

## HEALTH AND WELLBEING BOARD

THURSDAY, 28TH APRIL, 2022

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

Councillors S Arif, J Dowson and  
N Harrington

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

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group

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

Victoria Eaton – Director of Public Health

### **Representative of NHS England**

Anthony Kealy

### **Third Sector Representative**

Pat McGeever – Health For All

Francesca Wood – Forum Central

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

Hannah Davies – Chief Executive

Dr John Beal - Chair

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

Alison Kenyon – Leeds and York Partnership NHS Foundation Trust

Rob Newton – Leeds Teaching Hospitals NHS Trust

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

Jim Barwick

## **45 Welcome and introductions**

The Chair welcomed all to the meeting and brief introductions were made.

Workers Memorial Day – Councillor Venner reflected on the Workers Memorial Day event she had attended prior to the meeting in the light of the number of health and care sector workers who lost their lives during the Coronavirus pandemic as they protected and cared for service users. As this was the last Board meeting of the 2021/22 Municipal Year she expressed thanks to Board members and their organisations for their work during the pandemic. Noting the virus was still circulating, Councillor Venner acknowledged that the NHS and all care settings remained under huge pressure to provide the best care possible and noted the importance of continued partnership working as Team Leeds to discuss the impact of Coronavirus and to tackle health inequalities.

James Rogers, Director of Communities, Housing and Environment –

Councillor Venner reported that following the Boards discussions at the last

meeting, James Rogers had accepted the invitation to join the Board as an additional member.

**46 Appeals against refusal of inspection of documents**

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

**47 Exempt Information - Possible Exclusion of the Press and Public**

There was no exempt information.

**48 Late Items**

No late items of business were added to the agenda.

**49 Declaration of Interests**

No declarations of interest were made.

**50 Apologies for Absence**

Apologies for absence were received on behalf of Councillor Golton, James Rogers, Tim Ryley, Thea Stein, Paul Money, Supt. Dan Wood, Sal Tariq, Julian Hartley, Sara Munro and Pip Goff. Chris Dickinson, Rob Newton, Alison Kenyon and Francesca Wood were in attendance as substitutes.

**51 Open Forum**

No matters were raised under the Open Forum.

**52 Minutes**

**RESOLVED** – That the minutes of the meeting held on 22<sup>nd</sup> February 2022 be confirmed as a correct record.

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

The joint report of the Chief Executive Officer, Leeds Healthwatch, and the Chief Officer, Health Partnerships introduced the final report of the 2021 Big Leeds Chat (BLC) which identified ten themes from the conversations held with members of the public in community settings and now proposed as ten Big Leeds Chat Statements for action. The report also sought consideration of how future governance arrangements align with the BLC Statements for Action, noting that the proposed accountability and reporting approach had been agreed in principle at the previous Health and Wellbeing Board meeting.

Hannah Davies, Healthwatch Chief Executive, provided the Board with the background to and development of the BLC which had launched in 2018 supported by the Peoples Voice Partnership. As the Coronavirus pandemic waned, the Partnership Executive Group had identified the need to revisit the BLC to gather information on people's experiences. The 2021 BLC gathered health and social care decision makers together to visit a diversity of venues and groups across 40 events including Leeds' Local Care Partnership areas and events with groups representing "communities of interest".

Chris Bridle, NHS Leeds Engagement Team Manager, highlighted the importance of the connections made between the senior decision makers and

residents during the events. The Board was provided with the high-level themes identified during discussions which were of key importance to participants and which decision makers highlighted for direct action by health and care services.

Abiola Ajijola, Project Officer, Local Care Partnerships (LCP) Development Team, provided the Board with an overview of some of the work undertaken building on existing services in response to the recurring theme of 'access to healthcare'. In the Middleton LCP area, work with Leeds "100% Digital" team had provided digital access to healthcare support, prescriptions and advice and this approach would be rolled out across Leeds. In the West Leeds LCP area the Third Sector and Primary Care Network worked together to promote healthy living and eating choices to improve long term health. Access to greenspaces had been a recurring theme across all BLCs, and in Morley the LCP Development Team was working with the Morley Town Deal Board to invest in greenspaces to tackle health and air quality.

Paul Bollom, Head of Health and Care Development, gave the Board a presentation highlighting the governance arrangements to support each of the ten Big Leeds Chat Statements for Action:

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

Paul detailed the ten themes underneath the headline and the proposed forum to lead on delivery and reporting back to the HWB. Each lead forum will report back to the Board on:

- Whether there is a plan to ensure the city as a whole is working towards the aim;

- Is there an implementation plan to ensure progress is tracked and measured?
- Does the forum understand the variance and gaps in terms of ensuring the themes are addressed in all Leeds' communities?
- Updates on progress in all of Leeds' communities against each theme.

Jim Barwick reported that Gaynor Connor, Director of Primary Care & Same Day Response, will lead the "GP Access" theme. He also acknowledged that access to GP services had been an issue during the pandemic and that the swift changes brought in to support GPs had presented a challenge to some service users – such as digital access or new and additional roles which were not always understood. Work was being undertaken to explain care navigation and to listen to people at a local level. The variation within GP services was acknowledged, some of this could be attributed to the location of the GP practice (i.e in an area of high health inequalities); or the increase in demand across all practices. As work continued to ensure all services resumed, the Primary Care Programme Board had been established to work with contract leads and consider:

- How to use data to improve quality and reduce health inequalities
- How to make the best responsive use of the workforce
- How to join together same day response with all aspects of primary care

During discussions, Board Members who had attended BLC events highlighted the following matters:

- The impact of isolation and missing out on social interaction during the pandemic on men's mental health and general wellbeing;
- The willingness of attendees to engage and speak of their health and care experiences and the value of listening and taking action;
- How people value their local greenspaces and centres;
- The nuanced view of health and care – when people spoke of the NHS they thought of hospitals, but when people spoke of their own health and care they thought of General Practice

The Board additionally discussed the following matters:

The role of community Pharmacists in supporting General Practice - The Government had announced proposals to further enhance the role of appropriately trained Pharmacists to provide more services which formerly would have been undertaken by a GP. Some Pharmacists attached to GP practice may already undertake annual medication reviews and work in care homes, but further work would be required to better connect them to community Pharmacists and to communicate the changes.

General Practice services – Patient access to a GP had been a focus for some time but responding to the pandemic required General Practice to review its processes and efficiencies. It was important to clarify that General Practice and General Practitioners were not now the same. The development of Primary Care Networks allowed General Practices to make use of a wider skill mix and provide a variety of essential services on site – such as mental

health support, physiotherapy and specialist nurse services and a traditional appointment with a GP or Nurse appointment may not be the most appropriate for the patient.

Mental Health – In Leeds the impact of the pandemic was felt in the two most recent student cohorts who had moved to the city and had no physical social interaction or study. There was much focus on ‘digital exclusion’ but there were groups of people whose only social life had been on-line which was detrimental to their mental health and their ability to socially interact. This was also true of older people who prior to the pandemic had enjoyed community groups or Neighbourhood Networks, and the Board noted the request for these groups to be considered by those tasked with addressing Statement 7) *“Make Leeds a city where services acknowledge the impact of the pandemic on people’s mental health and where a varied range of service- and community-based mental health support is available”*

Social Prescribing – The value of social prescribing and early intervention measures to improve mental health and general health.

Shared Prosperity Funding – Whether there was the opportunity to link the themes arising from the BLC into work to reduce health inequalities supported by the Shared Prosperity Fund.

#### **RESOLVED –**

- a) The Health and Wellbeing Board welcomed the Big Leeds Chat Report, including the feedback from decision makers, and supported wide dissemination of the final report.
- b) The Health and Wellbeing Board noted the findings of the BLC ‘21 and the actions against the ten BLC Statements identified by citizens.
- c) The Health and Wellbeing Board agreed to support the proposed governance for each BLC Statement.

#### **54 Developing the NHS Leeds CCG Annual Report 2021-22**

The report of the Communications Lead, NHS Leeds CCG, provided the Board with an update on the process of developing the NHS Leeds CCG Annual Report 2021-22. NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale and, as the national timescale does not align with the Leeds Health and Wellbeing Board meetings, the report outlined the process followed in line with what was agreed for the previous years, to ensure that HWB members are appropriately consulted.

In introducing the item, Councillor Venner acknowledged the key contribution of the Leeds NHS CCG (and the former structure of Leeds 3 CCG’s) to the work of the Health and Wellbeing Board in tackling health inequalities and noted the CCG had consistently been rated outstanding, an achievement to be proud of in a complex city like Leeds.

Dr Jason Broch Clinical Chair, NHS Leeds CCG, provided a presentation on the development of the report which focussed on:

- Leeds' place-based partnership approach and how the CCG worked together with health and care sector partners
- Performance highlights, including the response to the pandemic, work to address health inequalities, work in the mental health care sector and also primary care.
- The progress made on delivering the Healthy Leeds Plan.
- The impact of the pandemic on peoples experience of health care; on meeting service targets and developing recovery plans alongside winter pressures with every service setting being at or above capacity.
- The challenges faced by the workforce in terms of their personal finances, virtual working, impact of Covid-19 on their health and workload and the difficult circumstances of incidents of patient abuse.
- The legacy of the CCG structure which brought the voices of patients' and clinical leads into decision making and supported the evolution of partnership working in both statutory and non-statutory settings.

Discussions covered the following matters:

- CCG performance targets and comparable data with other cities – The Board heard that Leeds was in a good position in relation to meeting performance targets but noted that it was difficult to compare like for like with other cities. Consideration of what the city requires to successfully deliver health and care services was of equal importance and work on the issues raised by participants in the Big Leeds Chat will support the successful delivery of care.
- Patient flow and access to Mental Health support services were identified as areas of focus for the future.
- The Leeds Pound approach; the need to focus collective NHS and Public Health spending to ensure that partnership provides the biggest benefit for the most people.
- The role of Public Health and the Third Sector within the Integrated Care Board decision making process

**RESOLVED -**

- a) To note the process to develop the NHS Leeds CCG draft annual report.
- b) To note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- c) To note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

**55 Leeds Health Protection Board Report**

The report of the Health Protection Board provided the Board with an update on key Health Protection Board priorities, achievements and areas of focus for 2022/23.

Victoria Eaton, Director of Public Health, introduced the report which reviewed health protection system achievements during the Covid-19

response and other significant infectious disease incidents experienced in the city. Victoria noted the duty to retain an oversight on all activity to protect the public's health, to identify collective risks and to take action and respond to these as a city. The city's Covid response had been built on the strength of the Board and she expressed her thanks to the report authors who had produced the report at the same time as their work responding to the pandemic.

Dawn Bailey, Chief Officer Public Health, provided an overview of the remit of the Health Protection Board (HPB) and its focus on reducing health inequalities through clear priorities and working together as one system to accelerate action:

- Reducing the incidents of TB
- Childhood immunisations
- Antimicrobial resistance (AMR) and protecting the efficacy of anti-biotics
- Addressing air quality
- Keeping people well and warm in the winter

Together with Martin Bewley, UK Health Security Agency (UKHSA), Dawn provided an overview of national and local threats to public health and the Leeds HPB response. Reference was made to the recent outbreak of avian influenza – large urban centres like Leeds are vulnerable to infection in wild birds in public spaces, and an isolated number of cases had occurred in Golden Acre Park. The HPB had responded swiftly, ensuring an information campaign ran to inform the public of the danger, with Health Protection Teams working with commissioners and pharmacies to monitor affected individuals and ensure the availability of anti-viral medication.

The Board discussed the following matters:

- **Antimicrobial resistance (AMR) and protecting the efficacy of anti-biotics** - resistance will impact on the availability of surgical procedures and recovery times. Monitoring of prescribing in General Practice was undertaken and work was ongoing with pharmacists to better understand the health needs and demographics of local communities. Work to include Dental practices in the HPB discussions on AMR was also being done.
- **Addressing air quality** – Public awareness had increased of the impact of poor air quality on health, although there was less understanding of the long-term impacts and how Nitrogen Oxide and particulate matter can contribute to premature deaths. Air quality has a greater impact on residents in urban areas or on low incomes as it can exacerbate existing conditions linked to housing and general health
- **Keeping people well and warm in the winter** – This was an important part of system resilience can reduce the number of

hospital admissions as cold has a particular impact on overall health and the ability to stay well. Small grants and additional support are available to people identified through primary care pathways and the Board heard there was work planned to strengthen the pathway to include a wider group of health professionals, such as community nurses, GP receptionists and social prescribers. The Board noted the national push for home insulation and the question of how the council can influence national decisions on home insulation, particularly for older or financially vulnerable people.

**RESOLVED -**

- a) To endorse the Health Protection Board's report.
- b) To note the key progress made against the priorities previously identified in the 2018 Health Protection Board report.
- c) To support the new priorities identified by the Health Protection Board for 2021/23.
- d) Having considered how the Health and Wellbeing Board 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, the comments made during discussions outlined above be noted (for action).

**56 Leeds Anchors Healthy Workplaces (Working Carers) - for information**

The Board received the report of the Leeds Anchors Healthy Workplaces (Working Carers) Sub-Group for information. The report provided an update on progress to improve support for working carers following an earlier report to Health and Wellbeing Board in September 2020.

**RESOLVED -**

- a) That the contents of the report and the progress of the work led by The Anchors Healthy Workplace (Working Carers) sub-group be noted.
- b) That the approach outlined in the report including the actions set out in paragraph 3.10 be supported.

**57 Any Other Business**

**Working Carers** - Francesca Wood, Forum Central, fed back a comment from Claire Turner, Chief Executive of Carers Leeds, welcoming the commitment from employers to provide support for carers and offering the use of the Care Confidence benchmark and support of the Carers Working Group to frame future conversations with employers to emphasise that flexibility in the workplace will ensure they can recruit and retain carers from a very valuable talent pool.