

HEALTH AND WELLBEING BOARD

TUESDAY, 23RD JULY, 2024

PRESENT: Councillor F Venner in the Chair

Councillors C Anderson, S Arif

Leeds Committee of the West Yorkshire Integrated Care Board

Jason Broch - Chief Strategic Clinical Information and Innovation Officer,
Leeds Health and Care Partnership, NHS West Yorkshire ICB

Directors of Leeds City Council

Victoria Eaton – Director of Public Health

Caroline Baria – Director of Adults and Health

Representative of Local Health Watch Organisation

Jonathan Phillips – Co-Chair, Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Selina Douglas - Chief Executive for Leeds Community Healthcare NHS Trust

Claire Smith - Chief Operating Officer at Leeds Teaching Hospitals NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

Wider Determinants of Health – Partnership Working Representative

Mark Charlton – Head of Community Safeguarding, Housing and Environment

Leeds Committee of the West Yorkshire Integrated Care Board

Rebecca Charlwood - Independent Chair

Representative of Communities of Interest

Pip Goff - Director, Volition

1 Welcome and introductions

The Chair welcomed Members and attendees to the first meeting of the municipal year and provided updates on the following events:

Councillor H Hayden's Board Appointment

Councillor H Hayden had sent her apologies for this meeting but had been appointed to the Board as an Elected Member, replacing Councillor J Dowson, who was thanked for her work and contributions to the Board. There had been revisions of Leeds City Council's Executive Portfolios, with the Chair covering Equality, Health and Wellbeing and Councillor H Hayden being the Executive Member for Children and Families, both integral to the discussions of the Board.

Selina Douglas' Board Appointment

The Chair requested the Board to note the appointment of Selina Douglas, the Chief Executive for Leeds Community Healthcare NHS Trust, as a co-opted non-voting Member.

RESOLVED – That Selina Douglas be appointed to the Board.

Annette Morris

The Board reflected on and offered their condolences for the sad news of the passing of a dear friend and colleague, Annette Morris, who had made a huge contribution to the health and care system. Annette held a number of key roles, rooted in making a positive difference to the communities across Leeds, from working with Voluntary Action Leeds, supporting the Culturally Diverse Hub and Young Lives Leeds, to playing a key role in the Synergi programme to tackle mental health inequalities and sharing expertise at Leeds and York Partnership Foundation NHS Trust and Leeds Involving People. She had played a valuable part of the Team Shielding initiative to protect vulnerable people during the Covid-19 pandemic and had campaigned for racial and gender equality and for the reality of lived experience to be heard by policy and decision makers. Her legacy will live on through all the people she had influenced and her work within the Third Sector.

Corrina Lawrence, the Third Sector Representative, CEO at Feel Good Factor, provided a video which was played to Members, outlining that Anette had been a valued, trusted and respected colleague, using a compassionate approach to reach out to diverse communities and holding equality and fairness at the heart of her work. Her contributions to the city were vast, bridging the gap between statutory agencies and the Third Sector. She will be greatly missed as both a friend and an advocate for people and her legacy will continue.

Pip Goff, Representative of Communities of Interest and Director for Volition outlined her appreciation to the Board for taking their time to pay respect to Annette. She was remembered as a passionate activist, a talented musician and an advocate for peace and people. Her contributions to the city were numerous within a wide range of organisations and set an example for approaching and understanding the needs of different people, positively impacting mental health transformation and standing up to racism to make a change. Details of events to mark respect for Annette were to be provided to Members.

Partnership Update

The following updates regarding recent events in Leeds that were relevant to the Board's remit were outlined by the Chair:

- The new Government's focus on tackling health care inequalities, including greater focus on prevention throughout the entire healthcare system and supporting services.
- Approval granted for the state of the art sports hub at Fearnville Leisure centre in Gipton.
- The Former Matthew Murray school site was set to be transformed into a community sports hub.

- Innovative plans to transform home care in Leeds - a new-look Community Health and Wellbeing Service (CHWS) set to be piloted over an 18-month period which aims to provide a more flexible, personalised service by using 'neighbourhood teams' of health and care staff.
- Kerry Jackson announced her intention to step down as the Chief Executive of St Gemma's Hospice. Kerry has also been an integral part of the wider system over the past 14 years, delivering the highest quality palliative and end of life care, education and research. The Chair expressed gratitude on behalf of the Board for Kerry's leadership over the years and expressed that she will be greatly missed.
- Dr Sara Munro, the Trust's Chief Executive, had been named in the top 10 chief executives in the NHS by the Health Service Journal (HSJ)

2 Appeals against refusal of inspection of documents

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

3 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

4 Late Items

There were no formal late items.

5 Declaration of Interests

No declarations of interest were made.

6 Apologies for Absence

Apologies for absence had been received from Councillor S Golton, Councillor H Hayden, Helen Hart, Corrina Lawrence, Julie Longworth, Anthony Kealy, Superintendent Dan Wood, Sarah Forbes, Tim Riley with Jason Broch deputising, James Rogers with Mark Charlton deputising, and Dr Phil Wood with Claire Smith deputising.

7 Open Forum

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

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

Update on migrant health checks from November 2023

Feedback was agreed to be provided back regarding the processes and impact for migrants accessing health checks and care provisions, and the associated charges, which had been raised as part of the Open Forum at a Board meeting on the 9th of November 2023 but had not yet been received. Whether the Board scrutinised charges by Leeds Teaching Hospital Trust (LTHT) posed against migrants for health checks and care provision, the

impact on affordability of care, how often this was reported to the Home Office and how fear of charges were addressed, had been queried. A follow up and a response on this matter was requested.

Inconsistent communications regarding the new Hospitals in Leeds

As previously submitted as part of the Open Forum at the Board meeting on the 21st of March 2024, it was outlined that there was an inconsistency between information contained on the LTHT website and recent comments by the Secretary of State for Health and Care to Parliament regarding the progress of the new hospitals at the Leeds General Infirmary site and the timeline for the programme. The LTHT staff bulletin was also noted to have misrepresented the situation, claiming developments were fully funded and were to proceed. A report from the Director of Finance, considered by the LTHT Board on the 30th of May 2024, stated costs for the development had increased by £250-£300million, planning permission was soon to expire, and the New Hospital Model 2.0 (NHP2) could potentially add a further £25million. The approach of the Department of Health and Social Care and the New Hospitals Programme Communications Playbook was considered onerous, but the Labour Governments support for NHP was welcomed. Clarity on this matter and the number of factors at play, which impacted on the plans to come into fruition, were needed.

Private care provider facilities at St. James' Hospital

The plans for the new hospitals had referenced private health care provision for cancer patients, with potential impacts on staff clinician retainment and on health inequalities; whether this would lead to a disparity of care was queried. The contents of the Labour manifesto were positive, however, the direction of the NHS to address financial constraints was unclear. This had previously been outlined at the 21st of March 2024 Board meeting and an update was sought.

In response the Chair noted a response had been sent to John Prentis on the 22nd of July 2024, recognising the reply was further delayed due to the sensitivity of the pre-election period for the Local and General Elections. The Chair committed to providing a response on migrant health checks in a timely manner.

The Deputy Chief Executive for LTHT responded, first noting that LTHT was committed to developing the new hospitals and the reference to the staffing issues for the proposed private care facilities were not significant. A full written response regarding the outstanding queries was to be provided back to the enquirer.

8 Minutes

RESOLVED– That the minutes of the meeting held on the 21st of March 2024 be agreed as a correct record.

9 Leeds Joint Strategic Assessment 2024 - Draft Summary Report

The report of the Head of Policy, Leeds City Council outlined that the purpose of the Joint Strategic Assessment (JSA) was to assess current and future

health and social care needs in Leeds to inform the Health and Wellbeing Strategy, specifically to shape priorities, inform commissioners and guide the use of resources as part of commissioning strategies and plans for the city.

In attendance for this item were:

- Mike Eakins – Head of Policy, Leeds City Council
- Rosie Armitage – Intelligence and Policy Manager, Leeds City Council

The Chair provided an introduction to the item, noting that the publication of the JSA was a key function of the Board and its production on a three year cycle was a joint statutory responsibility of the Council and the West Yorkshire ICB, which informed the Leeds Health and Wellbeing Strategy. The last iteration of the JSA was published in 2021 and this report detailed the findings of the latest data analysis.

The following information was highlighted to Board Members:

- The scope of the 2024 JSA was vast, covering a broad approach to the social determinants of health and had drawn out data to identify inequalities and also linked to the Marmot City work.
- The JSA sought to go further than baseline data provision and contained qualitative data to create a narrative driven approach and provide a summary of where the city was and where improvements were needed.
- It was noted that the report was in its draft format and was overseen by a sounding board which including partners. All contributors to this stage were thanked.
- The structure of the JSA was primarily around life course stages, linking to policy implications and bringing data to life through lived experience.
- Section 1 covered Leeds population data analysis, which mirrored national trends. There was birth rate boom from 2008 to 2018, with birth rates falling since, which had implications on the education system and its capacity for post school (16+) college and sixth form capacity.
- The pandemic had impacted child development and improvements were needed for provision of key stage (KS)1 and KS2 schooling.
- Indices of multiple deprivation (IMD) decile data for age displayed that deprivation had increased most for young and elderly people. Child poverty was above national averages, with caution noted for this data when considering the geographical boundaries of the Council's district covered inner city and outer, more rural settings. The scale of poverty in inner city areas was significant and work was ongoing for a more granular breakdown of data.
- The IMD data for ethnicity outlined a disproportion for lower living standards and opportunities for diverse ethnic communities and individuals.
- The student population within Leeds had significantly increased when census data from 2011 was compared with the 2021 census. The traditional student areas had expanded which posed questions to

service provision and needs analysis, a response was required to address dynamic health care needs.

- The geography of inequalities had been studied for a spatial understanding of health outcomes and social determinants in relation to amenities, services and transport options. The Health and Wellbeing Strategy offered positive influence on sustainable, connected communities, with transport framework being vital.
- There was a wealth of greenspace within Leeds, with an estimated £600million relief on the wider health system pressure, with the positive benefits of using green space, however, a disparity of access was noted.
- Qualitative data was used to represent community voice and understand lived experience, which was used to supplement quantitative data and inform the whole life course approach.
- The Third Sector played a fundamental role in wider system support; however, staff retention and infrastructure issues were noted, particularly for smaller organisations.
- Housing standards and location data had noted disparity in fuel poverty, employment and education opportunities. This had covered not only affordability but accessibility and adaptation requirements to provide better quality housing.
- Leeds was performing well in regard to affordable housing provision but, the cost of living crisis had reduced real income level and the defined level of affordable required scrutiny as average rent costs exceeded £850 per month, which was higher than comparable data for other Local Authorities in the West Yorkshire region.
- Data for energy efficiency covered fuel poverty, with figures exceeding national averages and also noting indoor air quality disparities. Social housing had low performing energy efficiency which had additional implications for people living in poverty incurring higher costs.
- Inequalities were noted in the level of school performance for those accessing free school meals, with 36% of boys on free school meals not achieving Maths and English GCSEs at the end of their schooling.
- The prevalence of mental health had increased for adults and young people, which had a cumulative impact across communities and services. Mental health related hospital admissions had grown for people under the age of 18 since the 2021 JSA, but Leeds was below the national average.
- For data comparing productivity against employment, Leeds held a strong employment rate, although it had dropped when analysing the most recent data suite. Average pay in Leeds had decreased, with the gender pay gap being significant. Women earned on average £10,000 less per year than men and were more likely to hold jobs within education, health care and public services.
- There had been shifts in industry with a decrease in positions for manufacturing, retail, hospitality and real estate. This had implications for people aged 50+ as they were less likely to have skills in emerging sectors. More work was required to improve adult education opportunities, with reference to the Inclusive Growth Strategy.

The Board discussed the following matters:

- With the Government's pledges to tackle violence against women, it was agreed that the section regarding community safety would expand on this data which could be built upon to create a clearer strategic approach in addressing this sensitive issue.
- It was suggested that the JSA could have a greater focus on progress since the 2021 JSA to indicate what work was ongoing to improve social determinants. Strategically comparing previous data was essential.
- A full circle analysis on the trajectory of child poverty was proposed to understand contributing factors and link with the 2023 Public Health Annual Report. More reflection on outcomes was to be done through collating groups of issues and a dashboard was in development to set the narrative identified by the data, allowing the JSA to be dynamic and for future data and outcomes to be built into it.
- Further analysis for factors to inform plans and intervention was required to better understand impact and prevention methods to work within communities and add layers to services where required.
- In light of the gender pay gap data, the Board asked for further analysis to be undertaken to understand demographic information and whether the intersectionality factors meant that the pay gap was greater amongst certain communities.
- Less anticipated or surprising results were outlined as the huge increase in the student population and that improvements in education inequalities had been somewhat unyielding. Overall, the data had raised a number of questions and the JSA findings were to remain live and considered to inform the partnership approach in improving outcomes.
- As well as the study of gender pay gaps, it was noted that reporting of disability and ethnicity pay gaps were to become mandatory, and can we get ahead of the national requirements with data to be collated to compare and better understand compounding factors.
- The findings were considered a good basis for response and planning; the JSA was not to just describe and identify inequalities but to direct work to improve outcomes.
- Wider representation such as input from the Third Sector, was good practise for creating improved outcomes. Projects and existing structures enabled better governance practises and understand policy implications.
- The JSA document and its findings were to be shared across the health and care system to influence targeted action. Internal to the Council's policy network, it was to be submitted to Scrutiny Boards and the Executive Board.
- Linking up with other sectors and departments was integral to improvements, such as the input required for green space provision. Notable improvements to green space within Lincoln Green had yielded positive results and health and wellbeing outcomes. Areas that

needed more green space provision were to be mapped against strategic priorities.

- Whether post graduate students were choosing to stay in Leeds and how this was considered against the student population boom was queried. A response was agreed to be provided back upon further data analysis, considering affordability of accommodation in inner city areas and the implications this had on traditionally non-student areas. It was also noted that student populations can mask poverty demographic data at a Ward level.
- The experience of working age people living with disabilities and the associated data was queried. This was agreed to be studied and included, with signposting to support offers provided.
- The Third Sector and associated boards and meetings, including the Poverty Truth Commission, was a good arena for discussion and a vehicle for change. There was a vast scope of poverty considerations, including healthy life expectancy, employment and opportunity, with a system wide approach needed to ameliorate issues.
- Safer Leeds crime data was noted to be helpful to enrich the suite and inform the Public Health response, including statistics for domestic abuse and victims of crime by gender. Through the Domestic Abuse Act 2021, children and young people were now recognised as victims of domestic abuse in their own right. This was agreed to be followed up after the meeting.
- Actions to include within this JSA were to better articulate how data would be reflected upon and issues addressed and to include more headline data and analysis for women and children and compounded factors.
- The enthusiastic approach to respond to data was supported and the report format was commended. Contributors and presenting Officers were thanked for their work.

RESOLVED –

- That the JSA draft summary report attached as Annex A, specifically whether the policy implications highlighted fully reflect the headline findings and challenges or opportunities ahead, be considered.
- That the draft cross-cutting themes highlighted within the conclusion, and whether these are reflective of the contents of the JSA, and how these may shape future work priorities, be considered.
- That the best ways to respond to any strategic and commissioning implications of the analysis, in particular those relating the tackling health inequalities and the needs of various communities of interest, be considered.
- That the report, along with Member's comments, be noted.

(Councillor S Arif joined the meeting during consideration of this item)

10 Director of Public Health Annual Report 2023 - Ageing Well: Our Lives in Leeds

The report of the Director of Public Health outlined that the Annual Report 2023 brought together lived experiences alongside a review of data and evidence relating to ageing well. This report outlined that the key findings and recommendations contained within the DPH Annual Report focussed on system wide actions to reduce inequalities and increase the number of years spent in good health.

The following attended the meeting to present the item:

- Victoria Eaton – Director of Public Health, Leeds City Council
- Tim Fielding – Deputy Director of Public Health, Leeds City Council
- Helen Laird – Head of Public Health, Leeds City Council

The Chair provided an overview, noting the Director of Public Health had a mandatory duty to publish an annual report describing the health of the population and provide recommendations to improve health outcomes. The report focused on lived experiences and data related to ageing well in Leeds, with the previous year focusing on the health and wellbeing of Children and young people in Leeds.

The Board was provided with the following information:

- The report contained actions and updates from the previous year's report so progress can be tracked, and this year's iteration had clear recommendations in support of progress assessment.
- A video was played for Members that had been produced to display the range of contributors to the report and the lived experience of people as they age in Leeds. The contents covered the treatment of older people, employment opportunities, transport and accessibility of services, green spaces, social and physical activity, menopause and health care access and how these topics corresponded with feeling happy, healthy and connected.
- It was clarified that the focus was on ageing well and not older people, but the majority of data had been derived from populations trends and conversations with people who were 50+.
- Ageing well was understood through pro-active measures and not an acceptance of the inevitability of poor health. Good health was dynamic across generations, with different challenges or implications faced at different life stages.
- There was a strong base of services, programmes and institutions, such as the Age Friendly Strategy, the Centre for Aging and Third Sector organisations such as Leeds Older People Forum.
- The report brought together evidence and qualitative data from local people and care professionals to direct future work and service provision to improve the health and opportunities for people as they enter later life stages.
- An infographic was provided to understand the situations of older adults, as well as geographical information regarding the proportion of older adults who migrate away from city centres, often to more rural settings and the implications this had on needs and services.

- 1 in 3 people in Leeds were over 50, with this specific populations becoming more diverse and also more deprived. Demographic statistics noted more than half of people over 50 had one or two medical conditions and that there was a disproportion of around 12 years between deprived people and more affluent people spent in poorer health in later life.
- The evidence base informed methods for targeting prevention and early intervention to support older adults in living fulfilling sociable lives and also accessing sustainable public services. 1 in 4 people ages 50+ were deprived, with a system wide aim to address the disparities in health outcomes.
- Consulting on headline topics with the public and health professionals on the key factors for ageing well had yielded similar results, with healthy living, social connection, transport and finances being integral.
- The drive for digital first was understood to have both positive and negative implications for social connections, with digital exclusion requiring well thought out plans.
- Work to encourage healthy ageing was to keep committed to the Age Friendly Strategy, push to raise the profile of the issues, develop further health and care programmes, with a press release published to promote wellness and active lifestyles.
- A partnership approach was required to improve support and accessibility for community spaces and services. Anchor institutions, businesses, universities and the West Yorkshire Combined Authority (WYCA) were partnered to provide research and improve outcomes.
- Key findings of the report were: Leeds's ageing population was changing and becoming more diverse, the number of years that people spend in good health in later life was unequal between different communities, later life was an opportunity to help citizens keep active and stay healthy, identifying health problems and risk factors earlier would help to delay the amount of time that people spend in poor health, having strong, positive, social connections was an important factor in ageing well and people in later life experience ageism and discrimination.
- The Age Friendly partnership work was essential to sustain the population and services, with increased need requiring future planning as Leeds had an ageing population.
- The nine recommendations were considered to be ambitious and actionable, with the Age Friendly Board taking account of the recommendations.

Councillor David Jenkins, Chair of the Age Friendly Board, provided an overview of his work and experience on this agenda and thanked Public Health and the Leeds Older People Forum for their dedicated work. It was noted that Leeds was considered a better place to age than previously, and the Third Sector and neighbourhood networks had been integral to these improvements. Members were encouraged to attend an event at Headingley Stadium on the 1st of October 2024, the International Day of Older People.

During discussions, the following matters were considered:

Draft minutes to be approved at the meeting
to be held on Thursday, 14th November, 2024

- How transport and connectivity improvements linked to WYCA transport plans was queried, as well as processes for advertising free bus passes for people over 60. WYCA was noted to be engaged with the programme, but further partnership work was required. The bus pass issues were to be discussed with the Age Friendly Board and data was to be gathered to identify any barriers of access.
- To support free bus pass access, communications had been aligned with the bus fare campaign and being clear on barriers to access such as language barriers. The Executive Member for Communities, Customer Service and Community Safety had also worked on promotion through the Council Hubs, including outlining the benefits to the wider determinants of health that accessing green spaces had and assisting with filling out required documentation for free bus passes.
- A targeted approach, working with partners and communities was required to increase take up of free NHS screenings, with the Marmot city work and Age Friendly Leeds having oversight and monitoring rates. This also aligned with digital access and transport work, but improved communications of eligibility and access was needed.
- To monitor engagement with the wide scope of agencies that were involved in ageing well, the recommendations addressed accountability, action plans and proposed to review strategies to streamline work and align values. The report was to feed into and inform partnership and the state of the city work.
- To encourage healthy ageing, further engagement with people aged 30 onwards was needed to influence positive life choices and preventative methods. This would reduce future service pressures and also positively correlate with future health data for people 50+.
- Drivers for poorer health were inactivity, poor diet and alcohol consumption. Creating healthy living conditions, supported by planning and licensing authorities, would influence healthy lifestyles.
- Stronger recommendations to address digital inclusion were needed to support service accessibility and social connection options across all agencies. This applied to recommendation three, to be explicit that digital technology did not work for everyone and physically being in a room with people held greater benefits to social connection.
- Social isolation was to be understood through the lens of being an older person and the experience of discrimination and being stigmatised. It was noted that older people were less likely to be diagnosed with depression which required further study.
- LTHT strategies had focused on digital and economic poverty, within the context of an ageing population in Leeds. The topic of ageing well was to be discussed at a forthcoming LTHT Executive meeting to revise the approach and best improve social determinants.
- A headline finding was that men aged 50+ were consuming four times the amount of alcohol than women of the same age group, with more work required to understand and address this issue.
- Improving social connection, reducing digital and economic poverty, better transport provision and green space access were noted to be essential to driving down inequalities for healthy life expectancy.

- A future consideration was housing as the rent crisis will have implications on health and wellbeing of people as they age in unsecure housing.

RESOLVED –

- That the findings and recommendations of the 2023 Director of Public Health Annual Report, be noted.
- That Members discussions regarding the wide actions that will contribute to delivering the recommendations within the 2023 Director of Public Health Annual Report, be noted.

11 Leeds Health & Care System Better Care Fund Submission 2024-25

The report of the Leeds Health and Care System outlined that the ICB in Leeds and the LCC's Adults & Health Directorate were required to complete and submit the Better Care Fund Plan for 2024-25 to NHS England by the 10th of June 2024. The plan had been completed to reflect key health and care priorities for the year and was the refresh of the 23-25 two-year plan, previously signed off by the Board.

The following attended the meeting to present the item:

- Caroline Baria – Director of Adults Health, Leeds City Council

The Board was provided with the following information:

- On reflection of the submission of the previous year's plan, NHSE had requested a review of the plan's trajectories.
- The refreshed plan for 2023-2025 had been submitted on the 10th of June 2024.
- Challenges were noted as, added pressure due to the ageing population within Leeds.
- Plans were in place to support the Home First approach, to limit avoidable admissions to hospital and to discharge people safely and quickly

RESOLVED –

- That the attached collaboratively authored and regionally reviewed BCF plan for the Leeds City, be noted.
- That Leeds City in the delivery of the BCF goals detailed within the plan, be supported.

12 Date and Time of Next Meeting

RESOLVED - To note the date and time of the next meeting as Tuesday the 14th of November 2024 at 1:00pm.