

HEALTH AND WELLBEING BOARD

THURSDAY, 14TH NOVEMBER, 2024

PRESENT: Councillor F Venner in the Chair

Councillors C Anderson, S Arif, H Hayden

Leeds Committee of the West Yorkshire Integrated Care Board

Tim Ryley - Place Based Lead, Leeds Health & Care Partnership

Directors of Leeds City Council

Victoria Eaton – Director of Public Health

Caroline Baria – Director of Adults and Health

Farrah Kahn – Deputy Director Social Care, Children and Families

Representative of Local Health Watch Organisation

Jane Mischenko – Co-Chair, Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Phil Wood - Leeds Teaching Hospitals NHS Trust

Ruth Burnett - Leeds Community Healthcare NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

Leeds Committee of the West Yorkshire Integrated Care Board

Rebecca Charlwood - Independent Chair

Clinicians Joint Representative

Jason Broch, Chief Clinical Information Officer

Representative of Communities of Interest

Pip Goff - Director, Volition

13 Welcome and introductions

The Chair welcomed Members and attendees and provided updates on the following events:

- Ed Whiting OBE had been appointed as the new Leeds City Council Chief Executive, expected to commence his role in January 2025. Ed has had a diverse career in senior Whitehall and civil service roles alongside work with local government. The Chair noted it was particularly pleasing following from Tom Riordan, CBE, speaking from being in care as a child that Ed has been a foster carer and looked forward to championing the role foster caring plays in Leeds.
- A message of thanks was also extended to Tom and the Interim Chief Executive, Mariana Pexton, for their dedicated work.

- A funding boost of £2.94million had been secured for radiotherapy in Leeds, to make treatments more personalised and smarter to support cancer patients.
- Mental health emergency calls were taken by Leeds and York Partnership NHS Foundation Trust (LYPFT), a part of a pilot service, which sought to reduce pressure from 999 calls and direct people to crisis services more efficiently.
- On the 21st of November, in support of International Men's Day, ReThink: Men's event was scheduled at Leeds Kirkgate Market to champion the health and wellbeing of men in Leeds.
- Dame Linda Pollard is to step down from her role as the Chair of Leeds Teaching Hospitals Trust (LTHT) in summer 2025. The Chair celebrated her many achievements over her 30 years of service in the NHS and as a role model for women.
- Jim Barwick, Chief Executive of Leeds GP Confederation Leeds, shared that The Leeds Community Dermatology Collaborative has been honoured with the Proud2bOps National Award for Operational and Clinical Partnership of the Year. The award, announced last week, celebrates outstanding collaboration in healthcare and was presented to the team based at The Light in Leeds.

14 Appeals against refusal of inspection of documents

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

15 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

16 Late Items

There were no formal late items.

17 Declaration of Interests

No declarations of interest were made.

18 Apologies for Absence

Apologies for absence had been received from Councillor S Golton, Paul Money, Superintendent Dan Wood, James Rogers, Anthony Kealy, Helen Hart, Corrina Lawrence, Sarah Forbes, Selina Douglas with Dr Ruth Burnett deputising, Julie Longworth with Farrah Kahn deputising and Jonathan Phillips with Jane Mischenko deputising.

19 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.

No matters were raised under the Open Forum via public submission, but the Chair provided an update in relation to a previous query presented to the

Board by Dr John Puntis on the issue of the impact health charges are having on migrants, refugees and asylum seekers.

It was outlined that LTHT had advanced their response to this issue, within the context of changes to national policy, with the Illegal Migration Act 2023 being passed in July 2024, which had led to a high volume of people needing help and advocacy with understanding their rights. The Leeds Migrant Health Board (MHB) Annual report was to be considered by the Board later on the meeting agenda (Minute 24 refers), which had identified key priorities of the MHB. It was recognised that whilst migrant health charges affected migrants, refugees and asylum seekers, the MHB has focused its priorities on areas where there are specific challenges for these communities and where there was a need to address inequalities and improve outcomes. Councillor Venner further highlighted she had raised the migrant health charges issue at a recent Leeds Strategic Migration Partnership Board where it was noted that charges were a particular issue which has an impact on the overall access. In part fear of incurring charges could also be a factor. Evidence to support a better approach to the issue was mostly anecdotal and the scope was difficult to quantify, however, the potential of case studies of experiences would allow improved systematic understanding and it was hoped an increased focus to address barriers to access, could be an area to further explore and consider. As a method for campaigning for a better approach it was further suggested that lobbying Government was an option available to Members.

A written response had been provided to Dr John Puntis relating to the implementation of the national policy framework and that the Board had raised wider impacts to migrant communities with the Home Office following last year's iteration of the Migrant Health Annual Report.

It was agreed that the MHB would reflect on the area of migrant health charges being considered as part of a wider workshop session in December where the future priorities of the MHB will be considered. The outcome of these discussions will be reported back to the Leeds HWB.

20 Minutes

RESOLVED– That the minutes of the meeting held on the 23rd of July 2024 be agreed as a correct record.

21 Health and Wellbeing priority 9: 'An Inclusive, valued and well trained workforce' - supporting the health, wellbeing and safety of the partnerships workforce and people who access services

The report of the Leeds Health and Wellbeing Board summarised that Leeds had an ambition to be the best place to train and work in at any age. Leeds had a health and care workforce that was highly motivated, creative and caring, working together to deliver high quality care and improve health outcomes in Leeds. A key part of achieving this ambition was creating 'an inclusive, valued and well - trained workforce'. This was highlighted as one of the 12 priorities in the Leeds Health and Wellbeing Strategy 2023 -2030.

In attendance for this item were:

Draft minutes to be approved at the meeting
to be held on Thursday, 20th March, 2025

- Nadeem Siddique - Head of Community Relations and Cohesion, Leeds City Council
- Geoff Turnbull - Equality, Diversity & Inclusion Manager, Leeds City Council
- Mahreen Hussain - West Yorkshire Police (WYP)
- David Ball – WYP

The Chair introduced the item, noting it had been brought to the Board in response to the disorder and civil unrest that had occurred across the country over summer 2024. It was a priority for Health and Care system leaders to ensure staff feel valued, well trained and supported in light of increased abuse directed towards care providers and in line with the NHS Freedom to Speak Up policy and Guardian roles. Whilst patients have a right to access health and care services, there was a need to ensure there is a balance of care provision and staff welfare.

The following information was highlighted to Board Members by the Head of Community Relations and Cohesion and the Equality, Diversity & Inclusion Manager:

- The incidents in Southport had led to a significant scale of disorder across the UK, with rising racism and anti-Muslim hatred.
- The Government had promoted social cohesion and resilience to extremism to enable support of front line workers and their capacity to safely address social unrest.
- Data for increases in hate crime were significant, however, many incidents were unreported. Work will continue focused on preventing these incidents and improving public confidence in services.
- A Social Cohesion Strategy was in development, with a key priority being to allow safe spaces for dialogue, to support staff by listening to lived experience and also for alternative views to be discussed.
- As part of the Council's equality agenda, preventative methods against the discrimination of protected characteristics were linked to the Anti-Social Behaviour Team and Safer, Stronger Communities.
- A Hate Crime Strategy had been developed with relevant partners, such as WYP, and was governed by a robust process, including the Leeds Hate Crime Strategic Board, chaired by Councillor M Harland (Executive Member for Communities, Customer Service and Community Safety) which supports the Hate Crime Operational Group.
- A Hate Crime Officer had been appointed in the Council, that would liaise with WYP and support improved reporting capacity, such as third party reporting through Community Hubs and identifying high risk areas.
- There were improved methods for reporting hate crime and incidents online and also engagement with schools had been conducted by Stop Hate UK, a charity raising awareness to all forms of discrimination.
- Prevention was integral to addressing hate, with whole cycle support needed for victims and better education and rehabilitation for perpetrators. An anti-discrimination campaign will be launched in

December 2024, linking to health care providers and the NHS (Equality, Diversity and Inclusion) EDI improvement plans.

The following information was outlined by WYP Officers in attendance:

- Other areas in the UK had suffered more significant levels of hate crime and far right protests. Moreover, hate crime reports had doubled in Leeds since the events in Southport and there were issues of public confidence and trust in services and responsible authorities.
- In addition, the disorder which occurred in Harehills was also highlighted as part of a wider context of recent events which has affected communities in the city.
- Strategic community engagement had been implemented to offer reassurance that WYP will act and has a duty of care to respond accordingly to reports, incidents and crimes.
- Responses to hate incidents occurring in care settings were coordinated with health and care leadership and front line staff.
- A specific example was highlighted where in response to an issue of a racially abusive patient at the Leeds General Infirmary, the Neighbourhood Policing Team were carrying out investigations and a meeting between WYP and hospital staff had been held to promote awareness, support victims and share how to report incidents.
- A Liaison Officer was appointed to address crimes in hospital settings and assisted in determining appropriate action, with some patients having conditions which may limit mental capacity.

The Board discussed the following matters, outlining the response of their associated department or organisation:

- *Children's and Families* – With staff members being ethnically diverse, the rise in racism and hate crime was not only a professional issue but also a personal issue. Safe spaces for conversations had been provided, with further support options raised with Human Resources (HR). As there were direct consequences upon the service responsibilities for social care visits, management needed to be mindful of staff safety. Feedback from schools was that there was some anxiety in children and parents as they began the new school year, with different views of parents feeding into the outlook and views of some children. Campaigning and wider system support was required to stand up for young people, and staff, with consideration of the vulnerable nature of looked after children and young asylum seekers in Leeds.
- *Public Health* – The Council's Corporate Leadership Team had developed a consistent approach to support staff and reduce feeling of isolation. Front line services were delivered in partnership with the NHS and the third sector, so a joined up response was needed, to create a clear message from leadership to ensure staff feel considered, to create safe listening spaces and to tailor support for individuals given the varied needs and experiences of staff.
- *Adults and Health* – Listening Circles were established to discuss experiences of staff. Action was taken to scale up risk assessments. Health and safety training had been provided for the work place and also for staff working alone conducting social care visits in order to

outline reporting processes, provide advice on staff concerns; an online violence and aggression toolkit had also been offered. There was a duty to devise a streamlined corporate response across the health and care system.

- *ICB* – Most of the ICB staff were not in public facing roles, so the response was largely based on leadership communications, with line managers encouraged to allow safe spaces for open discussion and two sessions being held for all staff members to share their experiences and reinforce the message against islamophobia. Dame Donna Kinnair had been requested to review the progress and recommendations of her report, commissioned by the West Yorkshire ICB, into tackling health inequalities for ethnically diverse colleagues.
- *Leeds Community Healthcare* – There had been a clear message for colleagues to support one another with improved support packages provided for areas and roles that were considered higher risk, such as revised transport options. Partnership and allyship between organisations and authorities were needed to reinforce the message of zero tolerance to hate. Data and advice on reporting incidents had been shared with staff and longer term actions were to increase CCTV and sliver command capacity, community training and collective meetings with patients to improve staff treatment.
- *LYPFT* – The service supported a lot of people with mental health issues and disabilities so methods to ensure staff felt supported and safe at work were essential. Staff were encouraged to report any incidents of abuse and the level of criminality was then to be distinguished, whilst recognising all people have the right to care but not to be abusive. More engagement with staff support networks and partnership approaches were sought.
- *LTHT* – There were three parts to the NHS EDI Improvement plan, to de-bias processes, embed a culture of conscious inclusion and take positive action. The situation was complex given the tension brought by conflict in the Middle East and leadership needed to be visibly reinforcing the anti-hate message and striking a balance between staff wellbeing and service user care provision, in line with the Freedom to Speak up policy and people's rights to care.
- *GP Confederation* – Leadership needed to call out hate crime and support staff, with advice provided by the Safer, Stronger Communities department. There was an emerging need for preparedness in primary care with two GP buildings being closed following abuse and criminal damage, leading to relocation and increased security measures. The confederation was engaged with the Freedom to Speak up Guardian network and operated an open door approach for staff raising concerns.
- *Third Sector* – The sector was comprised of a diverse range of organisations with the number of incidents reported increasing significantly. There had been consistent messaging shared across the network, with a range of resources shared by Forum Central to assist with impacts on work capacity and associated additional stress. Leadership were encouraged to promote all support offers, including therapeutic support and the mindful employer steps. There had been

area based assessments with organisations in higher risk areas offered additional support and connections.

On behalf of John Ebo, Head of HR EDI at Leeds City Council, Tony Cooke, Chief Officer for Health Partnerships, outlined the Council's strategic approach with the refreshed 2024 Zero Tolerance anti-discrimination statement, which had been approved by the Executive Board in September 2024. A five step EDI training programme for managers had been implemented as mandatory training. A Freedom to Speak up Guardian had been appointed at the Council, which was the first for a Local Authority in England. The Race Equality Network had been promoted to staff.

The following further points were discussed:

- This was not just additional work considerations; it was a personal life experience for a lot of staff from ethnically diverse backgrounds and societal behaviour changes were essential to improve social cohesion.
- The violence and aggression online toolkit was to be reviewed by HR to improve the offer for staff and signpost to more support services.
- Reviewing data and having open conversations would allow more understanding of the disparity between increased hate crime and the lower number of reports received by responsible authorities.
- Partnership work through sharing offers and literature between organisations would join up for a consistent approach.
- Relevant attendees were to be invited back to the Board to present the Social Cohesion Strategy once it had been further developed.

RESOLVED – That the report, along with Member's comments, be noted.

22 Working towards racial equity in mental health: the Synergi-Leeds Partnership

The report of Synergi -Leeds Partnership outlined that the partnership was an innovative and ambitious citywide approach focused on addressing ethnic inequalities in mental health. The partnership was jointly led by Leeds and York Partnership Foundation Trust (LYPFT) and Public Health in Leeds City Council (LCC), and the core programmes were delivered and supported by colleagues in LYPFT, LCC, Volition and Leeds Involving People. The expanding network or 'community of practice' of statutory and voluntary sector organisations played a vital role in advancing the priorities outlined in the Leeds All -Age Mental Health Strategy and specifically in 'reducing the over representation of people from Black, Asian and Minority Ethnic communities admitted in crisis'.

The following attended the meeting to present the item:

- Caron Walker - Chief Officer - Consultant/Public Health
- Sharon Prince -Deputy Director for Psychological Professions at LYPFT
- Laura Hodgson - Head of Public Health, Adults and Health
- Karen Cruise CEO of Flourished Minds CIC
- Sinead Cregan Director of Innovation and Development, Inspire North

Jim Barwick, the Chief Executive of Leeds GP Federation, introduced the item as he represented sponsorship of the partnership leadership team. The partnership programme was award winning, and reflecting on previous work, the approach was of high importance, lessons had been learnt and organisations were committed to further the work. Future operations were to focus on mapping areas most in need, improved communication principles and to hold open conversations on difficult topics.

The Board was provided with the following information:

- A strong partnership foundation had evolved, with delivery involving Public Health, Forum Central, LYPFT, Leeds Involving People and Volition. The work focused on whole system change, identifying best practise and inequalities for each organisation through a social justice lens.
- The approach was to identify racial inequality and to then challenge processes to be more inclusive, which required intensive data gathering, holistic understanding and collaborative partnerships to inform appropriate prevention and intervention measures.
- Commitment to open dialogue to understand people of ethnically diverse background's experience of service access and health outcomes were essential.
- The work was validated against the seven principles of anti-racist framework. Organisations needed to commit to acting upon service feedback and anecdotal data so that people's lived experience were a focus for change. Having safe spaces for discussions and leadership that represented EDI were essential.
- Work and funding streams stemmed from the All Age Grants Programme and the Commission for Racial Equality.
- Flourished Minds was a social enterprise part funded by the Synergi programme, gathering data to better understand and support mental health issues in ethnically diverse communities. Outreach work had been conducted at Carr Manor Community School, consisting of open dialogue with young people to develop connection and trust and to tailor suitable approaches in support of self worth and wellbeing.
- The outreach work allowed young people to better recognise that good mental health was at the forefront of a positive life and teachers and care providers outlined that the work had improved education outcomes and students were more settled and patient.
- Following partnering with Synergi, the direction of Flourished Minds had changed as it became an open, specialist support network for ethnically diverse young people and worked closely with Leeds Trinity University, the University of Leeds and Leeds Community Foundation.
- The principal findings and successes to build upon through Flourished Minds were to further investigate dynamics and experiences at higher education levels, create a governance basis to improve people's opportunities over whole life cycles and pilot programmes city wide through community and third sector links to inform the delivery of mental health services.

- Consequences of engaging with the Synergi principles were to enhance anti-racist approaches in institutions, empower employees, track evidence for improvements in outcomes, as well as scrutiny of previous work, and to simplify wording to embed accessibility. Complaints to service providers were to be actioned as a learning opportunity.
- Solutions were to be co-produced with partners, including the development of mapping areas most in need of intervention, filling gaps in service provision, embed a considerate approach and to feedback on outcomes collaboratively.
- The partnership had secured funding for the “Remembering What’s Forgotten,” programme co-produced with local artists and curators with lived experience. Launching in September 2024, the exhibition and a permanent digital archive was to highlight the untold contributions to addressing ethnic inequalities and promoting mental health for ethnically diverse communities.

During discussions, the following matters were considered:

- How Synergi could link to the Marmot city programme was queried. In response it was outlined that *addressing racism and discrimination and their outcomes* was one of the eight Marmot principles. The programme fed into overall discussion to improve social determinants of health.
- Prevention of the issues and barriers faced by ethnically diverse communities were best addressed at younger ages and work could be joined up with Young Minds, a charity supporting mental wellness for children.
- How the work of Flourished Minds could be extended to incorporate more schools and the costs it would incur were queried. In response more connections were being made following recognition of the programme’s success, but more funding and leadership input was required for expansion. A National Lottery funding bid had been submitted.
- It was noted that the 280 schools within Leeds were a cohort reflecting a broad diversity and an important starting point was to engage in difficult conversations to improve life experience and service provision for all ethnic backgrounds.
- The definition of epistemic justice was outlined as universal participation in terms of equality of access to information, in this case, relating to mental health outcomes, service knowledge and access. Community engagement and change through listening to experience were integral to the promotion of epistemic justice.
- In order to promote the work and to have long lasting impacts, communicating options for personal and social growth and online safety to ethnically diverse individuals and discussing their views and alternative social perspectives needed to inform the processes of services.
- It was agreed that the Board would submit a letter to the Department of Education to highlight this key work, coordinated by The Leeds Health

Partnership Team working with the relevant Public Health and Children and Families teams in order to lobby and influence positive social outcomes on this topic.

- The significant impact the Synergi programme had, given the low level of grant funding received, was celebrated. To influence a cultural shift in the approach of care providers and focusing on the value of prevention required expanding the conversation to other social organisations, such as sports clubs.
- As the required fundamental shift in delivery models were tied up in complex health and care systems, further community links were needed. Knowledge could be spread through the Leeds Learning Alliance to inform creative approaches to leadership and communications.
- To expand the work through Children's and Families social care, further discussions were to take place in order for isolated schools, looked after children and youth justice services to provide input, with reference to the Children's Wellbeing Bill.
- A challenge faced was how to improve the scope of Synergi given capacity constraints. The main steer was to ensure mental health provision and racial justice were prominent considerations for all health and care organisations.
- The methods for evaluating the best allocation for grant funding and measuring outcomes were queried. A review of outcomes was based on the significant positive feedback that had been received and robust evaluation had taken place prior to the second wave of funding for 16-25 year olds had been secured. Other funding options were being explored.

RESOLVED –

- a) That the headlines of this report and the progress made on the key work programmes of the Synergi-Leeds Partnership, be noted.
- b) That the pilot of the Communication Principles to encourage transparent discussions in strategic meetings and support the incorporation of the principles into city governance arrangements, with PLT adopting them and evidencing their use, be endorsed.
- c) That Leeds signatories of the National Synergi Pledge develop at least one organisational priority that will contribute to reducing racial inequalities in mental health, co-produced with people with lived experience, be requested.
- d) That a mapping exercise which ascertains the extent of services focused on or contributing to mental health support and intervention for Black and South Asian boys and men across the Leeds system, be agreed.

23 Pharmacy Provision in Leeds: 6 month update

The report of Chief Officer, Consultant/Public Health outlined that the Health and Social Care Act 2012 transferred responsibility for the development and updating of Pharmaceutical Needs Assessment (PNAs) to Health and Wellbeing Boards (HWBs), which became effective from 1st April 2013.

The following attended the meeting to present the item:

- Caron Walker - Chief Officer, Consultant/Public Health

The Board was provided with the following information:

- Some Community Pharmacies had outlined their intention to hold strikes to protest budget cuts and increased workload pressure.
- The Board were responsible, on behalf of Public Health, for the development of and updates to PNAs, with the process approximately half way completed. It had been agreed by the Board for an update on pharmacy provision to be provided at the 6 month mark.
- As of April 2024, 5 out of the 130 Pharmacies in Leeds had submitted notices of closure. There were pressures across West Yorkshire regionally, and the UK nationally, leading to the closure or reduction in opening hours for Pharmacies.
- Features of PNAs were to identify gaps in provision, review data and to outline timeframes and accessibility pressure following changes to processes, including closures and reductions in opening hours.

During discussions, the following matters were considered:

- Healthwatch had reviewed the impact of the pharmacy first model had on accessibility and on wider system impacts, with increased pressure on GPs and A&E rooms. The impact on accessibility was more significant on rural areas.
- It was confirmed that the consultation on changes to Pharmacy provision was currently open and was held online, with some non-digital submission methods available on request, but this was limited due to resource constraints. The next consultation was planned once the draft PNA had been published.
- Members noted support to promote the consultation and information relating to changes in provision in order to better understand the impacts on prescriptions and options for delivering medication.
- Identifying needs through market shaping work, including learning from demand on primary care, was required to devise a strategic approach, alongside required legislation changes. It was noted that further input from providers was sought.
- A message of thanks was extended to the Chief Officer, Consultant/Public Health, for leading on the technical process in support of the Board's responsibilities.

RESOLVED –

- a) That the responsibilities of the HWB in relation to pharmaceutical service provision in Leeds, be noted.
- b) That the information within the notification log, which will be shared with the HWB six monthly as described above, ahead of each public meeting, be considered.

24 Leeds Migrant Health Board Annual Report 2024

The report of Leeds Migrant Health Board outlined that this was the second Annual Report of the Leeds Migrant Health Board (LMHB). The report

described work by the Board and its members to address the health needs of migrants in 2023 -24 and presented recommendations for future work by partners and the wider health and care system.

The following attended the meeting to present the item:

- Pippa Bird - Chief Officer/Consultant in Public Health, Adults and Health
- Catherine Ward - Health Improvement Principal, Adults & Health
- Helen Binns - Families First Project Manager, Children & Families

The Board was provided with the following information:

- Leeds was culturally diverse, with data displaying that 27% of the population was of an ethnic minority background in 2024, which had rose from 19% in 2019. English was not the first language for approximately 70,000 people.
- Leeds was considered a city of sanctuary where refugees, asylum seekers and vulnerable people were welcome.
- Work conducted by LMHB had informed and altered the strategic direction of the health and care system to improve understanding and outcomes for migrants across statutory, voluntary and community care providers.
- The political context, and national media coverage, created challenges for services and staff. From experience, migrants often lived in deprivation and had complex needs; fast paced Government policy changes and local unrest had impacted service provision and building trust with migrant communities was essential to improving service access.
- Examples of improved processes were noted as, translation service procurement in primary care, the establishment of action workshops and to empower the voices of migrants by informing their views and needs at a commissioner level.
- The annual report had focused on the health of the Roma communities in Leeds, with assessment results informing pathways to improve health outcomes and service accessibility.
- Data displayed Roma people had a life expectancy 10 years below the UK average, tended to reside in the less affluent areas and there were issues of distrust with health professionals. Five grants had been awarded through Forum Central, amounting to £12,000, following emerging health needs assessment data, with the final results yet to be confirmed.
- Through ICB funding, a small team within Children's and Families, had conducted family support and social work, including drop in sessions at the St Vincent's Centre, to understand the Roma lived experience and the barriers to accessing services.
- Roma families were often comprised of large family groups, with an average of 6-8 children living in inadequate housing space. For GP appointments, digital communication was less preferred and language barriers often impacted access. There was also some

misunderstanding when to use different services and there was also a hesitancy to request the entitled care provision.

- There had been issues with scabies for Roma families, which was often difficult to treat when living in poverty, as well as measles, where patients were unable to attend GP appointments.
- Public Health had provided accessible communication messages to Roma communities to offer the loan of steamers, as well as partnership offers for laundry to address the rise in scabies. Information on self care and accessing pharmacies for treatment had also been provided.
- The challenges faced to improve migrant health were, the impact of the cost of living, understanding legal process, complaints of digital exclusion with eVisas, increased service demand and the need to streamline the asylum process.

During discussions, the following matters were considered:

- It was noted that children of a migrant background often acted as translators for parents or care providers, so the level of engagement with schools was queried. In response, drop in sessions had been held at Hovingham Primary School, where around 60% of students were of Roma ethnicity. It was agreed that, to further this work, involvement in the task group was to be extended to the Executive Member for Adult Social Care, Active Lifestyles and Culture.
- In order to reduce barriers to access for screenings such as smear tests, an open door approach, as well as adapting service delivery for Roma people was offered at GPs. Addressing the issue with scabies was to be progressed through the community dermatology work, with the associated documentation material offered to be shared with Members. It was noted that small grants to improve service navigation in primary care for Roma people had been approved.
- The lack of third sector organisations for Roma people was recognised as a barrier to health and care access. The working task group, alongside Forum Central, were identifying how a third sector or hub organisation could be set up authentically.
- Long term trust in services and health professionals was required in order for sustainable health outcomes to be improved in Roma communities. Leadership were to advocate for improvements through better understanding the needs of the community.
- The best use for targeting resources was through thorough planning in regard to preventative, protective measures, as well as engagement with faith based organisations. A trial, based on the international model for social care, was scheduled to be piloted in East Leeds to explore options to reduce inequalities faced by Roma communities.
- Assurance was given that NHS providers were working on the challenges surrounding the equity of access, to inform processes and support parentship working.
- The best model for community mental health provision was through organisations trusted by migrant communities, which required better outcomes for patients.

In summary, it was outlined that Leeds was fortunate to have such high value, committed third sector organisations, and despite resource constraints, these organisations were driven to act as allies for migrant communities, which was a testament for the future. The next steps were for the LMHB to refresh their priorities, fill membership gaps in regard to representation and join up work with all relevant partners, with the annual report currently being considered by a wide range of partnership boards.

The Chair noted that the issue raised as part of migrant health charges and associated reluctance to access, was to be addressed by the Leeds Migration Partnership. Migrants faced issues of deprivation and social cohesion and through listening to lived experiences, using resources wisely and targeting training, on topics such as legal rights and responsibilities, were to improve the situation.

RESOLVED –

- a) That the content of the Migrant Health Board Annual Report 2023-24, be noted.
- b) That the rapidly changing migration patterns in Leeds, ensuring services and approaches are culturally appropriate and forward planning for expected new communities, be recognised.
- c) That the voices of migrant communities are central to the development and design of services that they use, be endorsed.
- d) That the work that supports increasing early identification and intervention for migrant communities, be championed.
- e) That the Leeds work to be a city of sanctuary and adopt the principals that improve health and wellbeing for migrant communities, be supported.
- f) That the Voluntary and Community Sector partners who demonstrate system leadership in advocating for and supporting migrant communities, be recognised and be collaborated with.

25 Date and Time of Next Meeting

RESOLVED - To note the date and time of the next meeting as Thursday the 20th of March 2025 at 1:00pm.