# Minutes of South East Leeds Health and Wellbeing Partnership 24<sup>th</sup> January 2013

#### Attendees:

Dave Mitchell (Chair) – South CCG
Bash Uppal – LCC Adult Social Care/NHS Leeds
Cllr Paul Truswell – Inner South Elected Member Health Champion
Councillor Shirley Varley – Outer South Elected Member Health Champion
Gerry Shevlin – Community Safety
Martyn Stenton – Children's Services
Marrisa Carroll – Leeds & York Partnership NHS Foundation Trust
Shaid Mahmood – Area Leader
Emma Stewart plus PA – LINk
Pat McGeever – VCFS rep
Aneesa Anwar – LCC Admin Support

#### In attendance:

Jacs Hillaby – Leeds Community Healthcare NHS Trust Bernie Bell – Leeds Community Healthcare NHS Trust Vic Clarke-Dunn – Adult Social Care Catherine Ward – NHS ABL Public Health

# 1. Welcome, introductions and apologies

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

Apologies were received from Tom Smith, Barbara Temple, Julie Bootle, Victoria Eaton, Ruth Middleton, Michelle Atkinson and Cllr Lewis.

# 2. Minutes of meeting held on 29<sup>th</sup> November 2012

Agreed as an accurate record.

# 3. Matters arising

Min 4 – noted that the report has now been circulated to the partnership and due to the size of the file the appendices were not circulated.

#### 4. Integrated Health & Social Care update

Vic presented an update about Integrated Health & Social Care now called neighbourhood teams.

The main focus of this work is to support older people and people with long term conditions. By using the 3 strand approach (John Oldham model) where neighbourhood teams, self management and risk stratification come together for the person receiving the care and support.

Noted that there are various agencies involved in this piece of work.

There are 12 neighbourhood teams across the city with a mix of health and adult Social Care staff within each site. The neighbourhood teams based in the South area are in place in Beeston, Middleton, Hunslet and Kippax.

**Actions: Vic** can circulate other useful information at request. **Aneesa** to circulate presentation with the minutes.

There are 4 multi-disciplinary team meetings a year, these meetings are attended by different professionals who discuss the care and support of a person whose needs may soon increase.

One of the next steps for the neighbourhood teams is to create a single gateway to our services including reablement services. This will look at a single point of urgent referral for adults including health services.

Looking at caseloads of district nurses and community matrons to identify where services can join up by building on existing approach. Adults data is to be looked at to see where the overlaps are and how all services could integrate.

There is some work being done around self management and Vic suggested the project manager for this piece of work come to a future meeting as both projects are running differently.

It was suggested to use the Calderdale model for data sharing.

# 5. Mental Health Challenges in South East area

#### **Catherine Ward**

Catherine presented about mental health and informed the partnership that her role is to keep people mentally healthy and well.

Catherine offered to provide further information if needed in the future.

The action plan is being updated with 6 key themes.

Data shows the majority of suicide rates are predominantly male and the majority come from white British background.

Areas of deprivation have a higher number of recorded deaths due to mental health issues.

**Action:** If anyone is interested in being part of one of the strategic sub groups please get in touch with catherine.ward@nhsleeds.nhs.uk.

Catherine offered to run a workshop to focus on a particular demographic area or a particular element of mental health issues.

**Action:** form a small group to think of what to take forward for Mental health and plan a workshop to be delivered by Catherine.

**Action: Aneesa** to send a copy of the presentation out with the minutes.

#### Bernie Bell

Bernie tabled some papers about IAPT. The service is around inter personal treatment for mental health issues.

They see 18,500 people a year and their main way of working with people is on a 1:1 and face to face contact basis.

The service is looking at linking with neighbourhood networks and people with long term conditions.

Noted that often accommodation is an issue for the service. Shaid welcomed a conversation to see if Council buildings can be used.

**Action: Bernie** to circulate papers electronically to be sent out with the minutes. **Marrisa Carroll** 

Marrisa presented about the service she works in. Their aim is to provide services that are better, simpler and more sufficient which improves peoples health and lives.

They deal with people suffering from moderate to severe mental health issues or complexity.

Single point of access anybody can refer to this service.

Some services will be delivered across the City. These are:

- Memory and younger people with dementia
- Care home service
- Assertive outreach / community forensic services
- Some psychology services

Shaid suggested it would be helpful to have discussions to engage wider services and link to other local work such as the alcohol work in south.

**Action: Bash and Marrisa** to discuss links with alcohol activity. **Aneesa** to send a copy of the presentation out with the minutes.

### 6. Obesity report sign off and follow up actions

The report is now completed and the next steps include taking the report to various boards. The report is to be sent to lan Cameron to check which boards to present it to.

Dave as Chair has agreed to present jointly with Bash. However, some boards meet on days which clash for Dave with his practice role therefore need other members of the partnership to attend.

Bash is presenting at Area Leadership Team on 11<sup>th</sup> Feb and welcomed someone else from the partnership to go with her. Agreed Shaid to support as also attending.

Bash and Joanne Davis are putting together draft action plan as per recommendations and to pull together working group with Cllr Truswell leading, focussed on the Middleton area.

It was suggested that an executive summary is needed at the beginning of the report as it's too lengthy.

Dave asked for it to be noted on behalf of the partnership that the report has been put together very well and it's a good job done.

**Action:** Aneesa to send final report along with appendices in a zipped folder.

# 7. Any other business

None.

8. Date and time of next meeting – 28<sup>th</sup> March at 2 – 4 at Civic Hall. Key agenda item - consolidating area partnership priorities and plans and connections with partners plans such as CCG priorities.