

## Leeds Office of NHS West Yorkshire Integrated Care Board (WYICB) Contribution to WY ICB Public Sector Equality Duty Report 2024

### Local population profile, demographic data, and health inequalities

Leeds is an area of great contrasts, including a densely populated inner-city area with associated challenges in relation to poverty and deprivation, as well as a more affluent city centre, and suburban and rural areas with villages and market towns.

The most recent census (2021) indicated that Leeds has a population of 811, 953 representing an 8.05% growth since the previous census of 2011. Leeds has a relatively young and dynamic population and is an increasingly diverse city with many ethnic communities including black, Asian, and other ethnically diverse populations representing 22.1% of the total population compared to almost 19% in 2011.

In relation to spoken languages the census 2021 showed that after English (87.83%), the most common spoken languages across Leeds are Polish (1.02%); Arabic (0.59%); Romanian (0.58%); Urdu (0.54%); and Panjabi (0.52%).

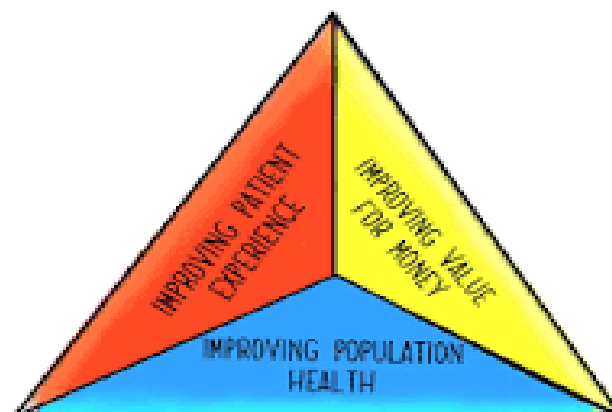
The census 2021 showed that 0.05% of the Leeds population use British Sign Language.

Our records currently show there are 880,000 people registered with General Practitioners (GPs) in Leeds. This data provides us with more up to date information that helps us understand the health and care needs of our population.

Our vision for Leeds is to be a healthy and caring city for all ages where people who are the poorest improve their health the fastest ([Leeds Health and Wellbeing Strategy](#)).

[The Healthy Leeds Plan](#), focuses on reducing health inequalities, particularly based on the analysis of the health needs of the 10% most deprived areas of Leeds and sets out the health and care contribution towards achieving the vision for Leeds, describing the outcomes we want to achieve for the people of Leeds and our plans for doing so.

In delivering our plan we will focus on equitable access, excellent experience, optimal outcomes and ensuring we get the best value from the Leeds pound and the NHS Triple Aim:



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We know that health and wellbeing is affected by social, economic, and environmental factors beyond good healthcare. These are often referred to as the wider determinants of health and include factors such as income, education, access to green spaces and healthy food, type of employment, and housing. Inequalities in the wider determinants of health can lead to health inequalities between different populations, and therefore addressing these wider socio-economic inequalities is a crucial part of reducing health inequalities for the people in Leeds.

Leeds has also committed to become a Marmot City and is working in partnership with the Institute of Health Equity to take a strategic, whole-system approach to improving health equity.

Details regarding the population profile, demographics and health inequalities within Leeds can be found in the [Leeds Joint Strategic Assessment 2021](#)

An overview of some of the changing population needs and characteristics identified within the needs assessment include:

- Our population has been expanding, specifically within our inner-city areas which are often our most deprived communities, and often experience the worse health outcomes.
- There is a 14-year life expectancy gap for women and a 12-year life expectancy gap for men between some of our most and least affluent areas of the city.
- Whilst people are living longer this is often in poorer health and with multiple long-term conditions. There has been progress in treating cancer, respiratory and heart disease but the premature mortality gap for these three areas have widened in our most deprived communities.
- We have an ageing population within Leeds and the 80+ age group is predicted to grow the fastest over the next 20 years with an expected 50% increase.
- Leeds has a strong diverse population with nearly 200 languages spoken.
- Index Multiple Deprivation (IMD) 1 areas within Leeds are more ethnically diverse than the Leeds average.

We have developed a robust population health infrastructure in Leeds designed to put the diverse needs of our population at the heart of everything we do and move decision making closer to the people using our services. Within Leeds we have described the different needs of the population using nine mutually exclusive population segments:

- Children and Young People
- Maternity
- Healthy Adults
- People with a Learning Disability and/or Neurodiversity
- Serious Mental Illness
- Cancer
- Long Term Conditions
- Frailty

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- End of Life

By looking at our population in this way, we can better understand what people need to address, the challenges they face and how we as a health and care system can help. Specific workstreams are in place that aim to reduce health inequalities for each of the population groups.

Further information can be found on our website: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/>

### **Leeds Health and Care Partnership and equality, diversity, and inclusion**

We work together with our partners and the people of Leeds and work as one team, where staff work for Leeds, rather than for individual organisations.

We are committed to sharing resources, ideas, and best practice to improve health outcomes, access, and experience of healthcare and to reduce health inequalities across the city for all our diverse communities.

The vision for Leeds Health and Care Partnership is that Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

Our vision for Leeds is owned by all partners and delivered through action, using our diverse and unique skills, knowledge, and experiences. We will work together, using our collective resources to create a fairer and healthier Leeds for all.

The Leeds Health and Care Website provides more information about our partnership:

<https://www.healthandcareleeds.org/>

As an integrated partnership we continue to work together in the transformation of our healthcare services. In relation to equality, diversity, and inclusion, we ensure that service specifications include the need to have robust policies and processes in place to make sure that the needs of all diverse communities and other health inclusion groups are considered in respect of the delivery of their service and that workforce policies are fair and equitable.

Quality and equality impact assessments and equality impact assessments are integrated within our Quality, Innovation, Productivity, and Planning (QIPP) programme and process.

Equality analysis and assessment of impact continues to be integrated within the involvement plan and update template, in addition to the ongoing work our Insight, Communication and Involvement Team are doing in relation to the insight reports for each of the nine population boards and two care delivery boards.

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### Equality, diversity and inclusion networks and forums

Our aim is to continually improve equality, diversity, and inclusion (EDI) in relation to being an inclusive employer, reducing health inequalities and removing barriers to accessing healthcare, therefore we continue to work together with our partners and continue to be members of the following:

#### NHS ICB in Leeds Workforce and Diversity Group

The purpose of the group is to take assurance that key corporate and business priorities have been translated into effective workforce, education, and diversity strategies to provide assurance to the Executive Management Team (EMT) in relation to the delivery of workforce plans and educational and diversity governance across the ICB in Leeds.

To achieve this, the group has three main remits:

- Drive the development of, and review proposals for people initiatives
- Act as the policy review function for the ICB in Leeds (enhanced, as required, by subject experts) so that the appropriate governance can effectively perform its role in policy approval.
- Representatives act as people champions within the ICB in Leeds and, specifically, within their directorate.

#### Leeds NHS Equality Leads Forum

As members of the Leeds NHS Equality Leads Forum, we continue to work in partnership with all NHS organisations in Leeds to ensure that there is a joined-up approach in relation to equality, diversity, and inclusion. In addition, we work together to explore inequalities experienced by some of our diverse communities in relation to health outcomes and access to, and experience of healthcare.

For example, we continue to work in partnership to address inequalities experienced by people with sensory impairments in relation to their communication and information needs, specifically in respect of implementation of the Accessible Information Standard; share good practice in relation to all staff networks; and continue to work collaboratively in relation to NHS Equality Delivery System 2022.

#### Tackling Health Inequalities Group

We are members of the Tackling Health Inequalities Group (THIG), established in June 2020 by the Leeds Health and Care Partnership Executive Group (PEG):

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- Set up as an expert advisory group to demonstrate our commitment to achieving our city ambition.
- Provides advice, expertise, and challenge to ensure that we are taking effective action to reduce health inequalities ensuring a consistent approach and sharing best practice.
- Developed a Tackling health inequalities toolkit that provides an evidence based and community informed framework for partners to use when addressing health inequalities [Tackling Health Inequalities Toolkit](#).
- Has oversight of delivering the requirements of the national Core20PLUS5 programmes
- Population and care delivery boards are accountable for addressing health inequalities for their populations, THIG ensures that the system remains focussed on the 26% most deprived populations within Leeds as well as the wider communities that are seldom heard / underrepresented.

### Inclusion for All Action Hub

We are members of the Inclusion for all action hub, established in November 2019. This is a citywide initiative led by Healthwatch Leeds putting inclusion and accessibility into all areas of health and care. The hub is based on collective action and adhering to the legal requirements of the Accessible Information Standard (AIS).

Since the hub was launched, it has united services and individuals in the shared goal to make sure everyone's communication needs in Leeds are met and the Accessible Information Standard is followed

Further information can be found on Healthwatch Leeds's website:

<https://healthwatchleeds.co.uk/our-work/inclusion-for-all/>

### Communities of Interest Network

We are members of the Communities of Interest Network (COIN) which aims to highlight and address the needs and challenges faced by groups and communities which experience the greatest inequalities, with a focus on health and wellbeing. COIN does this by promoting two-way communication and collaborative working between the Public Sector and Third Sector organisations that represent these communities.

A key focus of the network is to understand and raise awareness of the importance of intersectionality, where people's overlapping social identities may mean they experience disadvantages or discrimination: [Communities of Interest - Forum Central](#)

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### LGBTQIA+ Health and Wellbeing Network

We know that some of us identify as LGBTQIA+. This means we may be lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual. Or we may define our gender and sexuality in other ways. [Stonewall's glossary](#) lists many more terms.

We are members of Leeds LGBTQIA+ Health and Wellbeing Network, which aims to:

- Improve the health and wellbeing of the LGBTQIA+ population in Leeds by linking services and professionals and sharing best practice.
- Identify potential workstreams and work across service and organisations to progress these workstreams
- Act as a reference group for other groups and organisations who wish to consult with the group
- Act as a forum for debate, discussion, and strategic planning as it relates to the health of LGBTQIA+ people in Leeds.

### Leeds NHS Provider Trust's Equality Performance

We continue to work in partnership with our NHS provider trusts in relation to the EDI work we do across the city. As well as regularly monitoring performance, patient experience and service access we work together in relation to equality objectives, NHS Equality Delivery System (EDS), NHS Workforce Race Equality Standard (WRES), NHS Workforce Equality Delivery Standard (WDES) the NHS Workforce Disability Standard (WDES), Gender Pay Gap and the implementation of the Accessible Information Standard.

Details of the Leeds NHS provider trust's EDI work and associated reports can be found in the links below:

Leeds Teaching Hospital NHS Trust: <https://www.leedsth.nhs.uk/about-us/equality-and-diversity/>

Leeds Community Healthcare NHS Trust: <https://www.leedscommunityhealthcare.nhs.uk/about-us-new/equality-and-diversity/>

Leeds and York Partnership NHS Foundation Trust: <https://www.leedsandyorkpft.nhs.uk/about-us/equality-and-diversity/>

### Insight, communication, and involvement

Our insight, communications, and involvement team are committed to involving people who are protected by the Equality Act 2010 and other health inclusion groups. The creation of ICBs has provided us with an opportunity to review the way we involve people with protected characteristics.

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Below we have outlined some of the ways we are working in Leeds to understand and involve people with differing needs and promote inclusion.

### **The Leeds People's Voices Partnership (PVP)**

We believe that only by working with our partners can we challenge discrimination, advance equality of opportunity and foster good relations between communities in Leeds. The PVP brings together senior managers from across the public and voluntary sector in Leeds. Together we coordinate involvement activities across the city to put the voice of inequalities at the heart of decision-making. Our joint working includes the Big Leeds Chat, the Leeds Citywide Public Network, and the development of the Leeds Involvement library. All these projects are focussed on listening and responding to the voice of inequalities. You can see more about our work with the PVP here: <https://healthwatchleeds.co.uk/our-work/pvp/>

### **Listening to local people**

Our population boards in Leeds are committed to putting people's voice at the heart of decision-making and improving the health of the poorest the fastest. Over the last year we have been working with PVP and our partners across the city to ensure that our boards are listening to people, acting on what matters to them and feeding back how their views have shaped our decisions. Part of this work is writing an insight report for each board.

The insight reports have been written in partnership with public and third sector partners and bring together what we already know about the needs, preferences, and experiences of people in Leeds. The reports include a section dedicated to highlighting what matters to people with protected characteristics. In addition to the nine protected characteristics, we have identified additional communities where we want to focus our involvement. These are people who have experienced; homelessness, deprivation, difficulties accessing digital technology, serving in the forces and people with caring responsibilities. Working in this way enables us to focus the boards attention on equality issues so that we can 'improve the health of the poorest, the fastest'. You can view all our insight reports on the Leeds Health and Care Partnership website here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/>

### **It's a GP Thing**

Over the last year we have been working with our colleagues in West Yorkshire to develop an insight-led campaign to help people understand and access GP services. We know that some

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communities find it especially hard to access their GP. Campaign resources have been developed in different languages including Urdu, Bengali, Polish, Romanian and Pashto.

Also, people in our area who are deaf or hard of hearing often tell us that they find it difficult to understand and access GP services. To support people from this community we have also produced campaign materials using British Sign Language.

Printed booklets and posters were also shared with GP practices and community groups across Leeds.

You can view all our 'It's a GP Thing' resources on the West Yorkshire Health and Care Partnership website here: <https://www.wypartnership.co.uk/campaigns/its-a-gp-practice-thing>

### Winter planning 23/24

Leeds Health and Care Partnership is working together to support people across Leeds this winter through the Together We Can (TWC) campaign and targeted work locally. Using data and insight, we have identified key groups to target and are exploring ways to share the campaign information to help people access health and care services at the right time and place. The campaign also encourages people to choose well and to opt for convenient self-care, where safe to do so during the winter months.

We have focused our approach to the 10% most deprived Primary Care Networks (PCN): Burmantofts, Harehills and Richmond Hill; Armley; Beeston; Middleton and Hunslet; Seacroft; and York Road. In addition, we have included Bramley, Wortley and Middleton PCN which is in the 20% most deprived group of PCNs with high antibiotic prescribing rates and LS25/LS26 area of Leeds, which has high prescribing rates but is less deprived.

Proposed campaign activity includes running adverts on community radio stations Fever FM and Fresh FM, developing print materials to cascade via key community partners, exploring translated materials in specific postcodes and distributing digital toolkits. We are also looking to produce videos from different health and care colleagues across the system.

### Seriously Resistant to antibiotics campaign

We are working closely with Public Health, Leeds University, GPs, Pharmacies, Schools and communities to address the worldwide issue of antibiotic resistance. This is a global health threat that the World Health Organisation, (WHO), rates as the second threat to human life, the first being climate change.



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In Leeds we have developed a powerful campaign that raises awareness and educates communities on this issue and promote preventative advice and the expectation that antibiotics may be issued for viral infections such as the common cold or flu.

Through our insight, we have identified specific communities and geographical areas in the city deemed as 'high prescribing areas'. This includes Chapletown, Harehills and Wortley. Specific targeted communication, education, schools, and community learning sessions have been focussed on these areas to ensure the range of communities in some of the poorest areas of the city better understand the global threat and actions they can take. For more information visit the [Seriously website](#).

### **Listening to people with a learning disability or neurodivergence**

We are committed to involving people from diverse communities in our decision-making. As part of our work to involve people in our Learning disability and neurodiversity board, we held a public workshop in 2023. The aim of the workshop was to outline the role of the board, check that we understand what matters to people from this community and discuss how we could continue to involve people in the future.

The workshop was attended by seven people with learning disabilities and / or who were neurodivergent. The session was supported by organisations across Leeds that support people with a learning disability and who are neurodivergent to ensure that the presentation and breakout session were inclusive. The presentation was also amended to be plain English and include Easy Read illustrations. Participants were supportive of the work we have carried out so far and agreed that the insights and outcomes for the board were reflective of what matters to people with a learning disability and neurodivergence.

We are continuing this inclusion work by attending other local groups such as the Learning disability partnership board and network forum. This will help to ensure that the needs and preferences of these communities are at the heart of the decisions we make in Leeds.

You can read more about our work with the board here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/ld-nd/>

### **Involving volunteers in our Spasticity project**

In 2023 we reviewed how muscle spasticity clinics are run in Leeds. We are piloting a new way of working which includes involving a specialist physiotherapist in spasticity clinic appointments. We involved people in the design of this new service and engaged with patients using the spasticity service in Leeds. The involvement was supported by one of our volunteers who has experience of using the spasticity service. By involving a service user with a disability, we have been able to co-develop an inclusive approach to the involvement process. This approach involves using one-to-

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one interviews with current patients using the service. You can read more about this work here:  
<https://www.healthandcareleeds.org/get-involved/your-views/spasticity-2022/>

### Supporting our partners with equality monitoring

We know that promoting inclusion begins with good data. Equality and diversity monitoring can help identify current and future needs, possible inequalities including problems accessing or using services and information, as well as checking that a cross-section of people have been reached and given their views.

As part of our work with the [Leeds Peoples' Voices Partnership](#) we are leading a piece of work to support a more consistent and meaningful approach to equality monitoring in Leeds. Working with our partners from provider and third sector services we have developed a template for equality monitoring across the city. Our partnership work in Leeds is helping to highlight inequality, identify underlying causes of discrimination and help to remove unfairness and disadvantage.

### Equality, diversity and inclusion and our commissioning teams

Examples of our proactive work in relation to EDI and health inclusion include:

#### **Medicines Optimisation Innovation Health Inequalities Programme (InHIP) Project - Healthier Cholesterol for Your Community - hub-based service model**

This InHIP aims to reduce cardiovascular disease (CVD) risks of people living in the most deprived areas of Leeds who are culturally diverse, specifically those whose genetic and diet predispose them to higher risks of cardiovascular events, where traditional access to the health system is a barrier. The project is piloting an integrated CVD outreach multidisciplinary team (MDT), consisting of a pharmacist, pharmacy technician, dietitian and health and wellbeing coach, to provide a CVD prevention education programme and offer CVD and lipid optimisation reviews to people involved. (Lipids are fatty substances found in the body, also known as cholesterol.)

Beeston and Middleton and Hunslet PCNs have been identified as two out of eight PCNs with Index Multiple Deprivation (IMD) decile score of 1 that have the highest proportion of non-optimised lipids according to GP clinical system data (Source: Leeds General Practice Data, Jan 2022).

It is also recognised that black and Asian ethnicities have been genetically linked to higher CVD risks. Culturally, Black and Asian communities generally have high saturated fat diet and cuisine. Hence, the project is targeting Beeston PCN which has a high percentage of Black and Asian communities.

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In addition to identifying the two PCNs, working with the WYICB Population Health team and community connector from Leeds GATE (Gypsy and Travellers' Exchange), it has been identified there is a need to promote CVD awareness in the Gypsy and Travellers' communities.

### **HomeFirst Programme**

Our HomeFirst Programme, which demonstrates our commitment to the new ways of working across Leeds Health and Care Partnership, is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes, helping more people to stay at home, whilst improving the experience for people, carers, and staff. The programme vision is to achieve a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.

Leeds's investment in HomeFirst helps deliver the city's ambition to improve the health of the poorest the fastest; HomeFirst is one of five priority areas in the Healthy Leeds Plan 2023-28. Most people who need access to intermediate care services are living with frailty (80%). Inequity and frailty are strongly related; frailty rates are higher among people living in a deprived area, those from diverse ethnic communities, people with a disability, and people from inclusion health groups. People living with frailty in Leeds have reported that they do not always have good experiences of care. Compared to other groups in Leeds people living with frailty are less likely to receive person-centred care, have worse experience of communication and are less likely to receive care in a joined-up way that works for them.

HomeFirst completed a diagnostic to identify opportunities to improve outcomes for people. It has been working with services to help them deliver person-centred, goal-based care which helps people to maintain their independence and supports more people to live at home. A validated Patient Reported Experience Measure has been rolled out to a range of intermediate care services, the results of which are being used to identify opportunities to improve people's experiences and deliver even better care and support. HomeFirst will be undertaking co-design work with people living with frailty to create new care planning documentation which supports people to have seamless and person-centred transitions between services and make sure their support works for them. HomeFirst has developed a Health Equity Framework which describes how it plans and coordinates its work with intermediate care services to improve outcomes and reduce health inequalities.

### **Primary Care and people with a hearing loss or impairment**

Our team have been working with the Deaf Forum to understand what changes they would like to see from practices to improve their experience of engaging with primary care services. To effect positive change, we have:

- Offered deaf and sensory awareness training to GP practice staff across the city – these have been very successful, and we have plans to offer more next year.

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- Streamlined the scheduled booking services provided by Language Empire making booking an interpreter easier for practice staff. This has included raising awareness of the services available.
- Circulated top tips for communicating with deaf patients to all practices – ‘Improving GP Access for Deaf/Hearing Impaired Patients’. This documentation was developed with support from Leeds Involving People, BID Services (Leeds hearing and sight loss support service) and Healthwatch.

### Supporting practices and Primary Care Networks (PCNs) to create an inclusive service

A member of one of the GP patient participation groups (PPG) who is neurodiverse highlighted the struggle they had with the layout of the PPG newsletter. A primary care facilitator researched what kind of layout would suit people who are either visually impaired or neurodiverse and created a good practice guide on how to lay out inclusive information.

We also provided support to a Leeds PCN who wanted their social prescribers to be able to take over their neurodiverse referrals. One of our primary care facilitators researched all “the right to choose” psychologist’s options for attention deficit hyperactivity disorder (ADHD) and autism for both adults and children in Leeds to reduce waiting times for them. A referral flow chart was also created and an MS Teams’ channel with all the varying forms and questionnaires needed.

One of our PCNs has also been part of a pilot in relation to a “reasonable adjustments flag” on patient’s records, which involves six simple steps to make access to care fair and inclusive; and Chapeltown PCN have been involved in a project to ensure proactive steps are taken to support their deaf patients.

In relation to migration work, the primary care team work closely with colleagues in the local authority to support families residing in hotels following their arrival in the UK.

In our Quality Improvement Scheme 2023-24 we included a health inclusion initiative and asked practices to identify an area specific to their population they would like to focus on. Currently we have:

- 42 practices focusing on Safer Surgeries
- 18 practices focusing on being Veteran Friendly
- A least 6 practices focussing on becoming Pride in Practice accredited
- All Practices are working towards becoming Dementia Friendly Practices this year

### Primary Care and the Accessible Information Standard (AIS)

We recently circulated the AIS good practice checklist and a self-assessment survey to all practices for them to complete. Analysis of completed checklists showed that 82% of practices had self- assessed as “good”.

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We will continue to focus on AIS and Reasonable Adjustments (RA), as part of the overall approach to improving access to practices, which includes:

- Produced a collaborative action plan, working with partners across the Health and Care System
- Collated AIS information, resources and good practice suggestions into one, easily accessible location for practices
- Produced ‘top tips’ for communicating with Deaf and visually impaired patients. Arranged sensory awareness training
- Produced ‘top tips’ for practice website development, to include info about AIS and RA
- Circulated Healthwatch video, [Getting the support you need to communicate](#), generating patient engagement
- Circulated Healthwatch’s communication needs questionnaire for Practices to use as a template
- Encouraged use of NHS Digital Online Registration / patient registration health questionnaire, to include AIS / RA
- Arranged Language Empire refresher training sessions
- Exploring ways to communicate with Deaf people using text messaging

## Equality, diversity and inclusion and our Safeguarding Business Unit

Examples of our proactive work in relation to EDI and health inclusion include:

### **Working together to reduce physical health inequalities of individuals with a diagnosis of learning disabilities.**

People with a learning disability are underserved in relation to access to healthcare and experience high levels of health inequality. Research has shown that, compared with the general population, people with a learning disability are 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths associated with people with a learning disability are because timely and effective treatment is not given. The LeDeR (Learning from lives and deaths: People with a Learning Disability and autistic people) 2022 annual report highlights that 42% of deaths were avoidable.

An important element of reducing these health inequalities is having systems and processes that promote annual health checks. Our Mental Capacity Act (MCA) Lead worked with primary care leads and practitioners and the Leeds and York Partnership NHS Foundation Trust health facilitation team to improve uptake of the annual health checks for individuals who might lack the capacity to consent to such checks. Guidance was developed, which was widely circulated and disseminated across primary care and to families and individuals.

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One key component of learning disability health checks is making sure that routine healthcare, such as cancer screening, has taken place, and offering advice if not. The LeDer 2023 report informs us that cancer was the second most common leading cause of death.

Our MCA lead worked collaboratively with primary care leads and the health facilitation team to improve cancer screening for those with learning disabilities, which involved reviewing the exemption reporting process for people with a learning disability who might be exempted from cancer screening due to their individual circumstances.

New guidance now focuses on individual needs and incorporates the Mental Capacity Act principles to ensure that best interests of the individual is considered, and decisions made for those who might lack the capacity to consent to the screening. Where exemption reporting was found to be the right decision at that time, a review process was built in the process to ensure that any relevant changes were factored in. This supported the city to move away from blanket exemption reporting. The guidance was added to the cancer screening pathway and to the annual health check guidance.

Our MCA lead worked with health partners including primary care and health facilitation team to set up a vaccination and physical health advisory group. The group is valued by practitioners, and it enables timely physical health interventions for individuals with a learning disability diagnosis and complex comorbidities.

### **Working together with primary Care regarding Routine Enquiry of domestic abuse**

Domestic abuse is defined in the UK as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Anyone can be a victim of domestic abuse, regardless of age, gender, ethnicity, race, sexuality, sexual orientation, disability, religion, or socio-economic status. However, domestic abuse is a gendered issue - women are much more likely to be victims than men. The Crime Survey for England and Wales estimated that 2.1 million people aged 16 years and over (1.4 million women and 751,000 men) experienced domestic abuse in the year ending March 2023.

GPs are at the frontline in recognising and helping those experiencing domestic violence and abuse. However, domestic violence is still a taboo subject, with a lot of stigmas associated with it.

Our Safeguarding Business Unit delivers a robust domestic violence and abuse training programme for Primary Care practitioners including awareness raising, prevention, and early intervention. In 2015 Leeds NHS Clinical Commissioning Group piloted 'Routine Enquiry' in Primary Care and it continues to be rolled out across Leeds General Practice. Routine Enquiry supports a proactive approach to supporting victims of abuse, involving appropriately trained healthcare practitioners asking every unaccompanied female over the age of 16 about domestic

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abuse. Using Routine Enquiry allows practitioners to assess risk and offer support and advice to patients.

Embedding domestic violence and abuse services into Primary Care, and utilising the safe place/ space this provides, enables a range of people including those with vulnerabilities and or disabilities to access support in a familiar, and safe environment. Additionally, the ICB in Leeds commissioned Domestic Abuse Services within Primary Care including the role of the Domestic Abuse Social Prescriber (DASSP). The DASSP service is led and influenced by the voice and experience of victim/ survivors. The DASSP service supports all age accessibility, reaching out to support victim/ survivors at the most appropriate stage of the patient journey.

### **New ways of working**

Our new ways of working project included the creation of a South Hub (offices) for the ICB in Leeds. Our programme team worked alongside our external contractor GenNorth, to proactively ensure the design of our new office space was fit for purpose. This made sure the following features were included:

- Creation of a wheelchair accessible kitchen, concentration pod and office desks (using a riser desk functionality)
- Dimmable lighting for our colleagues that experience chronic migraines
- Access to a shared wellbeing room, along with our Leeds Community Healthcare NHS Trust (LCHT), who share the office space. This includes first aid facilities, lockable fridge for breastfeeding mothers, and a lay flat bench to be laid on if required.
- Access to a shared prayer room, along with our LCHT. This includes an area for colleagues to wash their feet, an area for them to pray and a room divider curtain for those that require privacy.
- The launch of an online desk and meeting room booking application that meets WCAG2.1 AA compliance standards. (Web Content Accessibility Guidelines (known as WCAG) are an internationally recognised set of recommendations for improving web accessibility.)
- Increased ratio of riser desks and chairs with ergonomic support

### **NHS Equality Delivery System 2022 (EDS22)**

<https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/>

We continue to use EDS22 across Leeds and the wider West Yorkshire Integrated Care System to:

- Assess our performance in addressing our equality, diversity, and inclusion (EDI) priorities.
- Provide opportunities for stakeholders to analyse our performance data and input into that assessment.
- Assist with identifying our EDI priorities for the future.

## Leeds Office of NHS West Yorkshire Integrated Care Board (WYICB) Contribution to WY ICB Public Sector Equality Duty Report 2024

- Provide opportunities to work in partnership to deliver and assess those priorities consistently

Leeds NHS organisations continue to work in partnership in relation to the EDS22 Domain 1: commissioned or provided services and we continue to provide peer support for Domain 2: workforce health and well-being; and Domain 3: inclusive leadership.

In relation to EDS22, we have identified children and young people mental health services (C&YPMH) commissioning in relation to Domain 1 and Leeds NHS provider trusts have identified services in relation to C&YPMH, maternity services and adult mental health.

We have engaged with our Children and Young People Population Board, Future in Mind Board, Maternity Board, Maternity Voices Partnership and third sector organisations and have gathered insight/ intelligence from previous/ongoing involvement and engagement in relation to CYPMH, maternity and adult mental health services to assist in the assessment, grading and identification of areas for improvement.

All identified EDI priorities, areas of improvement and examples of good practice will be integrated within the relevant population boards' programme plans, as agreed with respective chairs of our boards.