

## **HEALTH AND WELLBEING BOARD**

**TUESDAY, 22ND FEBRUARY, 2022**

**PRESENT:** Councillor F Venner in the Chair

Councillors C Anderson, S Arif and J  
Dowson

### **Representatives of Clinical Commissioning Group**

Jenny Cooke – NHS Leeds Clinical Commissioning Group  
Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group –

### **Directors of Leeds City Council**

Cath Roff – Director of Adults and Health  
Jane Maxwell - Head of Safeguarding

### **Representative of NHS England**

Anthony Kealy

### **Third Sector Representative**

Pip Goff – Forum Central

### **Representatives of Local Health Watch Organisation**

Hannah Davies  
Dr John Beal

### **Representatives of Local NHS Providers**

Cathy Woffendin – Leeds and York Partnership NHS Foundation Trust

### **Representatives of Leeds GP Confederation**

Dr Jim Barwick

#### **35 Appeals against refusal of inspection of documents**

There were no appeals.

#### **36 Exempt Information - Possible Exclusion of the Press and Public**

There was no exempt information.

#### **37 Late Items**

There were no late items.

#### **38 Declaration of Interests**

There were no declarations.

#### **39 Apologies for Absence**

Minutes approved at the meeting  
held on Thursday, 28th April, 2022

Apologies for absence were received on behalf of Victoria Eaton, Thea Stein, Dr Alistair Walling, Superintendent Dan Wood, Councillor Norma Harrington, Councillor Mary Harland, Tim Ryley, Pat McGeever and Dr Sara Munro.

Councillor Caroline Anderson, Councillor Jane Dowson, Jenny Cooke and Cathy Woffendin were all in attendance as substitutes.

#### **40 Open Forum**

No matters were raised on this occasion.

#### **41 Minutes**

**RESOLVED** – That the minutes of the meeting held on 6 December 2021 be confirmed as a correct record.

#### **42 Health Starts at Home - Improving Health Through Better Housing for All**

The report of the Director of Communities, Housing and Environment and the Director of Adults and Health informed the Board about the emerging Health and Housing programme of work as well as wider conversations about the new housing strategy and ideas that were being discussed as part of scoping for the new city ambition and the Marmot programme. The paper sought input from the Board on how the programme could better support the Health and Wellbeing Strategy by improving health through housing and by engaging a wider group of strategic and operational stakeholders.

Tony Cooke, Chief Officer, Health Partnerships and Maddie Edwards gave the Board a presentation.

Key issues highlighted included the following:

- The need for people to live in homes that promoted health and were sustainable and stable.
- The need for investment in housing, particularly for vulnerable people.
- Impacts of poor housing on health.
- Health issues and support for homeless people.
- Aims of the new Housing Strategy:
  - Affordable Housing Growth
  - Improving Housing Quality
  - Reduce Rough Sleeping and Homelessness
  - Creating Sustainable Communities
  - Improving Health Through Housing
  - Age Friendly Housing
- Investment in council housing to improve energy efficiency.
- Council House Growth Program.
- Introduction of Private Sector Licensing.
- Provision of Extra Care Housing.
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In response to questions from the Board, the following was discussed:

- Consulting young people and children was essential and a youth Housing Area Panel was to be trialled.
- Improvements in areas where selective licensing had been introduced.
- Home visits could be used to identify issues such as hoarding and self neglect. There were no longer visits to 100% of tenants but vulnerable tenants were prioritised.
- Further information was requested on passive housing. Reference was made to energy efficiency work that has helped people to reduce bills.
- The areas selected for selective licence had a large number of private landlords. Work carried out was not just in relation to the housing stock but to support the people living there with issues such as employment and training. The proposed registration scheme would operate differently. If the selective licensing scheme was successful and funding was available, it would be hoped to extend it.
- Dental care for homeless people – the Board was asked to support, in principle, the provision of Dental Services for homeless people and ask NHS England to implement this as soon as possible.
- There was a large waiting list for housing and even those who were high priority were waiting up to two years. There was currently a low turnover of properties.
- A Key part of the Health and Housing Programme was a training programme which included early intervention to identify people's needs.
- Concern that selective licensing would lead to tenants picking up the cost of improvements through increased rents.

#### **RESOLVED –**

- (1) That a Housing representative be invited to join the Health and Wellbeing Board.
- (2) That the Health and Wellbeing Board supports strengthened connections between housing and health strategies and closer alignment and integration between teams working across housing and health services.
- (3) That the proposed Health and Housing programme priorities be noted, particularly:
  - The work programme for housing and health
  - The potential creation of a Good Home Agency
  - The development of a Health and Housing 'Breakthrough Project'
  - Focusing on housing as part of the Marmot City work

#### **43 A Listening City - Moving to Collective Action**

The purpose of the report of Team Leeds Health and the Care People's Voices Group was threefold:

1. To ask the Board to ensure the new collaborative involvement culture that our PVG has fostered through its workstreams is core to our developing local integrated arrangements; mandated under forthcoming legislation. This approach is rooted in listening to people and hearing the voices of those facing the greatest health inequalities.
2. To set out key themes which have emerged from the recent Big Leeds Chat and other people's voices work; and to invite the Board to agree how the governance to ensure that action is taken against each of the themes.
3. Paper notes system commitments made on two areas where we have heard consistent feedback from people: communication and inequalities.

Hannah Davies, Healthwatch Leeds and Pip Goff, Forum Central gave the Board a presentation.

Key issues highlighted included the following:

- The need to have people's voices at the centre of health and wellbeing decision making.
- Moving from collective listening to collective action.
- Focus on involving people with greatest health inequalities.
- Connecting involvement to decision making.
- Working together -
- A shared city wide workplan – bringing people together and decision making.
- Local people's voices to be heard in Local Care Partnerships.
- The voice of staff was also essential.
- The role of people's voices in governance.
- Use of Healthwatch and 3<sup>rd</sup> Sector experience and involvement.
- Listening to action – allocation of themes to forums; reporting back to Health and Wellbeing Board; reporting back to public including through the Annual Health and Wellbeing Report.
- The need for communication, co-ordination and compassion.
- Use of plain English and making communication available to all including digitally excluded.
- Actions needed to address health inequalities.

Further discussion included the following:

- A suggestion that communication be brought as a future agenda item for the Board.
- It was right to use the various forums and their expertise but it was essential that there were arrangements for reporting back.
- Ways of measuring the communication process. These included using people's experiences, complaints and casework reviews. Systematic metrics were being developed which could also provide information. Further examples were given including the success of communication during the vaccination programme.
- How involved people were with regards to their own care and the understanding of their care.
- The Allyship Programme and Reaching out to more marginalised people – the need to provide feedback from the programme.

## **RESOLVED –**

1. HWB is asked to support the workstreams recommended by PVG and to help shape our citywide involvement culture by:
  - Receiving regular updates on the PVG's work
  - Support and endorse progress within its various workstreams
  - Note and support the progress in embedding people's voices into future system governance
2. HWB is asked to take action on the insight gathered through the Big Leeds Chat by:
  - Using the insight to directly inform and influence the refresh of the Leeds Health and Wellbeing Strategy (LHWS) and the developing Best City Ambition
  - Provide the public with direct feedback around the actions and work taken on each of the insight's themes
  - For each theme, allocate a lead forum and ask it to report back to the HWB on a regular basis on progress
3. Organisations represented at the HWB are asked to:
  - Take the commitment made at the HWB into organisations
  - To support and champion Board actions within represented organisations and in partnership on a citywide basis.

## **44 Leeds Health and Care Quarterly Financial Reporting**

The report of the Leeds Health and Care Partnership Executive Group provided the Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report. The report was for the period ending December 2021.

**RESOLVED** – That the M9 partner financial positions be noted.

**45 Date and Time of Next Meeting**

Thursday, 28 April 2022 at 1.30 p.m.