

Minutes of South East Leeds Health and Wellbeing Partnership Meeting 17th November 2009

Present:

Cllr Terry Grayshon (Chair) – Leeds City Council Health Champion
Bash Uppal – Leeds City Council Adult Social Care, Health & Wellbeing
Liz Bailey – Leeds City Council Adult Social Care, Health & Wellbeing
Jane Moran – Leeds City Council Adult Social Care
Janette Munton – NHS Public Health, Partnerships
Judy Carrivick – NHS Public Health
Keith Lander – Leeds City Council, Environment & Neighbourhoods
Philip Bramson – Leeds Voice
Brian Ratner – Leeds City Council Adult Social Care
Shaïd Mahmood – Leeds City Council, Children's Services
Sheila Fletcher – Leeds City Council, Environment & Neighbourhoods
Aneesa Anwar – LCC officer support Health & Wellbeing

In attendance:

Jacky Pruckner – Leeds City Council, Environment & Neighbourhoods

1. Welcome, introductions & apologies

Round table introductions were made.

Janet informed the group that she will no longer be attending the partnership meetings but asked if the group would welcome her attendance as and when she feels appropriate.

Apologies received from Dave Mitchell, Matthew Ward (Sandi Carman), Ken Morton, Cllr S Armitage.

2. Minutes of meeting held on 8th October 2009

Minutes were approved as an accurate record. Cllr Grayshon asked that matters arising is put on future agendas.

3. Neighbourhood deprivation index update

Jacky presented a general neighbourhood index presentation and informed the group that some further work was being done around the local neighbourhood index profile data.

The aim is to develop an index which will provide an overall picture of the health of all neighbourhoods across the City, measure the success and provide a mechanism to measure the combined impact of interventions in a local area.

Neighbourhood index has been discussed at Corporate Leadership Team and 7 themes have been identified with 26 individual indicators representing key issues.

It has been recognised that changes will be made as we move forward and different indicators may be included over the coming months. Partnerships encouraged to forward their thoughts on future measures.

The Leeds index map outlines that out of the 16 most deprived areas of the City 7 are within the South East area.

There is a need to improve performance management ensuring that the same outcome is reached and that an understanding of what we mean by wellbeing is achieved.

How are comparative Cities measuring indicators was suggested as something that should be looked at.

Action: JP to circulate the up-to-date tables and graphs within the next fortnight.

Action: All to consider potential future measures around health and wellbeing that could be evaluated and reported on through neighbourhood index.

4. People and places – reflections of Inner South

Sheila presented an overview of the Inner South area including the social, economic and environmental influences on health and the findings from recent community engagement events. Key messages coming through from communities relating to regeneration initiatives included issues such as a pedestrian route to Dewsbury Road which is too busy, a need to improving walking routes to give greater connectivity with the city centre, seal off ginnels, a need to provide dedicated green space for children and improved GP services.

Example of how the partnership could assist in removing some barriers facing voluntary sector providers of health were highlighted. For example - there is a high level of diabetes and circulatory disease reported in Pakistani and Bangladeshi people in the area. Voluntary sector providers such as Hamara and Asha deliver activities aimed at addressing this and are facing many barriers, such as dependency on short-term funding. Asha deliver a range of activities for asian women and currently have a creche which is essential to enable the woman to access these activities. Funding for the creche worker is however at risk. In addition, an initiative around healthy eating - a local fish van ended for a variety of reason. A demand for this service has been expressed by the local community. There are issues around swimming at South Leeds Sports Centre and the walking route to John Charles Centre has potential barriers for local residents.

It was agreed that the role of this group is at a strategic level to improve services for local people by overcoming the potential barriers for people getting the services that are available in the area.

It was agreed that a leadership direction needs to be addressed around how we engage with communities and make a difference.

Action: All to bring to the table any good practice of how we best engage with other organisations and communities.

5. South East area profile summary

Bash presented a summary which included a reminder of priorities from JSNA data which identified 4 areas of concern; alcohol, infant mortality, teenage pregnancy and smoking.

Bash also presented an initial overview of existing local activity taking place along with some anecdotal evidence of planned initiatives and provision. The community intelligence presented suggested local people were not aware of or taking up the wide range of existing services in the locality.

It was acknowledged that there was a huge number of key projects and regeneration initiatives targeting the 10% SOAs and a number of ongoing initiatives in schools, children's centres, community centres and leisure centres are happening. The voluntary sector also had several activities happening in the area.

All agreed that we needed to consider approach for managing and pooling resources as when funding comes to an end or is reduced a different approach needs to be sought.

It was agreed that gaps need to be identified and all need to have an understanding of what is being commissioned in the area, who is the commissioner, how we integrate with other services, how we target a specific project, how we communicate needs to improve and have a general overview of what's happening in the area.

Action: All to identify local activity and details for developing an overview and baseline.

It was noted that Leeds Initiative have set up an extranet and there is a possibility for that to be rolled out to members of the partnership which will be useful to communicate information through the partnership.

Action: Bash to pursue with healthy needs locality partnership extranet access.

Action: All to bring to the January meeting thoughts of what priorities the partnership should focus on along with rationale for those proposed.

6. Area delivery planning processes and timescales

Keith informed the group that the Area Delivery Plans (ADPs) are currently being developed by the Area Committees for 2010/11. In terms of health some of the actions in the ADPs will include, by agreement with Area Committees, those actions of most importance for the Area Committee and as delivered through the Health and Wellbeing partnership.

As part of the process for the Area Committees developing 2010 -11 Area Delivery Plans, events have taken place in the Inner South where the local people have had the opportunity to say what's needed in the area and get information about what's happening.

There will be consultations with local people early next year about any suggested actions with all partners involved in putting the Area Delivery Plans together including those part of the Health and Well Being partnership.

It was noted that other Area Committees are looking at different ways of consulting on the ADPs, priorities and identifying actions however the format of the plans will be all the same.

On a separate point Keith informed the partnership that the Inner South Area Committee had agreed to work on the principle of 'priority neighbourhoods' and that the notion of creating a 'Team neighbourhood' approach as part of its next NIP (Neighbourhood Improvement Plan) would be trialled in Belle Isle. This would help to align initial partnership activity. Partners from the Health and Well Being Partnership will be invited to join in with this approach and could be an opportunity for the partnership to also trial its agreed priorities as appropriate to Belle Isle.

Action: Sheila to circulate the current ADPs to all.

7. Priorities for the partnership

Jane fed back on the mini commissioning / gap analysis event that took place in Adult Social Care which had representation from mental health workers, district nurses etc. Issues raised around good transport and housing came up time and time again. Hospital appointment support; isolation support and befriending; support for carers at night; providing support for carers who needed a break.

Brian also identified the need to recognise role of carers with a suggestion that they should be paid for the support they give in their own homes. A further gap was that of paid male carers – very few.

Jane also pointed out the need for tailored services to meet BME communities and that Hamara had been approached by adult social care.

Appendix 3

Sheila outlined the option to use extra care housing or supported housing schemes. The share point site can be accessed by other organisations.

Shaïd reported on the children's partnership and he was pleased to see health and wellbeing partnership in place as they had held off setting up something separate under children's services.

8. Any other business

Judy asked to put "self care" on the next agenda.

9 Future meetings

Thursday 14th January 2 – 4 at Dewsbury Road One Stop Centre

Thursday 18th February 11 – 1, Conference Room, 1st Floor West Merrion House

Thursday 18th March 11 – 1, Conference Room, 1st Floor West Merrion House