Minutes of South East Leeds Health and Wellbeing Partnership 28th March 2013

Attendees:

Shaid Mahmood (Chair) – Area Leader
Bash Uppal – LCC Adult Social Care
Cllr Paul Truswell – Inner South Elected Member Health Champion
Councillor Shirley Varley – Outer South Elected Member Health Champion
Tom Smith – Locality Manager
Emma Stewart plus PA – LINk
Pat McGeever – VCFS rep
Jade Cicone – Minutes

1. Welcome, introductions and apologies

SMh thanked everyone for coming to the meeting.

Apologies were received from Michelle Atkinson, Dave Mitchell, Martyn Stenton, Debra Gill, Marissa Carroll, Ruth Middleton, Julie Bootle, Gerry Shevlin, Victoria Eaton and Aneesa Anwar.

2. Minutes and Matters Arising from Meeting – 24th January 2013

Agreed as an accurate record.

3. Matters arising

Item 4 - SMh asked if the presentations from mental health colleagues had been distributed, BU is sure this has been circulated to the group.

Action: Bash to check with Aneesa. Confirmed papers have been circulated previously.

Item 5 - There is a meeting to discuss the issue of mental health, this is taking place at 10am on 4th April at Merrion House.

Action: BU to send note to the group to inform them of the meeting on 4th April.

SMh asked if Catherine Ward would still be available to run a workshop, one has been run in the West.

BU confirmed she is meeting with Catherine regarding looking at planning a workshop and looking at hotspot areas within the SE.

SMh also informed the group a key issue for Cllr Wakefield is mental health as well as poverty and inequality.

As yet SMh has not heard anything from Bernie Bell regarding use of council buildings.

Action: BU to check with AA if notes were sent onto Bernie.

BU confirmed the meeting with Marissa regarding links to alcohol activity is still pending.

Obesity ICE Feedback

BU and SMh attended the ICE meeting on 26th March but were unable to give a full update due to the agenda having been brought forward in their absence.

Feedback had been received from Dr Ian Cameron that action is being progressed to appoint a lead for adult obesity and acknowledgement of the need for stronger links between children's and adults obesity activity.

One of the key questions for the partnership was about using our approach to influence commissioners – unfortunately that didn't get discussed at ICE. Andy Harris (CCG CEO) has suggested our item go on the agenda again for discussion. **Action: BU** to liaise with Ian Cameron and Rob Kenyon regarding attending a future meeting of ICE to discuss

BU updated on work progressed on Middleton locality as agreed at the last meeting. There are five priorities, one of which is focusing on reducing the number of take aways within the area. Planning are leading on this. The Birmingham model and Leeds Let's Get Active will also link in with this work.

Action: BU to share action plan for Middleton once confirmed.

Action: BU to circulate list of leisure centres in the 'free swim and gym' programme with minutes.

4. Review of Partnership Priorities

BU gave a presentation, outlining the role and responsibilities of the Area Health & Wellbeing Partnership, along with terms of reference and updated membership list. Also shared was a summary of work achieved against existing priorities.

SMh praised BU and her team for the work they have done so far. SMh confirmed that a great deal of work has been done to get to this stage.

TS gave feedback on recent discussions at senior management team with Public Health colleagues within Environment and Neighbourhoods directorate was cited as an example of differing cultures and ways of working. There was a lack of local focus. The approach aimed more at delivering national messages. No mention of localities in relation to delivery of strategies. The suggestion was for a proper induction for Public Health staff to LCC required.

PM expressed concerns at prescriptive approach to commissioning by health.

Cllr Truswell expressed concerns on volume of priorities in the city strategy. There are 15 priorities in the Leeds joint health and wellbeing strategy. Some priorities apply more than others in certain areas. It was suggested that what was needed was an audit across the city of all that is being done to tackle the 15 priorities.

Cllr Truswell also felt public health resources targeted at citywide level with a lack of capacity at local level to deliver this agenda.

PM suggested we need to have 3 obsessions. Outlined a recent event at which the voluntary sectors were proposing social isolation and poverty.

Concerns were also expressed about how the city strategy lacked a locality view. It needs to be more focussed on evidenced work linked to Leeds rather than national campaigns. More needs to be done to consider best practice from elsewhere and bringing that learning into Leeds.

Cllr Varley shared her concern that CCG's generally don't seem to be 'gelling'. The boundary differences were problematic, with Morley sitting in West CCG whilst other parts of the local authority areas sat in SE CCG.

Also outlined was the need for partner agencies to own the health agenda. The need to shift from a silo working approach. Proposed the area partnership took on more of a scrutiny function.

A general consensus that the partnership needed to move away from receiving updates and presentations, to having meaningful discussions and brokering linkages between agencies, on joint agendas.

The need for clarity from health and wellbeing board, on area partnerships role and accountability. The Area Leads role will be much more about challenging and questioning.

SMh thanked the group for their contributions within this discussion. A further meeting has been arranged with the partnership reps from the CCG and Public Health.

Action: SMh and BU to pull together forward agenda plan.

5. Any other business

None.

6. Next meeting – frequency to be agreed

BU asked about future meetings and the general view was that we needed to meet more frequently whilst setting out future direction.

Action: AA to put together a schedule and circulate.