plans to refresh this to embed the success of community involvement in the 2023 Year of Culture), Local Care Partnership local Plans, Priority Ward Partnership Plans and the Youth Activities Plan (as a minimum). There is no single plan for activities in local areas to support wellbeing, potentially communities may not see how plans join together to meet their Ask.</p> <p>Innovations such as the Community Anchors Network offer a rich local coordinating network for local activities working inclusively across venues and provision. They often nurture small and micro provision of local activities as well as being direct providers themselves.</p> <p>There is a rich offer of activity from a number of services, teams and initiatives which support this area including Neighbourhood Networks, the LCP development team, Community Committees and the LCC Communities Team.</p> <p>As there is no single plan or oversight it is harder to gauge evidence of gaps and variance and the equity of access across communities although both the</p>

 	<p>LCC Priority Wards approach and activity funded by NHS inequalities monies has inherently been led by reducing variation. There is also a recognition across a number of these services and approaches including Community Anchors of an ambition to cover all the city’s geographic communities and major communities of interest.</p> <p>In line with the parallel and multiple lines of planning there is no single route to update communities on activities and progress with a positive offer, however there are significant positive approaches through e.g. Mindwell, Leeds Directory, Doing Good Leeds, local community bulletins, social prescribing services and ‘word of mouth’ through many routes. Some groups such as Community Anchors currently focus on local information provision as opposed to citywide “directory” type information.</p>
<p>3</p>    	<p>Make Leeds a city where people can connect with services face-to-face when they need to (particularly primary care). (Jim Barwick, CEO Leeds GP Confederation)</p> <p>Strategy for improvement falls across individual general practices, the targeted work of practice improvement city teams, the ICB locally and regionally, and a number of national plans have supported an increase in the offer of face to face appointments.</p> <p>There is tracking of face-to-face appointments (with these increasing significantly since the Big Leeds Chat and currently comprising 70% of all GP appointments). There is also tracking of people’s overall experience of appointments. Overall appointment numbers have increased from circa 17-19 thousand per day prior to COVID to 21 thousand per day. Appointments with primary care staff who are not GPs are also high, for instance this could be with a pharmacist conducting a medication review or an occupational therapist offering an assessment. There are action plans and incentives in place to monitor and improve Accessible Information (Standard) availability in general practice.</p> <p>There is a recognition that there remains significant variation in provision across Leeds. Overall gaps between demand and provision are still high, particularly in some areas.</p> <p>There are a number of feedback mechanisms to communities through Patient Reference Groups in practices. There is however arguably a lack of comprehensive updates on progress back with communities on this theme.</p>
<p>4</p> 	<p>Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way. (Gaynor Connor, Director of Primary Care, Leeds Office of the WYICB).</p> <p>There are regional and national plans addressing the recovery of GP access and the further development of primary care. Local planning through the Leeds Office of the ICB has identified Leeds based actions.</p> <p>Significant implementation is underway, this is again managed through local, regional and national action planning frameworks. Tracking of impacts includes</p>

<ul style="list-style-type: none"> ● ● ● 	<p>rates of appointments booked on the same day (44%) and within 7 days (72%), a rising number of appointments (as noted above, 21,000 in September 2022), strong GP survey results, high (98%) rates of practices graded good or outstanding by Ofsted, increasing personalised offers of face to face and phone and online communication. Growth in extended access appointments out of normal working hours and at weekends provides 15,000 additional appointments per month. Action to develop “24/7” primary care access in Leeds is underway.</p> <p>There is a strong focus on inequalities and awareness of individual variance across practices but also a recognition that more could be done to understand and support a reduction in variation across the city.</p> <p>Engagement with communities at practice level varies through the activity of a GP practice in partnership with patients, local community organisations or the Patient Reference Groups that each practice holds. Local Care Partnerships arguably offer diverse routes into community voice and community organisations. The most mature / advanced of these show strong community engagement and trust between practices and their local population. There are plans to use a communications approach (originally developed in Bradford) to share more clearly the range of options to see primary care staff who are not a GP (i.e., physio, OT, pharmacist, social prescribing link worker etc). The purpose is to build trust and support people to access help more directly appropriate to their needs.</p>
<p>5</p> <ul style="list-style-type: none"> ●/● ●/● ●/● 	<p>Make Leeds a city where each individual community has the local facilities, services and amenities they need. (James Rogers, Director Communities, Housing and Environment)</p> <p>While there is no single plan which encompasses local facilities, service location and amenities there are number of strategies which support the importance of local provision. At a high level the Best City Ambition articulates the joint aspirations of health and wellbeing, inclusive growth and climate emergency with a recognition for action to be taken at a locality level. Local economic activity e.g. local centres are part of the refreshed Inclusive Growth Strategy, currently being finalised. The six Priority Ward Partnership Plans identify additional coordination and services for these geographies, developed by the LCC Communities Team. Similarly, the refreshed Health and Wellbeing Strategy includes a locality context for the Strategy and the support of local partnership action. The Leeds Local Plan 2040 is also currently in development. This is the spatial planning document for the city and is inclusive across housing, services, transport, local centres, environment and economy. It includes detail on assets and services and their local accessibility as part of its remit.</p> <p>In line with the above analysis that planning is held in a number of places there is also no clear “single action plan” but there are a range of action planning approaches making progress.</p> <p>Variance and gaps therefore also tend to be understood within the contexts of constituent plans rather than perhaps from a holistic community outlook.</p> <p>Engagement with communities has followed the remit of the component plans. For example, the Leeds Local Plan 2040 is currently encouraging consultation</p>

	<p>and public contribution. The visibility of communication and feedback to communities on progress to show how the various plans interact holistically to meet the Big Leeds Chat Ask is perhaps less clear. There is currently a tender live, issued by the Communities Directorate, with the purpose of securing insight and action research into models of community engagement.</p>
<p>6</p>    	<p>Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer. (Paul Money, Chief Officer, Safer, Stronger Communities)</p> <p>A city wide Safer Stronger Communities Plan provides a local strategic planning framework. This in the context of a broader WY Police and Crime Plan.</p> <p>Action planning is supported through a number of initiatives in the Safer Stronger Communities Team. Problem solving approaches using a standard model (OSARA) are used to tackle specific issues or areas. A Anti-Social Behaviour Partnership provides an action forum for this specific issue. Partnerships with Public Health are addressing problem street drinking through identifying key locations and working holistically across retailers and enforcement.</p> <p>Variation is addressed through the above locality based targeting approaches and through Community Safety being a strong component in the Local Area Plans for the 6 priority wards.</p> <p>There is an ongoing community surveying approach which polls circa 350 people on a monthly basis to ask people about their biggest concerns and feelings of safety. On this survey 79-80% of residents said they feel safe (similar to regionally to Calderdale and above other conurbations in WY).</p> <p>Ongoing engagement and feeding back to communities takes place through monthly Police and Communities Together (“PACT”) meetings which provide opportunities for discussion and engagement on local issues including anti-social behaviour. Outside these meetings it may be harder for communities to understand the actions taking place in their area to meet the Ask.</p>
<p>7</p> 	<p>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. (Cath Roff, now jointly Caron Walker, Consultant Public Health and Hannah Davies, CEO Leeds Healthwatch as co-chairs of Leeds Mental Health Partnership)</p> <p>The Leeds Mental Health Strategy provides the overall strategy for improvement in this area.</p> <p>Action planning is enabled through the Mental Health Delivery group acting jointly with the Mental Health Population Board in relation to national (NHS) requirements for service change. These groups have been informed by</p>

<ul style="list-style-type: none"> ● ●/● 	<p>assessments of the impact of the pandemic on people’s mental health with projection of likely trends in mental ill health and need for services.</p> <p>There is significant progress in some areas including a new public health contract to focus on enhancing prevention of poor mental health through awareness and promotion of protective factors. This has a particular focus on communities of geography and communities of interest. There is also a strong employer network focused on improving mental health in the workplace for all employees.</p> <p>However, it is clear that mental health in the population has been impacted post COVID and demand for mental health support has significantly increased. Metrics are in place which measure variance and gaps. Services are experiencing significant waiting lists or delays in key areas. Financial resources and workforce constraints means it is currently difficult to meet this Ask in full.</p> <p>Community consultation has progressed through a mental health ‘temperature check’ survey but it is less clear how it or progress on the Strategy are shared back with communities.</p>
<p>8</p> <ul style="list-style-type: none"> ● ● ● 	<p>Make Leeds a city where there are affordable activities that enable everyone to stay healthy. (Steven Baker, Head of Active Leeds)</p> <p>Leeds has a strong strategic vision for promoting activity for all About Us (leeds.gov.uk) – helping people to move more.</p> <p>The Leeds Physical Activity Ambition includes action areas and projects including Young Minds Get Active, Get Set Leeds Local, Aging Well, Active Travel and Play.</p> <p>There is significant analysis of variation in uptake across communities and addressing of barriers to participation. This includes specific support around participation for people with a disability and addressing cost barriers to sports such as cycling / triathlon through provision of free bikes. There are schemes in place to support lower cost entry to LCC sports venues for those with less income. In other areas membership fees have been removed such as the men’s group at Armley which is promoting positive mental health through activity cost free based on high mental ill health in the locality. There has also been extensive activity to mobilise additional volunteers and financial supports to clubs and groups to increase capacity at low cost.</p> <p>For children and young people the Healthy Holidays scheme has offered free swimming lessons and free equipment alongside other activities at low/no cost. For those seeking Asylum there have been free passes offered to sports venues to enable their participation.</p> <p>Gaps and variation are considered and addressed. Examples include the Girls Can project working across public health, Street Games, Shantona and Dixons Academy to co-design physical activity involving and aimed at South Asian girls aged 13-18yrs. The girls names the project ‘Limitless’ and designed a 6 week multi sports and activity programme.</p>

	<p>More broadly overall positive physical activity data (eg people walking and cycling) is traditionally harder to gain comprehensively which to a degree limits information on improvement and on gaps and variation.</p> <p>The approach has strong engagement and feedback for those communities directly involved with each initiative. There is a recognition that in some areas of the work the low cost offers (eg the reduced rates available at sports centres) could be more clearly communicated back with communities. Communications and engagement with communities is an area where training is being delivered for venue staff.</p>
<p>9</p>    	<p>Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well. (Michael Kinnard, Development Manager, Parks and Countryside)</p> <p>Leeds has a parks and green spaces strategy in place. This strategy focuses primarily on Leeds City Council green spaces and has priorities which focus on quality (including tidiness and reduced anti-social behaviour), child friendliness, access(ability) for all and health/ wellbeing.</p> <p>An action plan is in place for the strategy with short, medium and long term actions. 7 of Leeds parks have achieved the Green Flag Standard indicating a high quality with the ambition of extending this award to all 63 Community Parks. Ongoing work with community groups across fitness and other activities means 728 different events were recorded in 2022. Development of parks include increased tree planting and mixed use of parks for wellbeing activities</p> <p>Variation and gaps are considered through the parks technical team engaging with communities on what would be valued activities. Examples include working with the South Asian community to requested development of artificial cricket squares and outdoor gym equipment in parks likely to be more used by this group. Volunteering and park friends groups are active. There is a stated aspiration to connect with communities least connected to the greenspace offer. There is a recognition there are still gaps to close including facilities that may be valued by teenage girls and lead to greater sense of use, welcome and safety in parks. Access to parks generally is also recognised as poorer for those who potentially have greatest need for quality park space.</p> <p>There is strong work to connect with local communities as both a priority and as an approach to co-production and co-planning. Surveys in partnership with communities in 2018 helped shape the current strategy. There is a less clear route to feedback more generally on progress made towards the BLC Ask.</p>
<p>10</p>	<p>Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs. (Paul Foster, Transport Planning Manager, City Development)</p>

●	<p>For transport Leeds works both locally and closely with West Yorkshire partners to develop strategy and actions. The Connecting Leeds Strategy is supported by The West Yorkshire Transport Strategy 2040.</p> <p>Action plans are in place to 2024 and readily publicly accessible.</p>
●	<p>Fundamental to the strategy is public transport sufficiency such that car use is not a requirement to move around the city. To achieve this there are a range of measures to improve quality and enhance the overall travel experience. There is activity to improve the bus network, improving efficient road routes, timetabling, bus stops and interchange. Financial barriers have been reduced through the 'Mayor's Fairs'. Overall bus usage has seen an increase in passenger numbers.</p> <p>Community engagement and conversation is live and ongoing through a range of approaches. Local transport planning conversations, centred around the Community Committee boundaries, are being developed to involve local communities in local travel options. Significant work is underway to support low travel neighbourhoods where facilities are reachable through walking.</p> <p>Engagement it throughout the life course with children learning to ride bikes ('Bikeability') and engaging with active travel. "Walk it, Ride it" is a city-wide community co-produced movement towards healthier greener travel which has already trialled in some localities. Infrastructure development (e.g. bike lanes in Headingley) has adopted a greater conversational and relational approach to local stakeholders trialling options and iterations of local plans before committing to construction. Specific schemes have supported improved access and confidence for bus travellers with disabilities.</p>
●	<p>Feedback to communities through city wide information on progress is clear and transparent with the opportunity to feedback more closely to communities through the local transport plan approach.</p>

3.4 **Commentary**

3.5 The above is clearly a highly summarised picture and comprises a small part of the information gathered through the interviews on the actions and activities taking place to help meet the 10 Big Asks. The information collated through the interviews on progress, challenges and plans will comprise a fuller response drafted for each area and shared with communities through the Big Leeds Chat feedback approach.

3.6 **Strategies**

3.7 For most Asks there are clear strategies which overlap well with what was heard from people, examples include transport and greenspace. Some other areas are covered by a combination of local, regional and national strategies (e.g. primary care access). This to extent reflects the degree of local vs national delegation of powers in relation to these services areas.

3.8 There are also areas where strategies have been agreed but there is a less obvious route for the general people to read them or understand what actions have been taken as a result, or how they may join a conversation or an approach.

3.9 For some Asks there is no overall single strategy. This is potentially inevitable for BLC Asks which span a broad area of services. However, there is also potential to provide clearer join up for communities, particularly in relation to a community or locality approach to activities, places and 'offer'.

3.10 **Implementation Actions and Monitoring**

3.11 There is a similar picture across implementation actions and monitoring. For nearly all Asks there are an encouraging wealth of activities and positive examples heard within the interviews. For some Asks it is possible to access an action plan detailing these which is monitored and progressed. For some however this is less the case, meaning it is harder for communities to have an overview as to what actions are being taken, have been taken or are likely to be taken. This does not mean actions are not in progress but are harder to access or understand publicly.

3.12 **Working across variance and gaps**

3.13 It is encouraging that most Asks had evidence that actions consider variance, gaps and inequalities (including health inequalities). Mitigations are clearly in place for this in many areas. In some areas (e.g. physical activity) data may still be developing to demonstrate where gaps exist. Whilst there are mitigations in place it is less clear how strategies and plans consider how gaps may exist across several of the Big Asks (e.g. poor transport may be linked to poorer access to greenspace which may be linked to poorer mental wellbeing). The basis for working across Asks is present in the Local Care Partnership and Priority Ward working.

3.14 **Feedback to communities**

3.15 Across the Asks there was probably the greatest variability in the degree to which progress was fed back to communities and how they were involved in designing subsequent actions and activities.

3.16 Good consultation approaches and good initial feedback are not always followed up with a more engaged and longer-term dialogue. This would help communities feel more in greater control and have greater agency in developing the solutions to the 10 Big Asks they have made. Notwithstanding this were examples of excellent involvement and relational practice that may be more generally shared and learnt from collectively.

4 **Next Steps**

4.1 Critical to the Big Leeds Chat approach is providing feedback on the Asks people have made to the communities that made them.

4.2 For each Ask a public facing summary document is being prepared. This will summarise the original ask, the progress made, the barriers and challenges, the plans for the next steps / future and information where available on further detail and how to get involved in any activities relevant to each area.

4.3 It is proposed that the factual feedback is enhanced with good examples with how the Asks are being met. Provision to develop and/or use existing video where available could provide an easy to access and more engaging feedback approach.

4.4 The timeline to share back with communities is proposed to be Autumn 2023, taking where possible the opportunity to link the Big Leeds Chat Asks with the introduction of the refreshed Health and Wellbeing Strategy which has been influenced and developed with

the Asks as a core consideration. There is an opportunity to consider how communities may wish to take both feedback and actively engage with how the refreshed Strategy may be supported in their community.

4.5 Ongoing dialogue

4.6 The Big Leeds Chat Steering Group and the wider People's Voices Group in Leeds have proposed that the Big Leeds Chat approach evolve to a more ongoing approach to engagement. This means that the brand and approach of connecting decision makers with communities could be deployed when and where needed outside of a centrally organised Big Leeds Chat week or events. The principles of open discussion, going to where communities 'are', have been well established and provide a strong basis for a more relational approach to community and service development.

4.7 Fundamentally the Big Leeds Chat also needs to "chat". That is, to move beyond a single listening event and response cycle to a richer ongoing dialogue between the public and their services. This approach is characterised by being iterative and seeking successive refinement of approaches using principles of co-production and asset based in developing a service response.

4.8 To achieve this approach a refreshed model will be required drawing together a broader consideration of community engagement and consultation across health and local authority services principally, whilst centrally considering the innovative role of innovations such as asset based and community anchor approaches. This will need to be supported by stronger shared models of co-production and consideration of how community power and outcomes may be supported and enhanced. Doing this such that communities ultimately may answer a greater number of Asks within their own action and agency.

5. Health and Wellbeing Board governance

5.1 Consultation, engagement and hearing citizen voice

5.2 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.

5.3 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 (children and young people for example). Therefore, it needs to be read alongside other engagement and citizen voice approaches.

5.4 Equality and diversity / cohesion and integration

5.5 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.

5.6 Resources and value for money

5.7 There is no specific new resourcing required to enable the Big Leeds Chat to feedback to communities.

5.8 Legal implications, access to information and call in.

5.9 There are no legal implications of this report.

5.10 **Risk management**

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

6. Conclusions

6.1 Significant progress has been made in meeting the 10 Big Asks from communities. This statement is made in recognition that in significant areas of services, particularly GP access and mental health there are significant gaps to people achieving a degree of ease in accessing services which people have asked for.

6.2 It is however also clear that the opportunities to feedback to the public and engage them in the improvement of their city are not always taken up. A lack of ongoing dialogue potentially hampers public understanding and sentiment towards services and ultimately the public's perception of their value.

7 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made in meeting the 10 Big Asks identified through the Big Leeds Chat and address gaps in actions or reporting.
- Agree the feedback approach outlined in the paper including linking to the refresh of the Health and Wellbeing Strategy.
- Support the wider use of the Big Leeds Chat approach as an ongoing dialogue for engagement between decision makers and the public.
- Support work to establish greater ongoing dialogue and feedback with the public on the Big Leeds Chat 10 Ask areas developing a relational, conversational and co-production approach.
- Support the bringing forward of a further iteration of an engagement approach building on the achievements of the Big Leeds Chat.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

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's 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 feedback to communities over the next 6 months and determine routes to an ongoing dialogue between decision makers and citizens.

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	