

## **Appendix 3**

### **Minutes of South East Leeds Health and Wellbeing Partnership Meeting 31<sup>st</sup> March 2011**

#### **Attendees:**

Dave Mitchell (Chair) – Practice Based Commissioner  
Bash Uppal – Adult Social Care/Leeds PCT  
Keith Lander – Environment and Neighbourhoods  
Brenda Fullard – NHS Public Health  
Rob Kenyon – Leeds Community Healthcare  
Joanne Loft – Adult Social Care  
Pat McGeever – VOICE Representative  
Gerry Shevlin – LCC community safety

#### **In attendance:**

Sue Green – British Heart Foundation  
Stuart Cameron-Strickland - LCC  
Nichola Stephens - NHS

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

Apologies were received from Andy Beattie and Cllr Renshaw and Cllr Groves

#### **2. Minutes of meeting held on 27<sup>th</sup> January 2011**

Agreed as an accurate record

#### **3. Matters arising**

Reported that NAEDI work is now taking place in the wedge. KL informed the partnership that the work had been well received by the Area Committees. Up to 50 people a week have been seen at St Georges Centre, Middleton.

BU informed the partnership that Google mapping has now gone live and encouraged everyone to take a look if they hadn't already at: <http://www.leedsinitiative.org/healthy/wellbeingportal/>.

The Health Innovation Event in the South East Wedge has now taken place and was very well received. The outcomes are being fed back into the locality partnerships to consider within their priority setting for 2011/12.

#### **4. British Heart Foundation – Sue Green**

Copy of Heart Towns presentation given to all present.

2011 is 50<sup>th</sup> Birthday of British Heart Foundation and the Foundation wants to launch 50 heart towns/cities.

The Foundation uses information and research available to them to look at best ways of prevention and has developed various initiatives to focus on prevention.

Presentation was aimed at asking if Leeds wants to become a Heart City and SG has been and presented to all three wedges through the Health and Wellbeing Partnerships.

All initiatives are free and the idea is that it's for a five year period. After 12 months a review would be done and the evaluation would show where to go from there. Work will take place through the year and will end with a one day event which could be a big, organised event such as a health walk or could be smaller and maybe run through the schools.

Twenty seven towns have signed up, the latest one being Bristol.

Leeds has been highlighted as having a high incidence of CHD/Heart Failure which is higher than the national average.

Questions were asked about measuring the effects of the scheme. SG informed that in some respects the effects are measured in terms of sign up but it does not go as far as looking at effects on admissions. Evidence in terms of effects on admissions is not clear either way.

Concerns were raised around the scheme being a fund raising exercise. SG highlighted it is not fund raising specific but there would be an element of fund raising in the initial 12 month period.

RK stated there was a need for prevention work in Leeds relating to Heart Disease but had questions relating to the claim there is no cost. Profile raising and getting people signed up would involve work over and above everyday workload which in turn incurs a cost.

Felt that it may be better to have more of a train the trainer model than rely on leaflet handouts. It would also need to link to the NHS Health Checks and compliment this.

Due to limited budgets the main priority for Leeds would be that scheme would enhance the work already been done in Leeds and Leeds would not be there to subsidise.

Discussions led the partnership to agree that the scheme should be highlighted to the Director of Public Health for consideration.

If partnership has anymore questions these can be passed to BU who will liase with SG for answers.

## **5. Children's Services Update – Paul Bollom**

Main theme for Children's Services is Leeds as a child friendly city.

This will take it beyond Children's Services and make it a city wide priority and city owned.

Questions were asked regarding whether Leeds was a child friendly place: Determined that children's views are integral to this question.

A multi agency group has been put together to take this work forward – headed by Brenda Fullard Public Health NHS. The group is looking at how the work happens in the wedges.

The Children and Young People's Plan - There are health items in the plan and it is important that these are highlighted to the locality partnerships.

At present Children's Services excel within the current cluster arrangements and have strong structures although these vary depending on the partnership involved. Minimum standards for these arrangements are currently being looked at to make sure there is a level playing field.

Restructure means that an advert is going out in April for a Health Lead for Children's Services and this person will sit on the Health and Wellbeing Board.

Partnership working will be key to all future work as Children's Services framework is not enough alone. One key area of work will be working together to intervene before crisis point is reached and all partners knowing referral routes and what is available.

**Action:** Need to engage with cluster arrangements and work with them on Public Health Priorities.

Area Leaders will play an important role in shaping the partnerships and taking the work forward.

## **6. Locality Profiling – Nichola Stephens & Stuart Cameron-Strickland**

PowerPoint presentation given and will be circulated to the partnership via the extranet.

Information in presentation relates to MSOA profiling and examples were given on: A&E Attendance; Hospital Admissions; Mortality.

Alcohol information is shown separately and all information is adult related. Children's information is included within the Neighbourhood Index.

The information within the presentation shows what will be available in the Locality Profiling packs – Health Statistics plus Local Authority information relating to worklessness, crime.

ACORN Data also included. Explanations are included on the bottom of the report pages to help interpret the data. The information will be available annually and will be part of the Joint Strategic Needs Assessment (JSNA) pack.

DM commented that it may be useful to have the information by Practice or Consortia base. NS confirmed this could be done for performance management.

RK and BU commented on how useful the information could be especially when looking at if an issue is statistically significant. Useful if this could be highlighted within the report which in turn would support partnerships in setting local priorities.

## **7. City Priorities / Health and Wellbeing Plan – Brenda Fullard**

Copies of the priorities and the plan were circulated prior to the meeting

Key areas:

- Help people make healthy lifestyle choices.
- Help people live safely in their own home (safeguarding, independence).
- Choice and control within health and social care services.
- The people who are poorest improve their health fastest.

The high level indicator is going to be – Smoking in adults

3 other strands:

- Community Engagement
- Supporting mental health
- Lifestyles – Smoking, alcohol, drugs

At present obesity is not included – this may need to be reviewed.

The plan is still in draft and all input is welcome. Once agreed these priorities will drive the city plans over the next 4 years so it is important for the partnership to comment.

June – Plan goes to Full Council.

August – Information on consultation and commissioning routes and start work on full Health and Wellbeing Strategy.

A long lead in is required to develop the strategy for April 2012.

PM concerned that obesity/childhood obesity not included as priority.

Also teenage pregnancy included in the Children's plan but not as a priority

BF explained that some of the work strands are cross-cutting and will be picked up even if they are not stated as a priority.

Big opportunity with locality working to see how partnerships can best work together to tackle these issues.

Timescale for feedback – 29<sup>th</sup> April – Plans can be accessed via extranet.

**8. Updates – due to meeting running over these were kept short and deferred for a more detailed discussion at the next meeting**

### **Alcohol – Gerry Shevlin**

GS highlighted some of the work that is happening regarding alcohol issues in the wedge and circulated a brief outline (see attached).

At present an action plan is being worked up and this will be circulated to the partnership at the next meeting.

Main areas of work being explore include:

- Reducing A & E and hospital admissions
- Improving community engagement and awareness
- Addressing related Anti Social Behaviour issues
- Support to address related domestic violence
- Licensing and policy
- Business activity and engagement
- Tackling impacts on young people

Focus to be on Middleton and Beeston in the first instance with consideration also being given to rising issues within Morley town centre also being discussed.

### **Health and Wellbeing Neighbourhood Groups**

Joanne had sent her apologies and asked Bash to circulate copy of summary on progress made by these groups (see attached deferred for discussion at next meeting).

### **9. Any other business**

No items raised.

### **10. Date of next meeting**

Thursday 26<sup>th</sup> May – Agenda items to Aneesa.