

HEALTH AND WELLBEING BOARD

THURSDAY, 20TH JULY, 2023

PRESENT: Councillor F Venner in the Chair

Councillors C Anderson, S Arif and
J Dowson.

Leeds Committee of the West Yorkshire Integrated Care Board

Helen Lewis - Director of Pathway Integration

Directors of Leeds City Council

Victoria Eaton – Director of Public Health

Caroline Baria – Director of Adults and Health

Farrah Khan – Chief Officer Family Help, Children and Families

Representative of NHS (England)

Anthony Kealy – Locality Director, NHS England North (Yorkshire & Humber)

Representative of Local Health Watch Organisation

Dr John Beal – Chair, Healthwatch Leeds

Hannah Davies – Chief Executive, Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Sam Prince - Leeds Community Healthcare NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

Wider Determinants of Health – Partnership Working Representative

James Rogers - Director of Communities, Housing and Environment

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

1 Welcome and introductions

The Chair welcomed Councillor C Anderson who had been appointed to the Board by Annual Council in May 2023 and expressed thanks to Councillor N Harrington for her contribution to the Board. Councillor Venner also reported that Thea Stein would be leaving the Board in September 2023 to take up a new role and thanked her for her work with the Board and partners.

The Board paid their respects to the sad news of the passing of Heather Nelson, the Chief Executive of the Black Health Initiative in Leeds and was also a recent Member of the Health and Wellbeing Board. The Chair expressed condolences to her family and community and noted that Heather was a wonderful person who worked tirelessly to make a positive difference to peoples lives.

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 noted, but supplementary information had been circulated to Board Members prior to the meeting, in relation to item 11b – Healthy Leeds Plan Refresh & Item 12 – In Our Shoes Director of Public Health Annual Report.

5 Declaration of Interests

No declarations of interest were made.

6 Apologies for Absence

Apologies for absence had been received from Councillor S Golton, Tim Ryley, Jenny Cooke, Dr Phil Wood, Corrina Lawrence, Helen Hart, Thea Stein, Julie Longworth, Paul Money and Superintendent Dan Wood.

Substitutes were in attendance - Sam Prince on behalf of Thea Stein, Farrah Khan on behalf of Julie Longworth and Helen Lewis (Director of Pathway Integration) on behalf of Tim Ryley and Jenny Cooke and representing the ICB.

7 Open Forum

No matters were raised under the Open Forum.

8 Minutes

RESOLVED – That the minutes of the meeting held on 9th February be agreed as a correct record.

9 Update on Transforming Community Mental Health in Leeds

The Board considered a report which provided an update on the work to transform Community Mental Health in Leeds. The report outlined the collaborative approach to the work undertaken by NHS organisations, Leeds City Council, the Voluntary, Community and Social Enterprise (VCSE) sector, and service users/people with lived experience. Partners had come together to consider the transformation of how primary and community mental health services were currently organised and delivered for adults and older people

with ongoing and complex mental health needs (commonly referred to as severe mental illness/SMI).

In attendance for this item were;

- Liz Hindmarsh – Programme Manager, Leeds Community Mental Health
- Annette Morris – Involvement Lead
- Debbie Thrush – Clinical Lead for Working Age Adult Community Mental Health Teams

In introducing the report, the Programme Manager, Leeds Community Mental Health highlighted that approximately 8000 adults in Leeds were recorded on the SMI register, but it was thought that SMI was under-reported. Additionally, people with complex mental health/SMI experienced very different physical health outcomes and their life expectancy could be 15-20 years shorter than other people. Initial consultation on transforming services was undertaken with the Early Intervention Partnership which identified the Partnership would value focus on access to care and compassionate care.

The vision was to:

- Create a joined-up service from the primary and community mental care providers.
- To remove any barriers to access to services.
- The ability for people to access services as early as possible.
- For people to remain in their community.

The Board received a video presentation which included the ambition to create Integrated Community Mental Health Hubs, to be placed within Local Care Partnerships (LCP's). Service referrals will be made to the Hubs where personalised treatment will be delivered by Third Sector partners. A pilot of the Hubs will be trialled in three Leeds LCP's with the intention to roll out the Hubs city-wide during 2024-25.

The delivery model had been informed through extensive consultation and workshops and would entail a culture change in service delivery, with time for reflection to ensure the roles and relationships were right. The new roles will include:

- 8 Community Wellbeing connector roles - to connect individuals to the right support in their community. The Connectors would be part of the Hub Multidisciplinary Team/VCSE partnership of providers.
- Peer Support Worker roles – to focus on the emotional/relational element of support for an individual at their time of need. They would also focus on working towards cultural change in services and be part of the Hub Multidisciplinary Team/VCSE partnership of providers.

The Board also received details on the work undertaken and planned which included following:

- Work was moving from the consultation/engagement phase to involvement and co-production of the service with Healthwatch, to put in place the systems needed to achieve the transformation.

- Work was ongoing with diverse communities to eradicate the imbalances in the systems and to reduce health inequalities.
- Work built on the representations made by people with lived experience.
- Work was being done to support people with mental health issues and service users to communicate the transformation process and new Hub model.

The challenges ahead included:

- Workforce pressures and the limited supply of roles in the service and current vacancies.
- The resources required for a project of this size and complexity.
- Maintaining the energy and pace needed for the transformation and the context of the pressures.
- ICT systems and inter-operability which can present limits to agility and integration.

Before moving to discussions, Sara Munro highlighted that the transformation process would have an impact over a period of 18 months but was necessary to achieve the change for service users.

The Board discussed the following matters:

- Evaluation of the pilot Hub model – the pilot Hubs would be rolled out in different areas of Leeds so learning will be taken from each community. Evaluation will be for the whole of West Yorkshire and will include consideration of service users and support for practitioners for them to make their own decisions. Recognising the level of need for services, the Board noted a request for a report back in 12 months.
- Resources – existing and new staff will deliver the new service model.
- Priority issue – before Covid-19, mental health was the issue most people raised with Healthwatch. The service transformation required the same priority amongst partners as Covid, especially due to the anticipated service disruption whilst transformation occurs.
- Inter-operability – focus needed across all providers to ensure the new system works.
- Estate – a mapping exercise had been undertaken to identify sites, but the issue of mental health services provision in GP practices was being discussed with practices and LCPs.

RESOLVED –

- a) To note the scope, ambitions, approach and progress of the work to date.
- b) To support and endorse the work in Board members' respective roles, communities and organisations, be noted.
- c) To support with unblocking of barriers around IT and systems integrations and estate by supporting with work on partnership agreements.

- d) To support an appropriate alignment of resource to support effective delivery of this programme and the long-term embedding of culture change that will be required over many years.
- e) That Members comments and recommendations, including the request for a report in 12 months on the transformation, be noted.

10 Big Leeds Chat: One Year On, Progress and Next Steps

The report of the Big Leeds Chat Working Group outlined an assessment of the progress of the 10 Big Asks identified by the public through the Big Leeds Chat (BLC) 2021. It showed that both plans and actions were in place for the majority of the Asks.

In attendance were;

- Hannah Davies, Chief Executive of Healthwatch Leeds
- Paul Bollom, Head of Health and Care Development

The Chief Executive of Healthwatch Leeds, introduced the item and outlined the ambition to have the voice of the people at the heart of all levels of health and care planning. The Board was also reminded of the work undertaken across the city as part of the Big Leeds Chat 2021 where 40 events were held city wide. The 10 'Asks' reflected the recurring themes of the events and previously the Board had felt it important to identify a lead for each 'Ask'. Events had been held in an open conversation format, distanced from formal survey models. Notable events that took place prior to the Covid-19 pandemic were a joint event at the Civic Hall and two public conversation events run by Healthwatch at Kirkgate Market.

The Head of Health and Care Development outlined each of the ten 'Asks', noting that some reflected the impact of the pandemic and more recently the cost of living crisis. He added that, in summary, when you asked people about their health, invariably they bring up the wider determinants of health, such as access to transport and greenspace, as much as they focus on the delivery and access to health and care services. The 10 'Asks' were:

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.

The Board had challenged each Ask area to consider 4 questions, detailed at page 54 of the report and a video was played for Members which provided feedback to the Board on these topics and cross-cut a number of the Asks. The video focused on SCOT FC, a local grass roots football team and demonstrated benefits for feeling part of a community, positive impact for children, community mental health and cost effectiveness. The programme had also involved Get Set Leeds and Active Leeds.

For some areas there was very clear plan and action plan to implement, but there were some 'Asks' where challenges remained:

- For Ask 2 - 'A city where there are plentiful activities' –There was no single plan or oversight, making evidence for what had been done to address the challenge difficult to gauge.
- For Ask 5 – 'Each individual community has local facilities' – Visibility of communication and feedback to the public regarding progress and plans for action was less clear, and although there were activities happening, such as, community anchors and priority wards, further community engagement pathways were to be developed.
- For Ask 10 – 'Transport' – A deep dive assessment of transport strategy had been conducted to address accessibility to move around the city which noted some positives; work was ongoing to improve the quality and enhance the overall travel experience and reduce car usage.

The next steps were outlined as, finalising the public facing programme reports, feedback to communities over Autumn 2023 and to link the 'Asks' to the development and launch of the refreshed Health and Wellbeing strategy.

The Board discussed the following matters:

- The Health Partnerships Communications Team was converting the conversations into summaries to release and share back with the 43 Big Leeds Chat communities. It was noted the LCP geographical areas will be useful routes to provide feedback for the public.
- The importance to repeat the Chats in 2023 was noted, which could use the outreach to communities model, as had been done for the Big Leeds Chat 2021. Feedback can be gathered by asking opinions on how people feel about the 10 headline topics when compared to previous submissions and how they think future consultation should be implemented.
- The Board noted the challenge to improving public transport and the need for transparency of the conversations providers were having with

communities on removing barriers to access and addressing gaps or variation to provision. Work was ongoing regarding pre-9.30am access to public transport for older people with a letter sent to the WYCA Mayor urging removal of this restriction. Getting around the city suburb to suburb was identified as a key issue for outer areas.

- Some of the 'Asks' were very clear, but caution as to how terminology was used was highlighted. The Ask about "individual community" was very broad, so expectations may need to be managed. It was noted that some of the 'Asks' remained vague until the mechanisms for progress for an area had been developed.
- As an increased number of GPs were working part time, the figures for whole time equivalents were requested with the desire that allocation should be proportionate to population within LCP areas. It was outlined that provision was determined by the Primary Care Network and there were other survey results which were equally important, such as, how a practice operated in its community. Although there were service challenges, 70% of appointments were face to face, 50% of appointments were same day appointments and 20,000 Leeds residents were seen by a GP daily.
- It was noted that although a lot of the aspects of the 'Asks' were out of the Board's remit and control, the Board and partners did have influence. The 10 Community Committees could be utilised to provide both feedback information on progress with Asks and consult further with communities to develop best practise.
- Small projects were also noted to potentially have a wide scope of positive impact for communities with an example given as the installation of trees along Harehills Road and the difference that had made for people's wellbeing.
- The red, amber and green rating system used to track the progress of each 'Ask' was agreed to be reviewed to further monitor progress indicators.
- Although access to NHS dentistry and GP services had not been raised as one of the 'Asks' it was expected to be a key priority for people for the next cycle of the Big Leeds Chat.
A notable project to progress 'Ask' 1 was the Leeds Bear Hunt which had been sponsored by local organisations and was a low-cost family day out. There was a "best dressed bear" competition scheduled for the 2nd of August 2023 in Merrion Gardens.

RESOLVED –

- a) That the progress made in meeting the 10 Big Asks identified through the Big Leeds Chat and address gaps in action or reporting, be noted.
- b) That the feedback approach to communities outlined in the paper including linking feedback to the refresh of the Health and Wellbeing Strategy, be agreed.
- c) That the wider use of the Big Leeds Chat approach as an ongoing dialogue for engagement between decision makers and the public, be supported.

- d) That the work to establish greater ongoing dialogue and feedback with the public on the Big Leeds Chat 10 Ask areas developing a relational, conversational and co-production approach, be supported.
- e) That the bringing forward of a further iteration of an engagement approach building on the achievements of the Big Leeds Chat, be supported.

(Councillor J Dowson joined the meeting during consideration of this item)

11 The Leeds Health and Wellbeing Strategy Refresh - a strategy to 2030

The report of the Chief Officer, Health Partnerships outlined the Health and Wellbeing Strategy refresh as an opportunity to further embed and build on the strong existing health and care and wider partnerships in the city which had effectively navigated the city through an unprecedented period, and as the system continued to develop in a new phase of health and care integration. The Strategy was aligned closely to key strategic ambitions and plans including the Best City Ambition and the two other key city pillars of Inclusive Growth and Zero Carbon, as well as the refreshed West Yorkshire Partnership Strategy and Healthy Leeds Plan.

After thorough consultation with a range of city partners the strategy was at a final draft endorsement phase. The Strategy maintained the ambition for Leeds whilst recognising the lived experiences of people, many of whom had experienced challenges before, during and after the pandemic specifically related to the cost of living and impact of poverty. It was noted that the Strategy lay with the remit of the Board to approve but it would also be presented to the Executive Board on the 26th of July 2023 for endorsement.

In attendance for this item were:

- Tony Cooke, Chief Officer Health Partnerships
- Wasim Feroze, Strategy Partnership Development Manager

Introducing the report, the Chief Officer Health Partnerships and Strategy Partner Development Manager outlined the following information:

- A message of thanks was extended to many Council Departments, NHS and Third Sector partners for engagement and influence with the strategy.
- The contents of the strategy reflected the financial challenge being experienced by the city and its residents.
- Recent amendments had been implemented reflecting recent data and indicators, working closely with Marmot City and Inclusive Growth.
- Next steps included the development of action plans to underpin each of the 12 refreshed priorities. These will be developed with partners where relevant.
- Work will also be progressed to agree indicators to support the refreshed strategy with an aspiration to develop a single source of information e.g. data dashboard to track progress over time.
- An accessible, condensed version of the strategy was in development which was to be launched alongside the full version in October 2023.

- A public launch event was also planned for October 2023.

The Board discussed the following matters:

- Big Leeds Chat colleagues proposed to utilise the opportunity of the public launch to enhance public engagement and discussion of Big Leeds Chat principles.

RESOLVED –

- a) That the engagement and work that has been undertaken with partners as part of the development of the Health and Wellbeing Strategy refresh, be noted.
- b) That the final draft of the Health and Wellbeing Strategy refresh attached at Appendix 1 of this report, be approved.
- c) That the proposed next steps in the development and delivery of the Health and Wellbeing refresh as outlined in this paper, including establishing a set of clear indicators of the Strategy, be approved.
- d) That the further development and graphic design work will be carried out with an accessible document created prior to the publication and promotion of the agreed Leeds Health and Wellbeing Strategy refresh, be noted.

12 Healthy Leeds Plan Refresh: Update

The report of The Healthy Leeds Plan outlined the health and care contribution towards delivering the Leeds Health and Wellbeing Strategy ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.*

The following were in attendance:

- Catherine Sunter, Head of Population Health Planning, Leeds ICB

The Head of Population Health Planning ICB, presented the report and outlined the following information:

- The plan was ambitious to improve health goals in line with the system commitments to population needs, which was a different approach from traditional plans which had focused on primary care and point of access.
- It was noted that 26% of the Leeds population live in the 10% most deprived areas nationally. The plan will aim to achieve improved health outcomes for all.
- The link between the Health and Wellbeing Strategy and Healthy Leeds Plan with their collective commitments and shared goals will be demonstrated at the launch event in October 2023.
- The 9 exclusive segments of population and life stages that will be targeted by the plan were outlined as: children and young people, healthy adults, maternity, long term conditions, cancer, severe mental illness, learning disabilities and neurodiversity, frailty and end of life.
- Comments arising from consultation undertaken with the Adults Health and Active Lifestyles Scrutiny Board, ICBs and Health and Wellbeing Board were to be incorporated into the plan.

- Care Delivery Boards work alongside the plan with measures incorporated into the population outcome framework. Data led priorities had been established in consultation with Population and Care Delivery Boards and LCPs.
- It was noted that the 2023 plan will be comprised of 2 clear system goals - 'reduce preventable, unplanned care utilisation across health settings' and 'increase early identification and intervention' and owned by Leeds.
- The broader purpose and next steps of the plan were to contribute to the West Yorkshire Joint Forward Plan and influence local plans to meet regional and national goals. The plan will be unique for West Yorkshire and focus on its population demographics. The Joint Forward Plan will be subject to an annual review.
- The small scope of goals gave greater ability for tracking and agreeability and will be refreshed on an annual basis.
- The progress for goal 1 'reduce preventable, unplanned care utilisation across health settings' will be robustly monitored with target reductions and compared with other systems and work, including the community mental health transformation programme.
- Goal 2 'increase early identification and intervention' will be informed via goal 1 data.
- The communications plan proposed to create a clear easy read version for staff and the public once the plan had been agreed.
- Appropriate changes to the plan will be incorporated by the end of August 2023.

The Chair, on behalf of the Board, extended a message of thanks for the positive, collaborative partnership work, noting that as topics covered were often challenging, the focus on preventative measures was honest and reflective of financial challenges and the document.

RESOLVED –

- a) That the revised and reduced number of system goals which were described in the refreshed Healthy Leeds Plan and will replace the Strategic Indicators as set out in the original Healthy Leeds Plan document, be noted.
- b) That the approach taken to refreshing the Healthy Leeds Plan document, be noted.
- c) That the Healthy Leeds Plan for submission as Leeds' element of the WY Joint Forward Plan, be approved.

13 In Our Shoes: The Director of Public Health Annual Report 2022

The Board considered the Annual Report of the Director of Public Health entitled "In Our Shoes" which, described the health of the population and made recommendations to improve health. The report focused on the current state of children and young people's health in Leeds, this included exploring the impact of the COVID-19 pandemic on their lives.

In attendance were:

- Victoria Eaton, the Director of Public Health

- Kathryn Ingold, the Chief Officer - Consultant/Public Health

The Director of Public Health and Chief Officer - Consultant/Public Health presented the report and outlined the following information:

- The report was nationally recognised for its high standard and child focused approach, providing an understanding of how much children and young people had missed out on during the Covid-19 pandemic.
- The report had involved input from a wide scope of Council departments.
- Headline findings and 10 recommendations had been developed as part of the study; these were detailed at page 194 of the report pack.
- It was the first annual report of the Director of Public Health since the Covid-19 pandemic, with the report's theme relevant since the city emerged from the pandemic.
- An infographic document and child friendly summary version had also been developed.
- The broad scope of consultation and emotive conversations had produced a high-level narrative, using a combined approach with public evidence, real scrutiny of local data and huge engagement with over 260 health professionals to reflect the voices of children and young people.
- The Leeds report had been recognised nationally for best practice as 1 of 4 of the Annual Director of Public Health reports for its robust review of data and the only one to have put the voice of young people first.
- 11 key themes had been developed as; children's mental health, parental mental health, children's physical health, poverty, housing and where we live, children's safety, play and screen use, child development, educational attainment, accessing services, childhood infections and positive impacts.
- The focus on inequality showed the difference between the Leeds average and the children living in areas which fall into the most deprived 10% nationally, constructing an awareness of these unequal outcomes.
- Indicators for self-reported mental health issues were worse when compared to previous data and demand for services had increased.
- Physical health indicators noted an increase in childhood obesity, an initial spike with emerging data after the pandemic having levelled off for reception age children but was still increasing for children in year 6.
- The negative effects of the pandemic had impacted less affluent children more which highlighted inequality, such as access to green space.
- Child vaccination rates had fallen over the pandemic which may put younger people at a greater risk of contracting measles or mumps.
- The next steps were covered by the 10 recommendations with 8 focused on conditions and prevention and 2 on health and care service improvements.

A video was played for Board Members displaying examples of anecdotal evidence and engagement with families and young people.

The Board discussed the following matters:

- The report was useful to inform priorities as part of Leeds' Marmot City work.
- The reference made to health visitors checks in the video was queried. It was noted that most provision during the pandemic had been online and this had been identified through conversations with families who appeared to have fallen through gaps in services. It was acknowledged that this may not have applied widely across the city, however the specific issue raised had been followed up with lead services.
- The increased obesity levels were concerning as this could lead to obesity in adulthood which indicated a lower life expectancy and health outcomes. Engagement with politicians at a national level was proposed to address the issue through initiatives such as taxation policy.
- The Healthy Leeds Plan will be an appropriate pathway to translate into funding and action on some of the issues noted in the report and for priorities to be progressed.

(Rebecca Charlwood, the Independent Chair for the Leeds Committee of the WY ICB, left the meeting during consideration of this item)

RESOLVED –

- (1) To note the content of the Director of Public Health annual report and accompanying film.
- (2) The Board supported and committed to deliver the recommendations of the report, including:
 - a) All partners in Leeds to ensure the voices of children and young people are central to all work planned, taking into account the Child Friendly Leeds twelve wishes.
 - b) Leeds City Council and partners to work to ensure children are kept safe with a focus on: Prevention of harm and Parenting support; Early help; Reducing domestic violence. Leeds City Council, the Leeds Office of the West Yorkshire NHS Integrated Care Board, and partners to continue to prioritise work to improve and protect children's mental health. This will be delivered through the: Leeds Children and Young People's Plan; Prevention workstream of the Future in Mind strategy.
 - c) Leeds City Council to build on the success of existing support to parental mental health and wellbeing, with a focus on the development of family hubs.
 - d) Leeds City Council to work with partners to continue to deliver a programme of work to protect and improve children's physical health. This will focus on: Implementing the recommendations from the play sufficiency research; Increasing physical activity opportunities; Increasing access to healthy food; Implementing the child healthy weight plan.
 - e) Leeds City Council to ensure that children are central to the delivery of work to become a Marmot city, with a focus on: Improving housing; Planning; Mitigating the impacts of poverty; Children getting a fair start in life; Ensuring the Thriving Strategy is implemented.

- f) The Best Start partnership to aim for all children in Leeds to receive the best start in life, with a focus on children from more deprived backgrounds. This includes redressing the gap in speech language and communication development.
- g) Leeds City Council to maintain work underway to ensure equitable catch up in terms of educational attainment. This will be achieved through delivering the five main priorities of the 3As Plan: Reading; Attendance; Special Educational Needs; Wellbeing; Transition.
- h) The Leeds Office of the West Yorkshire NHS Integrated Care Board to ensure health care services are accessible to all children and young people. This will focus on: Dental services; Mental health services; Speech, language and communication.
- i) NHS England and The Leeds Health Protection Board to increase coverage rates of childhood immunisations.

14 Leeds Health & Care System Better Care Fund Submission 2023-25

The Board received the report of the Leeds Health and Care System which provided an overview of the Leeds Better Care Fund Submission for 2023 -23. The submission had been collaboratively produced by the ICB in Leeds and the LCC's Adults & Health Directorate's and met the requirement to complete and submit the Better Care Fund Plan for 2023-25 to NHS England by 28th June 2023.

The submission was an annual requirement and had been discussed in length at a recent Health and Wellbeing Workshop and had been brought to the Board meeting to be formally agreed.

Caroline Baria, the Interim Director of Adults and Health noted that the plan had been scrutinised, feedback had been incorporated into the final version and the formatting had been revised. The plan was compliant with the four national conditioned objectives.

The Board discussed the following:

- The collective review process alongside an independent sector review was queried. Reassurance was given that the partners from all sectors had ownership of the plan and delivery was integrated.
- The review had matured and been honest as to how money is best utilised, the document was transparent and coherently informed using relevant evidence.

RESOLVED – That the attached collaboratively authored and regionally reviewed Better Care Fund Submission 2023-25 plan for the Leeds City be noted.

15 Revised Governance Arrangements for Local Strategic Plans to Improve Outcomes for Children and Young People with Special Educational Needs and Disabilities (SEND), ensuring alignment with a changing national agenda.

The Board received the report of the Chief Officer for Learning Inclusion, Children and Families Directorate and the Associate Director of Pathway

Integration, West Yorkshire Integrated Care Board (Leeds Place) on the national SEND and Alternative Provision Improvement Plan published in 2023 which set out national plans for the improvement in response to the 2022 green paper – “Right support, right place, right time”.

The Board noted that the changing needs of children and young people and the national changes had prompted a review of the governance arrangements and reporting mechanisms. OFSTED were scheduled to review SEND services focused on education and social care. Discussions at the SEND Board will provide feedback to the Health and Wellbeing Board to review issues.

Farrah Khan, the Chief Officer for Family Help, outlined the partnership arrangements for Leeds against national legislation and the changed terms of reference; the Health and Wellbeing Board will be updated on ongoing work from the Children’s and Young People’s Population Board.

RESOLVED –

- a) That the draft new Terms of Reference for the Leeds area SEND Partnership Board and proposed new reporting arrangements be noted.
- b) To note the proposal for the SEND Partnership Board to report regularly to the Health and Wellbeing Board.

16 Any Other Business

Pip Goff, the Representative for Communities of Interest highlighted the difficult financial position of the Third Sector, noting the sector had absorbed cuts to Council and NHS organisations. It was outlined that over the period from 2020 to 2022 the Third Sector has lost 34% of its paid workforce and 27% of volunteers. The bi-monthly cost survey had noted approximately half of Third Sector organisations had been operating at a reduced service capacity level and the shortfall needed to be addressed.

Board Members acknowledged the pressures the sector was experiencing, and executive partnership work was ongoing. The Third Sector was noted to be comprised of a huge number of organisations and investigation will be needed to identify the populations and organisations experiencing the greatest challenge. A specific list of shared scheme proposals will need to be developed to provide an overview of the situation and support development of a management plan to alleviate impact.

The Chair agreed to write a letter to partners and recommend that the Board consider a formal item regarding sustainability plans for the Third Sector.

17 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next Health and Wellbeing Board meeting Thursday, 9th of November 2023 at 1:00 pm.