HEALTH AND WELLBEING BOARD

THURSDAY, 21ST MARCH, 2024

PRESENT: Councillor S Arif and J Dowson in the Chair

Leeds Committee of the West Yorkshire Integrated Care Board
Tim Ryley - Place Based Lead, Leeds Health & Care Partnership

Directors of Leeds City Council
Victoria Eaton – Director of Public Health
Caroline Baria – Director of Adults and Health

Third Sector Joint Representative
Corrina Lawrence – Chief Executive, Feel Good Factor
Helen Hart – Chief Executive, BARCA

Representative of Local Health Watch Organisation
Jane Mischenko – Co-Chair, Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Clinicians Joint Representative
Jason Broch, Chief Clinical Information Officer
Sarah Forbes Chief Clinical Information Officer

Representative of Communities of Interest
Pip Goff - Director, Volition

32 Election of Chair

As Councillor F Venner, the Chair of the Board, had sent her apologies, Councillor S Arif was nominated and seconded to Chair the meeting.

RESOLVED – That Councillor S Arif be formally elected as Chair.

33 Welcome and introductions

The Chair provided updates on the following key events:

- Leeds charity Hamara Healthy Living Centre had won a national 2024 ‘GSK Impact’ award.
- New independent research commissioned by Leeds Academic Health Partnership ranked Leeds as a top UK health innovation hub.
- Hundreds of council flats in Leeds are set for a carbon cutting, money saving future with a £25 million energy efficiency improvements scheme.

- Leeds Trinity had formally launched the largest ‘Ask for Angela’ venue in the city where people can ask venue staff for ‘Angela’ if they are in fear of assault and they will be supported to safety / a safe return home
- The Council’s Public Health Resource Centre is calling on all businesses in the city to sign up to access free resources and signposting to encourage good health and wellbeing in the workplace.
- There had been a funding boost to the region’s flagship new healthtech innovation hub.
- Leeds and York Partnership Foundation Trust (LYPFT) appointed a new Deputy Director of Nursing.

34 Appeals against refusal of inspection of documents

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

35 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

36 Late Items

There were no formal late items.

37 Declaration of Interests

No declarations of interest were made.

38 Apologies for Absence

Apologies for absence had been received from Councillor F Venner, Councillor C Anderson, Councillor S Golton, James Rogers, Anthony Kealy, Paul Money, Hannah Davies, Dr Phil Wood, Rebecca Charlwood, Superintendent Dan Wood, Julie Longworth and, Sam Prince with Ruth Burnett substituting and Jonathan Phillips with Jane Mischenko substituting.

39 Open Forum

At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.

A member of the public John Prentis, representing Keep Our NHS Public attended and addressed Board Members, noting the following:

- Feedback had been agreed to be provided regarding a specific comment raised at the November 2023 meeting for an update regarding the process and impact for migrants of charges from accessing urgent health checks and care provision. It was highlighted that this had not yet been received.
- On a second matter, there was an inconsistency between information on the website for LTHT concerning the pace and progress of new hospital(s) at the Leeds General Infirmary site, as opposed to recent comments made by the Secretary of State for Health and Social Care to parliament relating to the timeline of the New Hospitals programme. The LTHT website was positive on hospital building progress whereas

Mr Prentis outlined the SoS had noted further review and development of the overall programme. He asked if LTHT would review their website to more accurately reflect the current national position.

- In the development of the new hospital, it was noted there was private health care provision for cancer patients. Mr Prentis asked whether, given that the NHS substantially trained clinicians who serve private patients, if this would create staff retainment issues for the NHS and/or increase health inequalities in the city – as private care would be only available to those with the ability to pay.

In response it was outlined that on the first matter, letters had been sent to relevant partners in regard to the migrant health update, initial responses had been received and a full response will be provided back to Mr Prentis once the final response had been received. The other two matters will be referred to colleagues at LTHT for a fuller response.

40 Minutes

RESOLVED– That the minutes of the meeting held on the 9th of November 2023 be agreed as a correct record.

41 Fairer Leeds (Leeds Marmot City Programme): Year One Update Report including Findings and Recommendations from the Institute of Health Equity Whole-system Review

The report of the Director of Public Health provided an update on the Marmot - Fairer Leeds programme at the end of Year one.

In attendance for this item were:

- Tim Fielding – Deputy Director, Public Health
- Sarah Erskine – Head of Public Health
- Dr. Tammy Boyce - Senior Research Associate, Institute of Health Equity

The Director of Public Health provided an overview, noting, the Council had entered the second year of a partnership with the Institute of Health Equity who were assisting with the adoption of the Marmot City programme and data analysis. Leeds was committed to adopting the Marmot City programme and the Board had oversight of the progress, with a drive to address health inequalities and social determinants for health. The update was provided to Members to outline the progress and reflections of the first year's development which informed the second year.

The following information was highlighted to Board Members:

- The programme had accountability with the Board and was to align with wider Council strategies. There was also a balance in analysing data and having focused action to address health inequalities supported by a systematic approach.
- The first year had raised aspirations, identified inequalities and social determinants of health and was the foundation for a long term project.
- Notable social determinants included gaps in life expectancy driven by deprivation, increased child poverty and a more diverse population

living in IMD decile one and increases in the numbers of children receiving free school meals. There was a rise for poverty 'in work', driven by low wages and income inequality.

- Compared to other core cities, Leeds measured unfavourably across some areas, related to poverty and health inequalities. Local recommendations were to focus on inclusive growth, with a refreshed strategy noted to be a good basis for influence and should go further to encourage employers to pay better wages and lift people and communities out of deprivation.
- Leeds data displayed low temporary accommodation occupancy with homeownership increasing and a fairly healthy private rented sector market.
- The Leeds data for children considered to be a healthy weight showed that the obesity rate for children was above the UK average.
- Physical activity rates for adults aged over 50 was fairly low and ways to improve this were outlined.
- The Institute of Health Equity had made fifteen recommendations, contained from page 59 of the report, to address health inequalities in Leeds under three aim headings; increase accountability, existing and future partnerships prioritise health equity and drive more effective interventions and evaluations and implement Leeds Marmot indicators.
- The eighth recommendation addressed differences in health outcomes for ethnic minorities. *'Ensure that the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities.'*
- Greater accountability and sharing good practice were required to identify what works to reduce health inequalities across the health and social care system.
- Using indicators, monitoring data, successes and failures and strong leadership were essential to improving public health outcomes.
- The first year of the Marmot programme had engaged with the Housing department, liaising with Senior Housing Managers, to identify where improvements were needed.
- The recommendations focused partnership work to scale up what works and share best practices.

The Board discussed the following matters:

- Emerging health inequality data after the Covid-19 pandemic had displayed an increase, particularly within inner city areas and also for ethnic minorities.
- As the findings had focused on partnership working, it was outlined that a wider range of partners should be involved including business, third sector and academia as well as schools and wider employers.
- The Leeds Learning Alliance were noted as a relevant partnership to potentially help ambitions in addressing inequality in social care and also schools were a good space for families to raise issues and access care.
- The approach was proposed to be aligned to existing structures and services to embed the Marmot programme throughout the system. The

process for doing so was discussed at working groups as an ongoing challenge as there still needed to be clear direction for accountability.

- There were radical changes needed to address health inequalities relating to housing, with selective licensing being utilised to ensure effective management of private rented properties in areas of deprivation.
- Work and employment related issues were alarming, with poverty for people in employment increasing. This was apparent in schools with the eligibility for free school meals rising significantly, which was a knock-on effect of low wages.
- The roll out of the work started in Lincoln Green was cited as an example of best practice. This was being developed city-wide to target people in deprived areas into good jobs in health and care and had the potential to be scaled up across different types of work.
- Partnership work, especially engaging with housing providers was essential to understand what services were missing. Better links with housing providers would identify gaps in operations and allow evaluation of the approach to inform the programme. Communication with tenants to understand the experience of selective licensing and attempt to take pressure off the poorest people was integral.
- The statistics were useful but lived experience was a powerful tool, particularly from less heard voices
- An infographic detailing lived experience consultation, created as part of the Institute of Health Equity review, was agreed to be shared with Members.
- Existing insight into people's experience living in Leeds had informed all iterations of the Marmot reports.
- Better connections between LTHT and Children's Services were suggested including better support for parents and understanding of life-course based approaches. A conversation across the Health and Wellbeing Board and Children's Board was suggested.
- The role of the third sector and community services was outlined as being essential, rooted in an approach based on prevention and early intervention. The challenges of funding and the rush to develop new projects when existing third sector ones were struggling to be mainstreamed was noted.
- In summary it was noted that to further develop partnership working a change in culture, with everyone focused on health inequalities was needed. This should involve the identification of gaps, understanding the evidence and the importance of scaling up projects that have the greatest impact.

RESOLVED –

a) That the progress of the Marmot - Fairer Leeds programme in Year 1, be noted.
b) That the findings of the IHE 'Whole system review' and commitment to supporting delivery of the IHE recommendations, be considered and noted.

42 Progress of the Leeds area Special Educational Needs and Disabilities and Alternative Provision Partnership Board

The report of the Leeds area SEND and AP Partnership Board provided an update on the newly re-established Leeds area SEND and AP Partnership Board which brings together local partners with a shared aim.

The following attended the meeting to present the item:

- Dan Barton – Deputy Director for Learning, Children's and Families, Leeds City Council.

The Board was provided with the following information:

- This was the first update report to the Health and Wellbeing Board regarding the new developed SEND strategy. The aim was to progress a greater strategic alignment between health, social care and education across childhood and the transition to adulthood.
- The pillars upheld by the Leeds area SEND and AP Partnership Board were noted as, strategy development, inclusion, self evaluation and joint, shared partnerships, including joint chairship between representatives of the NHS and LCC.
- Members were asked to note the updates on recent progress in key areas relating to the current Everyone's Included: 2022-27 Leeds SEND and Inclusion Strategy.
- Working groups were proposed to develop improvement plans for each area identified in consultation with stakeholders across the city.
- Key working groups to the Board are currently focused on joint commissioning, provision sufficiency, listening to people's needs, influence and change, transparency, neuro-divergency, workforce training and practices and data analysis.
- It had been recognised that communications need to be clearer with parents and stakeholders and therefore messaging will, in future, outline the progress of the framework and the offer to people with special education needs, focused on provision for Social, Emotional and Mental Health (SEMH) needs, planned trauma informed practice, the national change programme, life support action plans and arrangements for self evaluation.

During discussions, the following matters were considered:

- The commitment to listening to people's lived experience, parents and young people was welcomed. This was noted given recent local and national protests from parents and care providers around the lack of access to SEND provision and that this was exacerbated by the broader financial and cost of living context for them. It was hoped that people will engage positively with the Board, and it was noted that the position in Leeds was better than some other areas. It was however also noted that Leeds had fewer children with a formal Education Health and Care Plan than may be predicted from its demographic profile and the reasons and actions in relation to this needed further development.
- The Board noted there was a preference for visiting people and families in more comfortable settings, such as at home, schools or

forum events, for open dialogue. This was part of the approach being adopted and this was welcomed.

- The testing of a new approach, referenced on page 69 of the report, and its impact on waiting lists was queried. In response it was noted that an independent review of processes had been conducted which identified new opportunities to increase productivity through technological solutions, such as e-forms, with the aim of improving parents and family experiences. The back log of requests was to be separated and addressed and new entrants will come through the more streamlined approach.
- The question of the right balance between extended processes for assessments or diagnosis as opposed to access to services and direct help for teachers and parents to support children was made. In response it was agreed there was a requirement for a perception shift so that assessments weren't required for all cases and the right skills were available to provide support, for instance in every classroom. As assessment lists experience backlogs and some care requirements, particularly in areas of deprivation, may be less visible or hidden, training for identification and provision for special needs were required for front line practitioners and teachers. This training should include meeting needs prior to a diagnosis.
- It was noted that assessments and diagnoses were a route for schools to access financial support to employ staff or otherwise enable additional support for a child. However, workforce skills and sufficiency gaps meant that it was not a certainty that the identified help was always able to be provided to a child even where funding and need had been established.
- An update was agreed to be provided back to Members regarding plans for system leadership, partnership working, unexplored capacities and recruitment challenges. Recruitment was identified as complicated challenge with the same pool of staff across the services within health and care systems.

RESOLVED –

a) That the proposed revisions to the Leeds area SEND and AP Partnership Board's terms of reference, including new operational structures and thematic priority areas, be agreed.
b) That the updates on recent progress in key areas relating to our current Everyone's Included 2022-27 Leeds SEND and Inclusion strategy, be noted.
c) That the updates on planned work to ensure rigorous local self-evaluation which will inform revision and refresh of our local SEND and inclusion strategy, be noted.
d) That the Board encourage ongoing engagement of key partners across education, health, and social care services in the Leeds area SEND and AP Partnership Board and planned activity as detailed in the report.

43 Pharmacy provision in Leeds

The report of the Chief Officer, Consultant for Public Health provided an update about the position of the Health and Wellbeing Board in relation to its role in pharmacy provision.

The following were in attendance for this item:

- Caron Walker – Chief Officer, Consultant for Public Health

The following information was provided to Members:

- The report had been brought to the Board as an update of the broad approach to the Pharmaceutical Needs Assessment which will be required to be signed off every three years. This agreed assessment process will expire in September 2025 and a pre-plan had been prepared.
- The report set out the proposed plans and was overseen by the Board. An update was to be brought every six months, with the specific responsibilities of the Board contained within the report.

The following matters were identified during discussions:

- The new role of pharmacies and the qualitative aspect were queried, in response it was outlined that pharmacy provision was available online which helped address capacity and location issues.
- The nature of provision had changed with direct clinical and dispensary services available at pharmacies. It was noted that information for this was included as part of the assessment plan.
- The Chief Officer, Consultant for Public Health, was thanked for leading this additional work, alongside her usual work commitments.

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RESOLVED –

a) That the responsibilities of the HWB in relation to pharmaceutical service provision in Leeds, be noted.
b) That the information within the notification log, which will be shared with the HWB six monthly as described above, ahead of each public meeting, be considered.
c) That the proposed process outlined in this paper in regularly updating the HWB of changes to pharmaceutical service provision in Leeds, be agreed.

(Councillor S Arif left the meeting at the end of this item)

44 Election of Chair

As the Chair, Councillor S Arif, had to leave the meeting, Councillor J Dowson was nominated and seconded as the Chair for the remainder of the meeting.

RESOLVED – That Councillor J Dowson be formally elected as Chair.

45 Leeds Suicide Prevention Action Plan (2024-27) and Leeds Suicide Audit (2019-21)

The report of the Director of Public Health/Leeds Strategic Suicide Prevention Board outlined the development of the Leeds Suicide Prevention Action plan - overseen by the Leeds Strategic Suicide Prevention Group with support from

the Suicide Prevention Network which demonstrated the strategic and collaborative approach.

The following were in attendance for this item:

- Caron Walker – Chief Officer, Consultant for Public Health
- Rachel Buckley - Health Improvement Principal (Public Mental Health)
- Jules Stimpson – Operations Manager – Leeds Mind

The following information was provided to Members:

- The audit was based on Coroner's records from the previous three years and was surveying all data from suspected suicides.
- The action plan was to be retained for three years and, although based on data, it was outlined that every statistic was a real person and support was offered to provide care for the associated trauma.
- The plan took a collaborative approach with data provided by the Office of National Statistics and from a previous Leeds Suicide Audit (2019-2021). There was a prevention group which met quarterly with attending partners noted as the NHS, ICB, primary care providers, Local Authorities, Highways, West Yorkshire Police, British Transport Police and the third sector.
- A network was led by Leeds Minds and facilitated guest speakers and launched campaigns.
- Data was gathered in real time for suspected suicide, with an email provided by the Police each week, including demographic data.
- Leeds averaged 11.89 suicides per 100,000 people which was the highest rate for any core city in the UK.
- The action plan was based on evidence and insight, with toxicology reports and Police statements providing a deep understanding of each case.
- There had been 194 suicides reported within the Leeds Suicide Audit (2019-2021) understood through 156 pieces of information outlining the high level data set and analysis.
- The audit allowed for a demographic breakdown through ethnicity, work and housing data. There were 26 recorded risk factors, with addiction and relationship issues being the most common cause for suicide. The audit would seek to understand the circumstances of deaths and inform signposting to access services.
- A Ward breakdown of statistics outlined that residents of inner city areas were more at risk, with poverty being a risk factor. Common risk factors were recorded, with both minor and major mental health issues taken seriously. Risks commonly occurred together, with most suicides averaging six risk factors. The best approach was to target efforts and understand the interconnectedness of risk.
- Real time data surveillance aimed to identify trends, allow timely postvention, join up partnership work, address potential clusters, assist with related trauma and provide an appropriate community response.
- Community and secure, safe places were important for care provision. Prevention methods and lives of individuals were complex and required calculated care.

- There were six key areas for prevention in the action plan noted as, addressing common risk factors through strategic leadership, an annual grant for the third sector, bereavement services, a compassionate approach to location, sensitive media reporting and making suicide everyone's business.
- There were courses available for staff and volunteers, including the 'check in with your mate' programme and collaborative work had been done with Leeds Rhino's to address stigmas and promote talking about mental health.
- A QR code was provided which led to information regarding advice and signing up to relevant programmes. A press release was due to promote the programmes and to promote the importance of open conversation, workplace plans and practises and a language guide.
- Seven asks of Members were contained in the recommendations.

During discussions with the Board, the following matters were considered:

- It was confirmed that the real time data was collated by Leeds Mind and the Police provided a spreadsheet each week with data for analysis and to identify connections; there was also the ability to go back and raise questions with the Police. Public Health data from previous years was also reflected on to identify trends.
- Families and friends were contacted and offered support as bereavement was a significant risk factor.
- The ICB conducted suicide prevention training which was built into the training programme.
- Work on predictive analysis was suggested to be linked internationally with new AI technology being able to predict risk at up to 75% accuracy with further technological improvements expected.
- GP records were suggested to input into risk factor analysis alongside training and awareness across primary care to make staff aware and alert to risk. A strategic approach was being tested for data systems flagging suicide risk factors and could be linked to GP surgeries.
- Cyberbullying was not contained within the audit, but national data gathering was in progress and a children's and young people action plan was to be checked for further information on this issue.
- There was the ability to challenge the Coroner on their reports as they complied evidence for a decision but did not pro-actively gather extra information, however, the extent of their workload was understood.
- A multiagency approach had been positive for professional judgement of causes and risk and helped push ethics and morality, with an increased ability for the activation of the Mental Health Act in circumstances that posed high risk.
- Analytics were appreciated and necessary but understanding and talking to people was the best reduction method as each case was complex. Risk assessments were practical but less personal, more informal health care with friends and groups were often more successful.
- Strategic prevention was to be prioritised to track trends, such as areas which were at a greater risk. It was noted that there was a trend for

smaller towns to be experiencing increased rates and risk. Data and evidence were to be used to target areas of increased risk.

- The IMD 1 for suicide noted men were at the most risk of suicide. Data for students displayed a decrease in suicides but was more apparent in news and media reporting. The whole picture needed to be understood and reported sensitively in the media.
- People suffering with suicidal thoughts may present themselves to a primary care provider with a physical condition and improved training methods were to help with risk factor identification.
- Ambassadors had been working in communities with a closer connection to people who may be in isolation and who would not contact formal support. Local shops and other amenities such as barbers were a good place for people, who may be off the radar of services, to talk and posters had been used for people to identify community ambassadors.
- Third sector and community groups were a good arena for open conversation and connecting people who may live in isolation. Listening to people's problems and what will help them was preferred rather than imposing needs upon them by formal services.

RESOLVED –

a) That the headlines of the report which include the most recent data on suicide, references to the published evidence of what works to prevent suicide and findings from the latest Leeds Suicide Audit (2019-21), be noted.

b) To have assurance on the Leeds Suicide Prevention Action Plan (2024-27), the collaborative approach taken in developing it and plans for delivery.

c) To support Priority 6 of the Leeds Suicide Prevention Action Plan that Suicide Prevention is everybody's business - whereby actions can be taken across all organisations in Leeds. These include a commitment to;
    - Recognising that suicide is preventable
    - Providing quality suicide prevention training for staff and volunteers
    - Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
    - Becoming a suicide prevention champion and supporting others to do so
    - Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
    - Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.
    - Developing and delivering programmes of work to prevent suicide

d) To support the work of the Leeds Strategic Suicide Prevention group in advocating for improved recording of protected characteristics, especially ethnicity data, via the Coronial process, by co-signing a letter to HM Chief Coroner alongside the Leeds Adults, Health and Active Lifestyles Scrutiny Board.

46 Health Protection Board Report

The report of the Health Protection (HP) Board provided an overview of the progress made of the Health Protection System for 2023. This report further provided the Board with an outline of the fifth report of the Leeds Health Protection Board since it was established in June 2014.

The following were in attendance for this item:

- Dawn Bailey – Chief Officer, Public Health (Adults and Health)
- Sharon Foster – Head of Public Health (Adults and Health)

The following information was provided to Members:

- The Health Protection Board was a statutory duty under Public Health and dealt with response plans for infectious diseases, waste and environmental hazards and was centred around pandemic responses.
- Emerging from the Covid-19 pandemic, the service had been busy activating outbreak plans and was now engaged with developing further pandemic plans, protecting the city, region, and country from new and emerging diseases.
- Within the health system, the HP Board held a leadership role for preparations and worked with partners to create robust plans for all eventualities.
- With social care reform in 2014, health protection had become fragmented but through the work of the HP Board the service's duties in Leeds were clear.
- The HP Board was partnered with the UK Health Security Agency and was in a good position to roll out key preventative methods, such as community outbreak management and control.
- Current outbreak risks were outlined as monkeypox, scabies and measles with recent activation plans developed.
- Vaccinations for MMR, Covid-19 and flu were noted to have a fairly low uptake and were encouraged, particularly for more vulnerable people. There were 20 programmes being run in schools for MMR vaccines.
- The role of the third sector was strong for connecting to the community and will to be involved in discussions at future HP Board meetings.
- Recent achievements of the service were methods to improve and protect against air quality issues and adaptability methods for adverse weather to protect the vulnerable. Holistic Needs Assessments were being run for respiratory illness.
- Infographics for protection from monkeypox, particularly focused towards children and their care providers had been produced.
- The progress of the HP Board was outlined as, monitoring over 100 indicators, acceleration of partnership work, better practises for addressing tuberculosis, good outbreak management plans, anti-biotic resilience plans, and addressing air quality and climate change impacts.
- Work for care provision and public health protection for asylum seekers was ongoing in regard to check ups and screening, with work focused in areas of deprivation and where people were most vulnerable.

The following matters were identified during discussions:

- Members were struck by the scope of the HP Board's work and appreciated the work on the increased threat of climate change and the impact on demand for services.
- Members suggested it would be prudent for the Board to consider an item on preparedness for outbreaks and the impact of climate change at a future meeting.
- Methods for better leadership as a city were focused on connectivity and travel to understand how and where we are living and how it affects health and the implications it can have on wider communities.
- Prevention and proactiveness allowed a better approach to predict where an outbreak may occur and was understood to be heavily impacted by inequality, with housing quality and the potential for overcrowding worsened.
- Scabies outbreaks were challenging and often appeared due to living conditions.
- The uptake for the new alarm system, sent to people's phones, for air quality issues was continuing to be progressed with clinicians engaged and with greater promotion.

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RESOLVED –

a) That the progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022, be noted.
b) That the case studies highlighting the approach to managing significant infectious disease outbreaks in the city, be noted.
c) That the key achievements, and targets for 2024, setting out recommended actions for the next 12 months, be noted.
d) That comments on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city, be noted.

47 Date and Time of Next Meeting

RESOLVED - To note the date and time of the next meeting as Tuesday the 23rd of July 2024 at 9:00am.