



HEALTH AND WELLBEING BOARD

Meeting to be held **REMOTELY** on
Wednesday, 20th January, 2021 at 1.30 pm
(Pre-meeting for Members of the Board at 1.00 pm)

MEMBERSHIP

Councillors

R Charlwood (Chair)
F Venner
A Smart

S Golton

N Harrington

Representatives of Clinical Commissioning Group

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group
Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Sal Tariq – Director of Children and Families

Representative of NHS (England)

Anthony Kealy - NHS England

Third Sector Representative

Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Paul Money – Chief Officer, Safer Leeds
Supt. Jackie Marsh – West Yorkshire Police

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
2			<p>WELCOME AND INTRODUCTIONS</p> <p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
3			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

4

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration

(The special circumstances shall be specified in the minutes)

5

DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

6

APOLOGIES FOR ABSENCE

To receive any apologies for absence

7

OPEN FORUM

Opportunity for the Board to hear and respond to questions or deputations from members of the public on areas within its remit.

(Please note that as the meeting is taking place virtually, up to three questions / deputations received in advance will be read out at the meeting and others responded to outside of the meeting)

8

MINUTES

To approve the minutes of the previous Health and Wellbeing Board meeting held 30 September 2020 as a correct record.

7 - 14

OVERVIEW OF THE LEEDS COVID-19 VACCINATION PROGRAMME

To consider the report of the Leeds Bronze COVID-19 Vaccination Steering Group that provides an overview of the Leeds COVID-19 Vaccination Programme setting the context for the 20 Jan 2021 meeting, where greater detail will be provided. This is in recognition of the fast paced changing nature of the rollout and will enable as up to date information as possible to be shared. The information provided in this report is correct as of 6 Jan 2021. For the latest information please visit the [Government website](#) and the [NHS website](#). For information on the local programme please visit the [NHS Leeds CCG website](#).

DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday 18th February 2021 at 10.00 a.m.

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 30TH SEPTEMBER, 2020

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, N Harrington, and F Venner

Representatives of Clinical Commissioning Group

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group

Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

Gina Davy - Head of System Integration, NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Victoria Eaton – Director of Public Health

Cath Roff – Director of Adults and Health

Sal Tariq – Director of Children and Families

Representative of NHS (England)

Lou Auger - Head of Operations and Delivery, NHS England

Third Sector Representative

Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Hannah Davies – Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Julian Hartley – Leeds Teaching Hospitals NHS Trust

Thea Stein – Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Simon Hodgson – Head of Community Safety

Representative of Leeds GP Confederation

Gaynor Connor – Director of Transformation, Leeds GP Confederation

1 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

On behalf of the Board, the Chair thanked everyone in Leeds for working together to respond to the COVID-19 crisis, and recognised the key role of the Board in the strategic response moving forward.

The Chair also congratulated and welcomed Dr Jason Broch as the new Clinical Chair for NHS Leeds CCG replacing Dr Gordon Sinclair who retired earlier in the year.

2 Appeals against refusal of inspection of documents

There were no appeals.

3 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

4 Late Items

There were no late items.

5 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

6 Apologies for Absence

Apologies for absence were received from Councillor G Latty, Jim Barwick, Anthony Kealy, Paul Money and Supt. Jackie Marsh.

Councillor N Harrington, Gaynor Connor, Lou Auger, Gina Davy and Simon Hodgson were in attendance as substitutes.

7 Questions and Public Deputations

Dr Ruth Gelletlie, Living Streets Leeds, submitted a written statement to the Board as follows:

'How will the NHS work with partners to support measures to increase physical activity among the communities they serve in the proposed Active Travel Neighbourhoods?'

Physical inactivity is a major cause of ill health in Leeds, being a risk factor for diseases such as dementia, cardiovascular diseases, diabetes and many cancers. Evidence shows building exercise into our daily lives is the best way to tackle this. Active travel, walking and cycling instead of using the car, especially for short local journeys, also helps to improve air quality, and can contribute to tackling a key cause of the climate emergency.

Leeds City Council has a long-standing ambition and programme of work to promote active travel. Since lockdown this has been given new momentum,

when Leeds successfully bid for funds from the Government's Emergency Travel Fund to support its Connecting Leeds COVID-19 Transport Response. This includes proposals to create active travel neighbourhood schemes in Hyde Park, Holbeck, Lincoln Green, Chapeltown, Beeston and Otley. The aim is to make more space for walking and cycling by closing roads to through traffic and to help deter 'rat-running'.

The introduction of such schemes in Waltham Forest has produced demonstrable health benefits. The need for interventions to increase levels of physical activity has never been greater. The NHS has a key role to play in both supporting the introduction of these local schemes and using every clinical contact to encourage their patients to embrace the opportunities for walking and cycling locally.'

Members recognised the importance of the issue, and in particular, the challenge of engaging in physical activity throughout the winter months, especially for older people. Partners highlighted some of the initiatives in place across organisations in Leeds to encourage healthy and active lifestyles, including a new referral pathway that has been introduced, enabling NHS partners to refer patients to the Council's Active Leeds service for a range of activities including green travel. Additionally, it was noted that the Council provides Physical Activity Champion training to support people to give others the tools to become more active, and there are now 55 champions across the city.

8 Minutes

RESOLVED – That the minutes of the meeting held 20 February 2020 be approved as an accurate record.

9 Refreshing the Leeds Maternity Strategy

The Leeds Maternity Programme Board submitted a report that provided an overview of refreshing the Leeds Maternity Strategy. The Chair noted that before the meeting, members took part in a listening exercise to hear the experiences of people from different Black, Asian and Minority Ethnic communities and how they experience the maternity service. The Chair thanked the people who spoke to the Board and the importance of putting people's voices at the heart of decision making.

The following were in attendance:

- Jane Mischenko, Lead Commissioner for Children and Maternity, NHS Leeds Clinical Commissioning Group
- Sue Gibson, Head of Midwifery, Leeds Teaching Hospitals NHS Trust

Representatives delivered a presentation, highlighting the following:

- Maternity services as a strength for the city and an example of the health and care system working together positively in an integrated way to give every baby having the best possible start in Leeds.
- Priorities identified for the next five years are strongly informed by both local population data from the Leeds Maternity Health Needs Assessment (available on the Leeds Observatory) which was completed in 2020 and welcomed as a great resource for the partnership in refreshing the strategy, and the insight that comes from listening to what matters to the women and families of Leeds;
- Leeds has been rated amongst the top 5 for staff kindness, patient experience and overall quality of care in the last two years;
- Upcoming reconfiguration of hospital maternity services into one of the new hospitals;
- Significant health inequalities in the city, in line with the national picture, people from Black and Asian communities have poorer access and outcomes, which is addressed as a key priority in the refreshed strategy moving forward.
- Overview of the proposed draft priorities of the refreshed Leeds Maternity Strategy, which has been drawn from the data and various routes of engagements.

Members discussed a number of matters, including:

- Members thanked Jane Mischenko, Sue Gibbs, their teams and the approach taken by the Leeds Maternity Programme Board in refreshing the Leeds Maternity Strategy and the reconfiguration of hospital maternity services welcoming the level of engagement, which was highlighted as good practice.
- Members emphasised the importance of ensuring our engagement reaches people who would not normally participate in formal consultations and welcomed the approaches taken to enable this.
- Ensuring that people continue to be fully supported in accessing maternity services during COVID-19 and welcomed the focus on putting women and families at the heart of those services.
- *Foetal Alcohol Syndrome*. Members highlighted the need for future strategic plans to include specific focus on public awareness of drug and alcohol misuse during pregnancy, and early detection and diagnosis of Foetal Alcohol Syndrome. It was noted that the Best Start Plan addresses health and wellbeing of expectant mothers from conception, and specifically addresses the risks of drug and alcohol misuse and around the wider determinants of health and wellbeing.
- *Recognising differences across BAME and other protected characteristics*. Members noted the importance of recognising the risk of poorer outcomes for black and minority ethnic groups, and welcomed further discussions to:
 - The importance of acting on the challenge that black women are five times more likely to die in child birth. Members welcomed having peer support as a priority, which can play a key role in tackling this issue as well as addressing the needs of black and minority ethnic

- women in maternity medical training. Sue Gibbs welcomed the opportunity to follow this up with Alison Lowe outside of the meeting.
- Ensuring that the strategy supports women who have been subject to Female Genital Mutilation (FGM).
 - Ensuring that the strategy supports LGBT people, particularly around accessing IVF treatment.
 - Consider how Members can improve Better Parent Education reflecting on the discussions from the listening exercises such as through the Leeds Health and Care Academy and wider system interventions in areas experiencing the highest levels of deprivation, particularly minority ethnic communities.
 - Identify individual differences, religious beliefs and cultural experiences of minority ethnic groups, and provide support accordingly, as opposed to a blanket approach for all BAME groups.

The following actions were identified as follows:

Task to Estates Programme Board: Following on from centralisation of hospital maternity services – the need for help in identifying appropriate estate to progress the development of the first integrated/ maternity community hub in Harehills and in addressing any transport issues to get to new hospital.

Task to Workforce Board: Opportunities to develop a workforce that represents our communities e.g. expanding the Haamla doula model of volunteers/ and recruitment of support workers from representative communities.

Task to Thea Stein as SRO for LCPs to explore with Leeds Maternity Board: Identifying and recognising opportunities at a local level for effective integrated working (LCP/ Best Start zones/ Early Help Hubs)

RESOLVED –

- a) To note the actions set out above to be taken forward by partners;
- b) To note the Board's discussion of the development of the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.

10 Going further with integration - Progress as a city and the contribution of the NHS Leeds CCG's Shaping Our Future Programme

The Chief Executive, NHS Leeds CCG, submitted a report that described the central relationship between establishing greater levels of person-centred integrated care and achieving the city's vision to be a healthy and caring city for all ages where the poorest improve their health the fastest; and the direction of travel as a city towards person-centred integration including the CCG's Shaping Our Future Programme, the Leeds Health and Care Integrated Commissioning Framework and the development of more integrated provider networks.

The following were in attendance:

- Gina Davy, Head of System Integration, NHS Leeds Clinical Commissioning Group
- Sam Jones, Centene

Representatives delivered a presentation, highlighting the following:

- NHS Leeds CCG Strategic Commitments, ambitions and focus on integrated care to reduce health inequalities;
- An overview of the 'Shaping our Future' programme to design and implement a new operating model which ensures the CCG commissions and facilitates change in a way that incentivises person-centred integration, prevention and a much longer term focus;
- An overview of good practice models of health and care integration that Leeds could use to inform their approach.

The Chair noted that a future workshop discussion would take place to look in more detail at the models and actions for health and care partners that would include developing commissioning principles for integrated models.

RESOLVED –

- a) To note the direction of travel being progressed across the city towards integration, person-centred integrated care and in particular NHS Leeds CCG's Shaping Our Future programme;
- b) To note the Board's intention to hold a further development session to further discuss whether the ambition for integration and person-centred integrated care is challenging enough, and identify what the Health and Wellbeing Board will do to support the delivery of the ambition for integration and person-centred integrated care.

11 Leeds Carers Partnership Strategy

The Leeds Carers Partnership submitted a report that presented the new Leeds Carers Partnership Strategy, 'Putting carers at the heart of everything we do'. The strategy sets out 6 priorities that the Leeds Carers Partnership propose are the key areas that we need to focus on in order to promote the health and well-being of carers in Leeds, and to reduce the health and financial inequalities that carers experience due to caring. The report also provides an overview of the engagement processes undertaken in developing the strategy and outlines governance arrangements and the next steps required to deliver this ambitious citywide partnership strategy.

RESOLVED –

- a) To agree the Leeds Carers Partnership Strategy and its six priorities which are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement;

- b) To support the strategy framework which will enable all partners to contribute to, and hold each other to account for, commitments, actions and performance;
- c) To note the progress made by the Leeds Anchors Healthy Workplace around working carers (see Appendix 2), the next steps outlined and agree to receive an update on this work in Quarter 3 2021.

12 Living with Dementia in Leeds - Our strategy 2020-25

The Leeds Dementia Partnership submitted a report that provided an overview of progress made since the previous strategy “Living Well With Dementia In Leeds” was produced in 2013; and the development of a refreshed strategy for the period 2020-25 (Appendix 1).

RESOLVED –

- a) To agree the strategy document “Living With Dementia In Leeds - our strategy 2020-25”;
- b) To note the establishment of the Leeds Dementia Oversight Board, and its role to oversee the Leeds Dementia Action Plan and ensure the strategy is implemented;
- c) To support the strategy, through its members’ leadership roles.

13 Leeds Health and Care Climate Commitment

The Leeds Anchors for Sustainability Taskforce submitted a report that provided an overview of the draft Leeds Health and Care Climate Commitment for approval and the context for its development and the challenges that will be faced in order to reduce emissions across the health and care sector.

RESOLVED – To approve the Leeds Health and Care Climate Commitment.

14 Going further with integration: Working in Partnership to Tackle Health Inequalities

The Board received, for information, the report of the Chief Executive, NHS Leeds CCG, that set out, in the context of the Shaping Our Future (see item 10), the process for the NHS Leeds CCG Health Inequalities framework (see Appendix). It also introduces the work of the new Tackling Health Inequalities Group (THIG) and its emerging priorities.

RESOLVED – To note the contents of the report.

15 Leeds BCF Q4 2019/2020 Monitoring Template

The Board received, for information, the joint report of the Chief Officer for Resources and Strategy and the Head of Strategic Planning that informed the

Health and Wellbeing Board of the contents of the Leeds BCF Q4 2019/20 Template.

RESOLVED – To note the contents of the report.

16 Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, the report of the Leeds Health and Care Partnership Executive Group (PEG) that provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the period ending June 2020.

RESOLVED – To note the contents of the report.

17 Connecting the wider partnership work of the Leeds Health and Wellbeing Board

The Board received, for information, the report of the Chief Officer for Health Partnerships that provided a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

RESOLVED – To note the contents of the report.

18 Date and Time of Next Meeting

The next meeting will take place on Thursday, 10th December, 2020 at 10 a.m.



Report of: Leeds Bronze COVID-19 Vaccination Steering Group

Report to: Leeds Health and Wellbeing Board

Date: 20 January 2021

Subject: Overview of the Leeds COVID-19 Vaccination Programme

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

This report provides a high level overview of the Leeds COVID-19 Vaccination Programme and rollout setting the context for the 20 Jan 2021 meeting, where greater detail will be provided. This includes:

- Arrangements for the Leeds COVID-19 Vaccination Programme
- Types of vaccination settings
- Prioritisation of people and staff and tackling health inequalities
- Workforce implication

It is a fast moving programme and the information provided in this report is correct as of 6 Jan 2021. For the latest information please visit the [Government website](#) and the [NHS website](#). For information on the local programme please visit the [NHS Leeds CCG website](#).

Recommendations

The Health and Wellbeing Board is asked to:

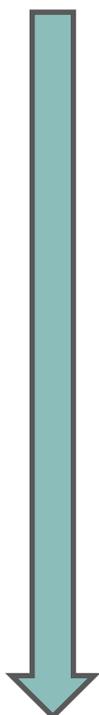
- Support the work to date in developing and implementing the Leeds COVID-19 Vaccination Programme.
- Support and provide feedback on aligning the Leeds COVID-19 Vaccination Programme roll out in line with the health and care system's approach to tackling health inequalities.

1 Purpose of this report

- 1.1 The purpose of this report is to provide an overview of the Leeds COVID-19 Vaccination Programme setting the context for the 20 Jan 2021 meeting, where greater detail will be provided. This is in recognition of the fast paced changing nature of the rollout and will enable as up to date information as possible to be shared. The information provided in this report is correct as of 6 Jan 2021. For the latest information please visit the [Government website](#) and the [NHS website](#). For information on the local programme please visit the [NHS Leeds CCG website](#).

2 Background information

- 2.1 In response to the COVID-19 pandemic, England was placed in its third national lockdown on Mon 04 Jan 2021 with restrictions coming into law on Weds 06 Jan 2021 (further information is available <https://www.gov.uk/guidance/national-lockdown-stay-at-home>). The decision follows a rapid rise in infections, hospital admissions and case rates across the country with hospitals under more pressure than they have been at any other point throughout the pandemic. This drastic jump in cases has been attributed to the new variant of COVID-19, which scientists have confirmed is between 50 and 70 per cent more transmissible.
- 2.2 While challenging for the people of Leeds, the key difference between this and previous lockdowns is the availability of two effective vaccines for COVID-19, which is a huge step forward and is the best way to protect the most vulnerable. The key milestones for the vaccine roll out include:



02-08 Dec 2020: Following extensive trials, the first safe and effective vaccine for COVID-19 was approved by regulators and made available to priority groups, initially at 50 hospital hubs across the country. This signalled the start of one of the largest vaccination programmes in history. Leeds Teaching Hospitals was one of the first 50 'hospital hub' sites chosen to take delivery of the Pfizer BioNTech, with NHS staff from across the city providing vaccinations to the [priority groups identified by the Joint Committee on Vaccination and Immunisation](#) (JCVI).

15 Dec 2020: A landmark event in Leeds as three Primary Care Networks became the first to deliver the COVID-19 vaccine in a primary care setting. GP practice staff in Leeds joined GP practices in more than 100 locations in England in offering the vaccine to patients on this day.

30 Dec 2020: A further important step in the country's efforts to tackle the coronavirus pandemic, as the Medicines and Healthcare products Regulatory Agency (MHRA) approved the Oxford-AstraZeneca vaccine. This is a major development and will mean the vaccination programme can be expanded to reach significantly more people in a wider range of locations as supplies become available as it much easier to store and transport than the Pfizer BioNTech vaccine.

- 2.3 In Leeds, the SRO (senior responsible officer) leading the Leeds COVID-19 Vaccination Programme is Sam Prince (Chief Operating Officer, Leeds Community Healthcare NHS Trust). This is part of the regional programme, with the lead provider being Leeds Teaching Hospitals NHS Trust. Dr Phil Wood (Chief

Medical Officer, Leeds Teaching Hospitals NHS Trust) is the SRO for the Vaccine Programme, West Yorkshire and Harrogate Health and Care Partnership.

- 2.4 The Leeds Bronze COVID-19 Vaccination Programme Steering Group has been established as part of the citywide command and control arrangements and is rooted in the 'Team Leeds' approach. This involves the full range of local partners including all NHS Trusts, Leeds City Council and the third sector, as well as HR, intelligence and communications leads. A series of subgroups are in place, covering key areas such as logistics, workforce and comms.
- 2.5 A plan is also being developed to tackle health inequalities and ensure an equitable roll out of the vaccine. This includes ongoing work from the Leeds Academic Health Partnership (LAHP) to build on the knowledge from the flu and other local programmes to understand the evidence for best practice in mass vaccination programmes. This includes insight into what works in communities. Healthwatch Leeds is also conducting regular public surveys to understand public opinion and build knowledge of the vaccine programme.
- 2.6 To get this far has been a full collaborative partnership effort with health and care system working together to deliver this crucial moment as Leeds forms part of the first wave of one of the largest immunisation programmes in history. Developments are taking place at considerable pace and the information provided in this report reflects the picture at the time of writing. The Leeds COVID-19 Vaccine Programme represents the best of Team Leeds pulling together key services to mobilise workforce, buildings and plans.
- 2.7 The Leeds COVID-19 Vaccination Programme is the light at the end of the tunnel. It will save lives, improve health and wellbeing and enable us to gradually re-open the parts of the Leeds' economy that are currently struggling and/or closed. However, in all of this, it is essential to highlight and be responsive to the significant pressures facing the health and care system and the impact on organisations and staff in responding to rising COVID-19 cases, a third national lockdown, the vaccine roll out and the impact on their day to day lives and their families.

3 Main issues

Roll out of the Leeds COVID-19 Vaccination Programme

- 3.1 By 10 January 2021, approx. 47,000 vaccines will have been administered in Leeds. This is part of extensive planning to deliver one of the largest vaccination programmes in history, providing four different delivery methods:
- **Hospital Hubs:** In Leeds, this is at the St James's University Hospital, hosted by the Thackray Medical Museum (Leeds Teaching Hospital NHS Trust), and The Mount (Leeds and York Partnership Foundation NHS Trust).
 - **Local Vaccine Services (provided by GPs and Pharmacies):** Since 04 Jan, Primary Care Networks (PCNs) have been in the position to vaccinate their patients, offering citywide coverage following a phased approach that started on 08 Dec and is already vaccinating over 80s and care home staff and residents.

- **Vaccination Centres (Large sites convenient for transport networks and accessible for our communities):** In Leeds, Elland Road has been agreed as a vaccination centre and is ready to open by the week commencing 18 Jan with national agreement. In the first instance it will open as an extension of the Hospital Hub at the Thackray Medical Museum allowing more health and social care workers to be vaccinated. The site will become a Community Vaccination Centre on 8 February (provisional) and priority will be given to those groups directed by the JCVI (see below). As a health and care system, work is ongoing to ensure that the needed infrastructure is in place for the site (e.g. workforce, parking, traffic flow, completing road works, signage, enhanced capacity for public transport, etc.).
- **Roving or “pop-up” models:** Aimed at specific communities where take-up of the vaccine is lower than the general population.

3.2 The MHRA and JCVI have advised that the second doses of both vaccines can now be given up to 12 weeks after the first dose. The JCVI and UK Chief Medical Officers have also recommended that as many people on the priority list as possible should be offered a first dose of the vaccine and that this should be prioritised over second vaccinations. This is to protect the greatest number of at risk people overall in the shortest possible time and to achieve the greatest impact on reducing mortality and hospitalisations and protecting health and care services. This is a significant change from the initial roll out where patients and staff were being asked to attend for their second dose between 21 and 28 days after their first dose.

3.3 To support a wider roll-out, a national booking system is being developed which will help make sure people are aware of the places they can get their vaccine locally and enable them to choose the centre that is most convenient for them.

Prioritising our people and staff most at risk

3.4 The phased vaccination programme will initially prioritise care home staff and residents, patients aged 80 and frontline health and social care staff. The priority group has now been expanded to cover over 70s and Clinically Extremely Vulnerable. The approach will continue to be broadened out to include other priority groups as advised by the JCVI.

3.5 The JCVI advises the order of vaccine delivery, in order to prevent mortality and the maintenance of the health and social care systems as follows:

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals
- all those 65 years of age and over
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- all those 60 years of age and over

- all those 55 years of age and over
- all those 50 years of age and over

3.6 Following JCVI guidance that implementation should also involve flexibility in vaccine deployment at a local level to mitigate for health inequalities, work is ongoing in Leeds to consider the needs of those who are affected by significant health inequalities that may fall outside the priority groups identified (see below).

3.7 In Leeds, there is a consistent approach to vaccinating health and social care staff across the city, which includes third sector colleagues in frontline roles recognising their importance and value to the city. With a sustained and steady national roll out of the vaccine, Leeds is prioritising staff in line with the wider population. This priority list currently is as below and is subject to change:

- Clinically Extremely Vulnerable staff
- Over 50s in front line patient facing roles
- 18-49s in in front line patient facing roles
- All other over 50s
- All other 18-49s

Tackling health inequalities

3.8 The Leeds Health and Wellbeing Strategy has a focus on reducing health inequalities and has a bold ambition that people who are the poorest improve their health the fastest. There is currently considerable focus on addressing health inequalities within the Leeds health and care system, which was highlighted at the Leeds Health and Wellbeing Board on 30 Sept 2020 through the report, '[Working in Partnership to Tackle Health Inequalities](#)' and through key plans such as the Leeds Left Shift Blueprint.

3.9 Local experience and insight from communities as well as national evidence shows that certain population groups and communities have been disproportionately affected and impacted by COVID-19. There have been a number of national reports describing these impacts, most notably '[Build Back Fairer: The COVID-19 Marmot Review](#)' by Public Health England and Sir Michael Marmot. This highlighted the risk of broadening health and social inequalities as a result of COVID-19, particularly those related to mental health, poverty, education, employment and housing status, all of which have been impacted by both the pandemic and our necessary response (lockdown etc.).

3.10 The Leeds COVID-19 Vaccination Programme has been clear from the outset of the duty to address the existing and emerging inequalities. This will occur in a number of ways:

- To help understand the views of local people, Healthwatch Leeds has led a piece of work to establish if there any differences in views and perceptions in Leeds compared to nationally available data. This will be used to inform Leeds' approach to actively engaging all communities using well-established routes in the city.

- A partnership group is developing an inequalities plan that will factor in considerations about how to improve access to the vaccination programme (e.g. by ensuring community languages are used, that people with learning difficulties are supported, that disabled people can access vaccination centres, etc.). It will use local insight from communities and take an asset based approach to maximise uptake and reduce vaccine hesitancy while accepting that a very small minority will continue to be outright resisters for any number of reasons.
- The inequalities work will be complimented by existing mechanisms set up during the COVID-19 pandemic, led by the third sector, such as community champions, ambassadors and networks such as the Communities of Interest Network and Local Care Partnerships.
- Working closely with elected members who have deep knowledge of their communities, established relationships and community connections to further encourage people to have the vaccine by providing trusted and credible information.

3.11 Leeds recognises that there is a plethora of misinformation above the vaccines. A comprehensive communications and community engagement approach has been developed. Leeds will ensure the correct information is circulated, will focus on community leaders and influencers being the conduits for reliable information and community conversations and ensuring that this uses the full range of community languages and involves a wide range of people across Leeds.

3.12 The public will have an important part to play to help deliver the Leeds COVID-19 Vaccination Programme effectively to those who need it most. People will only be able to book an appointment when they receive an invitation so should wait for this rather than contacting their GP practice or any other health and care services. It is essential that people:

- Do not contact the NHS to seek a vaccine
- When contacted to act immediately and attend their booked appointments;
- Continue to follow all the guidance – hand hygiene and social distancing in particular – to control the virus and save lives.

Staff and volunteer recruitment

3.13 Leeds is committed to working together through a shared recruitment approach to deliver the Leeds COVID-19 Vaccination Programme using learning from how the city responded as Team Leeds since the start of the pandemic:

- Maximising our ability to redeploy existing colleagues as well as recruiting to our workforce as needed.
- Offer paid clinical and non-clinical roles as well as a range of volunteering options.
- A recruitment process that aligns with the Leeds Inclusive Growth Strategy as well as one that recognises the impact COVID-19 has had on people's employment and future job opportunities.

- Encourage applicants from our diverse communities into paid and volunteer roles. This approach will also help to tackle some of the wider health inequalities and develop some new community ambassadors that can promote the safety and efficacy of the COVID-19 vaccine.

- 3.14 The initial focus for recruitment, prior to Christmas, was on students in Leeds before they left the city. The campaign, supported by the three larger universities in the city, has resulted in a number of students applying for a range of roles. At the time of writing, an online training programme has started for the first cohort of students.
- 3.15 Leeds is determined to celebrate the efforts of all staff and volunteers and will look to issue every person joining the Leeds COVID-19 Vaccination Programme a certificate to highlight that they are history makers.

Team Leeds

- 3.16 The Leeds COVID-19 Vaccination Programme has been a team effort that once again demonstrates how close working across all partners means getting the best outcomes for the people of Leeds.
- 3.17 This has encompassed work to identify and rapidly retrofit the interiors and flow of public buildings to use as vaccination centres, recruiting new staff, flexibly redeploying staff from all sectors, setting up brand new teams and training the workforce whilst developing an approach that focuses on the needs and assets of our Leeds communities and tackles inequalities.
- 3.18 Subject to COVID-19 vaccine supply, Leeds is 100% ready to deliver the programme and scale it up across the city. Team Leeds has worked flat out to be ready and our plans are ambitious to ensure that the safe and swift delivery of the vaccine programme can point towards a better future for all of us.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 Given the fast-moving pace of change throughout the pandemic and particularly in recent weeks, it has not always been possible to consult about service change in the usual way, and indeed there has often been no choice about changes due to the need to comply with regulations, often with little time to prepare. Every effort continues to be made to keep the public informed of changes, using our full scope of communication methods. Elected members continue to play a key role in engaging the public, particularly in encouraging neighbourliness, volunteering to help the vulnerable, and encouraging people to play their part in minimising spread of the virus.
- 4.1.2 Engagement with stakeholders have continued, and in many cases has been strengthened, and work led by Healthwatch Leeds has been central in capturing and responding to citizen voice on the impact of the COVID-19 pandemic and vaccination programme.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Minimising the impacts of the pandemic on the most vulnerable is central to response and recovery planning and the Leeds COVID-19 Vaccination Programme. There is significant concern about the impacts of the pandemic on exacerbating poverty and inequalities, which is a key focus for recovery from the pandemic as set out in our Response and Recovery Plan and will be central to the COVID-19 Vaccination Programme.

4.3 Resources and value for money

- 4.3.1 Leeds is awaiting further information about the funding position for vaccination rollout, as it is clear that this will be a major logistical exercise for local authorities, NHS trusts and their partners. Leeds health and care system will continue to push for full cost recovery for all spend, and an understanding that all aspects of organisational budgets will be impacted as a result of the COVID-19 pandemic and vaccination programme.

4.4 Legal Implications, access to information and call in

- 4.4.1 There are no legal, access to information or call in implications from this report.

4.5 Risk management

- 4.5.1 Risk management for the Leeds COVID-19 Vaccination Programme occurs through the Leeds Bronze COVID-19 Vaccination Steering Group with escalation occurring to Leeds Gold Health and Social Care Group as part of the citywide command and control arrangements.
- 4.5.2 There is also regular reporting through organisational boards and inclusion in their risk registers.

5 Conclusions

- 5.1 Significant progress in developing safe and effective COVID-19 vaccinations provides hope for a return to normal life. Across West Yorkshire there has been extensive planning to prepare for a vaccine rollout and ensure that those most at risk are offered vaccinations first.
- 5.2 However, until such a time that enough of the population is immune, restrictions and social distancing will need to remain in place to keep Leeds safe, which will require continued patience and cooperation of people, who have already made considerable sacrifices over the course of 2020.
- 5.3 Likewise, the city will continue to work together. Leeds' response to the COVID-19 pandemic and the vaccine programme represents the best of Team Leeds pulling together as partnerships, organisations and as people.
- 5.4 Subject to COVID-19 vaccine supply, Leeds is 100% ready to deliver the programme and scale it up across the city. Greater detail on the Leeds COVID-19 Vaccination Programme will be provided at the Leeds Health and Wellbeing Board meeting on 20 Jan 2021, recognising of the changing landscape in tackling the

COVID-19 pandemic and enabling as up to date and accurate information as possible to be shared.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Support the work to date in developing and implementing the Leeds COVID-19 Vaccination Programme.
- Support and provide feedback on aligning the Leeds COVID-19 Vaccination Programme roll out in line with the health and care system's approach to tackling health inequalities.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

The Leeds COVID-19 Vaccination Programme has been clear from the outset of the duty to address the existing and emerging inequalities. This will occur in a number of ways including the development of an inequalities plan that will factor in considerations about how to improve access to the vaccination programme (e.g. by ensuring community languages are used, that people with learning difficulties are supported, that disabled people can access vaccination centres, etc.). It will use local insight from communities and take an asset based approach to maximise uptake and reduce vaccine hesitancy while accepting that a very small minority will continue to be outright resisters for any number of reasons.

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

Leeds Bronze COVID-19 Vaccination Programme Steering Group has been established as part of the citywide command and control arrangements and is rooted in the ‘Team Leeds’ approach. This involves the full range of local partners including all NHS Trusts, Leeds City Council and the third sector, as well as HR, intelligence and communications leads. A series of subgroups are in place, covering key areas such as logistics, workforce and comms.

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

Leeds is awaiting further information about the funding position for vaccination rollout, as it is clear that this will be a major logistical exercise for local authorities, NHS trusts and their partners. Leeds health and care system will continue to push for full cost recovery for all spend, and an understanding that all aspects of organisational budgets will be impacted as a result of the COVID-19 pandemic and vaccination programme.

Future challenges or opportunities

N/A

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

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