

Appendix 3
Minutes of South East Leeds Health and Wellbeing Partnership
Meeting 13th October 2011

Attendees:

Dave Mitchell (Chair) – Leodis CCG
Bash Uppal – Adult Social Care/NHS Leeds
Shaid Mahmood – SE Area Leader
Brenda Fullard – NHS Leeds
Philip Draper (Sue Gamblen’s rep) – Adult Social Care Commissioning
Barbara Temple – Children’s Services
Emma Stewart plus PA – LINK
Toshal Bhatia (Pat McGeever’s rep) – Health for All
David Reid (Bridget Emery’s rep) – Environment & Neighbourhoods
Aneesa Anwar (minutes) – LCC, Support to Health & Wellbeing Partnerships

In attendance: Kate Hill, Matthew Callister, Catherine Foster

1. Welcome, introductions and apologies

Apologies were received from Jane Moran, Samantha Middleton, Pat McGeever , Cllr Kim Groves, Cllr James Lewis, Julie Bootle, Sue Gamblen, Gerry Shevlin.

2. Minutes of meeting held on 28th July 2011

Agreed as an accurate record.

3. Matters arising

Health checks – the report was tabled at last meeting and previously we didn't have the outcomes data. Brenda informed the partnership that she has been in discussion with colleagues about health checks monitoring that has been done. This was mainly around advice given and how people’s behaviour changed following the health checks.

It has been identified that there is an issue regarding not being able to get patients individual data. Need to ensure that outcomes are recorded by GP's so a record is kept on patients file. There is a need to look at targeted support to get people to come forward to have a health check.

A discussion also took place about how partners can contribute / influence getting people to come forward to have a health check. Barbara suggested engaging with children’s cluster groups. Kate also confirmed university having potential to track health checks.

Action: Brenda to get demographic data broken down further to neighbourhoods level and circulate at a future meeting. Brenda to also look at health check tracking process and support offered by partners.

Transformation Programme risk stratification activity in Garforth and Kippax – Bash informed the partnership that a presentation is scheduled for the next meeting.

JSNA and MSOA area profiles have been produced with work underway to develop the story from the data.

Action: Brenda to check if Nicola Stephens could attend the next meeting.

Smoke free homes – Toshal updated on how this is being implemented and confirmed there is no follow up being done to get analysis of data around pledges and people having quit smoking. Brenda to have discussions to see if this could be included in commissioned contracts from NHS Leeds.

Action: Toshal to send report for circulation to Bash.

Action: Brenda to look further at impact of smoke free homes initiative

4. Submission to BHFNC Annual conference: Translating the evidence – what works for Physical Activity

Evaluation of the Hamara physical activity programme: first steps

– **Kate Hill**

Dr Kate Hill, Senior Research Fellow at Leeds Institute of Health Sciences presented a preliminary report on an evaluation of the Hamara physical activity programme which is based in Beeston. Kate is the project coordinator for a portfolio of vascular-themed studies (IMPROVE-PC) within the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) programme for Leeds, York and Bradford.

The IMPROVE-PC research team are working with partners in health and social care to improve prevention of vascular events. The evaluation of the Hamara programme is being undertaken as a pilot project to develop performance indicators and test the feasibility of demonstrating impact in community-based health and wellbeing programmes.

The Hamara project was recently submitted to the BHFNC (British Heart Foundation National Centre) annual conference as a case study. It has been accepted and will be presented at the conference which takes place in Nottingham on Thursday 17 November 2011.

A report was tabled of the preliminary findings and the 4 initial themes emerged of relevance to the evaluation are:

1. Accessibility
2. Cost
3. Relationships
4. Style of advice.

The project looked at people who use services at the Hamara Centre, but not been able to speak to those referred who didn't take up services although this is a key element of this piece of work.

Better outcomes for people have been achieved.

Noted that building blocks (next to Hamara) has good space to hold women's only sessions and it includes crèche facilities as it's clear that some groups will not take up physical activity at a centre if there are no facilities to have tailored sessions for women only.

Noted that clinical outcomes are important for GPs and the social aspect is also important.

Kate outlined potential to develop evaluation tools for centres to systematically gather data for organisations to use in discussion with commissioners.

Action: all to send comments regarding this project to Kate Hill
K.M.Hill@leeds.ac.uk.

5. MARS Evaluation feedback – Bash Uppal

Bash gave a brief overview about Multi Agency Referral Scheme which was developed following members of the SE partnership identifying the need for a simplified approach to support residents to access preventative services. A number of partners supported the development of a simple checklist. A trial took place in Belle Isle and Little London. A range of multi disciplinary staff were involved and the process allowed for them to provide local residents with a more holistic response from their service.

The evaluation report was circulated which also looked at resources and capacity needed for the project. Bash is now taking this report to the Locality Programme Board to update and get agreement to rollout. Bash is also scheduled to take this to the health improvement board and the integrated health and social care board over the coming weeks.

In the interim the proposal is to continue to use the scheme with some minor revisions to the checklist for the infant mortality demonstration sites (Beeston, Holbeck and Chapeltown) and with the transformation programme of predictive modelling clients in the 3 locality areas demonstration sites (Garforth/Kippax, Pudsey and Meanwood).

Barbara asked if she could discuss further with Bash to see how this could be linked with the work Maggie is doing in the JESS cluster.

Partnership members agreed the need for a development plan to ensure gradual managed delivery of the scheme. Bash was congratulated for developing the scheme.

Action: Bash to update on feedback from the boards and on the development plan.

6. NAEDI Lung Cancer initiative update – Matthew Callister & Catherine Foster

Matt gave an overview of the programme which was set up to offer free walk in screening facilities for people over 50 who have had a cough for 3 weeks and over to get an x-ray done in the 2 centres in Middleton and Seacroft.

A variety of communications and marketing has been undertaken over the last year to try and engage with hard to reach groups? More could be done around this if partners use their influence in their organisations. There is an increased focus of marketing on targeted populations and the programme is also linking in with smoking cessation teams.

Initially the project was set up for a year but is now being rolled out until May 2012. It has also been recommended to continue until March 2013, this is yet to be determined and NHS are now looking at funding for this programme to be extended.

Nationally it has been agreed that more needs to be done to raise awareness of programmes such as NAEDI.

The partnership welcomed the update.

Action: All to raise the profile of this programme and Bash to update the inner south area committee.

7. Update on partnership activity programme

Bash went through summary that was circulated electronically with the agenda.

Brenda mentioned about issues around the citizens panel questionnaire. Brenda also confirmed NHS Leeds has confirmed resources to progress and run a health and wellbeing survey early in the new year.

Action: Bash to circulate with minutes the draft version for comments and suggestions.

Action: Bash also highlighted PPI activity Leodis are undertaking. Bash to invite Leodis to share their PPI programme at a future meeting.

8. Any other business

Neighbourhood Improvement Boards are being established to focus on 4/5 areas for South Leeds. These boards will provide an opportunity to take forward more of a holistic approach through involvement of local key leaders and residents. Already established are two of these boards, one focussing on Middleton and Belle Isle and a second board looking at Beeston, Holbeck and Hunslet.

The implication of Welfare Reforms - Shaid asked that this item be scheduled at a future meeting.

Next meeting

24th November 2011, from 2-4pm, Civic Hall.

Future Agenda items:

JSNA/Area Profiles

Transformation programme

Financial Inclusion and welfare reforms

Citizens Panel Survey and Leodis PPI programme