

## **Minutes of South East Leeds Health and Wellbeing Partnership Meeting 27<sup>th</sup> May 2010**

**Present:**

Cllr Terry Grayshon (Chair) – Leeds City Council Health Champion  
Bash Uppal – Leeds City Council Adult Social Care, Health & Wellbeing  
Keith Lander – Environment and Neighbourhoods  
Shaid Mahmood – Children's Services  
Bridget Emery – Leeds City Council, Environment and Neighbourhoods  
Julie Bootle – Leeds City Council Adult Social Care  
Judy Carrivick – NHS  
Bob Mason – LINK  
Aneesa Anwar – LCC Support to Health & Wellbeing Partnerships

**In attendance:**

Karen Newbould, Jacky Pruckner.

**1. Welcome, introductions and apologies**

Round table introductions were made.

**2. Minutes of meeting held on 18<sup>th</sup> March 2010**

Agreed as an accurate record.

**3. Matters arising**

**Feedback from referral pathway sub group** – Bash circulated briefing note update see attached. Judy informed that health trainers new contract has been renewed now with Health for All in place for another year and they will be connecting with GP practices.

**Feedback on hospital discharge assessment processes** – Julie updated work taking place with regard to intermediate care and Reablement services by Adult Social Care and the NHS. Issue of improving communications being picked up by the Intermediate Tier Programme Board, which includes ASC and Health. Bridget added about housing pilot work around mental health with a more proactive response to ensuring minor adaptations and practical support which has shown an improved service response prior to discharge. Julie to keep partnership updated on progress.

Communication between hospitals and social care is being addressed.  
Housing elements have been addressed linking with Adult Social Care and NHS.

#### 4. Chair 2010 – 11

Bash updated the group on the need to confirm a Chair for the partnership meetings for the 2010 – 11 period and thanked Cllr Grayshon for having undertaken this role from the start to date. The process suggested is for partnership members to email Bash with their nominations and for appointment to be confirmed at the July meeting, giving time for the Inner South and Outer East area committees an opportunity to appoint health and wellbeing champions.

**Action: Aneesa/Bash** to send membership details round in mid June so members are aware of which services are being represented which will help identify the nomination of a Chair.

**Action: All** to send nominations to Bash before July meeting.

#### 5. NHS Health check programme roll out

Karen informed the group that there are significantly higher rates of people (35%) diagnosed with Cardiovascular diseases in the inner city area.

The NHS health check roll out is being rolled out to 40-74 year olds under the 'putting people first' policy with full rollout by 2012/13.

In other parts of the country pharmacies are doing checks but when consulted most patients in Leeds have said they prefer to have the check done at the GP practice.

The Health checks are being rolled out on invitation only basis across the city with priority given initially to practices with over 30% of their practice population living in the most deprived super output areas but excludes those already receiving treatments for high blood pressures, diabetes and cardiovascular diseases.

It was noted that an annual baseline of data will be provided., with approximately 40,000 people seen a year. Karen circulated leaflet used to promote the programme.

There's a need to develop a strategy to ensure that key disadvantaged groups in particular those who aren't registered with a GP such as gypsy traveller groups etc are offered and can access the NHS Health Check Programme. Initial consultation has been undertaken and valuable insight has been obtained.

**Action: Bash, Karen, Julie, Bridget** and any others interested in work to support people with mental health problems and disadvantaged groups etc in relation to the NHS Health Check and healthy living opportunities.

#### 6. Inner South Area Delivery Plan

This item was deferred to next meeting at which a presentation on all 3 ADPs will be made by the area management team.

Keith gave a brief update that ADPs are a reflection of strategic plans but at a

local area. Noted that Area Management are looking at developing a charter which outlines meaningful information of events and projects taking place in the area and a pledge of key actions.

## **7. South pathfinder – Shaid Mahmood**

Shaid informed the group that the pathfinder is to look at how directorates work together to deal with problem families and where there are disadvantaged groups.

A team of chief officers are being pulled together to look at 2 things that have come up on national agendas: Think family and Total place.

Looking at people centred agendas linking in with community groups, Children Leeds, South East Health and Wellbeing Partnership, worklessness group.

A number of issues identifying blocks and barriers have been discussed by Keith and Bash. Keith highlighted the example of alcohol and its impact on individuals, families and a range of key agencies.

## **8. Cancer bid update – Bash Uppal**

Noted that a steering group has been set up looking at signs of lung cancer. Due to changes in government the NAEDI bid is on hold but the steering group will continue to meet.

Bash thanked all for their comments for the submission of the bid and agreed to feedback on proposed plans for activity to support early diagnosis and intervention.

## **9. Commissioning & Communications discussion**

**Commissioning** - Bash informed the partnership that the health & wellbeing improvement managers have taken a report to SLT and JSCB which was supported by Practice Based Commissioning managers. See attached briefing note from Bash.

**Action: Bash/Aneesa** to circulate the report that went to JSCB along with the minutes. Also all to read key issues JSCB want partnerships to consider and cover at the next meet regarding their priorities.

The locality managers have been invited back to the September meeting. Bash asked if anybody would like to go and support the meeting in September.

**Action: All** need to feedback before next meeting to Bash with suggestions of questions they want Adult Social Care Mick Ward and NHS commissioning Manager Nigel Gray to consider and address. Housing supporting people commissioned services manager to also present at the July meeting. Bridget to send Aneesa details.

**Communications** - Lisa went through the diagram which outlined work packages. There are 20 work packages that have been identified, this list will be broken down

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to a manageable list. See attached summary paper which includes a proposal to develop a portal for all partners to have access to information.

The mechanism for local intelligence will be developed with support from a member from Paul Sandom's team to move this forward.

**Action: All** to recommend the diagram and put names forward of people who can help shape the packages.

Noted that area management can support several of the packages.

### 10. Neighbourhood Index – Jacky Pruckner

Jacky mentioned that there are 26 neighbourhood indices within which 3 are health indices (cancer, low birth weight and circulatory disease). Opportunity exists to expand to have a further 3 indicators with suggestions made about looking at mental health aspects / dementia.

Ongoing discussions are being held further updates to follow.

**Action: Jacky/Aneesa** to circulate indicators used by other authorities for consideration along with minutes.

### 11. Any other business

The IAPT (Increased Access to Psychological Therapies) service is now available and a link will be put to this on the extranet.

### 12. Next meeting

#### 22<sup>nd</sup> July agenda items

- South East Health & Wellbeing activity overview – **Joanne Davis**
- ASC Commissioning – **Mick Ward**
- NHS Commissioning – **Nigel Gray**
- ADPs Inner South, Outer South & Outer East – **Sheila / Tom / Martin**

#### 30<sup>th</sup> September agenda items

- Environment & Neighbourhoods – **Andy Beattie**
- Smoke Free Homes – **Gemma Mann**
- First Contact – **Bash Uppal**

## **Update from working group looking at Improved local intelligence through communications and community involvement**

A couple of meetings have taken place which lead to five potential work areas being identified.

A paper was taken by Bash to the Leeds Strategic Involvement Leads group as the activity planned under this priority directly links to the programme of work of LSIL , hence the need to join this up between corporate and local levels. The partnerships sub group have identified a number of key activity components that need to take place as follows:

- Firstly partners having a one shared communication portal – this has been established using the Councils extranet system supported by Leeds Initiative. Each partnership has a shared folder that all members of the 3 partnerships can access. The aim is for this system to be the hub that holds information and hyperlinks to key health and wellbeing locality priorities.
- The second ambition is to have a shared mechanism for community engagement – to create a joined up approach to future consultation, involvement, empowerment etc. This element is also the most crucial in ensuring robust mechanisms for gathering local intelligence that can better inform future service delivery and commissioning.
- The third element is relating to fieldwork staff from a range of disciplines receiving training to equip them with the necessary skills to undertake more effective engagement activity – some initial meetings are being pulled together of officers with responsibilities for delivering training both within Adult Social Care and within NHS to consider mechanisms for taking this forward.
- Linked to staff have the skills is the need to have some effective toolkits that they can use when undertaking engagement activity relating to health and wellbeing. This is likely to look at brief interventions work that staff from all disciplines can undertake to clearer signposting pathways information.
- Finally the partnerships in addressing inequalities are keen to develop their roles within localities as the hub for tackling barriers to accessing services. The intention in the early stages is to focus on real case studies and multi disciplinary responses as a method for strengthening partnership relationships.

The working group identified over 20 potential work packages which not need to paired down to half a dozen key areas – see attached diagram. To undertake prioritising the group considered what might already be taking place and through meetings with colleagues from corporate communications have been able to pair down to the following:

### Community Capacity Building (to put on hold)

Community (volunteer) health and wellbeing champions programme

### Workforce Development (lead Lisa Mallinson)

Council health and wellbeing champions programme

Council induction programme health and wellbeing briefings and packs

Community engagement skills package – training and toolkits

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Health and wellbeing core messages toolkit and link to brief interventions

### Mechanisms for Gathering Local Intelligence (lead Kuldeep Bajwa with support from Kathryn Williams)

Co-ordinated consultation events – using talking point

Inclusion in citizens panels health and wellbeing questions

Review resident survey to ensure key questions on health and wellbeing

Develop proforma for gaining effective evaluation and feedback for the partnership as key contact point

### Next steps

To liaise and work closely with officers in roles of communications, training, research and involvement.

### Summary

Partners are asked to consider the diagram and potential work packages and any gaps

To put forward names and actively engage in developing this work programme

To identify solutions including any best practice they are aware of that the partnership working group could review.

## **Minutes of South East Leeds Health and Wellbeing Partnership Meeting 22<sup>nd</sup> July 2010**

### **Present:**

Dave Mitchell (Chair) – Practice Based Commissioner  
Bash Uppal – Leeds City Council Adult Social Care, Health & Wellbeing  
Keith Lander – Environment and Neighbourhoods  
Shaid Mahmood – South Pathfinder  
Tom O'Donovan – Area Management Outer South  
Martin Hackett – Area Management Outer East  
Joanne Davis – NHS Health Improvement Specialist South Leeds  
Bob Mason – LINK  
Mick Ward – Adult Social Care Head of Commissioning  
Nigel Gray – NHS Leeds Head of Commissioning  
Cllr Kim Groves – Health Champion Inner South  
Aneesa Anwar – LCC Support to Health & Wellbeing Partnerships

### **1. Welcome, introductions and apologies**

Round table introductions were made.

Apologies were received from: Bridget Emery, Julie Bootle, Judy Carrivick, Sheila Fletcher, Cllr Lewis and Cllr Renshaw.

### **2. Minutes of meeting held on 27<sup>th</sup> May 2010**

Agreed as an accurate record.

### **3. Matters arising**

Item 6 – Keith asked for a revision to the minutes to include a note outlining the that the partnership supported the approach being taken to develop an area management charter.

Not to use abbreviations in the minutes in the future.

### **4. Chair 2010 – 11 – Bash Uppal**

It was agreed following the nomination process that Dave Mitchell will chair future partnerships and that Councillor Groves will be the Deputy Chair.

### **5. South East Health & Wellbeing activity overview – Joanne Davis**

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Joanne presented about health and wellbeing activities / projects currently taking place in inner South Leeds. It was noted that the neighbourhood team within Public Health focuses on:

- Lowest 10% super output areas
- Partnership working
- Building capacity
- Coordinate the work to address health inequalities

A lot of work has been done to address health inequalities and support key agendas such as the tackling excess winter deaths. Some examples included the sloppy slipper campaign, the change 4 life work programme and activities promoting a healthy diet and uptake of physical activity in the local community .

There is work underway around community health development and healthy lifestyles. Health and wellbeing working groups have been established in Belle Isle; Holbeck, Beeston Hill and Cottingley with action plans. With plans to develop a similar action plan for Hunslet. Examples of work delivered are included in the attached presentation.

Joanne highlighted that a number of SLAs were currently under review to which the partnership recommended renewed agreements should only be established on a short term basis to provide an opportunity for the partnership to engage in influencing and informing future priorities.

Noted that the infant mortality rates in the most deprived areas is significantly higher. To work to address this the Beeston Hill and Holbeck demonstration site has been set up. The work programme in this demonstration site includes Making Every Penny Counts programme.

Discussion took place about impact of the current service delivery and user feedback. Joanne confirmed the feedback from service users has been used in determining service delivery and had significant impact.

Generally the partnership agreed the their were communication gaps in key areas and the need for a robust communications structure.

Joanne outlined the national framework model used for developing the work programme of the Beeston Hill and Holbeck IM demonstration site. (As this was not readable on the slide action was agreed to circulate presentation with minutes) Joanne also confirmed that NHS Leeds had a clear monitoring framework / tool in place that was used to assess the impact of current service delivery that was currently commissioned, which included service user and worker feedback. Case studies as well as quantifiable data on numbers of sessions, outcomes and impact.

The partnership expressed interest in seeing this monitoring system including detail on how numbers of people benefiting from the activity were quantified.

**Actions:** Aneesa to circulate Joanne's presentation with the minutes as well as the local monitoring criteria that Joanne referred to.



## 6. ADPs Inner South, Outer South & Outer East – Sheila / Tom / Martin

Tom O'Donovan (South Outer Area Management Officer) and Martin Hackett (Outer East Area Officer) Outer East went through the Area Delivery Plans for their area. They explained that the plans are developed by liaising with community groups, elected members outside agencies and council partners. This work is framed in a community engagement plan for each area. The plan is a working document and can be revised at Area Committee meetings during the year. The current format is being reviewed, along with a review of the Leeds Strategic Partnership (LSP) themes that currently provide the structure of the plan. This may see a shorter more focused document in future years. A public facing document called a 'Charter' is also being developed for distributing to local residents. One of the challenges in managing the plan is in accessing appropriate and up to date monitoring information to set against actions in the plan to demonstrate progress.

Tom exemplified the Area Committee investing £20,000 for out of school activities through the school clusters. This money contributed to a larger pot of over £200,000 which was being invested in out of school activities across outer south.

Noted that £36,000 funding has been provided for school holiday activities.

Noted that the leisure activities take up is very good in the area.

Area Committees support 11 luncheon clubs.

The allotments are being used with high demands of the use of space, waiting lists are set up for the Council allotments.

A bid for the first green gym in Leeds is currently being put forward.

Keith informed the group that the Inner South has the same set up as the above with some additional priorities under health and wellbeing.

The Neighbourhood index informs the plan.

Noted that in general NHS and the Council work to specific pieces of work but in some areas there is a good link in with both departments.

**Actions:** Tom, Martin and Sheila to send in summary copy for circulation with minutes of health and wellbeing priorities for the wedge.

## 7. ASC Commissioning – Mick Ward

Mick presented Adult Social Care commissioning framework and process. He highlighted the breadth of the commissioning process.

He gave examples of how commissioning supported the whole putting people first agenda:

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- Choice and control – personalisation, self directed support (giving people a choice to the services available)
- universal services - same rights for all people regardless of their impairment or age
- Early intervention and prevention - more proactive services e.g. free swimming in Leeds has seen a 40 % rise, although Government funding for this is now coming to an end. Libraries do a range of innovative work with disabled people and older people.
- Social capital – organising and potentially purchasing things as a community. Mick informed the group that Leeds is one of Department of Health pilots in regard to Social Capital, with work done thorough neighbourhood networks.

Need to ensure that all services are accessible and not just the responsibility of any one organisation.

There are significant challenges ahead: e.g. There is an increased demand on homecare, also whilst the dementia strategy evaluation of Leeds demonstrated good practice we want to develop this further.

There are radical efficiencies to be made and the dialogue between colleagues/agencies is even more important than it has been.

**Action:** A full copy of Mick's presentation is attached.

### **8. NHS Commissioning – Nigel Gray**

Nigel presented about commissioning in health care. The strategic planning is done 3 – 5 years in advance with partners, the contracts are made in multimillion pounds budgets.

Nigel explained how a lot of pathway redesigns are done to ensure the needs of the patient are met and how patients are given more choice of decision making in the care that they receive in hospitals, decisions met by professionals can be challenged by the patients.

Continuous performance management processes are in place. It is clear that the finance coming in is significantly lower than previous years.

Specific work is underway in the South due to high numbers of lung and breast cancer in LS10 and LS11 (as these are fast growth cancers intervention needs to be better in the South).

Following the publication of the white paper discussions are being made about the options of where Provider Services will fit in the future, the NHS Board meeting has discussed some potential options this week.

Nigel encouraged the group to read the NHS White Paper which is a must read, a summary and a consultation paper are also available. The timeframe for the changes of the white paper to take place are:

- GP consortia – shadow – 11/12, full responsibility – 12/13

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- NHS Commissioning Board – shadow – April 2011 live April 2012
- Strategic Health Authority & Primary Care Trusts abolished – April 2013.

**Action:** See attached full presentation.

### 9. Sub group updates – Bash Uppal

Bash updated the partnership that the communications sub group is looking at service design. The West North West area management team are developing a citizens panel and running themed surveys with one on health and wellbeing in September. The draft will be shared with the 3 partnerships to help shape this as a robust mechanism for gathering local views that can then be used to shape local health and wellbeing plans in the wedges. Bash to keep partnership posted on any drafts and timescales for roll out in the south.

Referral Pathways sub group met recently with wide range of stakeholders present. Decision was taken at the meeting to liaise with public health colleagues in developing a whole systems approach and engaging their support in taking this forward. Subsequently a working group to scope the programme has met. Dave and Bash are to be involved on the steering group and feedback on progress at future meetings.

### 10. Any other business

Locality pathfinder workshop was held on 16<sup>th</sup> July looked at cross cutting issues using case studies. Clear messages came out about the need for a more integrated working approach. A paper is to go to the programme board outlining proposed delivery plan in the near future and this is to be shared with partners. Ian Cameron is a member of the programme board.

**Action:** Shaid to keep partnership updated on progress of pathfinder in south east area.

Bash went through next meeting agenda items and asked that as lead officers from outside authorities are coming to the meeting to present 'first contact' initiative that has been mainstreamed as a best practice model for joint referral toolkit that this be the initial item with 45 minutes slot followed by partnership business.

### 11. Next meeting

30<sup>th</sup> September 1.30 – 4 at Civic Hall (timings may change and will be confirmed asap)

#### Agenda items

- Environment & Neighbourhoods – **Andy Beattie**
- Smoke Free Homes – **Gemma Mann**

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- First Contact – **Bash Uppal/Aneesa Anwar** (colleagues from Newcastle and Nottinghamshire invited to present their approach)

### **Update on Commissioning Workstream**

Key Focus - Influencing commissioning to ensure local service delivery better meets the needs of communities living in deprived neighbourhoods.

#### **Actions**

1. Bash pulled together a report on the work of the three partnerships and this was presented to SLT (strategic leadership team) and then subsequently to JSCB (joint strategic commissioning board) at which PBC reps from both SE and ENE also attended to support the item.

In relation to commissioning the extract in the report stated:

*The health needs challenges for the 10% super output areas (SOAs) have some common features as well as differences relating to particular*

*communities of interest. Lower life expectancy, higher levels of COPD, increased alcohol related hospital admissions and high levels of deaths due to smoking can be found in many of the inner city areas and are a major concern. Added to this are the issues in SOAs of high unemployment, low education attainment, increased crime and community safety fears, all of which have a bearing on people's health and wellbeing. These pressures have been further exacerbated by the current economic climate. Consequently, the partnerships are working with key stakeholders to address local social infrastructure, planning and environmental factors, collectively reviewing local service delivery and decision making processes.*

*The partnerships will deliver on this priority by having a shared overview of current local service delivery; aligning this against both hard data and local intelligence to identify gaps and service accessibility issues including equality and diversity aspects and setting agreed impact monitoring measures that can be used to review existing services. Ultimately this process will require consistent arrangements for integrating locality partnerships within future local commissioned activity decisions.*

*Key outcome of this work would be more intelligent and responsive needs led commissioning.*

The recommendations presented to JSCB for consideration included:

- Formalise reporting arrangements linked to commissioning activities
- Confirm area partnerships role in informing strategic priorities
- Consider resource implications of partnership working delivery plans
- Standardise intelligence gathering and community engagement across the wedges
- Clarify focus of health and wellbeing partnerships linked to cross cutting agendas e.g. Children; community safety etc.

A number of key questions were raised by JSCB which partnerships need to give more thought to as follows:

Evidence base for chosen priorities – this was in particular linked to ENE partnership focus on COPD.

To clarify added value of partnerships and their unique contribution to health and wellbeing.

The need to raise the profile of partnerships and the 3 wedges – it became evident that membership of JSCB had evolved since the development of the partnerships and not all members were aware of what areas were covered by the 3 wedges (although a map was attached to the report) or of the role of the partnership.

We have been invited to attend JSCB again in September to give time for partnerships and JSCB an opportunity to consider way forward.

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2. Next meeting of SE partnership has a key focus on the commissioning component and will be attended by lead officers from ASC and NHS commissioning teams.

The partnership need to identify what key messages they wish these partners to address when they attend which would support us in delivering our commissioning priority.

### Next Steps

How do we take forward delivering on this priority. Through regular business at the partnership meetings or do we need to pull together a working group?