South East Leeds Health and Wellbeing Partnership
Meeting of the core group
28th July 2009

Present:
Christine Farrar – Healthy Leeds Partnership, the Leeds Initiative
Janette Munton – NHS Leeds Public Health
Dan Barnett - Healthy Leeds Partnership, the Leeds Initiative
Keith Lander – Area Manager South East Leeds
Jane Moran – Leeds Adult Social Care
Pia Bruhn – NHS Leeds Public Health
Philip Bramson – Leeds Voice Health Forum
Councillor Terry Grayshon – Leeds City Council Health Champion
Gordon Tollefson – Leodis
Razwanah Alam – Leeds Voice Health Forum

Apologies:
Councillor Suzi Armitage - Leeds City Council Health Champion
Judy Carrivick – NHS Leeds Public Health
Brian Ratner – Leeds Adult Social Care
Hilary Philpott – Leodis

1. What is the overall purpose of the locality health and wellbeing partnership?

The purpose of the partnerships was agreed as:

- Improve health and wellbeing outcomes for local people
- Reduce health inequalities between different neighbourhoods and communities
- Prevent gaps or duplication in delivery of services by different agencies
- Maximise opportunities for joint working and integration of services including resources
- make recommendations to the Healthy Leeds JSCB for future commissioning ideas
- Better awareness and communication between agencies
- Coordination at local level for health and wellbeing issues
- Overseeing engagement

Discussions focussed on pooling resources and joining up resources between partners in order to meet priorities. It was also suggested that overseeing local engagement and involvement should be part of the purpose of the partnership. The task group were asked what resources the partnerships will have. The Health Improvement Managers are a resource that will facilitate better partnership working in each wedge and will provide administrative support for the partnerships. It was thought that by enabling

better joined up services this would make some efficiencies. The Healthy Leeds Joint Strategic Commissioning Board could then commission new pieces of work based on recommendations from the partnership. The partnership would also have influence over the Area Delivery Plans and PBC plans, which would in turn create efficiencies.

2. What will the partnership deliver in its first year?

A discussion was had around ensuring that the allocation of services is balanced out across Leeds but that also targeted where there is need, in order to address health inequalities. It was noted that the partnerships wouldn't just be focussing on the worst 10% Super Output Areas but also on the small pockets of deprivation across the wedge that are in relatively affluent areas. Once set up the partnerships will focus on the Area Committee Areas and the Area Delivery Plans. Focus will be placed on two or three improvement priorities from the Health and Wellbeing Partnership Plan each year and progress will be measured against these. It was agreed that the partnership would deliver:

- Review evidence on health and wellbeing needs of deprived neighbourhoods and vulnerable groups and determine the issues that need addressing.
- Local plans that contribute to the improvement priorities in the Health and Wellbeing Partnership Plan 2009 to 2012
- Determine how to tackle significant local problems outside these topics
- Ensure joint commitment and joint action from all sectors and agencies operating in the priority areas
- Make the best use of existing opportunities and processes and prevent duplication or gaps.
- Focus on how best to secure the required outcomes by determining what works best for a given area.
- Problem solve
- Seek to make commissioning as effective as possible for a given locality
- Action plan and monitor progress to make sure delivery is effective

3. Who needs to be involved

It was agreed that the group present at the meeting should be involved in the partnership when it meets. In terms of other members it was agreed:

- Leeds City Council Councillor health champions to be engaged by the task group
- Leeds City Council Area Manager, Adult Social Care and Housing. Other officers such to be agreed by the Health and Wellbeing Strategic Leadership Team,
- NHS Leeds to agree representatives outside of Public Health
- VCFS to be represented as agreed by Voice Health Forum, although more provider services could be included if a specific issue arises, such as mental health, drugs etc

- Children's Services – task group to meet with Children's Locality Enablers to discuss how best to link in
- Housing ALMOs
- Police should be brought in when specific issues are brought up, e.g. drugs and alcohol
- Public represented through councillors and wider engagement activities
- Service users and carers were seen as important members of the partnership. It was agreed that agencies should be asked how they would like to be involved, e.g. LINk, Carers Leeds, LIP. It was agreed carers should be paid for their time.
- Expert patients could be brought into the partnership on a needs basis depending on what the focus is.

It was agreed that the membership of the partnership should be flexible and that individuals could be co-opted on when a specific issues needs tackling that needs an expert. The membership should also be open to review.

4. How will it operate

- Servicing of the partnerships will be through the admin support that the new Health Improvement Managers will have.
- Venues for meetings will be provided by partners – meetings should take place at different venues throughout the wedge.
- It was thought that the role of chair could be a rotating or co-chairing role in recognition of the multi agency aspect of the group. Councillor Grayshon volunteered to be the chair of the partnership.
- It was agreed that the meetings should not get too focussed on minute detail but that it should be focussed on the headlines in the wedge. Specific task groups can be set up outside of the partnership to take on specific pieces of work.
- Meetings will take place more frequently at the start of the partnership. The frequency will be bi-monthly with the plan to move to quarterly eventually
- The partnership will need to think about how it links in with the Children and Young People's partnership, Community Safety Partnership, SLEET, Officer Coordination Group, Neighbourhood Improvement Plans, Area Committees and Area Delivery Plans.
- The Health Improvement Manager would act as the link with the Officer Coordination Groups.
- The partnership needs to be in a position to pool resources and also share best practise and information with partners.
- The partnership could formulate a standard checklist for each piece of work it does to ensure all aspects are considered before starting each project e.g. communication, involvement, evidence base for the work, mapping what's happening already.
- Communications plan/ mechanism to be created
- Mapping of involvement in local areas
- Links to citywide partnerships

5. What will the governance arrangements be:

It was thought that the reporting mechanisms of the partnerships with Healthy Leeds structures should be two way and not just one way. It was agreed that there should be six monthly reporting to match the citywide planning cycle. Further governance arrangements to be discussed at first meeting of the partnership.

6. Action planning

- Terms of reference to be drafted by CF, JM, DB
- Area profile data to be prepared for first meeting
- Health Improvement Manager admin support to set date and venue for first meeting of the partnership in September/ October
- Further planning to be discussed at first meeting of the partnership