

Minutes of South East Leeds Health and Wellbeing Partnership 26th July 2012

Attendees:

Dave Mitchell (Chair) – Leeds South and East CCG
Janine Brooks – Health for All (health trainer)
Brenda Fullard – NHS Leeds
Lisa Lennon – LCC Intelligence & Improvement Unit
Cllr James Lewis – Outer East Health Champion
Pat McGeever – VCFS rep
Alia Nessa – Health for All (health trainer co-ordinator)
Elaine Rey – LCC Policy Unit
Cllr Paul Truswell – Inner South Elected Member
Bash Uppal – LCC Adult Social Care/NHS Leeds
Hannah Lacey – cover for Aneesa
Julie Bootle – ASC
Gerry Shevlin – Community Safety
Kim ?????????? – LYPFT
Julie Killick – LCHC
Joanne Davis – Health Improvement Specialist
Cllr Shirley Varley – Outer South health champion
Emma Stewart – LINK

1. Welcome, introductions and apologies

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

Apologies:

Janette Munton, Sue Gamblen, Tom Smith, Barbara Temple, Bridget Emery, Ruth Middleton, Aneesa Anwar.

2. Minutes of meeting held on 31 May 2012

Agreed as an accurate record.

3. Matters arising

It was asked if the presentations from the previous meeting on 31 May had been circulated. Confirmed that yes they had but for the localism item there had been no presentation.

Action: Aneesa to send copy to Cllr Truswell.

Niche Tobacco project – Bash confirmed NHS Leeds having approved funding bid to support delivery of this project in Beeston.

4. Health Trainers Role Presentation – Pat McGeever, Alia Nessa and Janine Brookes

The presenters introduced themselves and Alia gave a brief overview of the Health Trainer programme. The aim is to reduce health inequalities and 88% of PCTs now have a service of this type. The Leeds Health Trainer service began in 2007 and is run through the voluntary sector organisation Health for All.

Janine then told the meeting about her role as a Health Trainer. Clients can self-refer or can be referred by a GP or other health professional. They receive 6-8 sessions of 1-1 support where their lifestyle is assessed, issues are identified and simple targets are set. Most people recognise what their issue is and the goals set include the simplest things first. Examples were given of people who have used and benefited from the service.

There are often cases where using the Health Trainer service results in onward referrals for the client in alcohol management or mental health for example.

The service is evaluated at both local and regional levels and through client feedback. Many clients choose to attend "client reunions" where further support and experience sharing can be gained. There is also the suggestion of using peer support in future.

The majority of requests to this service (68%) were for help in tackling obesity and improving diet.

There are some funding pressures on the scheme with a 25% reduction in Health Trainers in 2011. The service currently has a budget of £150,000 for 5 Health Trainers plus a service manager. This equals £215 unit cost per client.

Achievements of the scheme include successfully reaching the communities that are most deprived and in many cases gaining a sustainable behaviour change in the client.

It was asked what skills are needed in order to become a Health Trainer. All Health Trainers are from the local communities that they serve, with the language skills and the knowledge to best serve that community.

There is an imbalance between genders with few men using the service. It is widely acknowledged that men do not engage so readily as women and generally have less health awareness. Also women tend to cook and shop so men feel the benefits of a change in lifestyle/diet indirectly if women attend these services. There is now a male health trainer and schemes such as "Menspace" in Holbeck which are trying different ways to engage men and there is a need to find more "men friendly" activities. For example Zumba and similar are targeted at women.

There is still a question over who will fund the Health Trainers scheme in future as it is currently funded by Public Health. Will the local authority or clinical commissioning groups (CCGs) fund this from next year?

Also flagged up was the recently established healthy lifestyle advisors programme which is also based in GP practices. The question and need for clarity about how this differed to health trainers was also raised.

Action: Aneesa to attach presentation with the minutes.

5. Obesity Review Process – Bash Uppal, Elaine Rey and Lisa Lennon

Elaine presented background information from the JSNA, which highlights obesity as the second most preventable cause of ill health after smoking. It cost the NHS £205 million in 2010 and obesity rates for both children and adults are higher in deprived areas.

Bash reminded partners that a background paper outlining the picture for Leeds had been sent out prior to the meeting. It included details of NICE guidance on tackling obesity. Also sent out was a paper outlining current physical and nutrition activities taking place in inner south from our local knowledge, to be used as a baseline.

The proposal for the review was to concentrate on the situation in the Inner South area with the idea of relating what we learn into other areas.

Process - 4th October meeting to be used to consult current commissioners and providers of services.

Action: All partners to send back to Bash suggestions / revisions to proposed list of stakeholders.

Action: Bash, Dave, Elaine and Lisa to put together template for gathering key information in preparation for the next meeting. There were suggestions made for template to also focus on costs of current services commissioned in inner south.

Action: Working group to get together to make questions more cost focused.

Action: Brenda to provide additional support to the working group.

Community involvement sessions will be scheduled for late October. We need to find the reasons why some people don't engage as well as feedback from those using current commissioned services.

All findings to be reviewed at the partnership meeting scheduled for 29th November, to agree local actions and recommendations to inform key stakeholders.

Final draft report to be produced for January 2013 partnership meeting for agreement and follow on to relevant boards such as, the Health & Wellbeing Board, Health Improvement Board, South East Area leadership team and SE CCG.

There were no objections to carrying forward this piece of work in the Partnership.

Action: Aneesa to attach presentation with the minutes.

6. Any other business

None.

7. Date and time of next meeting

It was noted that the date of the next meeting had been changed to 4th October at 2 – 4 Civic Hall.