Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 28 NOVEMBER 2019 at 11:00 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Leicester City Council.
Lord Willy Bach	–	Leicestershire and Rutland Police and Crime Commissioner.
Ivan Browne	–	Director of Public Health, Leicester City Council.
Rachel Dewar	–	Head of Community Services, Leicestershire Partnership NHS Trust.
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire
Kevan Liles	–	Chief Executive, Voluntary Action Leicester
Sue Lock	–	Managing Director, Leicester City Clinical Commissioning Group.
Professor Bertha Ochieng	–	Integrated Health and Social Care, DeMontfort University
Councillor Piara Singh Clair	–	Deputy City Mayor, Culture, Leisure and Sport, Leicester City Council.
Councillor Sarah Russell	–	Deputy City Mayor, Social Care and Anti-Poverty, Leicester City Council.
Mark Wightman	–	Director of Strategy and Communications, University Hospitals of Leicester NHS Trust
Andy Williams	–	Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Group
Supt Grant Wills	–	Local Policing Directorate, Leicestershire Police.

In Attendance

Graham Carey – Democratic Services, Leicester City Council.

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WELCOME

The Chair welcomed Kevan Liles and Professor Bertha Ochieng to their first meeting of the Board.

The Chair also paid tribute to Sue Locke who was attending her last meeting of the Board. The Chair expressed thanks to her for her work, support and service to health services in the City over the years and commented that it had been a pleasure to work with her. Her role in promoting a good relationship between the Council and the CCG during her work was also greatly appreciated.

25. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Councillor Elly Cutkelvin	Assistant City Mayor, Education and Housing, Leicester City Council
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical Commissioning Group
Steven Forbes	Strategic Director of Social Care and Education, Leicester City Council
Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust
Councillor Danny Myers	Assistant City Mayor, Policy Delivery and Communications, Leicester City Council
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Kevin Routledge	Strategic Sports Alliance Group

Chief Supt Adam Street	Head of Local Policing Directorate, Leicestershire Police

26. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

27. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 19 September 2019 be confirmed as a correct record.

28. HEALTHY AGEING

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

The objectives of the theme were 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 gave a presentation to introduce the theme. During the presentation the following points were noted:-

- Although Leicester was a predominately a 'young' City, there were 42,000 residents aged 65 years or over and it was projected that by 2027 this number would rise to 52,000.
- Leicester men were expected to live 17 years in poor health, compared to 16 for the average man in England.
- Leicester women were expected to live 23 years in poor health, compared to 19 for the average woman in England.
- It was estimated that 12.7% of Leicester residents aged 65 plus had a common mental health disorder, such as depression.
- About 2,500 Leicester residents aged (approximately 5.5% of residents aged 65 years old plus) were recorded as having dementia.

- Local surveys showed that 12% of those residents aged 65 years plus currently smoked compared to 20% for Leicester residents overall.
- About half of those aged 65 years plus and over were not completing the recommended amount of exercise.
- An Action Plan was being developed as continually evolving document actions already being pursued were:-
    - creating 'dementia friendly' public spaces;
    - working with partners to signpost and refer people to relevant lifestyle services and supporting the NHS to deliver the frailty pathway; and
    - encouraging older people to practice self-care and independence.

  Some of the presentations to follow were also shaping the Action Plan going forward.

29. THE CHALLENGES POSED BY MULTI-MORBIDITY AND THE IMPACT OF SOCIAL ISOLATION

Mark Pierce, Senior Strategy and Implementation Manager, Leicester City Clinical Commissioning Group and Jeremey Bennett, Strategy and Implementation Manager, Leicester City Clinical Commissioning Group gave a presentation on an overview of multi-morbidity in Leicester.

During the presentation Members noted:-

- Multi-morbidity was commonly defined as the presence of two or more chronic medical conditions in an individual and it could present several challenges in care; particularly with higher numbers of coexisting conditions and related polypharmacy.
- Initiatives were being delivered to begin addressing these challenges both nationally and locally.
- Social Isolation was also a growing concern, and it did was not an issue that could be solved in isolation by the NHS.
- There was increasing awareness that addressing it had a positive impact on a person's ability to keep well and Age UK, in partnership with the CCG and Public Health; had developed a service to tackle loneliness that has already seen significant levels of referrals from City GP Practices.
- One-in-four adults in England were now living with two or more health conditions, (approximately 14.2 million people nationally) and half of all primary and secondary care consultations and admissions were for multi-morbid patients.
- The number of people living with multiple health conditions was expected to rise significantly during the long-term plan period. Both projected hospital activity and associated costs were expected to rise by 14% and £4bn over the next five years respectively.
- Multi-morbidity was not just a problem of ageing, as approximately a third (30%) of people with 4 or more conditions were under 65 years old; and this was higher in areas of high deprivation.
- The impact of living with multi-morbidity can be profound as people with

multiple health conditions had poorer quality of life, difficulties with everyday activities and a greater risk of premature death.

- Multi-morbidity presented the health care economy with the following pressures and challenges:-
    - higher costs and increased use of the healthcare system;
    - it is often associated with disability and the progressive need for support with activities of daily living;
    - the issue of multi-morbidity is increasingly becoming the norm for patients;
    - multi-morbidity results in more emergency admission costs than age per se;
    - multi-morbidity is increasingly distributed throughout the population and does not just occur in the elderly – 30% of emergency admissions to hospitals involve people of working age; and
    - not all patients with a particular long term condition are the same. For example if people with diabetes were treated early and effectively this can considerably effect and slow down the escalation of their long term health.

During discussion the following comments were made by Board Members:-

- The effects of loneliness can have the same impact upon a person's health and wellbeing as tobacco and alcohol.
- There was a need to re-examine commission strategies, particularly for those patients with 5-8 health conditions to improve their health to reduce hospital admissions and also to see how people with few morbidity issues can be supported to slow down the rate of their conditions deteriorating for longer.
- The CCG were currently reviewing their commissioning of services with health partners to a joint commissioning service so the commissioners and providers of services could take a collective approach to commissioning and understanding the health needs of local residents and in addressing where commissioned services are not meeting those needs.

The Chair welcomed the opportunity to have a strategy that provided a holistic approach to the commissioning and provision of health services to meet local health needs, including more provision for mental health services. She also welcomed the offer from the LLR Chief Executive for the CCG to address the Boar don the outcomes of their current discussion with partners to re-shape local commissioning and provision of services to a future meeting.

RESOLVED: Officers were thanked for their informative and though provoking presentation.

30. LONELINESS PRESCRIPTION SERVICE

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

The following comments were noted during the presentation:-

- Age UK Leicester Shire and Rutland set up the Loneliness Prescription service in 2015 as it had been recognised that 1 in 10 older people visited their G.P. because of loneliness and other non-clinical issues.
- Many patients were also living with longer term health conditions and had additional social needs. Social factors had an impact upon health and connecting people to service and support would promote healthy ageing.
- Loneliness Prescriptions worked with people who were 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.
- The service also offered older people who required on-going contact a telephone befriending service.
- The service was enhanced by a team of dedicated volunteers who had been trained to provide short term one to one support that older people frequently needed when they were re-engaging with their local community.
- Phase 2 of the service was funded by the National Lottery Community fund until March 2021 and
    - Worked with all G.P practices across city;
    - The service had been restructured to incorporate short term and ongoing support and aimed to target 160 people in year 1 rising to 200 people in year 2.
    - It connected people to services and offered one to one support and ongoing support delivered through telephone befriending.
- The range of services it connected people to were:-
    - Caring for Carers
    - Telephone befriending
    - Call-in-time
    - Mentoring support
    - Information and Advice
    - Charity Link
    - Health Through Warmth
    - Home Energy Checks
    - Last Orders (a service with Turning Point for advice with alcohol consumption)
    - Housing
- The service worked closely with GPs and care navigators as well as Primary Care Networks in the city supporting social prescribing.
- The service contributed to the objectives of the Joint Health and Wellbeing Strategy by:-
    - Recognising that social factors have a significant impact on the health of the population;
    - Promoting Healthy Ageing and Healthy Lives themes by connecting people to the services and support that they need.

The Chair commented that important for people not to feel isolated and that all

parts of the health care system worked in partnership across the City to address issues relating to health and wellbeing.

RESOLVED: That the contents of the presentation be noted and Board Members, through their organisations, contribute to signposting people in need of the Loneliness Prescription Service to their GP practice.

31. HEALTHY AGEING

Tracie Rees Director of Adult Social Care and Commissioning, Leicester City Council and Ruth Rigby, Programme Lead, Leicester Ageing Together, gave 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.

Members noted the following:-

- Loneliness and social isolation were significant risk factors for people's health and well-being.
- A lack of family, social or community connections, mean,t people were less able to get support when they needed it.
- The Adult Social Care services commissioned approximately £90m of services and, through the Social Value Charter launched by the Council in 2018, providers tendering for services were asked to offer social value in their contracts by proving facilities for community groups to have access and support with printing, use of local community rooms and training facilities etc.
- This pilot work was being delivered by Leicester Ageing Together (LAT) over a one-year period.
- The pilot aimed to
    - 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; and
    - Work in partnership to develop and support community groups and activities in the localities.
- The pilot was focused in North Evington and Thurncourt Wards and involved:-
    - 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 (a winter version of the pop up tea parties)
        - Listening Bench
        - Talking Tables
        - Establishing new groups and activities

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

RESOLVED:- That officers be thanked for their presentation and the pilot scheme as outlined in the presentation be noted.

32. STEADY STEPS

Lucy Baginskis (Leicester-Shire & Rutland Sport) gave a presentation on the Steady Steps Programme (Falls Management Exercise) which aimed to provide an opportunity for older people at risk of falling to increase their strength and balance and thus reduce their falls risk.

It was noted that:-

- Falls and related injuries are a common and serious problem for older people.
- 30% of people older than 65 years old and 50% of people older than 80 years old fall at least once a year; and those who fall once are two to three times more likely to fall again within the year.
- In 2017/18, there were 752 falls related admissions in Leicester City with of an estimated cost of approximately three million pounds.
- National research and guidance suggested that the implementation of an integrated falls pathway could reduce the admissions activity by approximately 25-30%.
- The Steady Steps programme (Falls Management Exercise) would provide an opportunity for older people, who were at risk of falling, to increase their strength and balance and thereby reduce their risk of falls.
- The programme was based on best practice from the UK current evidence base and operated to National Standards.
- To date the service had received 81n referrals from health professionals and 29 self-referrals and had organised 30 courses attended by 30 people with a further 7 courses due ot start and an additional 27 courses to be co-ordinated by the Public Health Team..
- The service contributed to the objectives of the Joint Health and Wellbeing Strategy by supporting older people to :-
    - have good wellbeing and feel safe in their own homes;
    - utilise and engage with their local communities; and
    - manage and protect their health and wellbeing.

RESOLVED:- That officers be thanked for their presentation on the service currently being delivered in Leicester City

33. BETTER CARE FUND PLAN 2019-20

Mark Pierce, Senior Strategy and Implementation Manager, Leicester City Clinical Commission Group and Ruth Lake, Director, Adult Social Care and Safeguarding, Leicester City Council submitted a report on the Better Care Fund Plan 2019-20.

The Plan was required to be submitted between scheduled meetings of the Board, with the approval of the Chair of the Board. A narrative report giving details of the plan which was currently awaiting final government approval was submitted to the Board.

It was noted that:-

- The Better Care Fund (BCF) was a programme involving both the NHS and local government which sought to join-up health and care services, so that people could manage their own health and wellbeing, and live independently in their communities for as long as possible.
- The BCF represented a unique collaboration between NHS England, the Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and the Local Government Association.
- During 2019 all Better Care Fund partnerships were required to submit for government approval a revised version of their previous (2017-19) plan.
- Final approval of the revised Plan was expected in December, following recent Regional approval by a panel of Local Authority and NHS senior directors.
- The plan detailed how the partnership between Leicester city CCG and Leicester City, the Council's Adult Social Care Services planned to invest monies totalling £43,368,727 from four sources:-
    - The CCG BCF contribution
    - The Improved Better Care Fund (iBCF) direct Grant to Local Authorities
    - The Disabled Facilities Grant
    - The NHS Winter Pressures Grant to Local Authorities
- The Plan contributed ot the objectives of the Joint Health and Wellbeing Strategy by:-
    - Reducing social isolation and loneliness in older people
    - Helping people to remain independent in their own homes
    - Reducing the numbers of those over 65 admitted to permanent residential care
    - Improving the health and care outcomes for residents of Leicester

RESOLVED: That the submission of the BCF 2019/20 Plan to NHS England and Improvement be noted.

34. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public present at the meeting.

35. DATES OF FUTURE MEETINGS

The Board noted that future meetings of the Board would be held on the following dates:-

Thursday 27 February 2020 – 11.00am
Thursday 30 April 2020 – 11.00 am

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

36. CLOSE OF MEETING

The Chair declared the meeting closed at 12.55 pm.