

## **Minutes of South East Leeds Health and Wellbeing Partnership 4<sup>th</sup> October 2012**

### **Attendees:**

Shaid Mahmood (Chair) – Localities and Partnerships  
Bash Uppal – LCC Adult Social Care/NHS Leeds  
Pat McGeever – VCFS rep  
Cllr Paul Truswell – Inner South Elected Member Health Champion  
Emma Stewart – LINK  
Janette Munton – Public Health

### **Attendees Commissioning Session:**

Heather Thomson – NHS Leeds Commissioning  
Emma Strachan – NHS Leeds Commissioning  
Janice Burberry – NHS Leeds Children's Commissioning  
Michelle Atkinson and Jennifer Cooper – LCC ASC commissioning

### **Attendees Providers session:**

Susie Brown – Ministry of Food  
Carol Weir – LCHC – weight mgt service  
Alyson Bertram – LCC leisure services  
Alex Hammond – LCHC – healthy living advisors  
Hanif Malik – Hamara  
Pat McGeever – Healthforall  
Antony Stringwell – Parks

### **Task group attendees:**

Elaine Rey – LCC Policy Unit  
Lisa Lennon – LCC Intelligence & Improvement Unit  
Sam Coupland – LCC Leisure services  
Joanne Davis – Health Improvement Specialist  
Jo Loft – LCC Adult Social Care – Health Improvement Officer

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

Round table introductions were made and all welcomed to the meeting.

### **Apologies:**

Dave Mitchell, Sue Gamblen, Tom Smith, Barbara Temple, Bridget Emery, Julie Bootle, Gerry Shevlin, Cllrs Varley and Lewis, LCHC & LYPFT.

### **2. Minutes of meeting held on 31 May 2012**

Agreed as an accurate record.

### **3. Matters arising – none outstanding**

### **4. Obesity Review 2 – 3 discussion with commissioners**

Shaid opened the meeting and reiterated the aims of the Obesity review in inner south and introduced the format and process for the meeting.

Elaine and Lisa gave a short presentation outlining why the review had changed from Obesity to unhealthy weight, progress so far and some initial observations for discussion.

**Action:** A copy of the presentation was agreed to be circulated to attendees.

Janice Burberry clarified that there is clear Leadership in relation to Children's obesity, with a City wide Children's Obesity Strategy in place and a management board in place who manage the action plan. There may be a gap regarding similar structures/strategy for adult obesity.

Query about the statement that there is low level support in place and +27 BMI services and seems to be a gap in the middle – we need to be clear about what the definitions of levels are so that we can map services to this and see if there are any gaps. Also, commissioned services need to know what level they fall into.

Possible issue about the transition between ages 16 – 20 for disabled people.

New Active Sports Officers in place in localities.

### **JB presentation**

- City wide strategy in place for Children.
- A children's obesity management board is in place who manage the children's obesity action plan.
- Commissioning is done on a city wide basis.
- The VCFS are commissioned to reach parts of the community that are hard to reach.
- 16 interventions are in place some of these include:
  - national child measurement programme - broken down into cluster analysis.
  - Watch It service.
  - HENRY linked into children centres.
  - Commission VCFS to deliver the Active for Life programme (8000 children), also football, dancing DAZL, skate parks etc.
  - Change 4 Life programme – Health for All. Need to look at outcomes. Capacity to take on more families.

### ***Suggestions for improvement***

- Could do more to raise awareness of care management pathways.
- Currently no rep from local H&W Partnerships on the Children's Obesity Board, could strengthen links.
- Could do targeted sessions with GPs and nurses in order to raise awareness of pathways available. This has already been done in some areas.
- More work with VCFS as they know communities.

Demonstration sites – evaluation completed.

### **Heather Thomson presentation**

Confirmed Challenges in adult weight management:

- Lack of national guidance.
- No national targets in place.
- Lack of city wide obesity strategy.
- Prevention budget dwarfed by treatment costs.

### **Commissioning:**

- Weight management service for adults
- Healthy lifestyles service
- Bodyline referrals
- 3<sup>rd</sup> sector commissioning – ministry of food, cook and eat courses
- Bariatric surgery
- Health Trainers
- Leeds Lets Change

Commissioning targeted at areas of deprivation.

### **Weight management service:**

City wide aimed at people with a BMI over 30 or 28 with co-morbidities (average BMI is 43).

### **Outcomes:**

- focus on recorded weight loss and long term maintenance of weight loss.
- Target to achieve 60% of patients achieving a minimum of 3% weight loss over max 12 contacts.
- At least 60% of completers maintained a weight loss of at least 3% of their presenting weight 6 months following completion of an intervention.
- The outcome measure is that 47% of people achieve their target.

Following consultation and review, new name 'Weigh Ahead'. Changes to service include:

- All patients offered 1 2 1 appointment.
- Inclusion of behavioural therapy

Starting to collect data at MSOA level.

### **Emma Strachan presentation:**

Bodyline – available through GP practices and specialist healthy living service. Entitles patients to access unlimited off peak leisure provision at any LCC leisure centre for £5. Approx. 75% of South East GP practices to be on board by end Oct.

Ministry of Food – not commissioned to achieve weight loss and now do a 12 month follow up.

Health for All commissioned to run cooking courses in Inner South.

All cooking work is evaluated which includes fruit & vegetable consumption, unhealthy snacks consumption, salt consumption and confidence to cook.

New Obesity NICE guidance available from Nov 2012 – focus on working with local communities.

Public Health outcomes framework.

Question was asked about feedback processes following referrals – weight management feedback now through system1. Leeds Lets Change provide quarterly feedback to GPs on activity, advice, numbers accessing the service etc. The data goes to the Leeds Lets Change Champion in the practice, it is difficult to say how they use this information. There has been a phased approach to Bodyline, wider marketing to be completed.

3<sup>rd</sup> sector monitoring forms have been revamped – copy to be provided.

Leeds Lets Change website will include the 3<sup>rd</sup> sector in the future.

***HT and ES Suggestions for improvement:***

- Better understanding of obesity prevalence – better data.
- Develop local targets.
- Develop city wide strategy for adults like the children's strategy including prevention and treatment.
- Increase capacity of services particularly in BMI 25 – 30 range.
- Look at how we reframe the healthy lifestyles pathways for those accessing services like Ministry of Food.
- Cultural Change – how do we influence this.

**Michelle and Jenny Cooper presentation:**

Neighbourhood Networks are jointly commissioned by the council and health. Outcomes focused service specification.

Promoting healthy eating, exercise in a way that people who attend the networks want. Has one monitoring systems which is shared with partners.

A small number of neighbourhood networks are starting to look at providing some services traditionally provided by ASC. This is done within the context of shrinking budgets. Services based around the individual, they know local community, people and organisations in the community. Can also refer to other services. Have local volunteers. Neighbourhood networks provide services based on what local older people want.

Elaine outlined next steps which were outlined on the slides.

Shaid thanked all for their contributions and partnership moved to meeting with Providers.

**5. Obesity review 3 – 4 provider services discussion**

Round table introductions were made.

Shaid outlined what is expected of the meeting and gave a brief overview of the discussions in the commissioner session.

Elaine and Lisa gave a short presentation outlining why the review had changed from Obesity to unhealthy weight, progress so far and some initial observations for discussion. It was noted that there is good data for children's but lack in adults. It's clear that joint working is key.

**Action:** A copy of the presentation was agreed to be circulated to attendees.

Bash referred to the providers summary. Noted gap on health trainer information and Parks.

**Action: Bash** to update.

Pat questioned capacity in 3<sup>rd</sup> sector and confirmed there is a willingness to create more places funding permitting.

The question of costs was raised and acknowledged that this was missing from picture. General view was that focus needs to be on outcomes rather than cost. Also acknowledged difficult to do comparison across providers given contracts varied from small (15k) to very large amounts of funding (250k).

Some concern was expressed over future commissioning when public health move into the Council.

The group talked about the need for prioritisation. No clear pathway. Interventions were classed by commissioners as levels/ tiers of 1,2 or 3 provision. The tiers were not understood by the partnership or some of the providers.

Cllr Truswell questioned how far do commissioners measure impact and share good practice – what is seen as good practice? Need to transfer resources to the ground for practical action – less administration.

**Action: Carol** agreed to provide definitions.

Feedback on suggestions for improvement made by providers included:

- focus needs to be on prevention and improving referrals e.g. ministry of food piloted free places with GPs but only 8 received.
- need for collaboration across sectors and within the third sector, would need someone to facilitate this. The silo approach to commissioning has lead to competitive environment.
- need to change perceptions by some professionals of the 3<sup>rd</sup> sector role which is to add value.
- contracts need to allow flexibility for 3<sup>rd</sup> sector to demonstrate added value at ground level, contracts have become too prescriptive and allow less opportunity for discussion and debate in terms of what might work on the ground.
- need meetings between commissioners and providers not just contract managers.
- need for clarity on what constitutes best practice.
- commissioning need to link to local need and what works on the ground.
- need for a shared vision.

Carol shared changes they made of opening up weight management services to self referral as existing approach linked to BMI alone doesn't work.

Janette confirmed measures were designed jointly with 3<sup>rd</sup> sector to help strengthen their position.

A request was made by Alyson who informed group of leisure services plans to reopen Middleton sports centre and want to engage with 3<sup>rd</sup> sector to define needs and barriers. Also looking at Birmingham model of low cost/no cost to increase use of facilities.

Ruth highlighted that more money now in obesity as a result of GP engagement e.g. Leeds Lets Change 500k.

Overall view was adult unhealthy weight commissioning not linked sufficiently to needs in localities. Pathways not clear what is in place. Lack of evidence of what works. View that need a long term vision. Good time to connect to Olympics. Need for more joined up approach outlining full range of need with clear leadership and champions.

**Action:** All providers and commissioners that attended to be sent copy of slides and next steps.

All thanked for contributions.

**5. Any other business**

**Commissioning obesity services in a reformed NHS conference 30<sup>th</sup> October in London**

Need to get back to Bash if interested in attending.

**6. Date and time of next meeting**

29<sup>th</sup> November 2012 at 2 – 4 Civic Hall