

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 12TH NOVEMBER, 2024

PRESENT: Councillor A Scopes in the Chair

Councillors C Anderson, E Bromley,
L Buckley, M France-Mir, J Gibson,
W Kidger, K Ritchie, A Rontree and
E Taylor

Co-opted Member present – Jane Mischenko

55 Appeals Against Refusal of Inspection of Documents

There were no appeals.

56 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

57 Late Items

There were no late items.

58 Declaration of Interests

No declarations of interests were made at the meeting.

59 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillor C Hart-Brooke.

Apologies were also relayed by Councillor Venner, Executive Member for Equality, Health and Well-Being and Caroline Baria, Director of Adults and Health.

60 Minutes - 8th October 2024

RESOLVED - That the minutes of the meeting held on 8th October 2024, be approved as an accurate record.

61 Matters Arising

Minute 50 – It was noted that following the Scrutiny Board's last meeting and the Executive Board meeting on 16th October 2024, a letter was submitted to the Chancellor in relation to the plans for new hospital provision in Leeds. All Board Members were sent a copy for information, noting that the Chair of the

Adults, Health and Active Lifestyles Scrutiny Board was included as one of the signatories to this letter.

62 Tackling Health Inequalities

The Chair explained that the Adults, Health and Active Lifestyles Scrutiny Board had agreed to utilise its November meeting to have a themed focus on how partners are working collaboratively towards tackling health inequalities in Leeds.

The Head of Democratic Services submitted a report which included the following appended information:

- A report from Public Health describing how the city council and specifically Public Health are working with partners to reduce health inequalities and an overview of the role and contribution of Leeds Public Health function.
- A report from the Leeds Health and Care Partnership (LHCP) describing how partners providing health and care services are working to address health inequalities, including an update on the Healthy Leeds Plan and how partners are working to minimise the health inequality impact of cost improvement measures.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Victoria Eaton, Director of Public Health
- Tim Fielding, Deputy Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Kashif Ahmed, Deputy Director Integrated Commissioning, Adults and Health
- Sarah Erskine, Head of Public Health
- Nick Earl, Director of Strategy, Planning and Programmes (Interim), Leeds Integrated Care Board
- Dr Anna Ray, Consultant in Public Health representing Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust.
- Dr Magnus Harrison, Chief Medical Officer, Leeds Teaching Hospitals NHS Trust
- Pip Goff, Forum Central
- Meg Russell, Voluntary Action Leeds

The Executive Member for Adult Social Care, Active Lifestyles and Culture gave a brief introduction and then handed over to the Director of Public Health and other invited contributors to give an overview of the information provided to the Board. This was in the form of a PowerPoint presentation.

In summary, the following key points were highlighted:

- Health inequalities are systematic, unfair and avoidable differences in health outcomes across the population and between different groups in society.
- Evidence suggests at least 80% of health and health outcomes are related to ‘the social determinants of health’ – to factors such as housing, access to green spaces, employment and poverty, with only around 20% attributable to activity delivered by healthcare services. However, as the causes of health inequalities are complex, so action to address them must be a whole system approach, at a sufficient intensity to meet need and involve many stakeholders.
- With deprivation being the major cause of poor health and health inequalities, a map of Leeds showing the most and least deprived areas was presented to the Board.
- People living in the poorest wards in Leeds live more of their life in ill-health and die around 12 years earlier than people in the most affluent ward, whilst the gap is 9 years between the most deprived 10% of neighbourhoods (i.e. IMD1) and those living in the least deprived 10% of neighbourhoods (i.e. IMD10).
- The Best City Ambition focuses on tackling poverty and inequality, through activity that prioritises the three ‘pillars’ of health and wellbeing, inclusive growth and zero carbon.
- The contribution of the Leeds Health and Care Partnership (LHCP) to the Health and Wellbeing Strategy is delivered through the Healthy Leeds plan. This also places inequalities centrally within its plans as its vision is for a “healthy and caring City for all ages where people who are the poorest improve their health the fastest”. To achieve this, the LHCP is committed to sharing resources, ideas and best practice to improve health outcomes and reduce health inequalities across the city.
- The Healthy Leeds Plan priorities are grouped under two themes. The first set relate to the health risks currently visible within the population today, grouped under Goal 1 (reducing preventable unplanned care utilisation). The second set relate to the health risks that may affect the population in the future, grouped under Goal 2 (increasing early identification and intervention).
- The Fairer, Healthier Leeds (Marmot City) programme also sets out to maximise opportunities to address health inequalities by developing and building a ‘Health Equity’ system enabling all partners to place fairness and health at the centre of decision-making, service development and resource allocation.
- The information within the agenda pack helps to demonstrate the range and impact of existing public health programmes and Healthy Leeds Plan areas, along with other broader areas of work underway.
- A huge amount of work is driven by Third Sector partners, as the voluntary, community and social enterprise (VCSE) sector in Leeds is recognised as a vital source of knowledge, expertise and understanding of the city’s diverse communities.
- The Board was given an overview of the current state of the Third Sector, noting that the future resilience of this sector is acknowledged as a corporate risk by Leeds City Council and a system risk by the West Yorkshire Integrated Care Board (ICB).

During the Board's discussions, the following issues were also raised:

- *Minimising the health inequality impact of cost improvement measures* – It was acknowledged that LHCP members in Leeds have this year managed huge budgetary pressures across health and social care, around £36m in Adult Social Care and Childrens Social Care and £187m in the NHS, on top of funding changes to third sector partners. All public sector organisations routinely undertake quality and equality impact assessments to understand the risks posed to different populations and identify opportunities for mitigation. While organisations will share such information, it was recognised that a potential area for future development as a health and care partnership would be to consider how these align across organisations, to ensure consistency in methodology and approach – although this would also need to ensure organisations are able to follow existing governance requirements.
- *Embedding equity at the heart of service change* – It was acknowledged that there may be specific opportunities within the emerging national policy landscape to go further to 'improve the health of the poorest the fastest'. Members were advised that Leeds is well placed to take advantage of these opportunities, given the city's comprehensive and well-articulated approach to addressing health inequalities through the Leeds Health and Wellbeing Strategy, Team Leeds approach and Best City Ambition. The approach undertaken by Leeds continues to attract positive national attention, with regular visits from government Ministers and the Chief Medical Officer (CMO). However, it was acknowledged that examples of good practice need to be scaled and equity needs to be meticulously embedded across all business processes, systems and resource allocation decisions.
- *Health Equity System* – Members were advised that many Marmot places are now working towards developing a 'health equity system'; this combines bold leadership and accountability with practical tools and approaches that enable more equitable decisions about services and resource allocation. The *Fairer, Healthier Leeds: Reducing Health Inequalities* report, published in October 2024, contains 15 high level recommendations which challenge Leeds to go further to become a 'Health Equity System'. Linked to this, the Board was advised that local bids have also been made to the Health Equity Fund set up in partnership between Legal & General and the University College London (UCL) Institute of Health Equity to support up to 150 place-based initiatives across the UK that directly address the social determinants of health. Grant funding of up to £75,000 per project had been made available.
- *Role of businesses* – Businesses affect the health of their employees and can also affect the health of individuals in the communities in which they operate and in wider society. It was therefore recognised that reducing any harmful impact of business and enhancing their positive contribution is vital for health and wellbeing and reducing inequalities. The Board discussed how businesses are engaged in this agenda through the Leeds Anchor's programme, but also acknowledged opportunities through the developing Health Equity System.

- *Community engagement and insights* – The Board discussed the importance of putting local voices at the centre of tackling inequalities within their neighbourhoods and welcomed the work of Forum Central and Healthwatch in developing a community insights resource which is embedded within the Leeds Health and Care Tackling Health Inequalities Toolkit. The People’s Voices work led by Healthwatch and the ‘How does it feel for me’ programme also captures patients experiences of care and is another valuable resource for all organisations.
- *Meeting the needs of communities* - The Board acknowledged that some services operate on different funding footprints – ward boundaries, community committee boundaries, local care partnerships, school clusters etc and while this can create challenges, importance was placed on ensuring that such structures do not become a barrier towards delivering community and person-centred solutions.
- *Civil Society Covenant Framework* – In acknowledging the significant role of the VCSE sector within communities, the Board acknowledged the recent launch of a new national Civil Society Covenant Framework designed to harness the knowledge and expertise of voluntary, community, social enterprises (VCSEs) and charities to deliver better outcomes for communities right across the country. The Framework acts as a starting point for wider engagement throughout the Autumn across Government, the public sector and civil society and Leeds VCSE organisations are therefore responding to this consultation.
- *Community climate action* – Reference was made to the active community engagement work undertaken by Climate Action Leeds (CAL), which had recently been discussed and welcomed by the Council’s Climate Emergency Advisory Committee (CEAC). Members suggested connecting with the work of CEAC and the potential engagement opportunities through CAL, particularly as one of the eight Marmot Principles also refers to pursuing environmental sustainability and health equity together.
- *Mental health* – Linked to the Healthy Leeds Plan, Members were assured that mental health provision is also a priority area and whilst funding for health and care has been constrained overall in Leeds, the NHS had committed an increase in spend of £7.1m in 2024/25 to support some of the rising pressures and in line with the Mental Health Investment Standard. Funding plans have also been protected linked to the Community Mental Health Transformation programme.
- *A focus on children and housing* – Linked to the Fairer, Healthier Leeds (Marmot City) programme, Members discussed aspects relating to the two key priority areas: Best Start (for children aged 0–5 years) and housing and noted that both sets of recommendations are being considered at relevant partnership groups, with action plans being developed during October – December.
- *NHS Health Checks* – Members were advised that the number of people taking up an offer of an NHS Health Check continues to recover after Covid (increasing from 48% to 62% over the last quarter) and that Leeds rates remain above the regional and England average. As well as maximising this engagement opportunity, Members were advised of the development and roll out of a social determinants template in Primary

Care, enabling GPs and other staff to more easily refer people to local support in a range of areas including benefits advice and housing.

- *Monitoring progress* – Members were reminded that Public Health monitors progress through analysis of a range of population health outcome and service level indicators. These continue to be reported to the Scrutiny Board every six months, with the next update due in January 2025. The 15 measures linked to the Fairer, Healthier Leeds – Marmot City programme, which can be disaggregated by either ward or Index of Multiple Deprivation decile, are also reported in the system via the Health and Wellbeing Strategy, Social Progress Index and the Public Health performance report.

In conclusion, the Chair thanked everyone for their valuable contributions and emphasised the importance of the Scrutiny Board continuing to monitor future progress.

RESOLVED –

- (a) That the contents of the report and accompanying appendices, along with Members comments, be noted.
- (b) That the Adults, Health and Active Lifestyles Scrutiny Board remains committed to regularly monitoring progress by Public Health and the broader Leeds Health and Care Partnership in tackling health inequalities in Leeds.

63 Work Schedule

The Head of Democratic Services submitted a report that presented the Board's latest work schedule for the forthcoming municipal year. Linked to this, the Chair reminded Board Members of the following forthcoming working group meetings:

- **Adults and Children Neurodiversity Assessments** – Monday 25th November at 1pm.
- **Budget Consultation** – Thursday 19th December 2024 at 10 am.

Also appended to the work schedule report was a summary note of the Scrutiny Board's 'Health Service Developments Working Group' meeting held on 3rd October 2024. This related to proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services. The summary note reflected the key issues raised during this working group meeting for the full Board's consideration.

RESOLVED –

- (a) That the Scrutiny Board's work schedule for the 2024/25 municipal year be noted.
- (b) That the summary note of the Scrutiny Board's working group meeting relating to proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services be noted.

64 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 14th January 2025 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)