LEICESTER CITY
HEALTH AND WELLBEING BOARD

Date: THURSDAY, 19 SEPTEMBER 2019

Time: 11:00 am

Location:
MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.

G. J. Carey
For Monitoring Officer

NOTE:

This meeting will be webcast live at the following link:-

http://www.leicester.public-i.tv

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

http://www.leicester.public-i.tv/core/portal/webcasts

MEMBERS OF THE BOARD

Councillors:

Councillor Vi Dempster, Assistant City Mayor, Health (Chair)

Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure and Sport

Councillor Sarah Russell, Deputy City Mayor, Social Care and Anti-Poverty

Councillor Elly Cutkelvin, Assistant City Mayor, Education and Housing

Councillor Danny Myers, Assistant City Mayor, Policy Delivery and Communications

City Council Officers:

Steven Forbes, Strategic Director of Social Care and Education

Ivan Browne, Director Public Health

2 Vacancies

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Angela Hillery, Chief Executive, Leicestershire Partnership NHS Trust

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Frances Shattock, Director of Strategic Transformation, NHS England and NHS Improvement

Healthwatch / Other Representatives:

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Adam Streets, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEES: (Not Board Members)

Richard Lyne, General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust

Information for members of the public

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A (Pages 1 - 8)**

The Minutes of the previous meeting of the Board held on 27 June 2019 are attached and the Board is asked to confirm them as a correct record.

4. HEALTHY AGEING **Appendix B (Pages 9 - 14)**

To note that the theme of the meeting is Healthy Ageing, one of the five themes within the Joint Health and Wellbeing Strategy.

The objectives of the theme are to:-

1. Support older people to have good wellbeing and feel safe in their own homes.
2. Support informal carers to continue to care and improve their health and wellbeing.
3. Support older people to utilise and engage with their local communities.
4. Support older people to manage and protect their health and wellbeing.

The Director of Public Health will give a presentation to introduce the theme.

5. THE CHALLENGES POSED BY MULTI-MORBIDITY AND THE IMPACT OF SOCIAL ISOLATION **Appendix C (Pages 15 - 30)**

Mark Pierce, Senior Strategy and Implementation Manager, Leicester City Clinical Commissioning Group and Jeremey Bennett, Strategy and Implementation Manager, Leicester City Clinical Commissioning Group to give

a presentation on an overview of multi-morbidity in Leicester.

6. LONELINESS PRESCRIPTION SERVICE **Appendix D (Pages 31 - 40)**

Troy Young, Assistant Director, Age UK Leicester Shire and Rutland to give a presentation on the Loneliness Prescription Service.

7. HEALTHY AGEING **Appendix E (Pages 41 - 52)**

Kate Galoppi, Head of Commissioning, Social Care and Education, Leicester City Council and Ruth Rigby, Programme Lead, Leicester Ageing Together to give a presentation on a 12-month pilot that is taking place in 2 parts of the City using a community connector model, and utilising Social Value to connect isolated or lonely adults to activities and support within their communities.

8. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

9. DATES OF FUTURE MEETINGS

To note that future meetings of the Board will be held on the following dates:-

Thursday 28 November 2019 - 11.00 am
Thursday 27 February 2020 – 11.00 am
Thursday 30 April 2020 – 11.00 am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and 2 at City Hall unless stated otherwise on the agenda for the meeting.

10. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 27 JUNE 2019 at 10:30 am

P R E S E N T :

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Leicester City Council.
Lord Willy Bach	–	Leicestershire and Rutland Police and Crime Commissioner.
Paul Hindson		Chief Executive, Police and Crime Commissioner's Office
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Councillor Piara Singh Clair	–	Deputy City Mayor, Culture, Leisure and Sport, Leicester City Council.
Councillor Danny Myers	–	Assistant City Mayor, Policy Delivery and Communications, Leicester City Council.
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group.
Inspector Dwight Barker (**Substitute)**	–	Leicestershire Police.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Councillor Sarah Russell	–	Deputy City Mayor, Social Care and Anti-Poverty, Leicester City Council
Councillor Elly Cutkelvin		Assistant City Mayor, Housing and Education
Ivan Browne	–	Director of Public Health, Leicester City Council.
Mark Wightman (**Substitute**)	–	Director of Marketing and Communications, University Hospitals of Leicester NHS Trust

In attendance

Julie Harget – Democratic Services, Leicester City Council.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Chief Supt Adam Street	Head of Local Policing Directorate, Leicestershire Police
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Frances Shattock	Director of Strategic Transformation, NHS England
Steven Forbes	Strategic Director, Social Care and Education
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust

2. DECLARATIONS OF INTEREST

Members were asked to declare any interest they might have in the business to be discussed at the meeting. No such declarations were made.

3. MEMBERSHIP OF THE BOARD

The Board noted its membership for 2019/20 as approved by the Council on 16 May 2019:-

City Councillors:

Councillor Vi Dempster, Assistant City Mayor, Health (Chair)
Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure and Sport
Councillor Sarah Russell, Deputy City Mayor, Social Care and Anti-Poverty
Councillor Elly Cutkelvin, Assistant City Mayor, Education and Housing
Councillor Danny Myers, Assistant City Mayor, Policy Delivery and Communications

City Council Officers:

Steven Forbes, Strategic Director of Social Care and Education
Ivan Browne, Director Public Health
2 Vacancies to be nominated by the Chief Operating Officer

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group
Sue Lock, Managing Director, Leicester City Clinical Commissioning Group
Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group
Frances Shattock, Director of Strategic Transformation, NHS England, Midlands & East (Central Midlands)

Healthwatch / Other Representatives:

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Adam Streets, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEE: (Not Board Member)

Richard Lyne, General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust

4. TERMS OF REFERENCE

The Board noted the Terms of Reference as approved by the Annual Council on 16 May 2019.

5. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

that the minutes of the previous meeting of the Health and Wellbeing Board held on 28 February 2019 be confirmed as a correct record.

6. HEALTHY PLACES

The Board noted that the theme of the meeting was Healthy Places, which was one of the five themes within the Joint Health and Wellbeing Strategy.

7. THE JOINT HEALTH AND WELLBEING STRATEGY AND ACTION PLAN

Ivan Browne, the Director of Public Health presented the Joint Health and

Wellbeing Strategy and Action Plan to the Board. As part of this, Members received a power-point presentation. This differed slightly to the version included in the agenda, and the amended version is attached to the back of these minutes.

The Chair introduced the Strategy and Action Plan commenting on the importance of looking at the wider determinants of health and taking a longer term rather than a short term view.

The Director of Public Health explained that in drawing up the Strategy, they wanted to make sure that there was an early and a real engagement with the public and partners. One of the themes that had emerged was the need to look at the wider determinants that contributed to people's health and wellbeing.

The full consultation had resulted in 83 responses and showed that the majority of individuals welcomed the approach. A recurring theme related to the use of green and open spaces and the need for an action relating to this, and environmental issues was emphasised. Concerns were also raised regarding the local environment and the proliferation of fast food outlets. In addition, comments were made that a greater emphasis was needed on people's wellbeing and mental health. Members heard that the Board drove the Strategy and in turn, the Strategy drove the Action Plan.

The Director explained that the Action Plan was a live working document which would change over time. He asked all partners to pledge commitment to the Strategy and to contribute to the Action Plan. The Director also requested some strategic alignment; it was recognised that the different organisations had their own policies, but it was hoped that this Health and Wellbeing Strategy and Action Plan would be reflected in those individual policies.

Members welcomed the Strategy and Action Plan and comments were made that it brought a focus to the work. The Deputy City Mayor for Social Care and Anti-Poverty commented that it had been a pleasure to be involved in the Strategy and commended the work that had taken place to engage with the Children's Trust at an early stage. As part of this, New College had their own Health and Wellbeing Strategy which linked into the City Strategy but focused on their school population and the issues that they could target. Members heard that New College had developed their own Strategy with the intention of rolling it out to other schools. Paul Hindson, Police and Crime Commissioner's office stated that in terms of strategic alignment, there was a good opportunity to work together, as for the example the work in the Violence Reduction Unit was linked inexorably to health and wellbeing.

Comments were made that the Council were taking a holistic approach towards health and there were Executive Members on the Board to ensure that health and wellbeing was embedded across the Council.

The Chair concluded the discussion and gave credit for the Strategy and Action Plan to the officers and to the Deputy City Mayor Councillor Clarke who had been the previous Chair of the Board. The Chair added however that she

looked forward to delivering the Strategy.

Members indicated their commitment to the Strategy and Action Plan. The Chair added that this would be brought back to the Board on a regular basis.

RESOLVED:

that the Board pledge their commitment to the Health and Wellbeing Strategy and Action Plan.

8. THE AIR QUALITY ACTION PLAN

The Chair explained that there would be one presentation to include this item, and agenda items 9,10 and 11, and therefore all four items would be considered together.

Stuart Maxwell, City Transport Director delivered a combined presentation which related to the following:

- The Air Quality Action Plan
- Improving Air Quality in the City – Bus Retrofit Technology Project
- Air Quality when walking and cycling
- Sustainable travel – walking and cycling

A copy of this combined presentation is attached to the back of these minutes.

The Chair thanked the City Transport Director for the presentation, commenting that it was very informative. During the ensuing discussion, a number of comments and queries were raised which included the following:

- Mark Wightman, Director of Marketing and Communications, UHL commented that 5% of traffic on UK roads happened as a consequence of the NHS. This linked into the reconfiguration work that the UHL were carrying out, which included work to establish Primary Care Networks (PCNs) to provide health infrastructure closer to home and to prevent people from coming into hospitals unnecessarily. The PCNs would have a direct impact on the amount of traffic on the roads but also make it more convenient for people to receive treatment. Mr Wightman added that issues around air quality was a very important aspect of the Health and Wellbeing Strategy and that the Board had an important role to play in its delivery.

- The Chair commented that this was not just about the actions that the Council were taking, but also about the work that other organisations were undertaking to improve air quality. The Chair suggested that they might also bring presentations to the Board.

- Most schools had issues with irresponsible parking outside their premises, and just a small amount of rain resulted in more people driving rather than walking to school. The recent Clean Air Day event proved to be very successful and it was important to try to encourage people to think about their behaviour and use the car a bit less. The Director for Public Health

added that many parents thought that they were doing their best for their child by taking them to school by car, but in reality, they were doing the opposite.

- The majority of people who worked in the City, also lived in the City and had a small footprint. 33% of people who came into the City in the working day used buses and by providing more dedicated bus lanes, improving bus reliability and by providing more cycle lanes, air quality could be significantly improved.

- A Member said that he believed prevention was better than cure and that nationally people didn't exercise enough. There were many parks and gyms in the City and people could be guided as to how to use them. There was also a very good network of sports centres.

- It was acknowledged that behavioural change was needed, and it was suggested that it would be useful to have a common approach with partners working together to achieve this.

- A concern was raised that by moving some of the services from the Leicester General Hospital (LGH) to the Leicester Royal Infirmary (LRI) , there would be more traffic which would increase air pollution in an area that was already congested.

  Mr Wightman responded that the LRI was the Trust's 'hottest' site in terms of outpatients whether people attended by car or ambulance and they had a target to reduce the number of outpatients by 30% over five years. They also wished to move some of the services to a treatment centre at the Glenfield Hospital to improve the model of care. This would, as an extra benefit, reduce congestion in the City.

- A Member suggested that a few key markers were needed so that the success of the Action Plan could be measured.

- It was noted that the Council had declared a climate emergency and a Member commented that air quality was a local and national priority. The Board heard that the Council stood alongside Climate Earth who were pressing the Council and the Government to clean up the air. Plans included the Targeted Diesel Scrappage Scheme for those people who could not afford an Ultra-Low Emission Vehicle. Board Members were urged to think about what they were doing with their own fleets or strategies to improve air quality.

- The Chair thanked everyone for a stimulating discussion and moved that a presentation should be bought back to the Board in six months' time. This would be led by the Council but would have contributions from the partners. Members agreed to this approach.

RESOLVED:

that a further presentation be brought back to the Board in six

months' time, which would be led by the Council but include contributions from Board Members.

9. IMPROVING AIR QUALITY IN THE CITY - BUS RETROFIT TECHNOLOGY PROJECT

Consideration of this item of business took place under agenda Item 8, the Air Quality Action Plan and there was no further discussion on this item.

10. AIR QUALITY WHEN WALKING AND CYCLING

Consideration of this item of business took place under agenda Item 8, the Air Quality Action Plan and there was no further discussion on this item.

11. SUSTAINABLE TRAVEL: WALKING AND CYCLING

Consideration of this item of business took place under agenda Item 8, the Air Quality Action Plan and there was no further discussion on this item.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public said that the University Hospitals of Leicester, NHS Trust were planning to close the Leicester General Hospital (LGH) as an acute hospital and move a range of services from the LGH and the Glenfield to the Leicester Royal Infirmary (LRI). Local NHS leaders were refusing to share details of their plans with members of the public. He said it was envisaged that this would bring more traffic on the ring road and increase air pollution. He questioned whether Council Planners were working with the UHL to consider a potential increase in nitrogen dioxide and PM 2.5 pollution levels adjacent to the LRI, and if not when they would they do so.

Further questions were asked as follows:

1) Are the air pollution levels near the LRI compliant with the European Union's air quality objectives for nitrogen dioxide?

2) Do the PM 2.5 air pollution levels meet the World Health Organisation (WHO) guidelines? There were no Government standards for this.

3) Where is the nearest monitoring station to the LRI, for monitoring nitrogen dioxide and PM 2.5 and are the air pollution records in the public domain and on the City Council website?

The following responses were given:

- The Highway Authority would be consulted on this planning application when it was submitted to the Planning Service and officers would be looking at the highways issues raised.

- The closest air quality monitoring station to the LRI was on Vaughan Way

where nitrogen dioxide and PM 10 levels were monitored. The Council exceeded nitrogen dioxide levels on the inner ring road.

- Air quality information was published on the Council website.

- There was one air quality station at the University of Leicester where PM. levels were monitored. The annual average level was 11 and Council did not exceed the PM10 or PM2.5 levels.

- The questioner had stated that there were no Government Standards for PM 2.5 levels, but this was incorrect. The Council were obliged to follow the E.U. directive regarding air quality levels but were not obliged to adhere to the WHO guidelines. Defra were looking into revising standards, but this still work in progress.

- Acute hospitals wherever they were situated brought in a very considerable number of patients, but not all those patients needed an acute hospital. Part of the NHS Long Term plan was to reduce the reliance on acute hospitals.

- The plans for the LGH, the Glenfield and the Children's hospital at the LRI had been published so that people have been able to see what the plans looked like. It had been previously explained however that the UHL were not yet allowed to publish the 1600 page business case.

The Chair thanked the member of the public and the officers who had responded to the questions.

13. DATES OF FUTURE MEETINGS

Members noted that future meetings would be held on the following dates:

Thursday 19 September 2019 – 10.30am
Thursday 28 November 2019 – 10.30am
Thursday 27 February 2020 – 10.30am.

14. CLOSE OF MEETING

The meeting closed at 11.54 am.

‘Healthy Ageing ’
The Joint Health and Wellbeing Strategy 2019- 2024

Appendix B

Presentation to Leicester City
Health and Wellbeing Board
19th September 2019

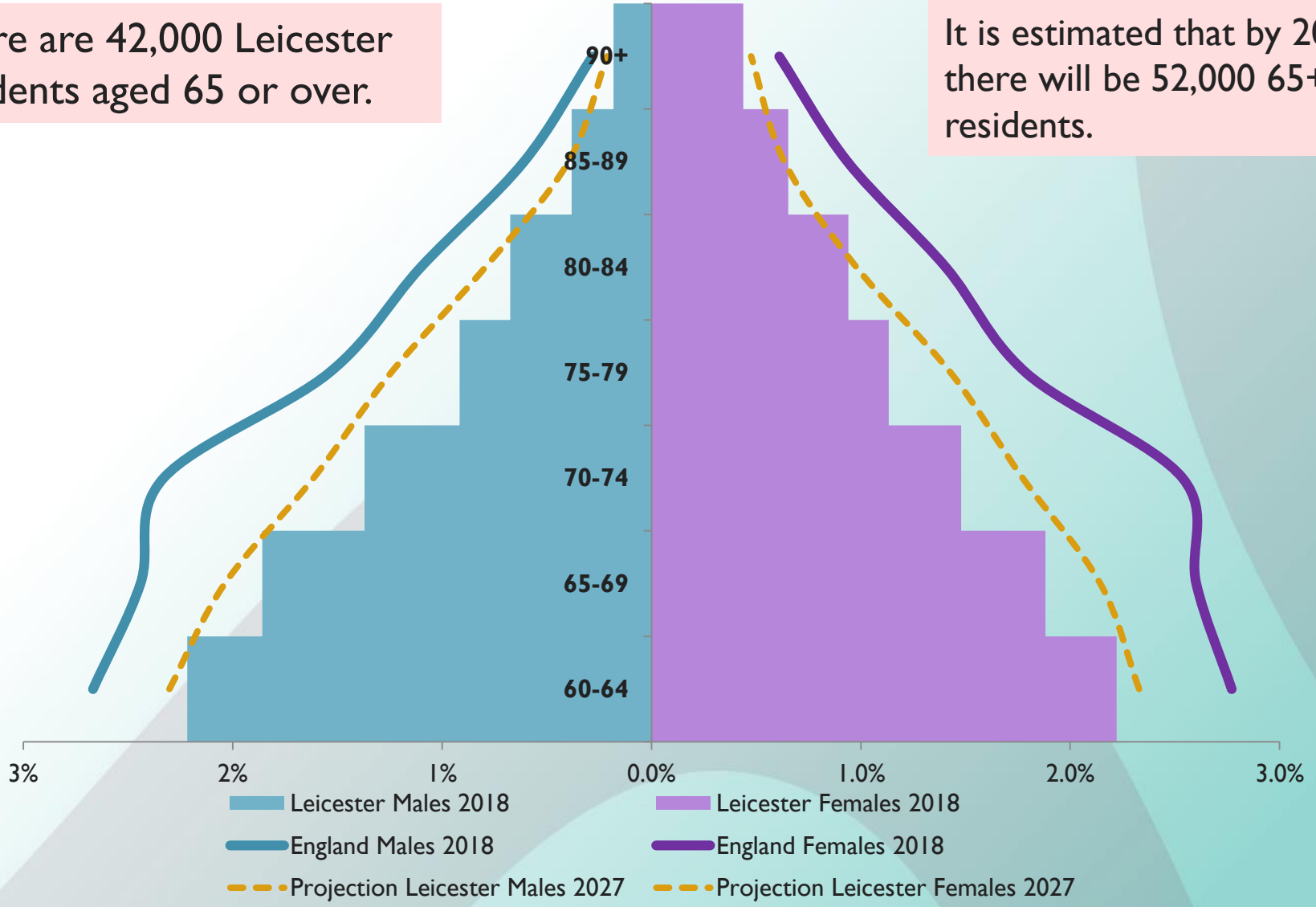
Ivan Browne – Director of Public Health

Leicester City Council

Healthy Ageing in Leicester

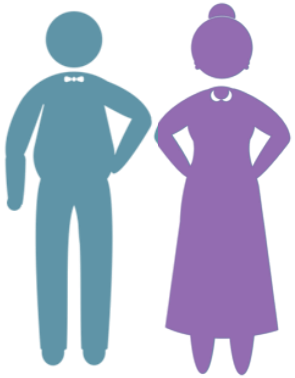
There are 42,000 Leicester residents aged 65 or over.

It is estimated that by 2027 there will be 52,000 65+ residents.



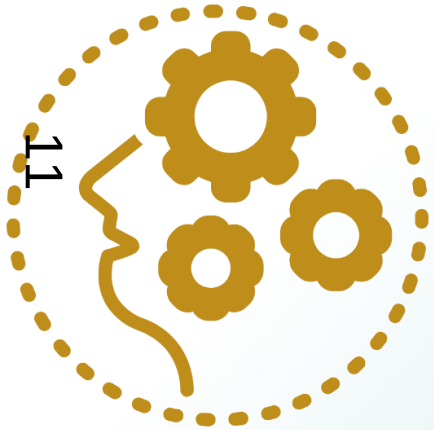
Source: ONS mid year estimates 2018

Healthy Ageing: An overview



Leicester **men** are expected to live 17 years in poor health, compared to 16 for the average man in England.

Leicester **women** are expected to live 23 years in poor health, compared to 19 for the average woman in England.



It is estimated that **12.7%** of Leicester residents aged 65+ have a **common mental health disorder** such as depression.

About 2,500 or 5.5% of 65+ Leicester residents are recorded with dementia.

Local surveys show that **12%** of those aged 65+ **currently smoke** compared to 20% for Leicester overall.

About half of those aged 65 and over are not completing the recommended amount of exercise.

Healthy Ageing: Key Issues

Physical Health (lifestyle factors)	Social Health (environmental factors)	Mental Health
The onset or progress of some health related conditions can be influenced by lifestyle factors, with those aged 65+ being less likely to undertake the recommended amount of exercise, and more likely to be overweight or obese and drink above recommendations.	For some older people living in Leicester it is more difficult to travel independently and/or access facilities. This leaves them at risk of social isolation and loneliness.	An increasing number of people aged 65+ feel socially isolated and lonely. However those aged 65+ generally report a higher state of mental wellbeing than people under 65. The risk of developing dementia is also higher for people in this age group.

ACTIONS

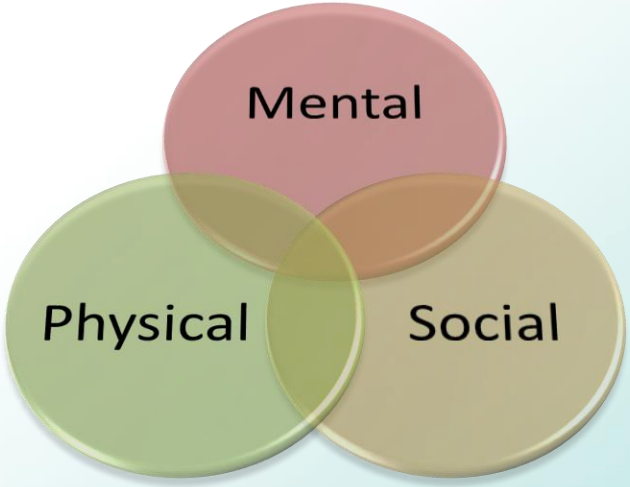
Managing dementia in the community – we are creating 'dementia friendly' public spaces

Working towards managing the health of multi-morbid older people- working with partners to signpost and refer people to relevant lifestyle services and supporting the NHS to deliver the frailty pathway

Empowering older people to live independent lives for longer – we are encouraging older people to practice self-care and independence

The Joint Health and Wellbeing Strategy and Action Plan

Ambition: *'To enable Leicester's residents to age comfortably and confidently'*



Aims:

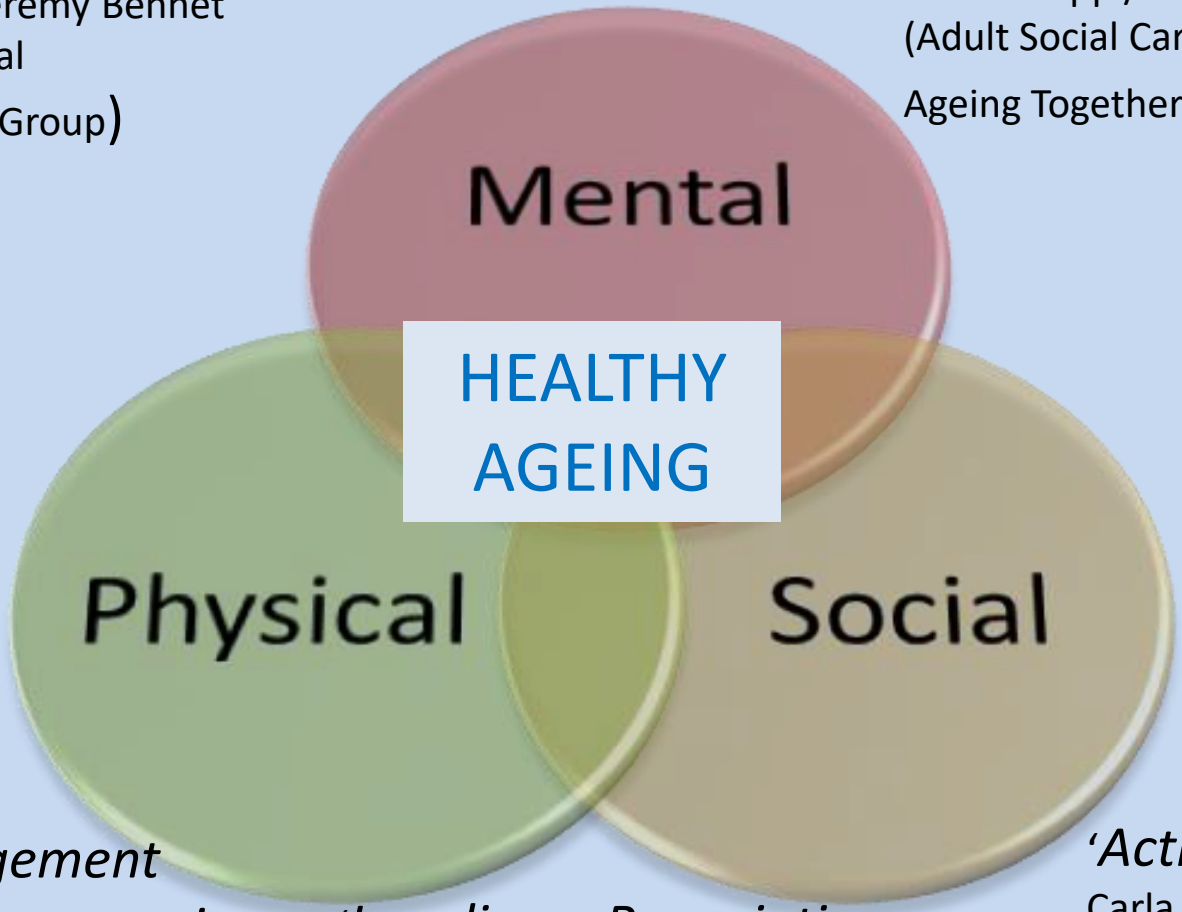
1. Support older people to have good wellbeing and feel safe in their own homes
2. Support informal carers to continue to care and improve their health and wellbeing
3. Support older people to utilise and engage with their local communities
4. Support older people to manage and protect their health and wellbeing

Leicester City Council

Todays meeting topics …

'Multi-morbidity social isolation and loneliness'
Mark Pierce / Jeremy Bennet (Leicester Clinical Commissioning Group)

'Social Value Project'
Kate Galoppi/ Ruth Rigby (Adult Social Care/ Leicester Ageing Together)



'Falls Management Exercise Programme'
TBC

'Loneliness Prescription Service'
Troy Young (Age UK)

'Active Lifestyles'
Carla Broadbent/ Harpreet Sohal
Leicester City Council

LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Aging
Title:	The challenges posed by multi-morbidity and the impact of social isolation
Presented to the Health and Wellbeing Board by:	Mark Pierce Senior Strategy and Implementation Manager Leicester City Clinical Commissioning Group Jeremey Bennett Strategy and Implementation Manager Leicester City Clinical Commissioning Group
Date:	**19th September 2019**

EXECUTIVE SUMMARY:

Multi-morbidity is commonly defined as the presence of two or more chronic medical conditions in an individual and it can present several challenges in care particularly with higher numbers of coexisting conditions and related polypharmacy. Nationally and locally initiatives are being delivered to begin addressing these challenges.

Social Isolation is similarly a growing concern, and it does not immediately appear as an issue that is in the NHS gift to address. However it it's increasingly being seen that addressing it, there is a positive impact on a person's ability to keep well. Age UK, in partnership with the CCG and Public Health; have developed a service to tackle loneliness that has already seen significant levels of referrals from City GP Practices.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: Note the paper

Background Information:

Introduction

Multi-morbidity refers to people having more than one illness at the same time. We know that seventeen million people in the UK have a chronic illness and that many of these people have at least two illnesses.

The size of the challenge:

Recent analysis by the Health Foundation highlights the scale of the challenge, revealing that one-in-four adults in England are now living with two or more health conditions, which are around 14.2 million people in total[1]. Half of all primary and secondary care consultations and admissions are for multi-morbid patients.

The number of people living with multiple health conditions is expected to rise significantly over the time frame of the long term plan, with both projected hospital activity and costs up by 14% and £4bn over the next five years respectively.

However, multi-morbidity is not just a problem of ageing.

Nearly a third (30%) of people with 4+ conditions are under 65, and this is higher in deprived areas. For patients, the impact of living with multi-morbidity can be profound. People with multiple health conditions have poorer quality of life, difficulties with everyday activities and a greater risk of premature death.

The nature of the challenge[2]:

1. Increasing multi-morbidity is associated with higher costs and use of the healthcare system
2. Multi-morbidity is often associated with disability and the progressive need for support with activities of daily living.
3. Multi-morbidity is the norm.
4. Multi-morbidity, more than age, drives emergency admission costs.
5. Multi-morbidity is distributed throughout the population and does not just occur in the elderly.

[1] https://www.health.org.uk/publications/understanding-the-health-care-needs-of-people-with-multiple-health-conditions

[2] These points will be expanded using the attached slides

6. Not All Patients with a Particular Long Term Condition (LTC) are the Same

Addressing multi-morbidity:

There are a number of changes being made locally to begin addressing some of the issues presented by multi-morbidity, examples include:

- *Being more person centred* :

The NHS Long term plan recommended making personalised care available to more patients, widening access to social prescribing, and improving coordination of care and links with social care. Leicester City CCG, along with partners in the social care sector is working to develop a more integrated system of care.

- *Planning and data sharing*

A well thought out collaborative planning process is crucial for people with multi-morbidity. This identifies what's most important to people. It is equally important to share (where appropriate) and keep readily available and regularly updated documentation of the outcomes of discussions and decisions made. The enhanced summary care (eSCR) record can help coordinate across care settings (including Secondary care and Ambulance crews) by enabling the sharing of key information, subject to patients' explicit consent.[3]

- *Addressing Frailty* :

Frailty can predate crisis by a decade or more[4] and many people with frailty also have multi-morbidity. The electronic Frailty Index (or eFI),uses existing coded data from the electronic primary care record to identify frailty in people aged 65 years or over.

- *Planning for Integrated care (PIC) in General Practice*

The PIC GP scheme in Leicester aims of this scheme is to improve the quality of care, the quality of patient and carer experience as well as improve the clinical outcomes for patients with frailty and/or multi-morbidity and/or predicted high cost and/or those with none of the above but whom are in need to extra input to help them manage their long term condition.

[3] https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients
[4] https://www.england.nhs.uk/blog/martin-vernon-2/

Tackling Loneliness.

In the last few years loneliness has been identified as a significant public health challenge.

Three quarters of GPs surveyed say they see 1 to 5 people a day who are suffering from loneliness has been linked to conditions such as heart disease, strokes and Alzheimer's. 200,000 older people haven't had a conversation with a friend or relative in the past month.

The number of over 50s suffering from loneliness is set to reach 2 million by 2025/6. This amounts to a 49% increase in 10 years[5]

In Leicester's Health and Well-being survey (2018) it was reported that around one in ten residents feel lonely or isolated often or all of the time. In addition, it was found that 7% of over 65s feel this way and 30% of our sick and disabled residents feel lonely.

In October 2018 the government launched its policy paper, "A Connected Society: A Strategy for Tackling Loneliness"[6]. In this paper, it was recommended that the NHS tackle loneliness by developing Social prescribing schemes. Social prescribing is also a part of the NHS Long term plan and the Primary Care Network model.

NHS England estimates that 60% of Clinical Commissioning Groups have already commissioned some form of social prescribing scheme and is currently compiling evidence and developing a common outcome framework for use by CCGs.

Leicester City CCG is in discussion with Public Health, local VSCE and PCNs about how to develop a city wide Social Prescribing model that builds on existing services.

An example of an existing service is the Loneliness prescription service delivered by Age UK [7]

The Loneliness prescription service

Leicester Aging Together[8] (LAT) is part of Ageing Better, a programme set up by The National Lottery Community Fund. The programme is focused in 5 city wards: Belgrave, Evington, Thurncourt, Spinney Hills and Wycliffe. These were selected because of the prevalence of risk factors associated with social isolation which have been identified by older people

[5] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report.pdf
[6] https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness
[7] https://www.ageuk.org.uk/bp-assets/globalassets/leicester-shire--rutland/original-blocks/our-services/our-leaflets-and-guides/aulsr-guides/2019/loneliness-prescription-service---jan-19.pdf
[8] https://www.leicesterageingtogether.org.uk/

One of the partner agencies in LAT, Age UK, developed a Loneliness Prescription service. This proved to be successful with GPs in the selected areas, consequently Age UK have expanded their offer to cover the entire city.

City CCG and Public Health have worked with Age UK to refine the service, to ensure that it engages well with current services and that referrals reflect need as closely a possible . To date, the service has delivered some interesting results.

Activity for quarter one of this service is detailed below:

Referrals From	Number	Percentage
Care Navigators	71	80.68%
GP or Pharmacy	14	15.91%
Other Health Source	3	3.41%
	88	100.00%

Fig1: age UK Loneliness prescription service - referral activity Q1 2019/20

Self-reported condition	Number
Physical disability	48
Mental health condition	4
Dementia	3
Learning disability	0
None / not yet asked	33

Fig2: age UK Loneliness prescription service - referred patients self-reported conditions Q1 2019/20

Referrals To:	Number
Caring for Carers	15
Telephone Befriending	14
Mentoring	9
I & A	8
Leicester Charity Link	7
LCC (Adult Social Care) / (OT)	7
Lunch Clubs	4
Social Groups	3
Vista	2
MacMillan	1
Digital Champions	1
Call-in-Time	1
Dial-a-ride	1
Total	73

Fig1: age UK Loneliness prescription service - onward referrals from Age UK Loneliness prescription service Q1 2019/20

Indicative of the level of need is that fact the age UK have already exceeded their GP referral target of 160 for 2019/20. However, there are a number of reasons to find this an encouraging development;

1. GP practices are acknowledging that there is a problem, and
2. that they are comfortable in referring to this service as a part of addressing that.
3. Because the referrals are predominantly via the Care Navigators, this increased the chances of the individual getting an holistic assessment and being linked up with other statuary and non-statutory services, this maximises support and can further reduce isolation

Coverage is not universal yet and not all CCG practices are referring, but the CCG is working with practices to encourage them to refer into the service and the CCG and Public Health will continue to support the service and monitor activity.

The implications of the activity and type of onward referrals made by Age UK will be used to inform future strategy.

Multi-morbidity in Leicester an overview

Jeremy Bennet/ Mark Pierce

Leicester Clinical Commissioning Group

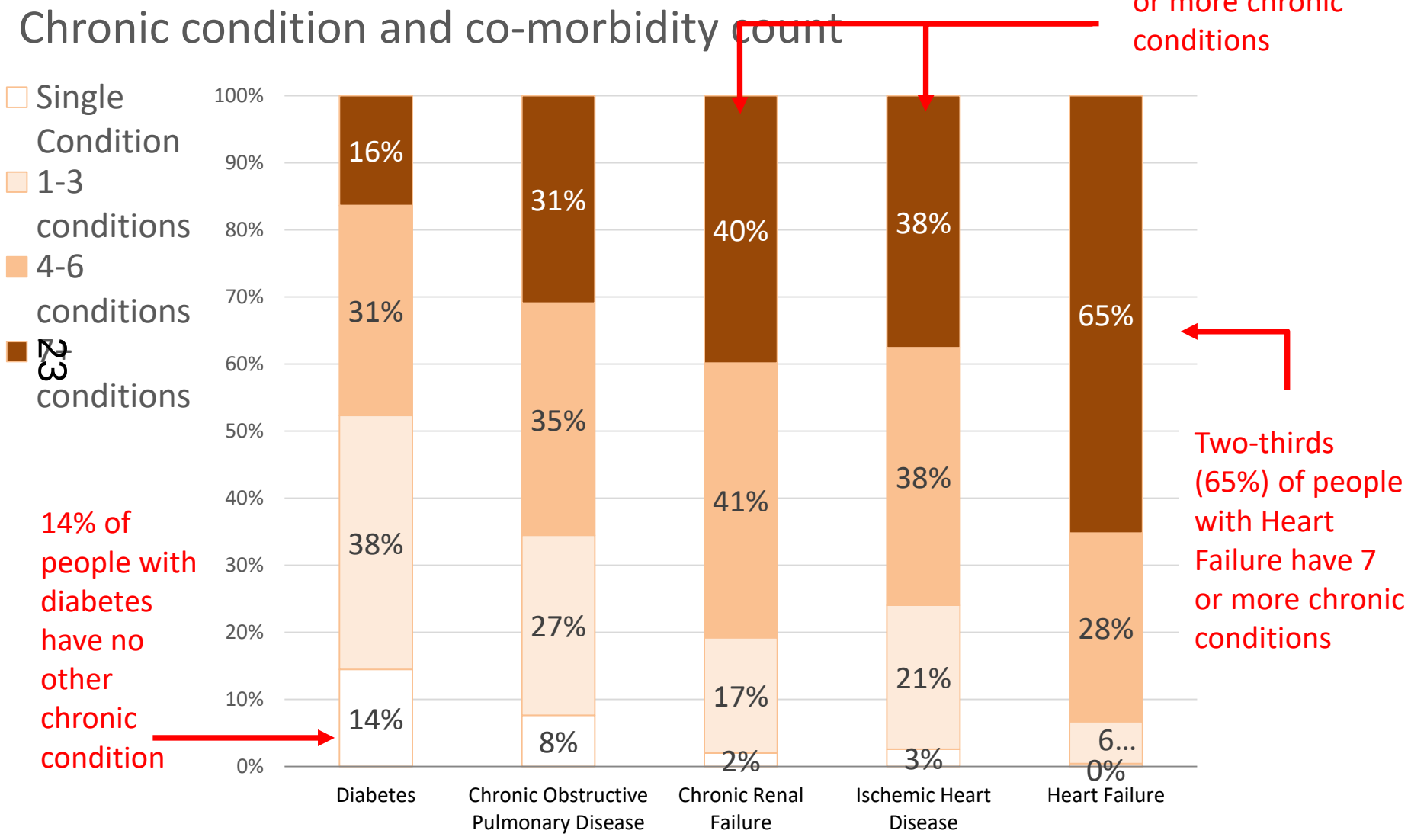
19th September 2019

Multimorbidity Drives Cost

Increasing multimorbidity is associated with higher costs and resource use:

			Average (mean)								
LTC Count	Number of patients	% of patients	Emergency admissions	Elective Admissions	A&E attendances	Outpatient attendances	Total APC cost	Emergency admission cost	Unique Prescription types	Risk of Emergency Admission	Risk of Persistent High Cost
0	250,269	61.7%	0.0	0.0	0.3	0.4	£ 50.55	£ 34.56	1.0	6%	1%
1	69,065	17.0%	0.1	0.1	0.4	1.1	£ 169.42	£ 90.81	2.8	12%	3%
2	32,849	8.1%	0.1	0.2	0.4	1.8	£ 301.89	£ 138.95	4.8	17%	7%
3	19,067	4.7%	0.2	0.3	0.5	2.4	£ 490.95	£ 214.77	6.7	22%	13%
4	12,041	3.0%	0.2	0.4	0.5	3.0	£ 664.20	£ 310.83	8.3	27%	20%
5	7,739	1.9%	0.4	0.5	0.7	3.8	£ 995.25	£ 483.40	9.9	33%	29%
6	4,893	1.2%	0.5	0.7	0.7	4.5	£ 1,318.20	£ 702.84	11.3	39%	37%
7	3,289	0.8%	0.7	0.8	0.9	5.3	£ 1,867.63	£ 1,108.36	12.5	46%	45%
8+	6,452	1.6%	1.4	1.0	1.6	6.9	£ 3,795.74	£ 2,716.70	15.1	61%	61%
Total	405,664	100%	0.1	0.1	0.3	1.1	£ 237.66	£ 137.25	2.7	11%	5%

Multimorbidity is the norm…
…and varies by condition type



Two-fifths (c.40%) of people with CRF or with IHD have 7 or more chronic conditions

Two-thirds (65%) of people with Heart Failure have 7 or more chronic conditions

14% of people with diabetes have no other chronic condition

Multimorbidity Drives Cost – adults

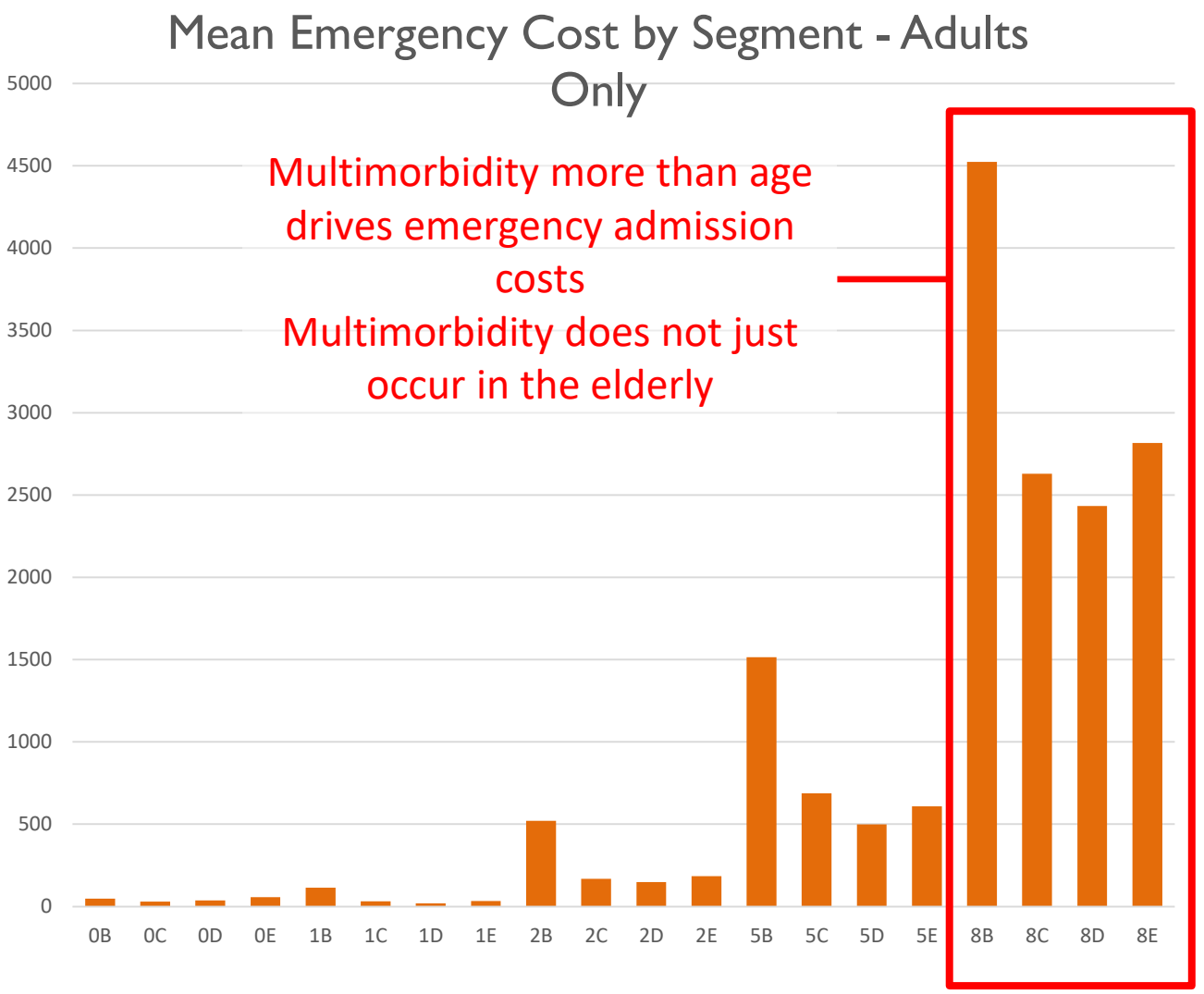
Segments created by combining age of patient and the number of chronic conditions they have:

Number denotes number of chronic conditions:

- 0 = 0
- 1 = 1
- 2 = 2 to 4
- 5 = 5 to 7
- 8 = 8 or more

Letter denotes age band:

- A = 0-17
- B = 18-44
- C = 45-64
- D = 65-79
- E = 80+



Not All Patients with a Particular LTC are the Same

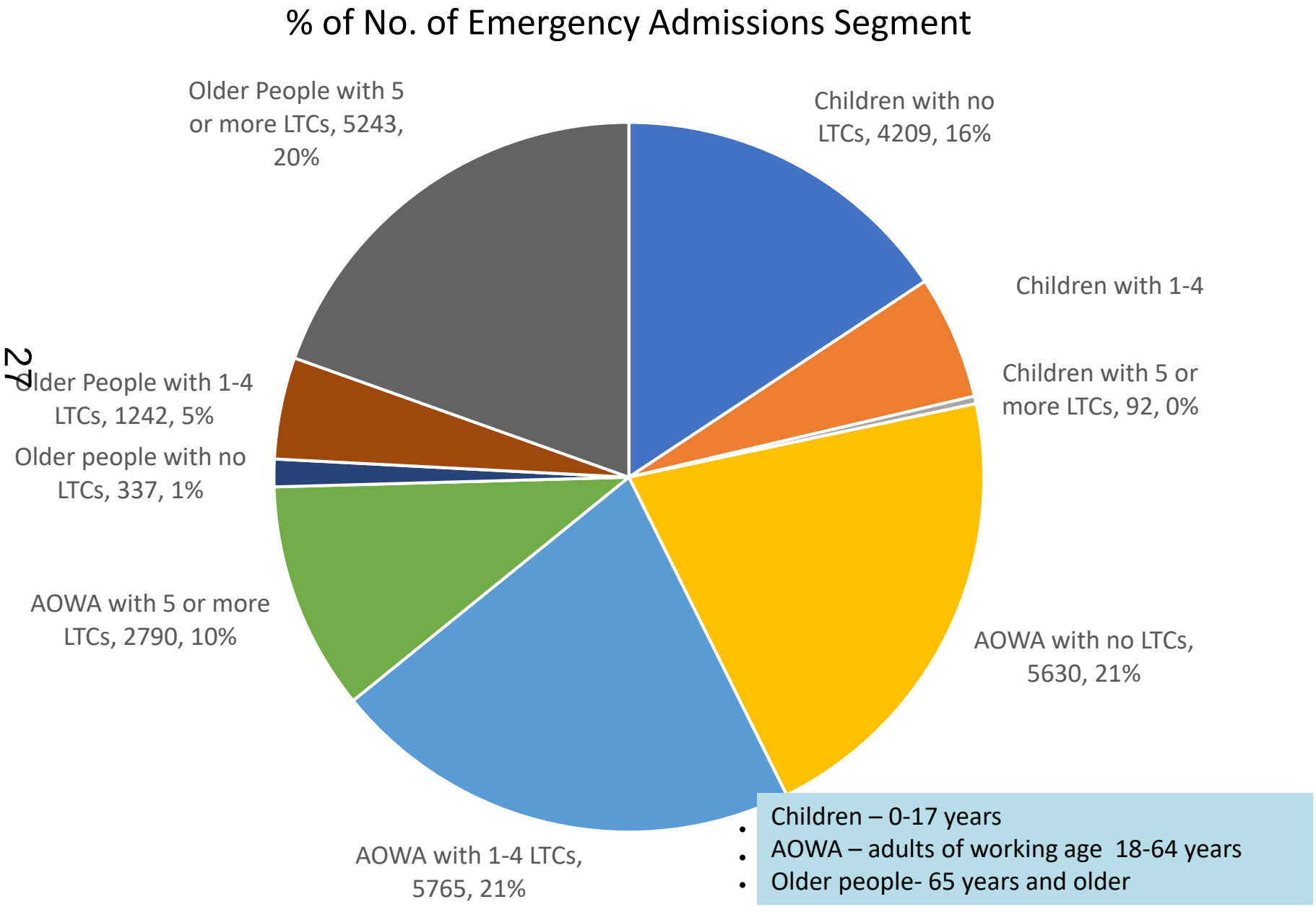
Diabetes & multimorbidity:

			Average (mean values)								
	Number of patients	% of patients	A&E attendances	Outpatient attendances	Elective Admissions	Emergency admissions	Total APC cost	Emergency admission cost	Unique Prescription types	Risk of Persistent High Cost	Risk of Emergency Admission
Diabetes only	4,391	14.5%	0.3	1.3	0.0	0.0	£ 66	£ 40	4.2	5%	13%
Diabetes + 1 other LTC	6,021	19.8%	0.2	1.4	0.1	0.0	£ 103	£ 45	6.0	8%	15%
Diabetes + 2 other LTC	5,462	18.0%	0.3	1.9	0.2	0.1	£ 215	£ 94	7.8	13%	19%
Diabetes + 3 other LTC	4,198	13.8%	0.4	2.6	0.2	0.1	£ 355	£ 157	9.6	21%	24%
Diabetes + 4 other LTC	3,184	10.5%	0.5	3.3	0.4	0.2	£ 602	£ 270	10.8	29%	30%
Diabetes + 5 other LTC	2,116	7.0%	0.5	4.2	0.5	0.3	£ 893	£ 421	12.2	37%	36%
Diabetes + 6 other LTC	1,535	5.1%	0.8	5.0	0.6	0.5	£ 1,384	£ 859	13.7	46%	44%
Diabetes + 7 other LTC	1,085	3.6%	0.9	5.6	0.8	0.7	£ 2,104	£ 1,211	14.4	54%	50%
Diabetes + 8 or more LTC	2,344	7.7%	1.7	7.6	1.0	1.6	£ 4,133	£ 3,085	17.1	70%	65%
Total	30,337	100%	0.5	2.9	0.3	0.3	£ 708	£ 436	9.0	23%	26%

Long Term Condition Count by Age Band

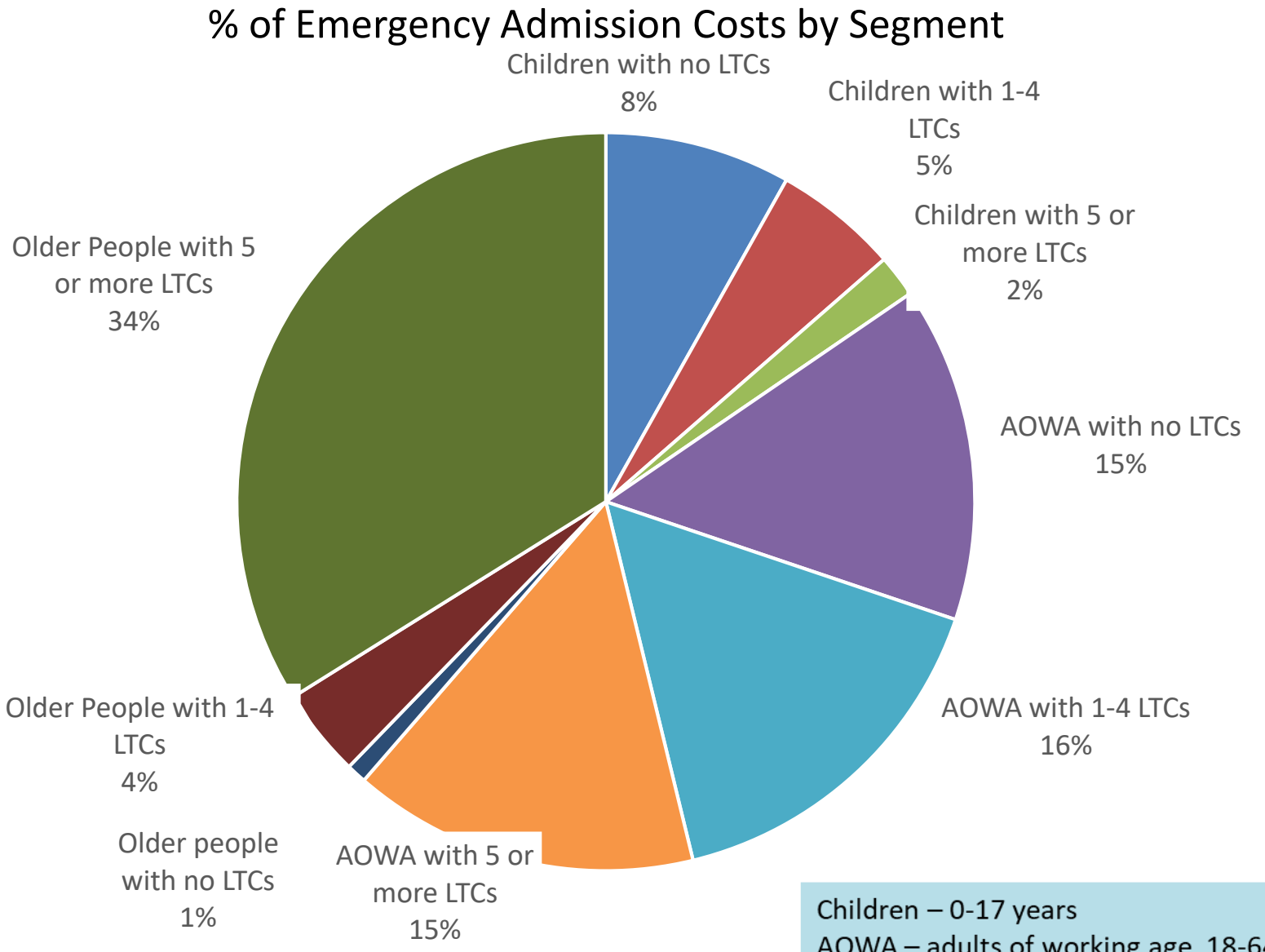
LTC Count	Age Band 00-04	05-11	12-17	18-34	35-44	45-54	55-64	65-69	70-74	75-79	80-84	85+	Total	% of Total
0	21,104	33,189	24,231	95,219	39,310	22,200	10,260	2,144	1,213	595	365	439	250,269	61.7%
1	2,301	4,200	3,755	18,766	12,142	12,395	9,395	2,614	1,640	879	555	423	69,065	17.0%
2	343	686	660	5,307	4,411	6,712	7,443	2,879	1,962	1,107	753	586	32,849	8.1%
3	88	162	175	1,766	1,724	3,281	4,933	2,316	1,798	1,294	827	703	19,067	4.7%
4	36	59	59	641	740	1,694	2,951	1,658	1,475	1,088	822	818	12,041	3.0%
5	13	36	17	265	327	802	1,659	1,113	1,046	916	791	754	7,739	1.9%
6	13	12	9	99	151	405	986	705	658	648	583	624	4,893	1.2%
7	6	3	9	63	73	217	539	404	457	472	495	551	3,289	0.8%
8+	4	12	9	68	95	302	865	711	871	1,030	1,109	1,376	6,452	1.6%
Total	23,908	38,359	28,924	122,194	58,973	48,008	39,031	14,544	11,120	8,029	6,300	6,274	405,664	100%

Segmenting Emergency Admissions – by ***Volume***



- Children – 0-17 years
- AOWA – adults of working age 18-64 years
- Older people- 65 years and older

Segmenting Emergency Admissions – by ***Cost***



Children – 0-17 years
AOWA – adults of working age 18-64 years
Older people- 65 years and older

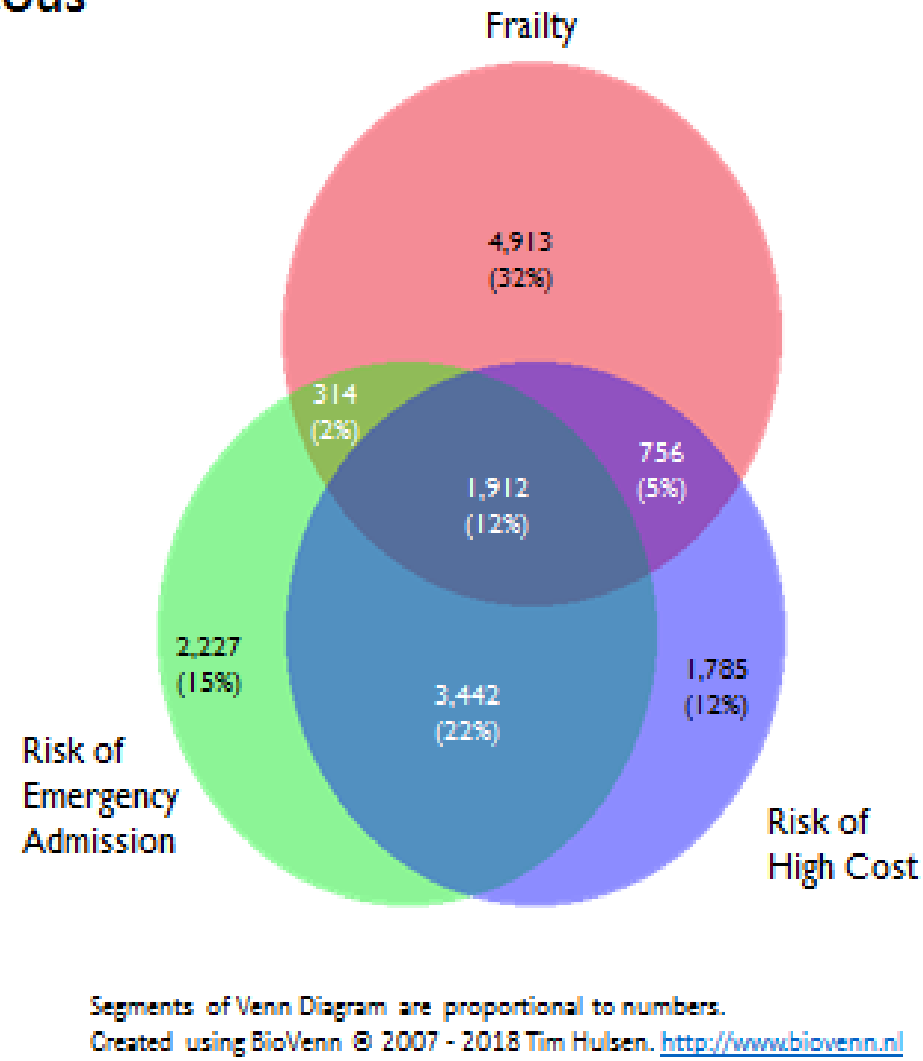
High Risk Groups are Not Homogeneous

Three cohorts of patients:

- Those who are flagged in the ACG System as having at least one condition associated with frailty (n=7,895)
- Those most at risk of an emergency admission in coming year (n=7,895)
- Those at risk of highest costs in coming year (n=7,895)

Total number of unique individuals = 15,349

- The degree of overlap between these different cohorts or segments isn't as great as people have traditionally thought.
- Therefore need to think about what cohort or segment of the population you are interested in and match the right predictive model or case finding technique to that segment.



Segments of Venn Diagram are proportional to numbers.
Created using BioVenn © 2007 - 2018 Tim Hulsen. http://www.biovenn.nl

Appendix D

LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Aging
Title:	Loneliness Prescription Service
Presented to the Health and Wellbeing Board by:	Troy Young: Assistant Director, Age UK Leicester Shire and Rutland
Date:	**19th September 2019**

EXECUTIVE SUMMARY:

Recognising that many older people visit their G.P. because of loneliness and other non-clinical issues, Age UK Leicester Shire and Rutland set up the Loneliness Prescription service in 2015.

Loneliness Prescriptions works with people who are over 50 years of age by supporting them to connect with local services and support including local social groups, educational courses, lunch clubs and exercise classes.
For older people who require on-going contact, the service offers a telephone befriending service.

The service is enhanced by a team of dedicated volunteers who have been trained to provide short term one to one support that that older people frequently need when they are re-engaging with their local community.
The service is funded by the National Lottery Community fund until March 2021.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

The Loneliness Prescription service recognises that social factors have a significant impact on the health of the population.

The Loneliness Prescription service promotes Healthy Ageing and Healthy Lives themes by connecting people to the services and support that they need.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note the content of the presentation and signpost people in need of the the Loneliness Prescription Service to their GP practice.

Age UK Leicester Shire & Rutland

Loneliness Prescription Service

Working with the 50+ group to overcome and prevent loneliness and social isolation

Troy Young
Assistant Director, Age UK
Leicester Shire and Rutland

- **50+ patients with non-clinical issues**
- **1 in 10 people who visit the GP do so primarily because they are lonely, presenting non-clinical needs**
- **Many patients are living with long term health conditions and have additional social needs**
- **Recognises that social factors have an impact on health**
- **Connecting people to services and support that will promote healthy ageing**

Leicester Shire & Rutland age UK

Phase 1: 2015- 2018

- **Launched as part of Leicester Ageing Together**
- **Worked in 5 specific wards: Belgrave, Spinney Hills, Evington, Thurncourt and Wycliffe.**
- **Received 499 referrals**
- **1300 referrals to other services**
- **1444 home visits**

Phase 2: April 2019- March 2021

- Funded by National Lottery Community Fund
- Working with all G.P practices across city
- Restructured to incorporate short term and ongoing support
- Target:
  Year 1: 160 people
- Year 2 : 200 people

- **Connecting people to services and support**
- **One to one support- using volunteer mentors**
- **Ongoing support delivered through telephone befriending**

Who are we connecting people to?

July Snapshot

- Caring for Carers
- Telephone befriending
- Call-in-time
- Mentoring support
- Information and Advice
- Charity Link
- Health Through Warmth
- Home Energy Checks
- Last Orders
- Housing

Next Steps

- Continue to work closely with G.Ps and Care Navigators
- Work with the Primary Care Networks in the city to support social prescribing
- Case Study

Appendix E

LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Ageing
Title:	Social Value and Leicester Ageing Together Pilot Project
Presented to the Health and Wellbeing Board by:	Kate Galoppi Head of Commissioning, Social Care and Education Leicester City Council Ruth Rigby Programme Lead Leicester Ageing Together
Date:	**19th September 2019**

EXECUTIVE SUMMARY:

Loneliness and social isolation are significant risk factors for people's health and well-being. This presentation outlines a 12-month pilot that is taking place in 2 parts of the City. The pilot is using a community connector model, and utilising Social Value to connect isolated or lonely adults to activities and support within their communities.

This work is being delivered by Leicester Ageing Together (LAT) over a one year period.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

This work supports the work of the Health and Wellbeing Strategy by addressing isolation and loneliness and helping people to form strong social connections with their local community.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note the content of the pilot.

Adult Social Care

Social Value and

Leicester Ageing Together (LAT) Pilot Project

Kate Galoppi / Ruth Rigby
Leicester City Council/ Leicester Ageing Together

Why the need?

- loneliness and social isolation are significant risk factors for people's health and wellbeing
- lack of family, social or community connections, means people are less able to get support when they need it
- negative impact on health and social care

Leicester City Council

Project Aims

- Connect isolated or lonely adults to activities and support within their communities
- Test the community connector model
- Maximise the social value offered by our contracted providers
- Work in partnership to develop and support community groups and activities in the localities.

Leicester City Council

Why Leicester Ageing Together (LAT)?

- **National Lottery *Ageing Better* Programme**
- **Partnership**
- **Community Focus**
- **Community Connectors**
  - connect people to sources of support
  - develop and support community groups and activities
- **Successful Outcomes around isolation**

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Social Value

‘additional benefits generated by a service beyond its primary purpose’ (Public Services (Social Value) Act 2012)

- ASC tenderers are required to set out social value benefits
- Social Value Charter launched by council Nov. 2018
- SV includes: *employing locally and responsibly; sourcing locally and responsibly;* ***supporting and engAgeing local communities****; improving environmental sustainability; and doing business ethically*
- Examples: free venues hire, training for volunteers

Leicester City Council

The LAT Approach

- Focus on 2 Wards, North Evington and Thurncourt
- Dedicated Community Connectors – finding local 'champions'
- Asset mapping – Tapping into local networks and partner organisations
- Generate community interest engagement using an **Asset Based Community Development (ABCD)** approach through:
  - Close Encounters (pop up tea parties) and the Cosy Bus
  - Listening Bench
  - Talking Tables
  - Establish new groups and activities

Leicester City Council

Summary

- 12 month pilot from 1st July 2019
- In two localities – Thurncourt & North Evington
- Partnership between ASC and LAT
- LAT Community Connectors key delivery mechanism
- ASC providers 'social value' offer to support the pilot.
- £5k funding pot from council to support community groups develop (max £200 per group)

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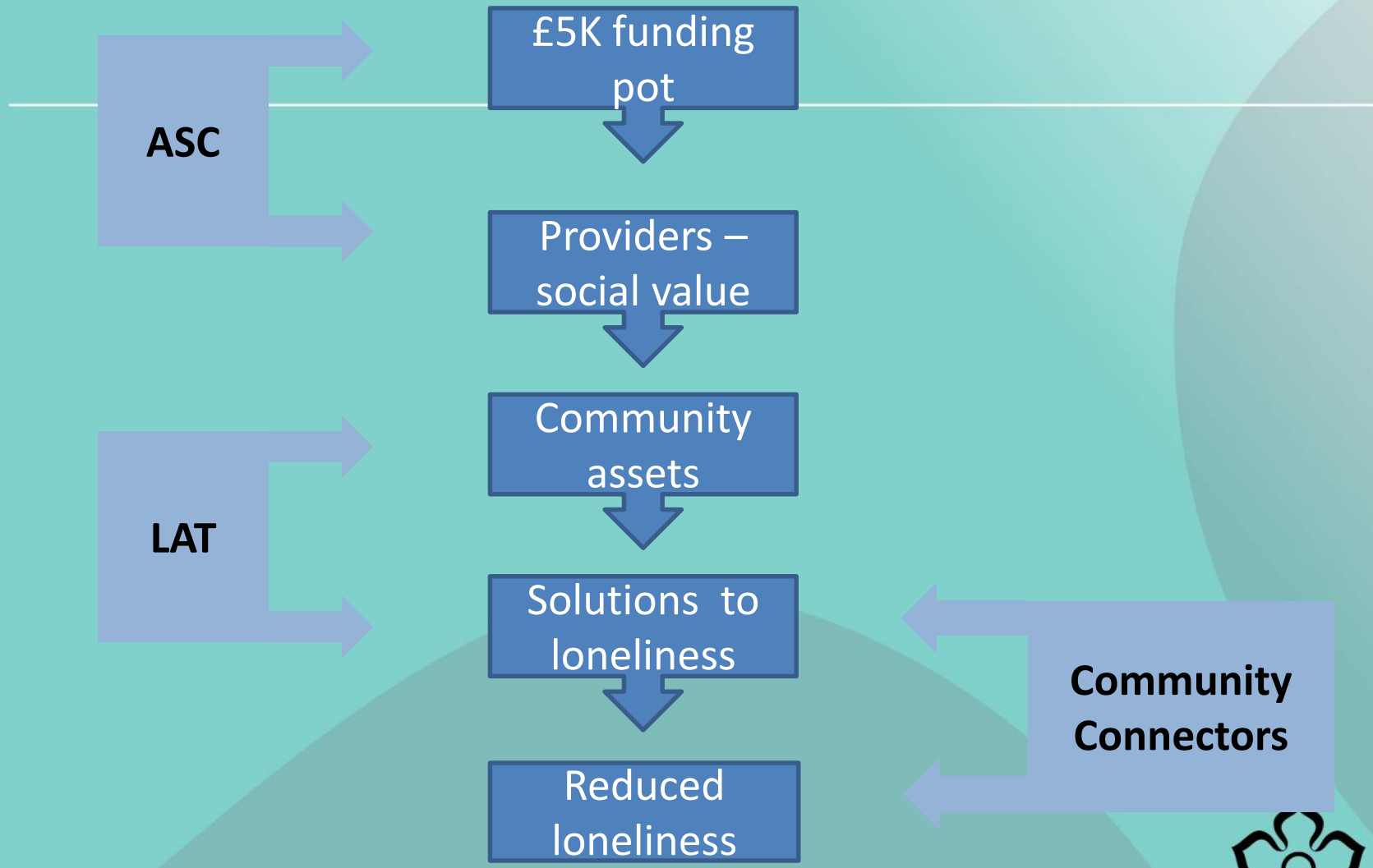

Leicester City Council

Any Questions?

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Rebecca.hayward@leicester.gov.uk

Ruth@leicesterageingtogether.org.uk

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